

More Residency Slots Required to Meet Needs

BY BRUCE JANCIN
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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.

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 that 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.

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, Washington, praised Dr. Cooper for conducting the pioneering research that is awakening health policy planners to the looming physician shortage.

The AAMC is now recommending to Congress a 30% increase 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 attractive 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.

"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 more 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

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DR. COOPER



would allow us to attract people who have got great intellects but aren't quite so oriented toward the physical sciences," he said.

The physician shortage is compounded by workforce exit issues. Dr.

Kirch cited a national survey done last year that showed one in three physicians over age 50 would retire right now if they could afford to. But the survey also found that part-time work opportunities and less bureaucracy would keep physicians over age 50 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 got a big hand from the audience when he told the panelists the time has come to "give up the ruse and declare what we already know—that the most wasted year in all medical education is the fourth year of medical school."

Eliminating it would make medical school more attractive and substantially cut the crushing student debt burden, argued Dr. Britt, professor and chairman of the department of surgery at Eastern Virginia Medical School, Norfolk.

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 submitted to the *Annals of Surgery* for consideration. ■

POLICY & PRACTICE

Obesity Rivals Tobacco in Impact

Obesity's impact on America's health rivals that of tobacco use in terms of morbidity and related health risk, according to a report from the President's Cancer Panel, a division of the National Cancer Institute. The report cited research showing overall cancer death rates are 50%-60% higher among the obese, and said that two-thirds of all cancer deaths could be prevented through changes in lifestyle. The panel cited policy, industry, and cultural barriers that prevent the public from making the changes necessary to reduce cancer risk. For example, the panel noted a lack of adequate sidewalks and safe recreational areas, along with worsening physical education in schools and federal subsidies for foods that contribute to obesity. The report urged physicians to increase efforts to educate patients about weight management, and recommended changes in reimbursement to enable such counseling. "To minimize the growing financial burden that cancer inflicts on our nation, we must dramatically increase our focus on disease prevention and ensure that preventive services, including nutrition and physical activity interventions, become an integral and reimbursable component of primary care," the panel said in a letter to President Bush.

ACP, AAFP to Test Medical Home

The American College of Physicians, the American Academy of Family Physicians, and the American Academy of Pediatrics will join with UnitedHealth Group to test the concept of a patient-centered medical home. UnitedHealth Group will provide financial and administrative support for the project, which will be conducted with six Florida-based small and mid-sized general internal medicine groups. Practices will have to demonstrate that they have the infrastructure and personnel to provide patient-centered care, and UHG will provide additional payments to the physicians whose care is based on the model and who demonstrate measurable improvements in the overall health of their patients. The organizations involved in the pilot expressed hope that the results will help determine how to refine and expand the use of the patient-centered medical home concept. "This is what physicians-in-training signed up for when they elected to become internists, and this is the care that patients want and deserve," ACP Florida chapter governor Dr. Kay Mitchell said in a statement.

DTC Spending Triples

Spending on direct-to-consumer (DTC) advertising by the pharmaceutical industry has more than tripled in the last decade, despite criticism and regulatory action designed to curb it, according to a study in the Aug. 16 *New England Journal of Medicine*. The researchers analyzed the pharmaceutical industry's spending on DTC advertising and promotions to physicians, and found that total real spending on drug promotions almost tripled, from more than

\$11 billion to almost \$30 billion, between 1996 and 2005. Most of the spending was aimed at physicians. But over the past 9 years, spending on DTC ads and free samples has risen, while promotional investment in professional journals has fallen. Real spending on DTC advertising increased by 330% from 1996 to 2005, the researchers found. That spending was concentrated among a relatively small number of brands; the 20 drugs with the highest spending made up more than half of total industry spending on DTC ads in 2005, the study found. Most of these were new drugs used to treat chronic conditions, and nearly all ad campaigns for the most heavily advertised drugs began within a year of the drugs' Food and Drug Administration approval.

Insurers Adopt ABIM Program

Four large national health care organizations are using the American Board of Internal Medicine's Maintenance of Certification program to recognize and reward quality care, the ABIM said. The Blue Cross and Blue Shield Association, CIGNA HealthCare, Humana, and Wellpoint Inc., will incorporate ABIM's tools into their quality recognition programs. Internists who regularly complete an ABIM Practice Improvement Module (PIM) can authorize ABIM to send verification of these completed Web-based quality improvement modules to health plans participating in the program. Physicians participating in programs offered by the insurers and the Blues association will receive special recognition in provider directories.

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 practice arrangements, between 1996-1997 and 2004-2005 researchers saw a shift from solo and two-person practices to mid-sized, 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 mid-sized groups rose from 13% to 18%. The biggest declines in physicians who choose small practices have come from medical specialists and surgical specialists, while 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, 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.

—Jane Anderson