STATEMENT FOR THE RECORD

OF THE

AMERICAN COLLEGE OF PHYSICIANS

TO THE

SENATE COMMITTEE ON HEALTH, EDUCATION, LABOR AND PENSIONS

"Addressing Healthcare Workforce Issues for the Future"

February 12, 2008

The American College of Physicians (ACP) is the largest medical specialty society in the United States, representing 125,000 doctors of internal medicine, residents and medical students. ACP commends Chairman Edward Kennedy for addressing the challenges in the training and supply of the healthcare workforce. The College is extremely concerned about the looming crisis in the supply of primary care physicians, particularly the pending undersupply of general internists and the potential impact on the health care of the United States population.

There has been a steady decline of medical students and residents pursuing careers in primary care specialties and many areas of the country are already facing shortages. The College is very concerned that if current trends continue, there will not be an adequate supply of well-trained primary care physicians to treat an aging population—especially those 65 and older--many of whom will have multiple chronic illnesses. Numerous studies show that the availability of primary care is positively associated with lower rates of preventable mortality (preventable deaths per 100,000 people) and fewer preventable hospital admissions for chronic diseases like diabetes, lower overall utilization of health care resources, and lower overall per capita health care expenditures.

ACP is particularly concerned about the adequacy of the supply of general internists who provide care in outpatient settings. Many general internists are choosing to leave internal medicine, while others near retirement, are choosing to retire earlier than planned. Approximately 21% of physicians who were board certified in the early 1990s have left general internal medicine, compared to a 5% departure rate for internal medicine subspecialists.[i] Simultaneously, there has been a precipitous decline in the number of medical students and residents choosing to pursue careers in office based general internal medicine.[ii] If this trend continues, a shortage of primary care physicians will likely develop more rapidly than many now anticipate.

The College is in agreement with the GAO's findings submitted to the Committee that primary care medicine is essential to better quality and lower costs. The College also agrees that the health care system's current financing mechanisms undervalue primary care services. However, the College believes that the GAO understates the developing shortage of primary care and feels that clarification is necessary on two issues:

The Number of Primary Care Physicians per 100,000 People

The GAO study states that the number of primary care physicians has increased from 80 primary care physicians per 100,000 people in 1995 to 90 primary care physicians per 100,000 people in 2005. However, the Health Resources and Services Administration in its October 2006 report, *Physician Supply and Demand: Projections to 2020*, projects that the estimated *requirements* in 2005 were 95 primary care physicians per 100,000 people. In the same report HRSA estimates that the baseline primary care physician requirements per 100,000 people will increase to 100 by 2020.[iii]

The Number of Residents Training in Primary Care Specialties

The GAO Study states that there were 40,982 residents in primary care graduate medical training programs in 2006, based on data from the National GME Census that appears annually in the *Journal of the American Medical Association.* We believe that this number is misleading as this number represents all primary care residents on duty without regard to where they are in the training process. For example, while 22,099 of the 40,982 primary care residents reported were internal medicine residents, it is important to consider that three years of an internal medicine residency is a pre-requisite for subspecialty training in cardiology, endocrinology, gastroenterology, hematology, infectious disease, nephrology, oncology, pulmonary disease, rheumatology and sports medicine.[iv] Many residents going on to careers in other specialties also first complete preliminary programs in internal medicine. It cannot be assumed that all 22,099 of those residents will go on to practice primary care. In fact, data from surveys of third-year internal medicine residents (chart below) suggests otherwise. In 2006, only 24% of third year internal medicine residents surveyed stated that they intended to pursue careers in general internal medicine, down from 54% in 1998. The remainder indicated that they planned on pursuing careers in an internal medicine subspecialty or hospital medicine.

Trends in Career Plans of Third-Year Residents Enrolled in U.S. Categorical and Primary Care Internal Medicine Training Programs, 1998-2006

		Career Plan %					
Year	No of Respondents	General Internal Medicine	Hospitalist	Subspecialty	Other	Undecided	Missing
1998	4008	54	N/A	42	3	N/A	1
1999	4338	49	N/A	47	2	N/A	2
2000	4562	44	N/A	51	4	N/A	2
2001	4565	40	N/A	54	4	N/A	2
2002	3495	28	4	56	2	6	4

2003	4732	27	7	57	2	6	1
2004	4974	24	8	56	4	8	0
2005	4926	20	12	58	1	7	1
2006	4817	24	8	63	1	4	0

Source: Internal Medicine In-Training Examination Survey

With this in consideration and assuming that many of the 7,964 pediatric residents that were included in the 40,982 figure will also likely subspecialize, it is evident that the number of residents who choose to practice office based primary care upon completion of training is actually far less than what the GAO study indicates.

