# Primary Care for Older Patients Will Get Scarcer

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CRYSTAL CITY, VA. — The shortage of primary care physicians schooled in caring for elderly patients will continue to worsen, according to an analysis of federal physician data.

"Our nation is facing a growing shortage of physicians for the care of adults," Dr. Jack Colwill said at the 2008 Physician Workforce Research Conference. "We potentially will have limited ability to provide the sort of comprehensive and coordinated care we're talking about for the growing aging population."

In a recent study, Dr. Colwill, professor emeritus of family and community medicine at the University of Missouri–Columbia, and colleagues looked at data from the 2003-2005 National Ambulatory Medical Care Survey to project what physician workloads might be in the future. The researchers predicted that by 2025 there will be a 29% increase in demand for physician visits by adults, fueled in part by the aging of the population (Health Aff. [Millwood] 2008;27:w232-41 [Epub doi: 10.1377/hlthaff.27.3.w232]).

"There have been dramatic changes in internal medicine, with [a more than] one-third drop in the numbers entering general internal medicine from the peak in 1998," Dr. Colwill said at the conference, which was jointly sponsored by the Association of American Medical Colleges and Harvard Medical School.

If this trend continues, by 2025 there will be an increase in generalists in adult care of 11% compared with 2005 levels, trying to respond to that 29% increase in workload, he continued. "That doesn't adjust for the fact that physician supply is getting older, and that the percentage of women [physicians] is going from 33% of physicians to 49%," he said; women physicians may work fewer hours to accommodate lifestyle considerations. "With those adjustments, the increase is up only 7% from 2005. If you assume the continuing decline in generalists goes through 2008, then the increase in 2025 is only 2% above 2005 levels."

"That's roughly 35,000-44,000 additional physicians we'd need to provide as many visits as we do today for adult care," Dr. Colwill said. "That would require 2,800-3,600 additional medical graduates per year. [However], as we progressively find ourselves in primary care doing more and more management of patients with severe chronic illnesses, [even] today's benchmark may not be adequate."

Medical specialists also "say they have overloads right now, and abundant data out there says medical specialists see themselves as medical specialists and primary care not as a major part" of their practice, he added.

Physician extenders such as nurse practitioners and physician assistants will definitely help take up some of the shortfall. But "physician assistant program output has been flat, and nurse practitioner programs have literally dropped from above 8,000 graduates per year to 6,000 per year between 1998 and 2005," Dr. Colwill said.

This whole scenario paints "a pretty bleak picture," he continued. "I think it's a serious problem we face."

Dr. Colwill also mentioned the concept of a medical home for all patients, which he said "is the wave of the future. The question is, will we have the workforce to pull it off?" ■

# Primary Care Shortage Data Reveal Some Surprises

CRYSTAL CITY, VA. — Suppose the federal government has designated your part of the state as a physician shortage area, but charges haven't gone up and you still have lots of openings for new patients in your practice. Does that mean there's really not a problem getting care?

Not necessarily, according to Carol J. Simon, Ph.D.

The usual symptoms of a "demand-driven" physician shortage are waits to see providers, new patients being turned away, and rising prices, Dr. Simon said at the 2008 Physician Workforce Research Conference. However, "we don't find a lot of systematic evidence of demand-driven shortage in [federally] defined primary care shortage areas. What we do find … is a lot of evidence of inadequate demand—inability to pay and inability to access the care that patients may need."

To find out more, Dr. Simon, vice president at the Lewin Group, a health care consulting firm, and her colleagues sent surveys to 2,834 primary care physicians in five states. The response rate was 69%.

