

## POLICY &amp; PRACTICE

**Congress Forms MS Caucus**

Federal lawmakers recently formed the first-ever Congressional Multiple Sclerosis Caucus aimed at raising awareness of the disease. Rep. Russ Carnahan (D-Mo.) and Rep. Michael Burgess (R-Tex.) are cochairing the caucus, which will focus on health care, disability, and research issues related to multiple sclerosis. "The new MS caucus is a significant step forward in the MS movement," Joyce Nelson, National Multiple Sclerosis Society president and CEO, said in a statement. "It will help build bipartisan awareness and education in Congress about important MS issues." The society plans to work with the caucus cochairs to recruit additional members of Congress.

**New Autism Research Funded**

The National Institutes of Health is consolidating two autism research programs in an effort to accelerate the search for treatments. The new program—the Autism Centers of Excellence (ACE)—combines the Studies to Advance Autism Research and Treatment (STAART) and the Collaborative Programs of Excellence in Autism (CPEA). The newly consolidated program initially includes five research centers at universities across the country and one research network based at the University of North Carolina at Chapel Hill. Data generated through the ACE program will be added to the National Database for Autism Research, a Web-based tool housed at NIH that is accessible to researchers around the world. Research projects include a study of how individuals with autism learn and understand information and a study using brain imaging to track brain development in children thought to be at risk for autism spectrum disorders. Funding for additional ACE projects will be announced next year, according to NIH.

**Epilepsy Bill Introduced**

Sen. Patty Murray (D-Wash.) has introduced legislation to establish six Epilepsy Centers of Excellence within the Department of Veterans Affairs. Her bill (S. 2004) is expected to receive a hearing by the Senate Committee on Veterans Affairs this fall, according to the American Academy of Neurology, which has been pushing for the legislation. The bill is similar to a House bill (H.R. 2818) introduced by Rep. Ed Perlmutter (D-Colo.). In particular, the two bills are aimed at providing additional resources to care for veterans who develop epilepsy in the future as a result of traumatic brain injuries suffered in combat.

**Hispanic Stroke Awareness**

NIH officials launched a new awareness campaign aimed at educating members of Hispanic communities about the importance of seeking prompt treatment for stroke. The centerpiece of the program is a tool kit that can be used by health educators to teach individuals about the signs of stroke and

the importance of calling 911 immediately. Hispanics have a high rate of several risk factors for stroke such as diabetes, excessive weight, high blood pressure, and cigarette smoking, according to NIH. "Some people do not recognize stroke as a medical emergency and may not feel comfortable calling 911 due to possible perceived language barriers," Dr. Jose D. Merino, a staff clinician in NIH's National Institute of Neurological Disorders and Stroke, said in a statement. "It is important that Hispanics know how to recognize the signs of stroke and feel confident [even if] saying only 'stroke' when calling 911 to receive immediate medical treatment."

**Small Practices Decline**

Physicians are shying away from solo and two-physician practices, according to a new report from the Center for Studying Health System Change. Although these small practices are still the most common arrangements, between 1996-1997 and 2004-2005 researchers saw a shift from solo and two-person practices to midsize, single-specialty groups of 6-50 physicians. The percentage of physicians who practiced in solo and two-person practices fell from 41% in 1996-1997 to 33% in 2004-2005. During the same time period, the percentage of physicians practicing in midsize groups rose from 13% to 18%. The biggest declines in physicians choosing small practices have come from medical specialists and surgical specialists, whereas the proportion of primary care physicians in small practices has remained steady at about 36%. "Physicians appear to be organizing in larger, single-specialty practices that present enhanced opportunities to offer more profitable ancillary services rather than organizing in ways that support coordination of care," Paul B. Ginsburg, Ph.D., president of the Center for Studying Health System Change, said in a statement. The report's findings are based on the group's nationally representative Community Tracking Study Physician Survey.

**Drug Premium About \$25 in 2008**

The Centers for Medicare and Medicaid Services said that Medicare beneficiaries will pay about \$25 a month for their Part D pharmaceutical coverage in 2008. This is about a \$3 per month increase over the average premium in 2007, but still 40% lower than what had been projected when the program was established in 2003, according to CMS. The premiums for those who get their benefits through private Medicare Advantage plans will be about \$14, according to CMS. The agency said that almost 10 million low-income beneficiaries are having their premiums subsidized by the federal government. Because Part D is sketching out to cost 30% less in the first 10 years than had been estimated, President Bush's 2009 budget will be retooled to reflect the decline, according to CMS.

