

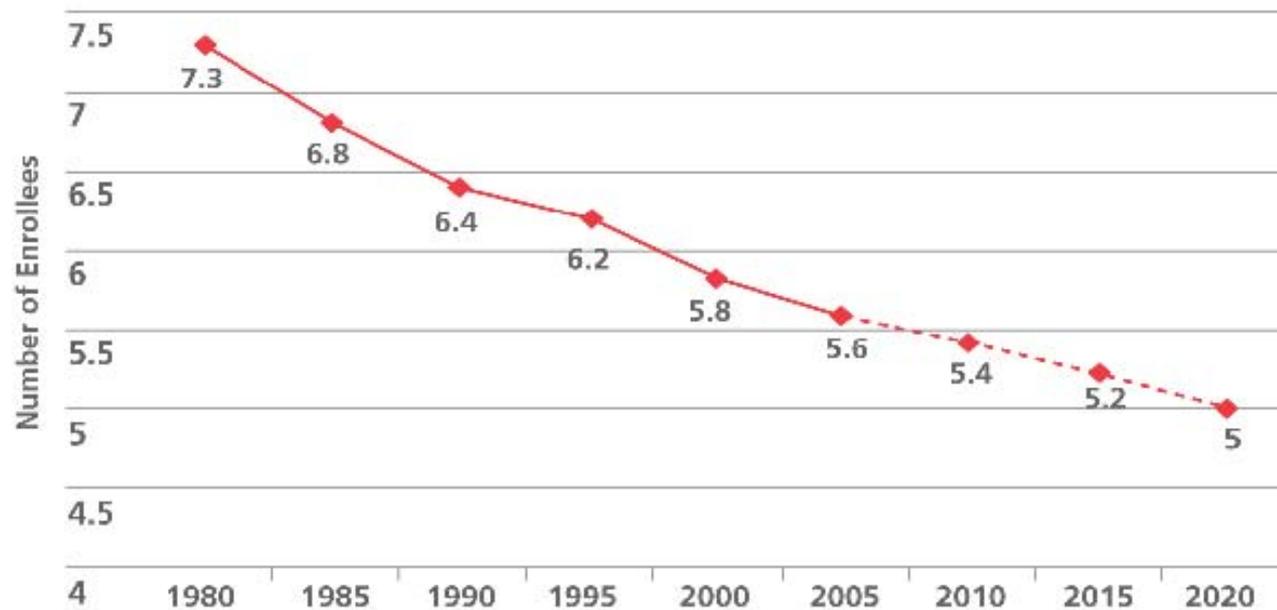
Physician Supply in Washington

Mark Doescher, MD, MSPH
Director, Center for Health Workforce Studies and
WWAMI Rural Health Research Center
University of Washington School of Medicine

December 1, 2009

Des Moines, WA

First-Year M.D. Enrollment per 100,000 Population Has Declined Since 1980

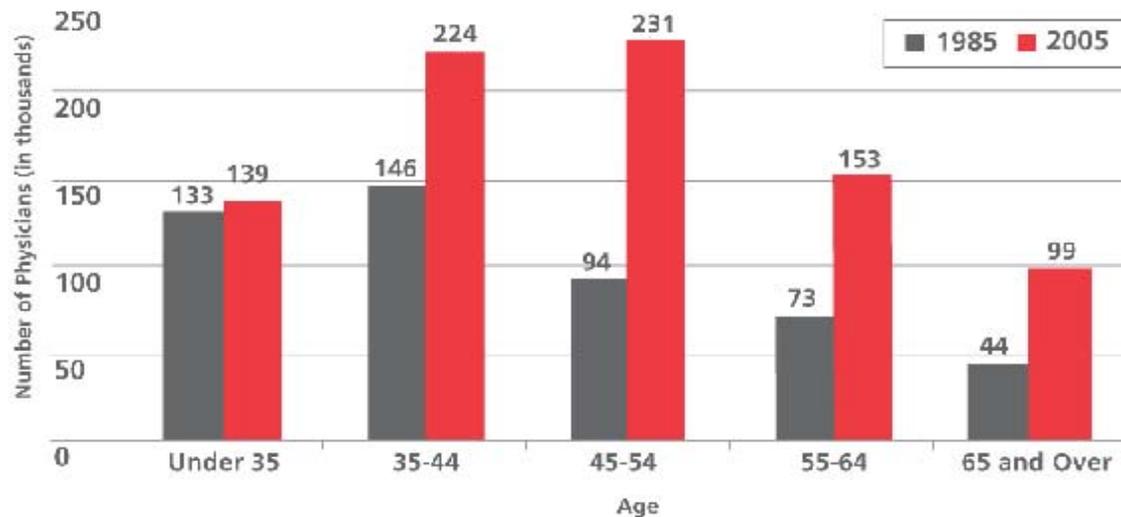


Source: AAMC; U.S. Census Bureau
Prepared by Center for Workforce Studies, AAMC, Feb. 2006



Aging Physician Workforce

The Physician Workforce Is Aging: 250,000 Active Physicians Are Over 55



Source: American Medical Association (AMA) Physician Characteristics and Distribution
for 1985 data: AMA Masterfile for 2005 data

Active physicians include residents/fellows

NOTE: 1985 data excludes 24,000 DOs.

