Generalist Workforce Shortages: Setting the Stage

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A Generalist Shortage: Say what?
Shortages projected for both primary care and subspecialists

<table>
<thead>
<tr>
<th>Year</th>
<th>Primary Care</th>
<th>Subspecialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>9,000</td>
<td>4,700</td>
</tr>
<tr>
<td>2015</td>
<td>29,800</td>
<td>33,100</td>
</tr>
<tr>
<td>2020</td>
<td>45,400</td>
<td>46,100</td>
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Source: AAMC Projections, 2010
USMDs Matching into FM, 1990-2012

Percent of US Medical School Seniors* Matching into Family Medicine

* Includes only those seniors who were matched

Source: National Residency Match Program
Primary Care in GME: NRMP PGY-1 Positions Filled


Source: NRMP Results and Data: Main Residency Match reports

2012 AAMC Annual Meeting
Primary Care Sub-Specialization Trends 2000-2009

Data source: GME Track, AAMC 2010
Subspecialization Rates Across Select Non-Primary Care Specialties, 2000 and 2009

Data source: GME Track, AAMC 2010
General Surgery

Per capita supply between 1981 – 2005: decrease by 25%


AAMC Student Specialty Choice study (2010): ~5% of 1600 4th year entering categorical general surgery residencies

100% reported “very” or “somewhat” likely to pursue subspecialty fellowship.
Why so much subspecialization?

Training environments: consider what is familiar, what is favored, and what is most “functional”

Salary differential/ Return on investment

Prioritizing work/life balance
Implications of workforce subspecialization trends

Reduced workforce versatility

Increased risk of care fragmentation

Increased costs of care
Solutions in the making?

New value on generalist fields from new payment models

New care delivery models: e.g. team-based care, telemedicine, etc.

New training paradigms, new training settings
On the other end of the age spectrum: family/personal time matters

<table>
<thead>
<tr>
<th>Factor</th>
<th>% Very Important</th>
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<tbody>
<tr>
<td>Time for family/personal life</td>
<td>71%</td>
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<tr>
<td>Adequate support staff and services</td>
<td>43%</td>
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<tr>
<td>Long term income potential</td>
<td>42%</td>
</tr>
<tr>
<td>Practice income</td>
<td>39%</td>
</tr>
<tr>
<td><strong>Flexible scheduling</strong></td>
<td><strong>37%</strong></td>
</tr>
<tr>
<td>Health insurance coverage</td>
<td>35%</td>
</tr>
<tr>
<td>No or very limited on-call</td>
<td>31%</td>
</tr>
<tr>
<td>Adequate patient volume</td>
<td>30%</td>
</tr>
<tr>
<td>Opportunity to advance professionally</td>
<td>28%</td>
</tr>
</tbody>
</table>

Source: AAMC/AMA Survey of Physicians Under 50, 2006
2000 Matriculant Plans (MSQ) and Actual Specialty in the AMA Masterfile (MF) in 2010

- **MSQ Plan Primary Care**
- **MSQ Plan Other Specialty**
- **MSQ Missing Plan Specialty**

- **MF Primary Care**
- **MF Other Specialty**
- **MF Missing Specialty**
- **MF Inactive (Resident, outside US, etc.)**