

Trends in Graduate Medical Education: Can We Meet the Needs of the Nation?

Beyond Flexner, Social Mission in Medical Education April 13, 2015

> Kathleen Klink, MD, FAAFP Medical Director <u>kklink@aafp.org</u>



Policy Studies in Family Medicine and Primary Care

The Robert Graham Center for Policy Studies in Family Medicine and Primary Care

Mission: to improve individual and population health by enhancing the delivery of primary care



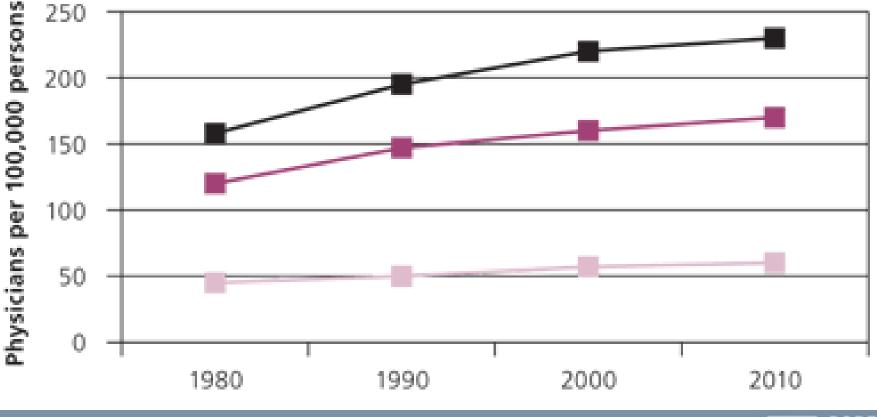
Trends in Physician Supply and Population Growth*

All physicians

Sub

Subspecialists

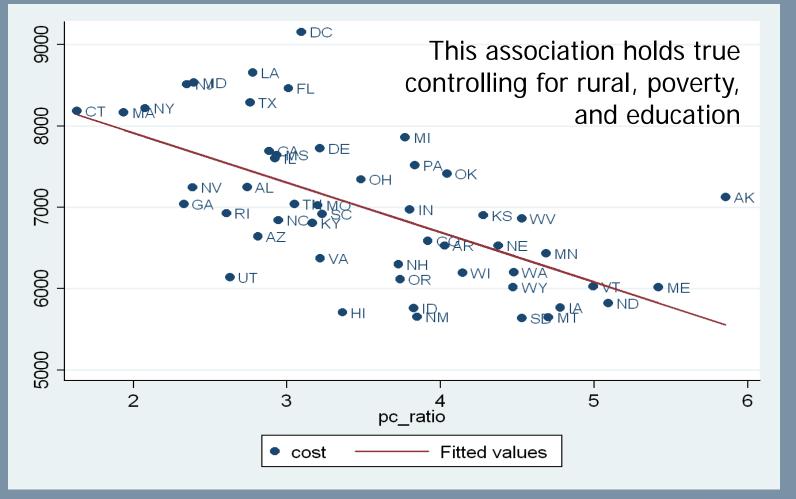
Primary care



*Makaroff LA, Green LA, Petterson SM, Bazemore AW. American Family Physician 2013 Apr 1;87(7)



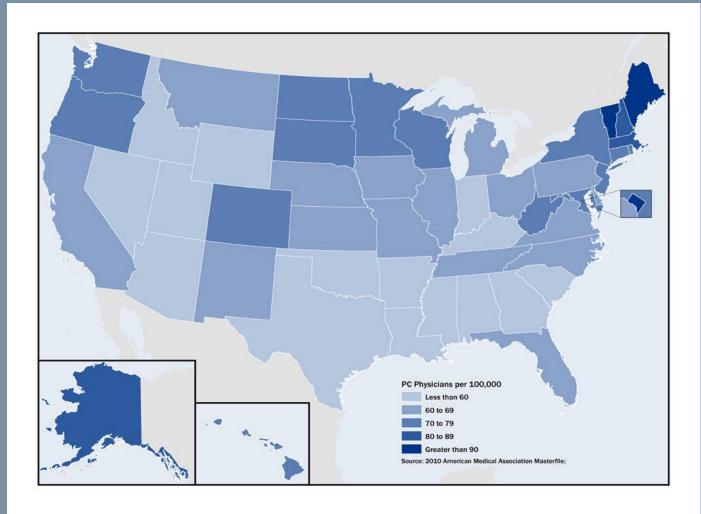
Greater numbers of family physicians per capita is associated with lower cost care