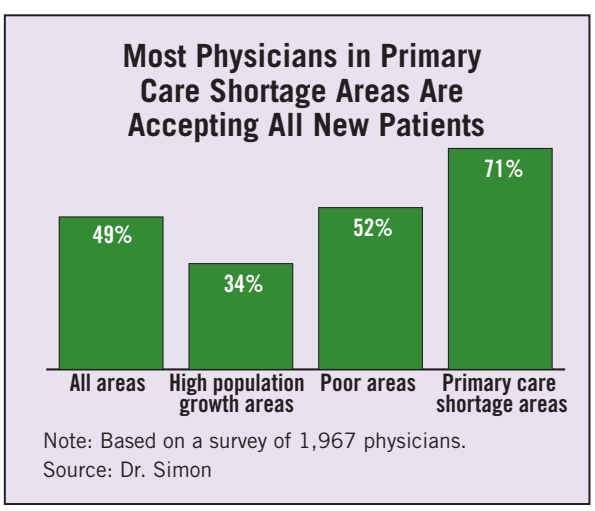
According to their preliminary findings, 49% of respondents overall were accepting all new patients, while 44% accepted some and 7% accepted none. But in areas designated as having a primary care shortage, 71% of physicians were accepting all new patients, compared with only 34% of physicians in areas of high population growth and 52% of physicians in poor areas. (See box.)

As to the growth in physician incomes, the data were not consistent with a lack of providers, Dr. Simon said at the meeting, which was sponsored by the Association of American Medical Colleges and Harvard Medical School. Over a 3-year period, physician incomes dropped an average of 4% per year in shortage areas, compared with a 5% annual increase in high-growth areas and a decline of 1.6% per year in poor areas. Incomes of physicians practicing in designated shortage areas were found to be at 89% of the national average, compared with 107% for physicians in high-growth areas and 78% for physicians in poor areas.

The researchers also looked at an example of delayed follow-up care: follow-up exceeding 4 weeks for mild persistent asthma. There was little difference between the amount of delayed follow-up in the designated shortage areas and high-growth areas, but poor areas had a slightly higher percentage. "It's hard to tell whether this is evidence of capacity issues or [of] scheduling difficulties," Dr. Simon said.

The results seem to suggest that in designated shortage areas, "the immediate need may be to bolster willingness and ability to pay for care," she said. "Increasing supply alone in the absence of a basis for paying for care could threaten the financial viability of system providers."

But in areas with high population growth, "there is indeed evidence of [lines], longer follow-up times, practices closed to new patients, and upward pressure on income and prices," she said. ■




# *IMGs Fill Gaps in Primary Care Physician Shortage Areas*

ARLINGTON, VA. — International medical graduates have become an integral part of providing medical care in federally designated physician shortage areas.

"Compared to U.S.-trained physicians, IMGs provide more primary care and more [overall] medical care to populations living in primary care shortage areas" as well as to minorities, immigrants, patients in poor areas, and Medicaid recipients, said Esther Hing of the National Center for Health Statistics, in Hyattsville, Md.

Ms. Hing and her colleague Susan Lin, Dr.P.H., studied 2005-2006 data from the National Ambulatory Medical Care Survey, which included information from 2,390 office-based physicians. Ms. Hing presented the survey results at the 2008 Physician Workforce Research Conference.

The survey showed that IMGs make up 25% of office-based physicians. They also tend to be a little older than U.S.-trained doctors, with an average age of 52 years, compared with 50 years for U.S.-trained physicians. The racial and ethnic differences were more pronounced: 71% of U.S. medical graduates were non-Hispanic white, compared with 26% of IMGs. Asian/Pacific Islanders made up 32% of IMGs, compared with 5% of U.S. medical graduates. Hispanic and Latino physicians accounted for 7% of IMGs, compared with 2% of U.S. graduates.

More of the IMGs than U.S. medical graduates were working as primary care physicians—57% vs. 46%—a statistically significant difference, Ms. Hing noted.

IMGs also practiced more often in primary care shortage areas than did U.S.-trained physicians—87% vs. 79%. And IMGs were more likely to accept new patients and to accept Medicaid—nearly one-third of IMGs surveyed derived 20% or more of their incomes from Medicaid, compared with less than one-fourth of U.S.-trained physicians.

"The U.S. health care system continues to rely on IMGs to address shortages in primary care," Ms. Hing said at the conference, which was sponsored by the Association of American Medical Colleges and Harvard Medical School. "The U.S. health care system faces challenges if the future supply and use of IMGs is constrained by recent changes in visa policy that reduce the number of incoming [medical graduates]." ■