Prepared by AAMC Center for Workforce Studies, March 2005

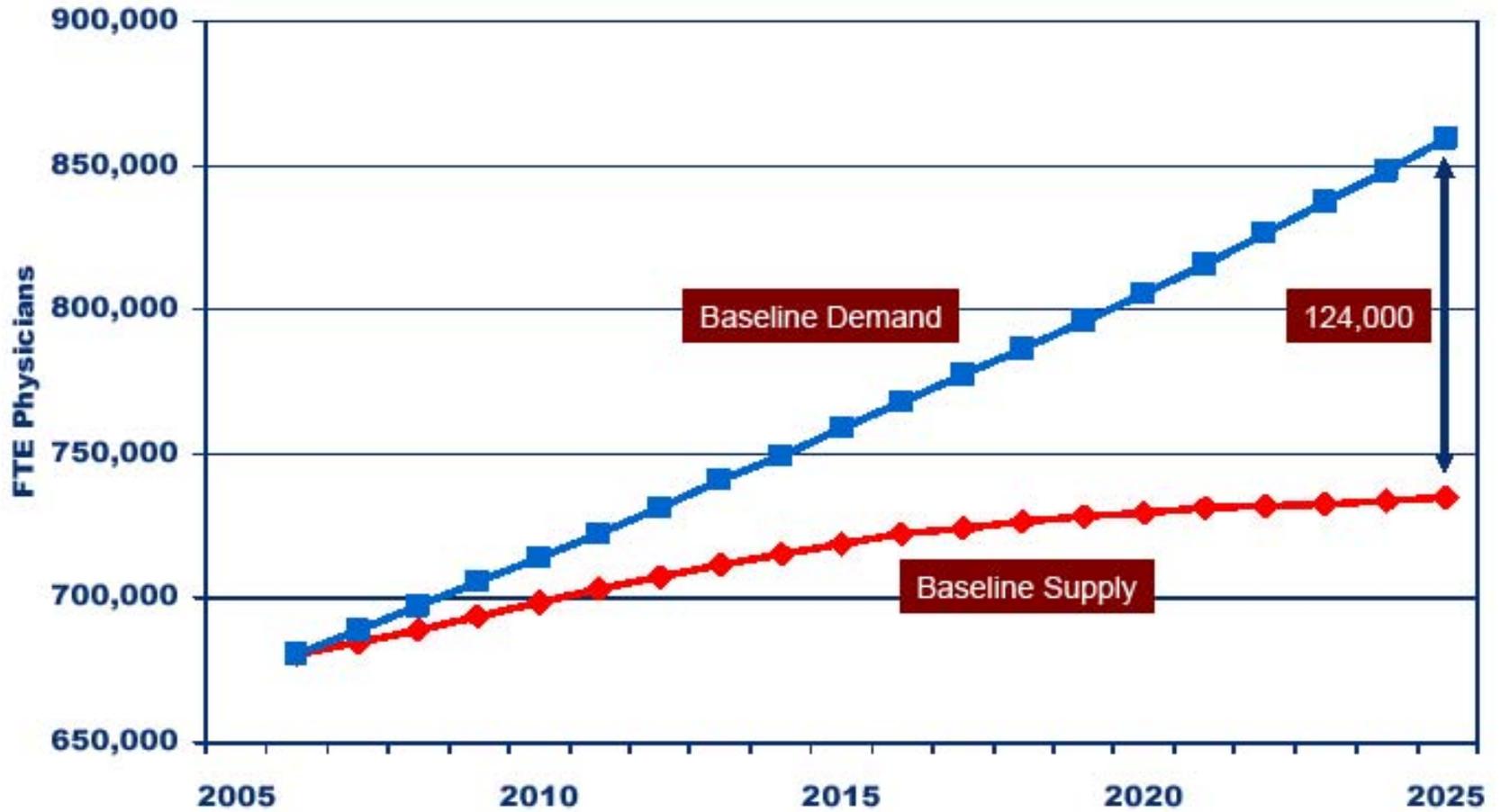


Impact of Expanding Insurance Coverage

- **Increased insurance uptake under health care reform would increase primary care physician workload 30% by 2025.**
- **Yet primary care physician supply will rise by 7% (or less).**
- **Expected shortfall of 35,000 to 44,000 primary care physicians who treat adults.**