—Mary Ellen Schneider

# More Medical Schools, Slots Needed to Fill MD Shortage

BY BRUCE JANCIN  
Denver Bureau

COLORADO SPRINGS — America's physician shortage—still barely noticeable in much of the country—is here to stay and will grow much worse, panelists agreed at the annual meeting of the American Surgical Association.

"Because of our failure in the 1990s to recognize the needs of a new century, our health care system will have a continued shortage of physicians throughout the careers of today's medical students. We'll have to invent ways to deal with it, because none of us has ever experienced within our lifetimes in medicine a shortage of the sort we're building into the future," warned Dr. Richard A. Cooper, professor of medicine and a senior fellow at the University of Pennsylvania's Leonard Davis Institute of Health Economics, Philadelphia. On the basis of economic and population projections, he estimated the nation will need 10,000 additional first-year residency slots and 60 new medical or osteopathic schools by 2020 to control the crisis. "The reality is that as long as we talk about small numbers we engage small interests. The problem is big. The interest has to be profound. The action has to be overt."

By Dr. Cooper's estimate, there are now 5%-8% too few physicians nationally. "We're not feeling it everywhere because the shortage is early on, and it's not homogeneous nationally," he said, adding the shortfall will grow to about 20% within the next 20 years. And physician assistants and nurse practitioners aren't being trained in sufficient numbers to be the solution.

Expanding the number of first-year residency positions from the roughly 25,000 expected in 2010 to 35,000 in 2020 is a tall order. But the nation has done it before: first-year residency slots grew by 10,000 in the 1960s and 1970s, he noted.

The shortage has come about because physician training has leveled off while the nation's population keeps growing and aging. Medical schools plateaued in the early 1980s, while the Balanced Budget Act of 1997 froze residency training at 1996 levels.

Dr. Darell G. Kirch, president and chief executive officer of the American Association of Medical Colleges, said the AAMC is now recommending to Congress a 30% hike in U.S. medical school capacity. A 17% increase in capacity by 2012 is possible simply by maximizing existing capacity, according to the latest AAMC survey of the 125 medical school deans. An additional strategy is to create regional or branch campuses of existing medical schools, as many osteopathic schools are doing, according to Dr. Kirch, a psychiatrist.

He indicated the AAMC has much to learn from the osteopathic schools, which unlike allopathic medical schools are

"growing like gangbusters," especially in the Sunbelt, where much of the population growth is taking place.

"The Lake Erie College of Osteopathic Medicine in Erie, Pa., has established its regional campus in Jacksonville, Fla., and the Philadelphia College of Osteopathic Medicine has its regional campus in Atlanta, and the A.T. Stiles University Kirksville (Mo.) College of Osteopathic Medicine—the first osteopathic medical school—has a campus in Mesa, Ariz.," Dr. Kirch noted.

He isn't concerned that a big national expansion in medical students will dilute the applicant quality. In fact, medical education leaders are very interested in tapping into a whole new sort of applicant pool.

He also sees a need for flexibility in the premedical curriculum. "We

still have that emphasis on the core of calculus, physics, general and organic chemistry. How many of you in the OR have stepped back from a case and said, 'If I only knew more calculus I could manage this case'? Maybe there can be more flexibility that would allow us to attract people who have got great intellects but aren't quite so oriented toward the physical sciences," he said.

The shortage is compounded by workforce exit issues. Dr. Kirch cited a national survey showing one in three physicians over age 50 would retire now if they could afford it. But the survey also found part-time work and less bureaucracy would keep older physicians in the workforce.

At present, less than two-thirds of residency slots are filled by graduates of U.S. medical schools. Most of the rest are filled by non-U.S.-citizen international medical graduates, many from developing countries where physicians are sorely needed. Adding more U.S. medical schools would increase the proportion of U.S. graduates in the postgraduate pipeline and keep more international graduates where they were trained, noted Dr. George F. Sheldon, professor of surgery at the University of North Carolina at Chapel Hill.

Dr. L.D. Britt, professor and chairman of the department of surgery at Eastern Virginia Medical School, Norfolk, got a big hand from the audience when he said "the most wasted year in all medical education is the fourth year of medical school." Dropping it would cut the student debt burden.

Some medical students would benefit from having the fourth year count as their first year of residency training, Dr. Kirch said. Others enter medical school so highly qualified that much of the first 2 years are of little value. And there are way too many obstacles placed in the way of physicians interested in making a midcareer change in specialty, he added.

All papers presented at the 127th annual meeting of the ASA are subsequently to the Annals of Surgery for consideration. ■



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DR. COOPER