The GAO study found that preventive care, coordinated care for the chronically ill, and continuity of care can achieve better health outcomes and cost savings. These are the fundamental characteristics of the care that general internists provide. The study also found that states with more primary care physicians per capita have better health outcomes than states with fewer primary care physicians and that states with a higher generalist-to-population ratio have lower per-beneficiary Medicare expenditures. The GAO study confirms that the nation's uncoordinated system of care, which has an over reliance on specialty care services, has led to a less efficient health care system that undervalues primary care services and rewards expensive procedure-based services. The College strongly agrees with the GAO's findings and is a strong proponent of the medical home model the GAO cited in its study.

Recommendations

As the education and training of new physicians takes at least ten years, immediate action is needed to assure access to care and to prevent a crisis in the future. The College feels strongly that special emphasis should be placed on increasing the supply of primary care physicians including general internists through modifications in Medicare GME funding, expansion of the National Health Service Corps, increased funding for primary care training and faculty development programs under Title VII and expansion of program for student loan debt relief. According to the Association of American Medical Colleges, the average medical student debt in 2007 was $139,517. Those students with debt that exceed $150,000 are the least likely to select a primary care residency.[v] Medical school scholarships and loan repayment programs in exchange for service in underserved areas for those pursuing careers in primary care are essential for those that are interested in careers in these critical but less remunerative specialties.

The College also urges improving the payment and practice environment of existing primary care physicians and advocates reforming Medicare payment policies so that physicians engaging in primary care can receive reimbursement that is commensurate with the value of their contributions. The College was encouraged by the GAO's findings that payments for services and their value to the patient are misaligned and that payment system reforms are necessary. Reducing existing income disparities would make the field more attractive and increase the number of physicians entering and continuing practice in primary care specialties.

Additionally, the College strongly advocates adopting a patient-centered primary care model of health care delivery. Patient-centered primary care will facilitate the ability of physicians, working in partnership with their patients, to implement a systems-based approach to delivering patient-centered services that have been shown to result in better quality, lower costs, and higher patient satisfaction. It will also avert an impending collapse of primary care medicine by restructuring payment policies to support the value of care provided by a primary care physician. Moreover, patient-centered primary care will extend the benefits of a patient-centered health care system to all Americans by taking immediate steps toward making affordable coverage available to the uninsured and by giving them direct access to coordinated care through a medical home.

Conclusion

The American College of Physicians appreciates the opportunity to provide the Committee on Health, Education, Labor and Pensions with this summary of our views on the primary care workforce crisis. Without general internal medicine, the health care system will become increasingly fragmented, over-specialized, and inefficient—leading to poorer quality care at higher costs. Unless steps are taken now, there will not be enough general internists to take care of an aging population with growing incidences of chronic diseases. An insufficient supply of primary care physicians will also contribute to higher health care costs and poorer outcomes, especially for patients with multiple chronic diseases. Additional information on ACP's analysis and proposals can be found on our website:

Creating a New National Workforce for Internal Medicine
http://www.acponline.org/advocacy/where_we_stand/policy/im_workforce.pdf

Medical Homes and Patient-Centered Care
http://www.acponline.org/advocacy/where_we_stand/medical_home/

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[i] Lipner RS, Bylsma WH, Arnold GK, Fortna GS, Tooker J, Cassel CK. Who is maintaining certification in internal medicine—and why? A national survey 10 years after initial certification. Ann Intern Med. 2005;144:29-36.

[ii] Popkave, CG. Research Associate, Office of Research, Planning, and Evaluation, American College of Physicians. Personal communication. February 2006. ITE Exam Survey Data.

[iii] Health Resources and Services Administration. Physician Supply and Demand: Projections to 2020. October 2006.

[iv] Brotherton S. and Etzel S. Graduate Medical Education 2006-2007. *JAMA*, 2005; 289 (9) 1081-1096.

[v] Rosenblatt RA and Andrilla CHA. The Impact of U.S. Medical Students' Debt on Their Choice of Primary Care Careers: An Analysis of Data from the 2002 Medical School Graduation Questionnaire. *Academic Medicine* (2005) 80: 815-819.