Source: Spyros Andreopoulos. Doctor shortage imperils Obama's health care reform San Francisco Chronicle, Sunday, December 21, 2008

Baseline Scenario

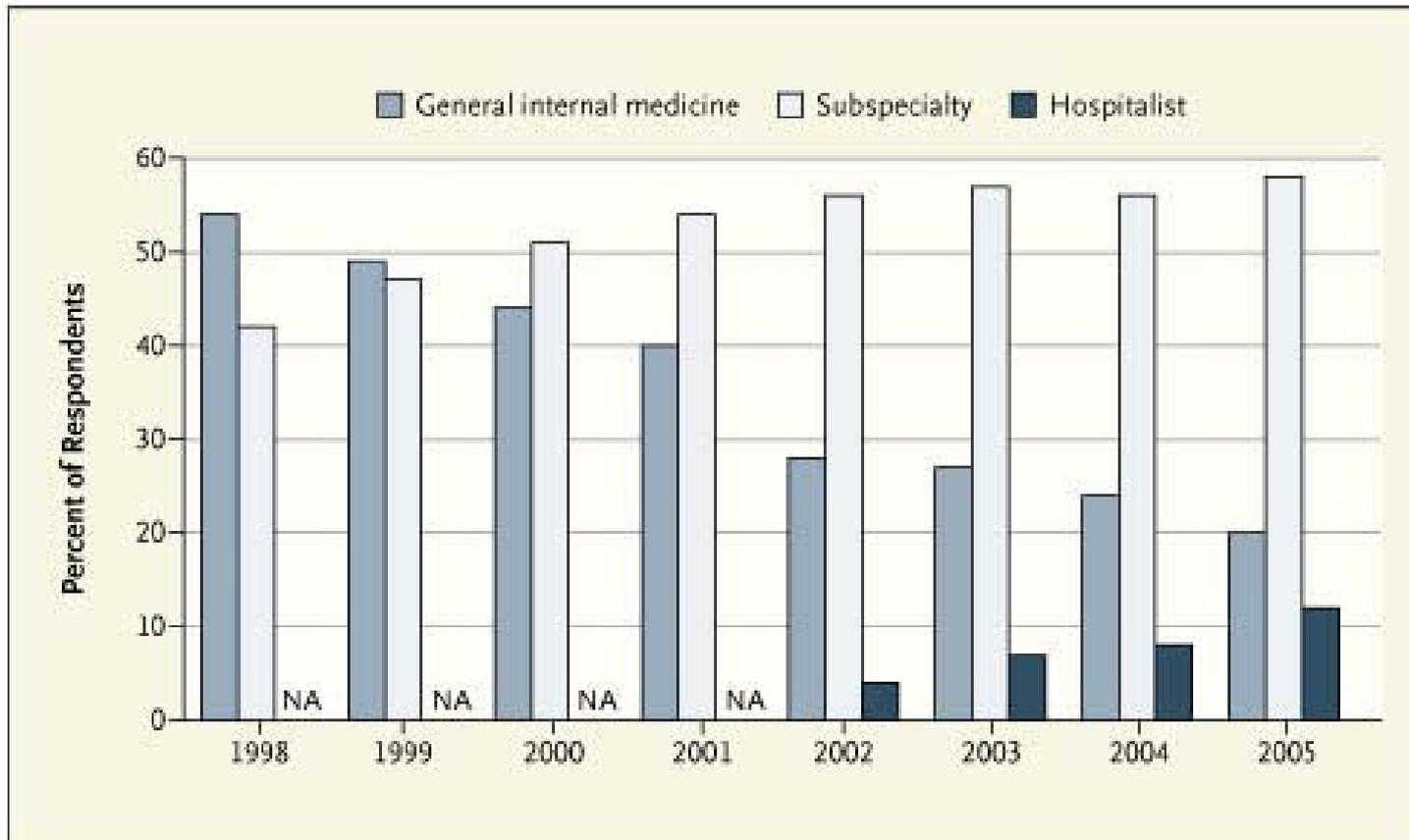


2008 Annual Meeting
Creating a Better Tomorrow



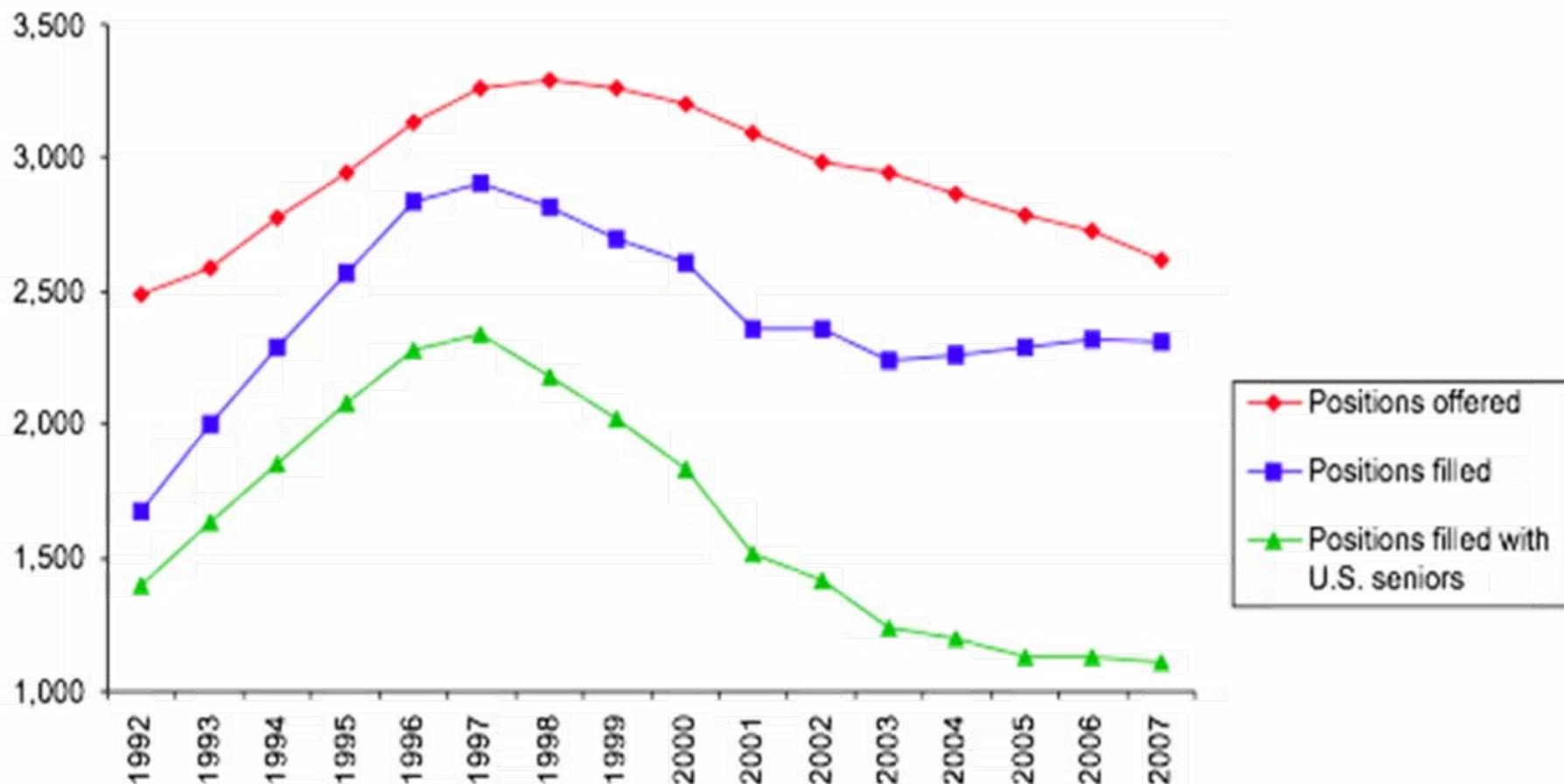
Trends in the Primary Care Workforce

Proportions of Third-Year Internal Medical Residents Choosing Careers as Generalists, Subspecialists, and Hospitalists



Trends in the Primary Care Workforce

Declines in the Family Medicine Match



Adapted from: Bodenheimer T. 2006. N Engl J Med;355:861-864.

