States Plan Med Schools to Bolster Workforce

With physician shortages expected, new schools are being proposed in Florida and California.

BY JOEL B. FINKELSTEIN
Contributing Writer

Several states are in the process of adding new medical schools to shore up expected shortfalls in the physician workforce.

The United States could see physician shortages run as high as 85,000 physicians by 2020, according to government estimates. States will have to start expanding medical school enrollment now to avoid shortages down the road, the Association of American Medical Colleges recently warned.

The response from the states is to train more physicians.

Florida State University's College of Medicine in Tallahassee, which was accredited just last year, became the first new allopathic medical school in more than 20 years. Together with expansion of existing schools, Florida's medical schools will more than double enrollment, up to 1,100 students.

Evidently not satisfied with that increase, the board of governors of the state university system recently approved proposals to set up two more medical schools, one at Florida International University and the other at the University of Central Florida. Those medical schools could be up and enrolling by 2008.

Other states are also considering new medical schools as a way to bring physicians into their communities. The University of California at Merced, barely out of the box itself, presented a proposal this month to set up a medical school by 2012.

California currently has to recruit physicians from out of state because of a gap between the number of doctors trained in the state and the number needed, said Peter Warren, a spokesman for the California Medical Association.

It wouldn't be surprising to see five or six new medicals schools start up across the country over the next 5 years, said Paul Umbach of Tripp Umbach Healthcare Consulting Inc., in Pittsburgh.

Currently, there are 126 U.S. medical schools graduating a few more than 15,000 students a year, said Jack Krakower, Ph.D., associate vice president of medical school services and studies at AAMC.

Along with graduates from international medical and osteopathic schools, they fill roughly 22,000 residency slots, virtually all of which are currently funded through the Medicare program.

More medical schools will not equal more doctors unless there are also more residency slots for those graduates. Even then, there are no guarantees that physicians trained in a state will stay in the state, Dr. Krakower said.

On average, less than 40% of medical students remain in state after graduation. That number rises to 48% among students who get a residency position in the state and gets as high as 65% for those who started out in the state, according to AAMC data.

Whether physicians end up sticking around, Florida and other states may see benefit in building new schools.

The board of governors was heavily lobbied for the medical schools by local businesses, mostly real estate and construction companies. These interests will be the most immediate beneficiaries of the funds raised to build the new schools, said Dr. Zachariah P. Zachariah, a board member who questioned the wisdom of this approach.

There is little question that local business will benefit from the schools. An economic impact study conducted by Mr. Umbach's firm for Florida International University showed that a new medical school could pour more than a $1 billion a year into the local economy and create 8,300 new jobs.

There are better ways to boost Florida's physician workforce, said Troy Tippett, who is president of the Florida Medical Association.

"The quickest, most efficient way is to add residency slots," he said.

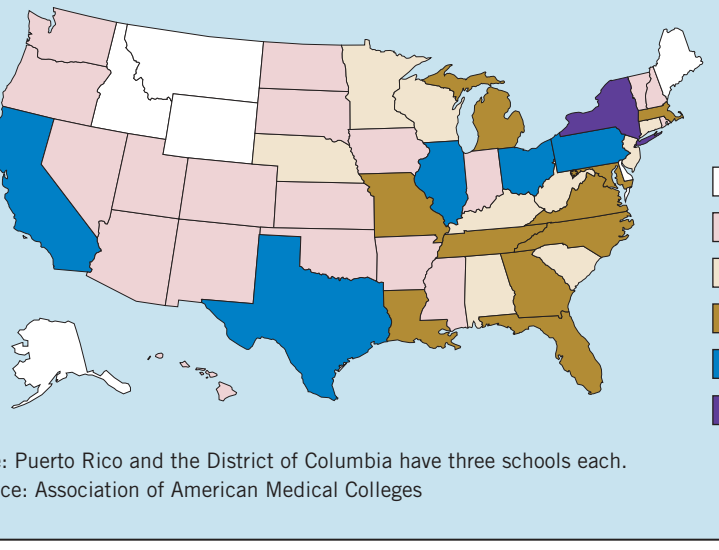
The economics of medical schools are very attractive to communities, agreed Mr. Umbach. But they also bring in faculty who provide care to the community, producing a short-term boost to the medical workforce.

