
Physician shortage: misdiagnosis & prognosis

By Marc Kennedy, special to WMJ



In 1970 and 1994, Council on Graduate Medical Education (COGME) advisories predicted surfeits of physicians by 70,000 and 137,000, respectively. These estimates were based partially on US Census Bureau population forecasts that were too low, which in turn projected the number of physicians per capita as too high. They were also based on what Richard Cooper, MD, refers to in a paper published in the 2002 *Health Affairs* as “a conceptual deficit” in these estimates:

“...It was their adoption of a social planning perspective that centered on what ought to occur rather than what most likely would occur. Nonetheless, despite challenges from some, the surpluses predicted by these studies gained wide acceptance and they formed the theoretical basis for subsequent actions, including the termination of federal support for undergraduate medical education and a progressive decrease in support for graduate medical education.”

Cooper was among those who suspected the 1994 COGME estimates were inaccurate. A 2000 study he co-authored indicated that by the year 2020 there would be a shortfall of 150,000 physicians.

“Our model indicated a few years ago that we would have a shortage and would start feeling it

soon,” he said. “There is nothing known today that was not known in 1995. If we’d started acting in 1995 when we first started talking about the physician shortage, by now we’d have new or expanded medical schools and graduates in residencies. It would have been perfect timing. We would achieve, as Alan Greenspan would say, ‘a soft landing.’ But we didn’t and we’re beginning to see some shortage now. In 10 years, we’ll have bad shortages.”

In fairness to those involved in the advisories, a different health care delivery model was dominating the economic scene at the time.

“In the early 90s, COGME was one of the groups forecasting that we’d have a surplus of physicians,” said Carl Getto, MD, University of Wisconsin Medical School Associate Dean and Professor of Psychiatry, as well as COGME chair. “Managed care was considered the health care vehicle that would predominate in the 1990s and beyond. But that hasn’t happened.”

Though the report of COGME’s latest study won’t be released until sometime in early 2004, Getto said it will resemble much of Cooper’s earlier findings.

“This time the COGME report and Dr. Cooper agree,” Getto said. “We will likely see some physician shortage by 2020. It’s hard to come to any other conclusion looking at the market, though the magnitude will be difficult to estimate. It would be prudent for

medical schools to increase their number of graduates by a total of 15 percent at the end of 10 years.”

Getto calls this increase “a modulated, rational approach,” one that doesn’t call for huge expenditures right away.

Others advocate bigger changes—building more medical schools or drastically expanding existing ones. And, in fact, a new medical school is being built in Texas.

“That’s good news and bad news,” Cooper said. “The good news is that we’re building a new medical school, which is scheduled to admit its first class in 2007. The bad news is that it takes at least eight years to educate a physician. So the first doctor won’t be caring for patients until 2015. That’s about as fast as you can do it, 12 years from conception to practice.”

Getto, however, doesn’t believe there is either the funding or the support for such measures.

“No one would want to hear about shifting health care resources,” he said. “Building new medical schools is expensive. Outside of endowments and tuition, states pay for them. It doesn’t seem too likely in this economy that too many states will support such an expenditure.”

Cooper coauthored an article published in the December 10, 2003 issue of *JAMA*, specifically addressing the physician shortage issue. One of the most compelling findings was how extensive the respondents (medical schools and state medical societies) viewed the shortage.

“Eighty-five percent said the shortages are here and in some cases are severe,” said Cooper. “The deans said that the shortages are profoundly affecting the medical schools. There seemed to be a certain emotional quality to their statements. They can’t fill certain teaching assignments, the schools are suffering

economically; it’s difficult recruiting faculty because they are moving to community practices for higher salaries.”

The study indicated that few medical schools will be able to expand adequately to meet the demand in the next 20 years.

“The newer medical schools can’t expand much,” said Cooper. “Enrollment at some is actually shrinking. Most of the older schools expanded in the 1960s and 1970s, including Medical College of Wisconsin and the UW Medical School. They aren’t able to just enroll an extra 10 to 15 percent more new medical students. If they can take on more, it’s more like 7 percent. And that’s still not going to do the job.”

Even if the medical schools decide to increase enrollment, it won’t happen overnight.

“You don’t just say we’re going to admit more medical students tomorrow,” said Cooper. “You need to get more room, hire more faculty, etc. That takes time and money.”

There are no simple answers, nor one approach that will adequately address the impending physician shortage.”

“We can try to produce more nurse practitioners and physician assistants, but that still won’t make up for the shortage because there are too many things they can’t do,” Cooper added. “We can try to make the process of care more efficient. We can also recruit international medical graduates (IMGs), and increase and improve on-line medical education to enhance access. But even with combining all of these efforts, in 10 years we still won’t have enough physicians to serve the public.”

Editor’s Note: For more information on the COGME report, go to www.cogme.gov.



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