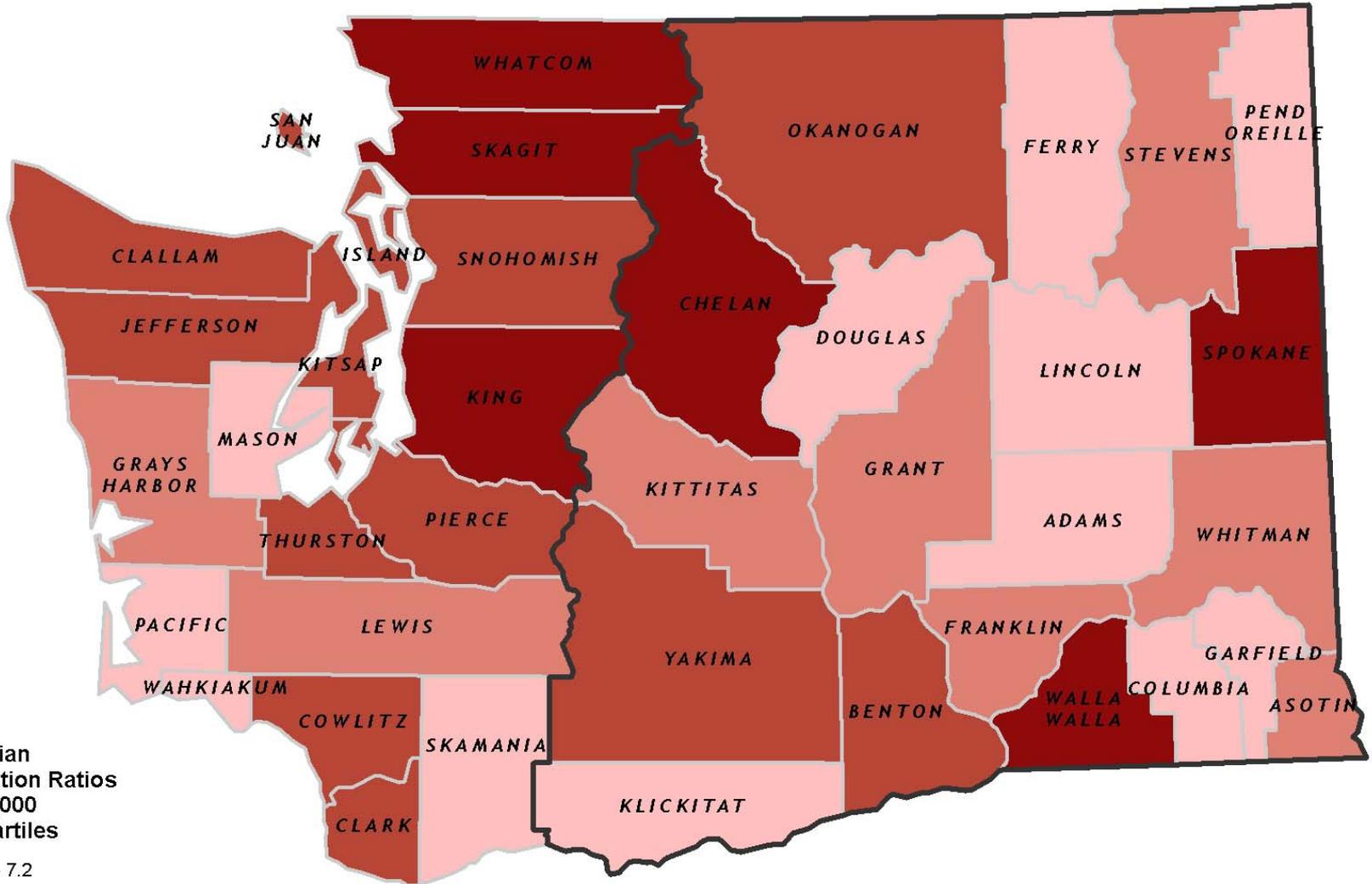
The Region



Washington Imports Non-UW Physicians

	WA
All Physicians	85%
Family Medicine	77%
General internal medicine	82%
General pediatrics	86%
Obstetrics- gynecology	85%
General surgery	90%
Other specialties	86%