Family Physicians per 10,000 and spending, 2006

ROBERT GRAHAM CENTER

Primary care physicians per 100,000 population by State, 2010



ROBERT GRAHAM CENTER

Primary care physicians by rural/urban geography, 2010

Geography	U.S. Population	All Physicians	All Primary Care Physicians	Family Medicine/General Practice	General Internal Medicine	General Pediatrics
Urban	80%	89.0%	84.9%	77.5%	89.8%	91.2%
Large Rural	10%	7.1%	8.4%	11.1%	6.7%	6.2%
Small Rural	5%	2.6%	4.3%	7.2%	2.4%	1.8%
Remote Rural/ Frontier	5%	1.3%	2.4%	4.2%	1.1%	0.8%

Do We have a GME Shortage or a GME Imbalance?

About 1,100 U.S. Allopathic Grads Didn't Match in 2015

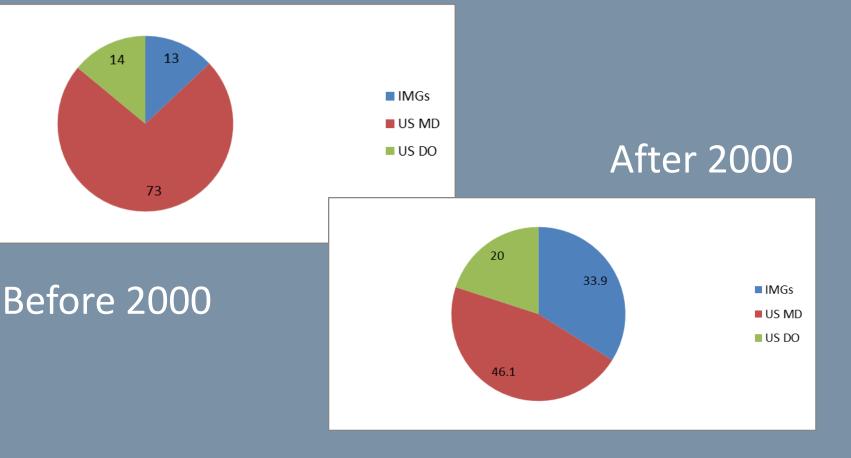
yet

• Over 10,000 International Graduates Matched

• Almost 3,000 Osteopathic Graduates Matched

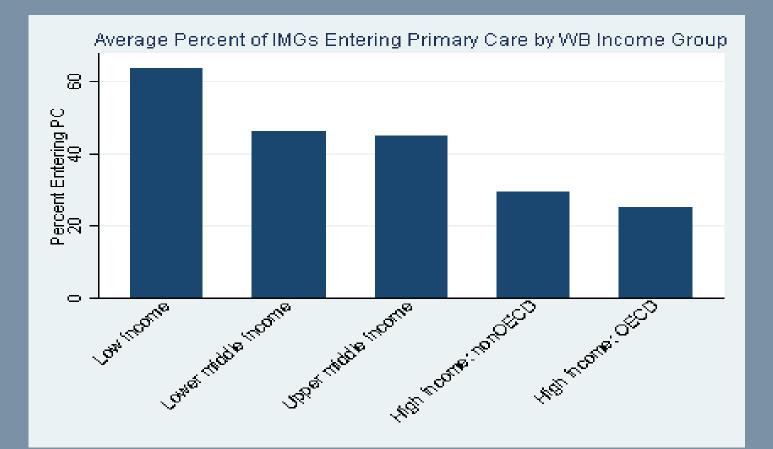


Dramatic Decrease of Allopathic Graduates Entering Family Medicine





The Poorest Nations Are the Source for Our Primary Care Workforce





Annals of Family Medicine March, 2015

Estimating the Residency Expansion Required to Avoid Projected Primary Care Physician Shortages by 2035

