

Council on Graduate Medical Education Reverses Stance

Call for 15% increase in medical school graduates.

By Myrle Croasdale, *AMNews* staff. November 3, 2003.

In a dramatic change in policy recommendations, the Council on Graduate Medical Education has cast aside a forecast of a surplus of physicians that it has held since the mid-1980s and now backs a prediction of a shortage.

Carl Getto, MD, chair of COGME and senior vice president for medical affairs for the University of Wisconsin Hospitals and Clinics, said the council's change in perspective was in response to mounting evidence from physician work-force experts and physician recruitment firms.

"Where we are now is a result of two years of analyzing changes," Dr. Getto said. "[Health policy expert] Buz Cooper and others have been talking of work-force shortage. The AAMC [Assn. of American Medical Colleges] has been asking the same work-force questions. This is not a surprise."

Among the trends: younger physicians wanting to work fewer hours; an aging population that requires more care; and an increased demand for specialists' services combined with less-restrictive managed care models. COGME commissioned Ed Salsberg, executive director of the Center for Health Workforce Studies at the State University of New York in Albany, to analyze the changing physician work-force environment.

COGME is adopting Salsberg's report, which calls for an increase of 3,000 U.S. medical graduates by 2015, a corresponding expansion in the number of resident positions and a change in the distribution of residency positions to more closely mirror market demand. Salsberg anticipates a shortage of 85,000 physicians by 2020.

This is in contrast to COGME's current guidelines limiting resident positions to 110% of U.S. medical graduates as of 1993 and dividing resident positions evenly between primary care and specialties, Salsberg said.

"After 15 years of tooting the horn that there are physician surpluses, in a single day COGME completely changed," said Richard "Buz" Cooper, MD, director of the Institute for Health Policy at the Medical College of Wisconsin in Milwaukee. "This means we can stop arguing about whether there will be a shortage or not and turn our energy to what is really important, which is how to solve this problem."

COGME has yet to formally release the new recommendations. The council was authorized by Congress to assess physician work-force trends, but that

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Dear "Aunt Sandy"

Your recruitment questions answered



Dear "Aunt Sandy":

I am responsible for recruiting physicians at a small rural clinic. I have heard that, over the coming few years, many communities will experience

an increasing physician shortage. Is this true? If so, how can our community be better prepared? Signed, *Looking at the Future*

Dear "Looking at the Future":

Congratulations! It is great that you are planning for the future. Many rural communities are constantly putting out recruitment and retention "fires," and don't have the time or energy to look past immediate needs.

Unfortunately, there will continue to be shortages of physicians and other health professionals across the state. In fact, there is some indication that certain specialties will be in even more short supply, and rural areas often suffer disproportionately in comparison to other areas. The causes of shortages are complex, including the available supply, increasing demand, reimbursement, changing demographics, the needs of the clinician, and so on. Even more frustrating is that the solutions are not simple, the problems may take decades to resolve and many aspects may be out of the local community's direct control.

However, there are things that you can do. The first step is to get a good projection of your community's future needs. You can contact the Office of Rural Health for assistance if you do not have this capability. Another resource is the WWAMI, (a Center for Health Workforce studies, funded by the federal Bureau of Health Professions). Visit their web site at www.fammed.washington.edu/CHWS/. This regional research center has information, data, and resources for workforce studies. Don't forget to

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Internist Joins Samaritan North Lincoln

Shirin Sukumar, MD is the new internist at Samaritan North Lincoln Hospital. Dr. Sukumar completed a geriatric fellowship at Oregon Health & Science University in June 2002. The Oregon State Conrad 30 Program helped her get a work visa so she could practice in Lincoln City. The area has a large retirement population, creating a sizeable need for primary health care.

Dr. Sukumar was raised in India. Her mother, a missionary doctor, provided health care for the poor. Dr. Sukumar grew up surrounded by patients under her mother's care, and came to view medicine as a noble profession. Her ambition to help others in a similar way led her to a medical school that ran a clinic for the poor. The school also required all students to do a rural medical rotation in a remote area of India. Upon completion of medical school, she was obligated to practice medicine for two years in a remote area of Northern India. This experience helped prepared her for Lincoln City.

Practicing a broader spectrum of medicine is a major requirement of a physician in a small community. Dr. Sukumar finds this aspect challenging, especially compared to her urban experiences where everyone was more specialized. "There is not much access to specialists, and when there is an emergency and you're on call, you're it," states Sukumar. "It is useful to have a connection with a specialty care hospital." Dr. Sukumar enjoys managing many different types of situations, all of which require her to keep up with medical advances. As a primary care physician, she manages inpatients, ICU patients and some mental health patients.

Dr. Sukumar is the first geriatric specialist at Samaritan North Lincoln Hospital. She finds it very rewarding and satisfying when her patients express their appreciation and tell her about the needs in the community. "To feel welcome, useful, to hear about the patient's need, that is very rewarding and satisfying," said Sukumar. "There is a sense of appreciation for my work, and a strong sense of community makes this an enriching experience."

Dr. Sukumar admires the strong involvement the other providers have in the community, and finds this inspiring. "Lincoln City is a wonderful place to live and to work," concluded Dr. Sukumar.

Finding a qualified physician candidate who fits into the community can be time consuming. Samaritan North Lincoln Hospital found a great physician to fill a long time primary care vacancy. Their dream candidate, Dr. Sukumar, wanted to practice in a rural area and was a good match for both the hospital and the community. However, the candidate was an International Medical Graduate completing her residency training on a J1 visa.