Physician population ratios per 10,000 by county, 2005



Physician Population Ratios Per 10,000 By Quartiles

- 3.2 - 7.2
- 7.3 - 12.4
- 12.5 - 21.0
- 21.1 - 30.7

Eastern Washington Counties

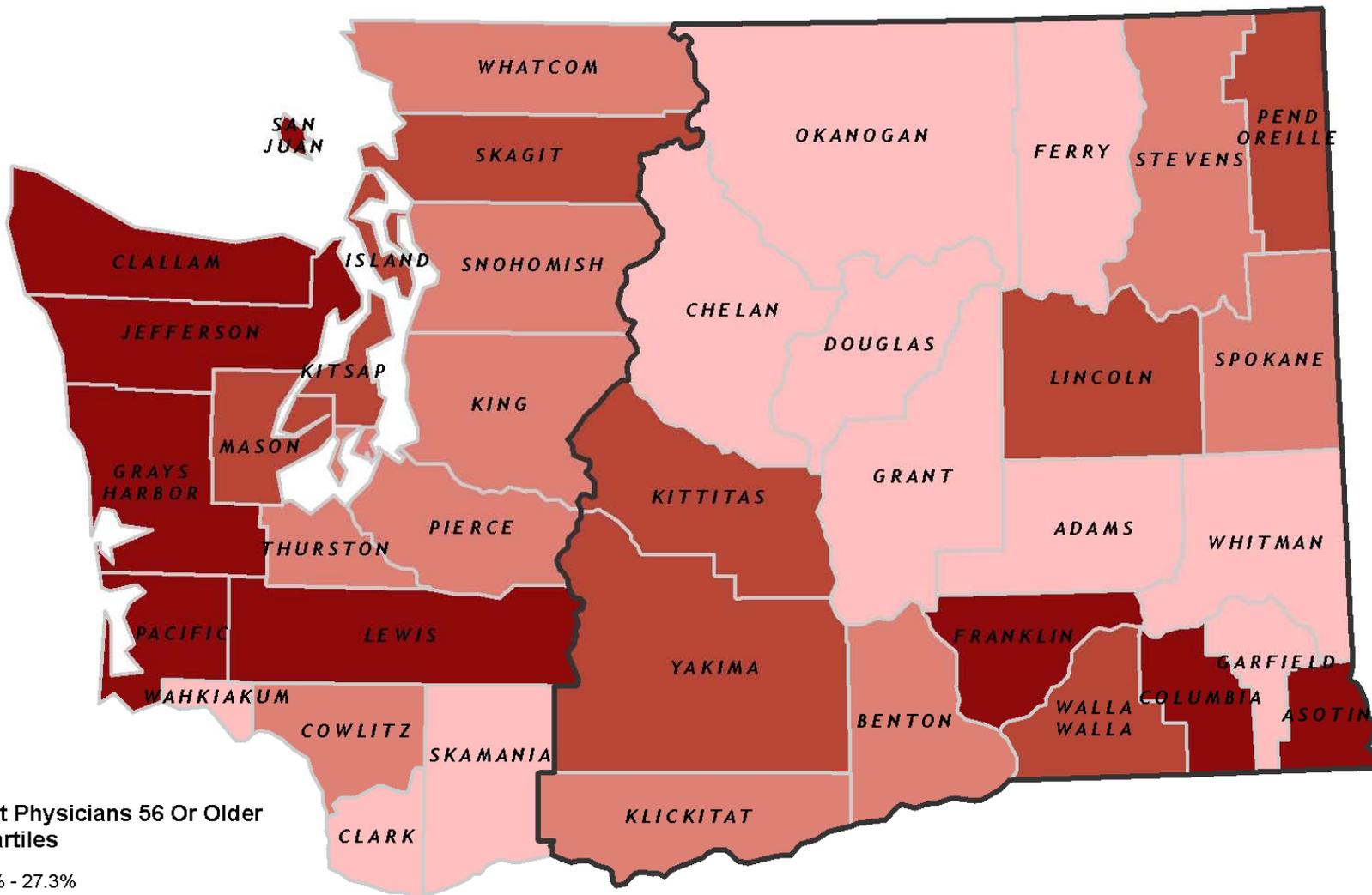
Washington State Physician Ratio: 21.2 / 10,000 People



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Center for Health Workforce Studies

Sources: AMA and AOA Master File, ESRI
Map Date: March 2009

% Physicians 56 Or Older, 2005



Percent Physicians 56 Or Older By Quartiles

- 0.0% - 27.3%
- 27.4% - 32.0%
- 32.1% - 37.1%
- 37.2% - 100.0%

Eastern Washington Counties

% Physicians 56 or Younger: 30.0%



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Sources: AMA and AOA Master File, ESRI
Map Date: March 2009

The Regional View: Population Growth: All Ages

	2009	2025	Change (n)	Change (%)
Washington	6,469,126	7,996,400	1,527,274	24%
WWAMI	10,130,411	12,236,326	2,105,915	21%
United States	306,272,395	349,439,199	43,166,804	14%