Stephen M. Petterson, PbD⁴ Winston R. Liaw, MD, MPH² Carol Tran, MD³ Andrew W. Bazemore, MD, MPH⁴ 'Robert Graham Center, Washington, DC ²Virginia Commonwealth University, Richmond, Virginia

³University of Virginia, Charlottesville, Virginia

ABSTRACT

PURPOSE The purpose of this study was to calculate the projected primary care physician shortage, determine the amount and composition of residency growth needed, and estimate the impact of retirement age and panel size changes.

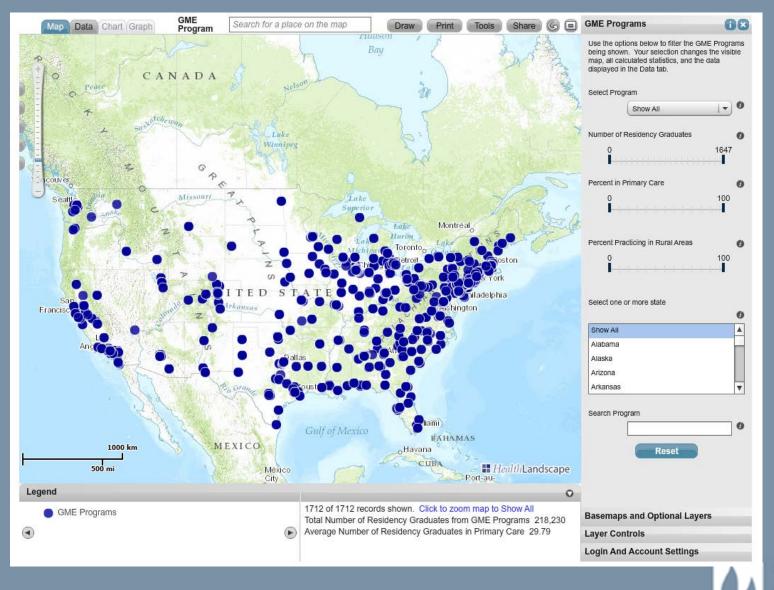
METHODS We used the 2010 National Ambulatory Medical Care Survey to calculate utilization of ambulatory primary care services and the US Census Bureau to project demographic changes. To determine the baseline number of primary care physicians and the number retiring at 66 years, we used the 2014 American Medical Association Masterfile. Using specialty board and American Osteopathic Association figures, we estimated the annual production of primary care residents. To calculate shortages, we subtracted the accumulated primary care physician production from the accumulated number of primary care physicians needed for each year from 2015 to 2035.

RESULTS More than 44,000 primary care physicians will be needed by 2035.

Year	Need	Supply			K	
	Overall: Population Growth, Aging, and Insurance	Population Growth Only	Cumulative Production	Cumulative Retirement	Shortage	Additional Residents per Year
2015	228,547	228,547	8,049	5,819	-2,230	
2020	241,291	237,460	48,294	39,519	3,968	2,196
2025	253,630	246,358	88,539	80,669	17,213	2,710
2030	264,015	254,938	128,784	119,756	26,440	1,773
2035	272,887	262,897	169,029	157,971	33,283	1,700