The hospital staff contacted Karen Bondley, Assistant Director of Oregon Pacific Area Health Education Center. The hospital worked with Bondley previously and asked her what they could do to hire their dream candidate. Bondley thought they might be eligible to use the new Oregon State Conrad 30 Program, which enables a state to sponsor 30 J1 visa waiver applications per year. She called Sandra Assasnik, Recruitment Services Coordinator, at the Office of Rural Health. Assasnik, who had experience working with Conrad programs in other states and was familiar with the new program in Oregon, put Bondley in contact with Dia Shuhart, Conrad Program Coordinator, at the Oregon Department of Human Services.

Shuhart explained the straightforward program to Bondley, and took her through the steps to get a Conrad waiver. "The process wasn't time consuming and not as difficult as I thought it would be," said Bondley. "More people should use it." Both Shuhart and Bondley ushered Samaritan North Lincoln Hospital through the process of applying to the Conrad 30 program.

The hospital was able to hire their dream candidate, and the community benefited by gaining a primary care provider who is very dedicated to rural medicine and enjoys working with the local population. If your site is interested in using an International Medical Graduate to fill a long standing vacancy through the Oregon State Conrad 30 Program, please contact Dia Shuhart at DHS, 503-945-9467, email Dia.Shuhart@state.us or call Karen Bondley if you would like her to share her experiences with you, at 541 994-4938, or email bondley@charter.net.

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mandate expired shortly after COGME's September meeting and the ending of the fiscal year. Dr. Getto said he expected COGME's authorization to be renewed when Congress approves the 2004 federal budget. The report will then be made official.

Dr. Cooper, who has made similar recommendations of his own, said COGME's increases were modest given that the U.S. Census Bureau anticipates the U.S. population will grow 18%, from 274 million in 2000 to 324 million by 2020, while medical school slots will have expanded 7% under current limitations. A 15% increase is the lowest needed to keep accessibility stable, Dr. Cooper said.

Michael Whitcomb, MD, senior vice president for the AAMC Division on Medical Education, said the association would reconsider its physician work-force policy in light of COGME's position change.

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look at the national picture. Visit the National Center for Workforce Analysis at www.bhpr.hrsa.gov/healthworkforce/.

There are also things that can be done at the local level to attract and retain well-qualified clinicians. It will take the efforts of not only you, but also your clinic and the entire community. We could talk about these activities all day, even for weeks. Check out these ideas:

1. Grow your own. Start young and work with your local Area Health Education Center (AHEC). To find out how AHEC can help, visit their web site at www.ohsu.edu/ahec/.
2. Develop partnerships with colleges and universities to expose students to your community. AHEC can also help with this.
3. Learn more about the Office of Community and Economic Development. They are concerned about many of the same issues you are. For more information go to www.econ.state.or.us/partners.htm and click on "Assisting Communities."
4. Get informed. Besides WWAMI and the National Center for Workforce Analysis, Oregon professional associations and schools of Medicine, Dentistry, and Nursing are all good sources of information and may offer an opportunity to participate.
5. Keep your policy makers informed at the local, state, and national levels. You may even want to join an organization that educates policy makers and drafts legislation. The Oregon Rural Health Association, www.orha.org, and National Rural Health Association, www.nrharural.org/, are examples of organizations that are concerned with rural health issues.
6. Get technical assistance on recruitment and retention. HERO (Healthcare Experts for Rural Oregon, Office of Rural Health) provides such assistance. Under certain circumstances, the National Health Service Corps, <http://nhsc.bhpr.hrsa.gov/>, will assist as well.

Hope this helps, *Aunt Sandy*

For recruitment and retention technical assistance, feel free to contact the Office of Rural Health, toll-free 866-674-4376, or on-line at www.ohsu.edu/oregonruralhealth. Please send your questions for Aunt Sandy by fax to 503-494-4798.

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"A couple of years ago, we changed the policy that had been adopted in mid-1990s, that we'd have too many doctors," Dr. Whitcomb said. "Now our perspective is one of agnosticism. We aren't exactly sure. We've paid careful attention to the reports suggesting that we'll have too few physicians, and we feel some responsibility to take those concerns seriously. [The COGME recommendations] will stimulate a lot more thinking on the options for increasing the supply of physicians in this country."

Not everyone agrees that a physician shortage is imminent. Jonathan Weiner, PhD, professor of health policy and management at Johns Hopkins Bloomberg School of Public Health, is skeptical that increasing the number of medical students and residents will improve access to health care.

"Simply turning up the heat in the house without fixing the broken windows doesn't work," said Dr. Weiner, who presented his views at a recent COGME meeting.

Producing more physicians without creating more incentives to work in underserved areas is likely to pump more doctors into regions already well served, he said. He would like to see the \$500,000 to \$1 million that states and the federal government pay to subsidize each physician's training linked more directly to service in underserved areas.

Another critic of physician shortage models is Fitzhugh Mullan, MD, a professor of pediatrics and health care sciences at George Washington University School of Medicine and Health Sciences, Washington, D.C., and a contributing editor of

the journal *Health Affairs*. "What we need are targeted programs for primary care in underserved areas," he said, instead of giving more services to those who already have access to care.

Dr. Mullan doesn't anticipate a physician shortage, but he does support expanding U.S. medical education so that fewer international medical graduates would be needed to fill resident positions.

"I say we don't need more doctors, but we do need more medical students," he said. "How is that? Currently one-quarter of the physicians in practice and in training are graduates of schools abroad."

But according to those who agree with COGME that a shortage is imminent if more doctors aren't trained, 10 years from now physicians will find their workweeks scheduled to overflowing, and recruiting young physicians will be difficult at best. Patients will be waiting longer to see doctors, and those already having a hard time accessing the system will face even bigger hurdles.

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