Population: ≥ 65

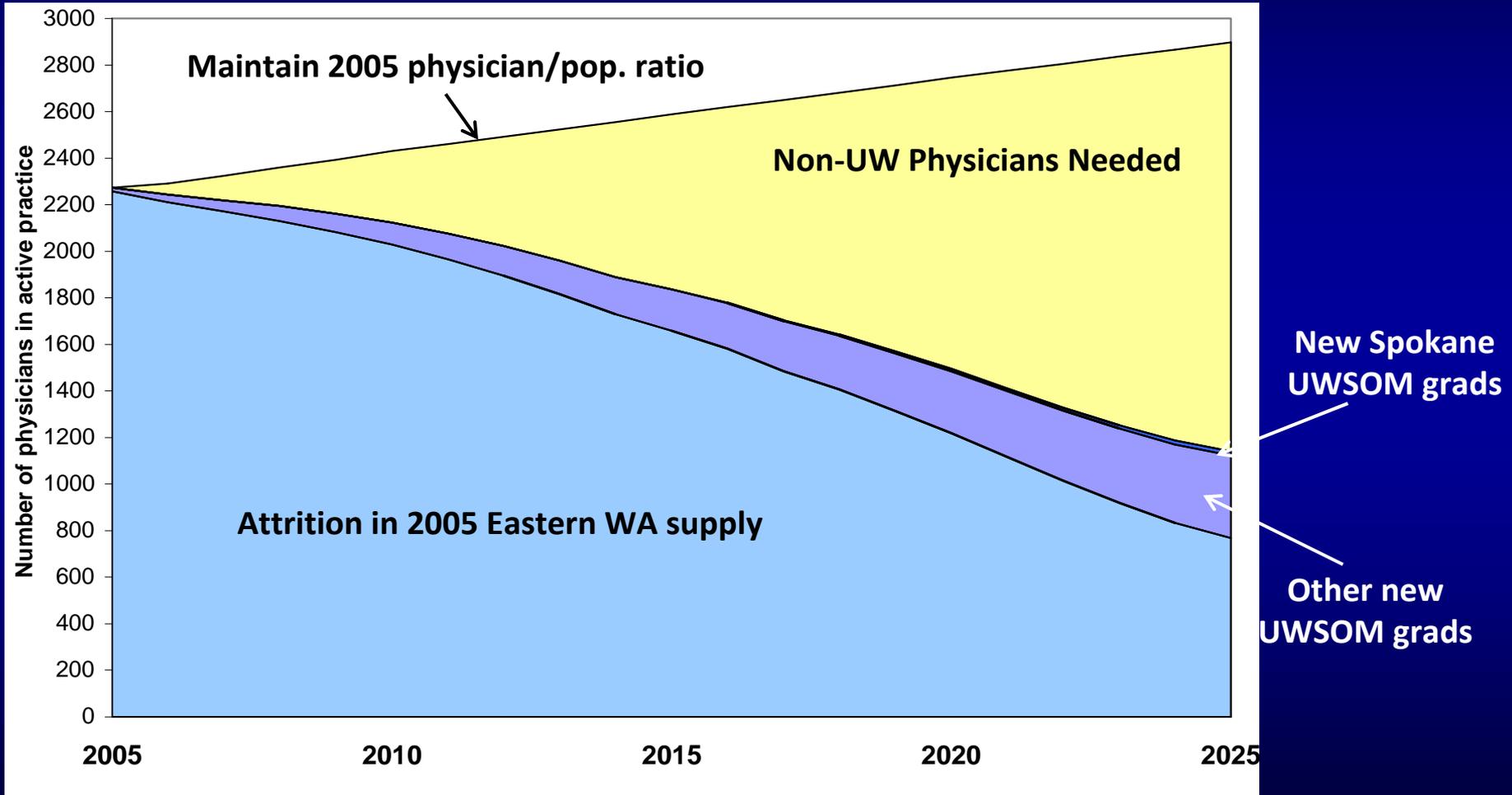
	2009	2025	Change (n)	Change (%)
Washington	774,388	1,380,872	606,484	78%
WWAMI	1,216,903	2,192,586	975,683	80%
United States	39,481,666	63,523,732	24,042,066	61%