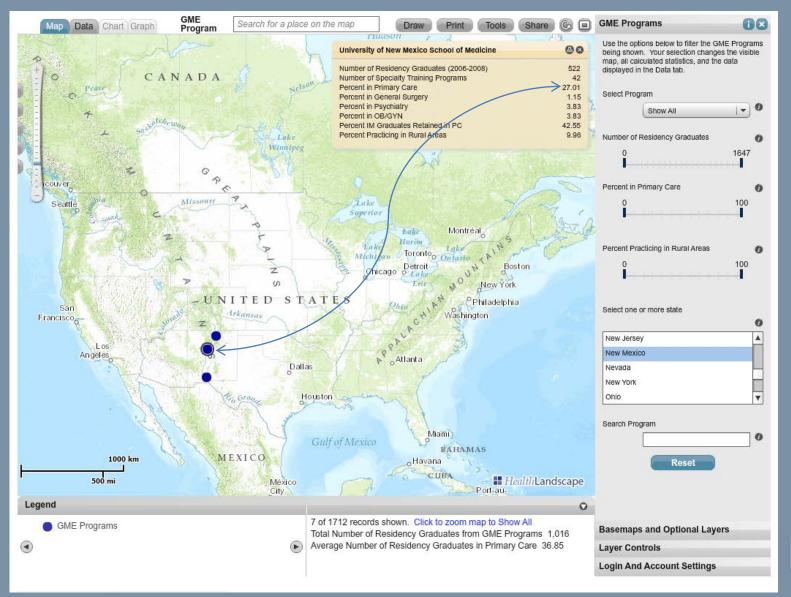


Residency Footprinting Mapper



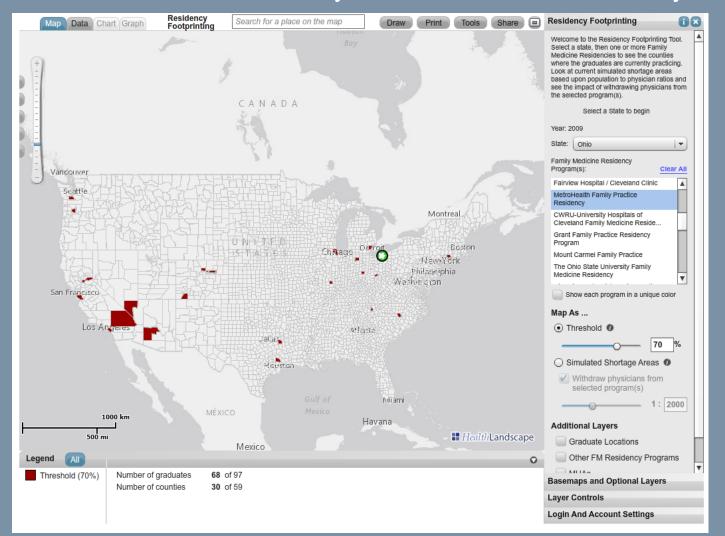


Rollovers Provide Details



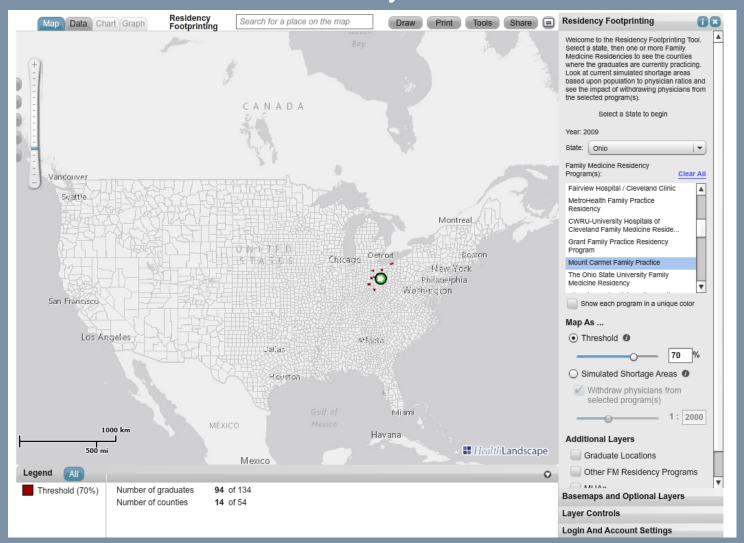


MetroHealth Family Medicine Residency





Mount Carmel Family Medicine Residency





Teaching Health Center Clinical Care Sites