"Just banking alone on medical students staying in the state would be a very slow way to build the physician workforce," he said. "But communities with medical schools have more physicians than those without medical schools."

That argument seems to be winning. The FMA didn't oppose the proposal for new medical schools. And despite his concerns, Dr. Zachariah voted in favor of the measure based on assurances from county officials that they would also expand existing medical programs and add state-funded residency slots.

"It's a fair compromise," he said. ■

DATA WATCH



Note: Puerto Rico and the District of Columbia have three schools each.
Source: Association of American Medical Colleges

RICHARD FRANKI/ELSEVIER GLOBAL MEDICAL NEWS

Community Health Centers Face Increased Understaffing

BY KATE JOHNSON
Montreal Bureau

Community health centers are currently clinically understaffed and will likely face increasing shortages that may limit their expansion, according to a study by the rural health research centers of both the University of Washington, Seattle, and the University of South Carolina, Columbia, and by the National Association of Community Health Centers.

"Workforce shortages may impede the expansion of the U.S. [community health center] safety net, particularly in rural areas," reported Dr. Roger A. Rosenblatt from the University of Washington, and his colleagues (JAMA 2006;295:1042-9).

The study surveyed 846 federally funded community health centers (CHCs) within the 50 states and the District of Columbia. Mailed questionnaires and telephone surveys asked CHC chief executive officers about staffing and recruiting patterns, use of federal and state recruitment programs, and perceived barriers to recruitment.

Responses were obtained from 79% of the population and revealed that funded clinical staff vacancies are common. The average CHC has 13% of its family physician full-time equivalent positions unfilled. Rural CHCs reported a significantly higher proportion of these vacancies, as well as recruiting difficulties, compared with their urban counterparts, with more than one-third of rural CHCs reporting that they had been trying to recruit a family physician for more than 7 months. "It would require more than 400 FTE family physicians to fill all the vacancies for this discipline," noted the authors.

Some of the greatest recruitment difficulties were reported for obstetrician/gynecologists and psychiatrists; rural locations reported more than 20% of funded positions vacant, and they had more recruitment difficulties, compared with urban CHCs. Dentists' vacancies also were indicated, with more than half of rural CHCs reporting a vacant position for 7 months or longer. Less difficulty was reported in recruiting nurse-practitioners and physician assistants, with no significant rural-urban differences.

When asked to indicate perceived barriers to recruitment and retention of both rural and urban CHC physicians and nurses, respondents consistently noted the inability to offer competitive compensation packages.

"The lack of spousal employment opportunities, lack of cultural activities and opportunities, lack of adequate housing, and poor-quality schools were perceived as disproportionately greater barriers for rural centers," noted the authors.

Survey respondents suggested three potential interventions to address these perceived barriers: better capacity to provide annual salary increases, more National Health Service Corps loan repayment incentives, and greater visibility of CHCs as desirable practice opportunities during training.

"The clinical role of CHCs is dependent on primary care clinicians, both physicians and nonphysician clinicians," the authors wrote, noting that the declining production of family physicians from residency programs "may lead to serious workforce shortages, particularly in rural CHCs."

Roughly 66% of the responding CHCs indicated their plans to expand as part of a federal 5-year initiative to increase spending on CHCs by at least $2.2 billion through fiscal year 2006. However, the decline in "physicians choosing generalist careers may be the rate-limiting step in the nation's ability to staff CHCs and may lead to renewed shortages of safety-net and rural physicians generally," they wrote.

The authors made several suggestions, including the following, for federal and state governments, as well as for CHCs:

- ► Bolstering elements of the Health Professions Educational Assistance Act of 1976, the only federal program aimed at encouraging primary care clinicians who are likely to practice in underserved areas.
- ► Increasing the use of nurse-practitioners and physician assistants.
- ► Creating new alliances between CHCs and primary care training programs.
- ► Expanding the National Health Service Corps and related programs that provide financial incentives to attract health care clinicians to underserved areas.
- ► Developing new approaches to loan repayment plans.
- ► Creating additional incentives for rural areas. ■