Eastern Washington: Physician Supply Projections



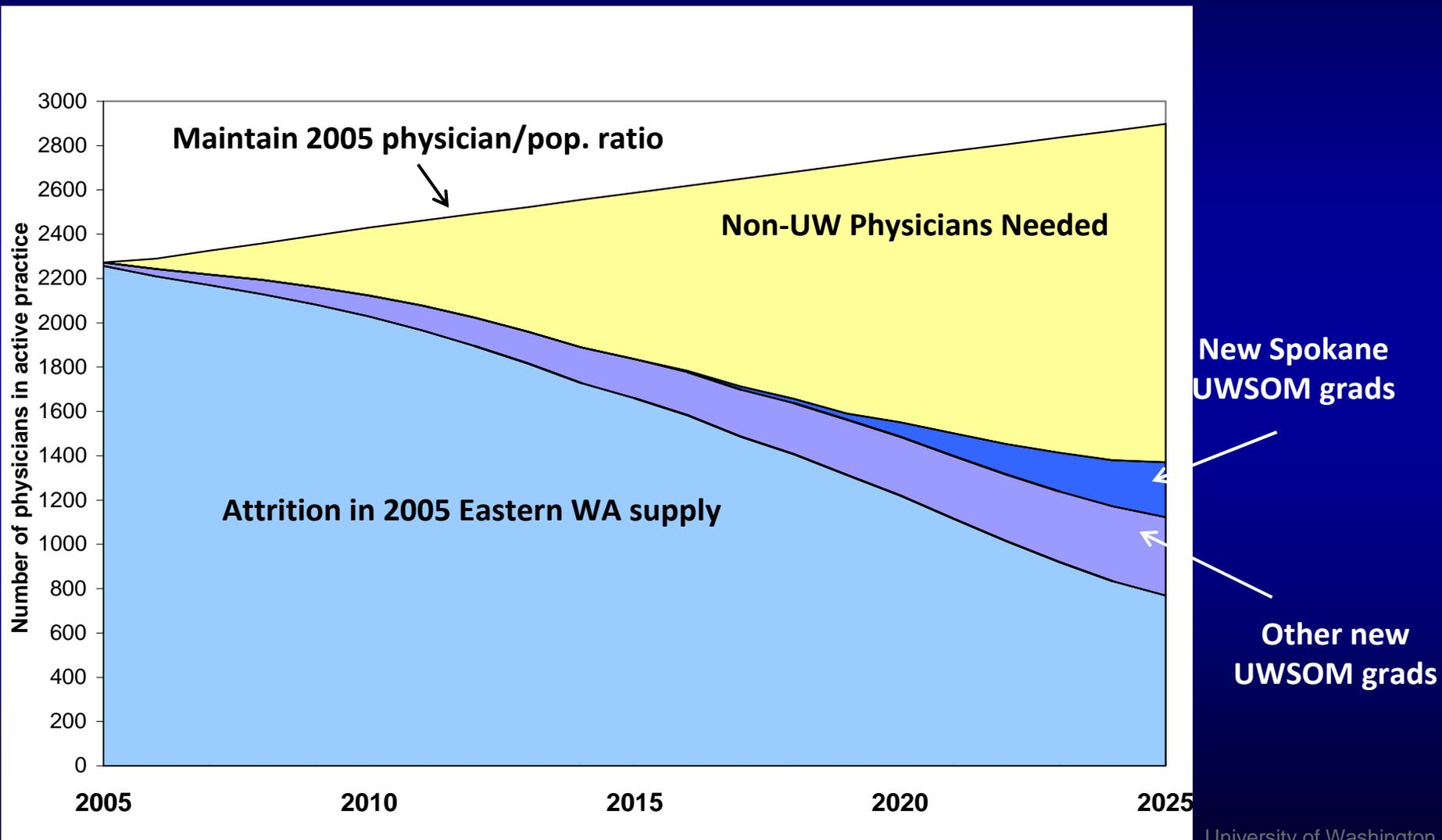
Eastern WA Physician Supply Estimates

Scenario 1: Current Production of Graduates, Historical UWSOM Yield



Eastern WA Physician Supply Estimates

Scenario 4: Expanded Production of Graduates from UWSOM Spokane Site, High Yield from UWSOM Spokane Site



Fixing the Physician Pipeline

The Role of Medical Education

States have an obligation to meet the health care needs of their populations.

Enrolling more students who are from high need locations is a highly effective way to place new physicians in high need areas.

- * Enhance Math and Science Education (K – 12)**
- * Expand Class Size**
- Target Admissions Policies**
- * Provide Primary Care Clinical Experiences**
- * Reduce Debt Burden**

Supporting the Training Pipeline

The Role of the States

One of the main ways that states support health professionals is by providing general revenue appropriations for (mostly undergraduate) medical, dental, nursing and allied health education.

In 2004-2005, medical school revenues from state and local government general funds totaled more than \$4 billion.

Supporting the Training Pipeline

The Role of the States in GME Funding

Medicaid GME

- State Medicaid programs are not obligated to pay for GME, but since its inception, some states have used Medicaid revenues to pay for a portion of GME.
- State support for GME may include:
 - * Operating subsidies to teaching hospitals and clinics
 - * Direct support of clinical education programs
 - * Medicaid reimbursement to hospitals for teaching cost

Summary

- **Washington and the WWAMI states will need more physicians by 2030 – just to stay at the current level of supply.**
- **Compared to other states, the WWAMI states produce very few physicians/100k population.**
- **In other words, the region relies heavily on importing physicians from other locations.**

Summary

- **Expanding the medical education program in Washington coupled with a service obligation would reduce the reliance on physicians trained outside of the UW program.**
 - **Producing one's own physician workforce will gain importance because other states are increasingly competing for this limited pool of new doctors.**

Summary

- **In other words, any increase in class size in Washington should be coupled with programs to get the right number of physicians in the right specialties in the right locations at the right time.**
- **The state has an important role in this effort.**

Questions?

Mark Doescher

mdoesche@u.washington.edu

206-616-9207

Center for Health Workforce Studies

University of Washington

<http://depts.washington.edu/uwchws/>

WWAMI Rural Health Research Center

<http://depts.washington.edu/uwrhrc/>