

Where Did All the Doctors Go?

Todd Stewart, M.D.







Medicine is unlike any other profession



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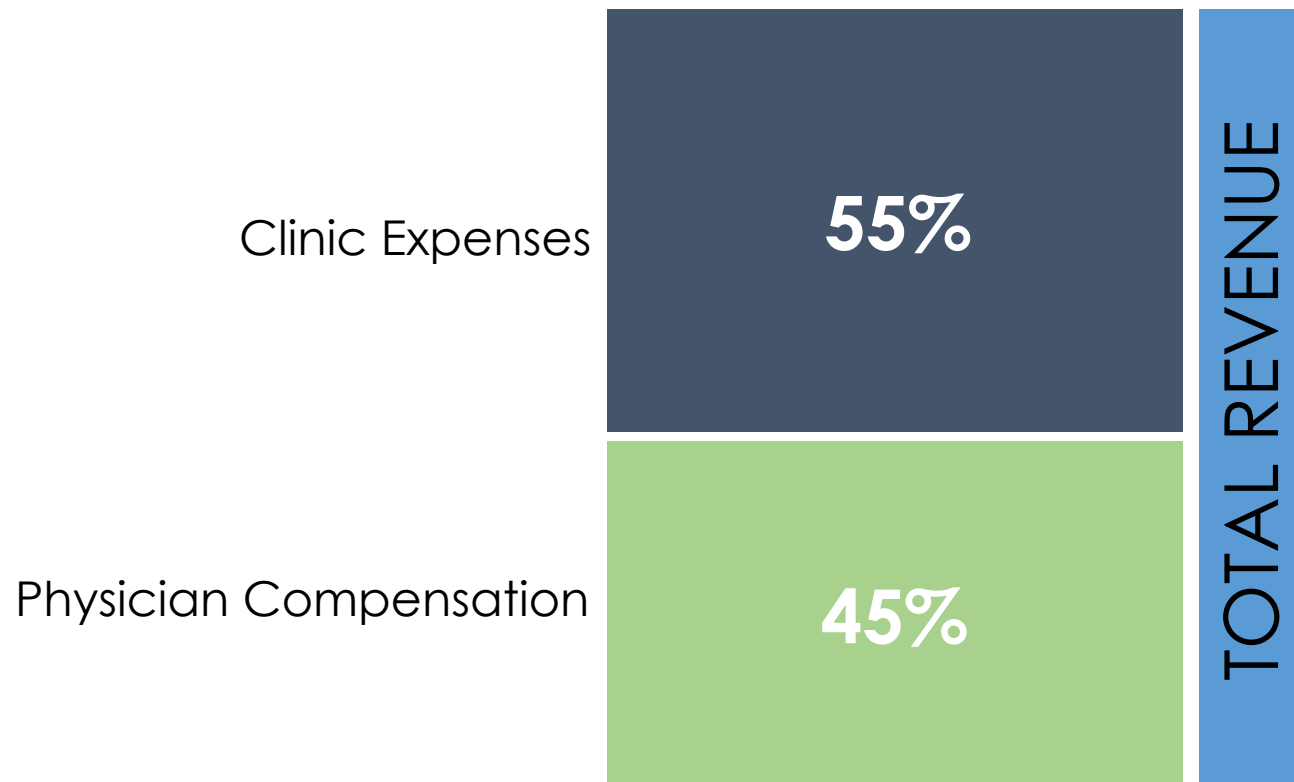
Medicine is a business, like any other

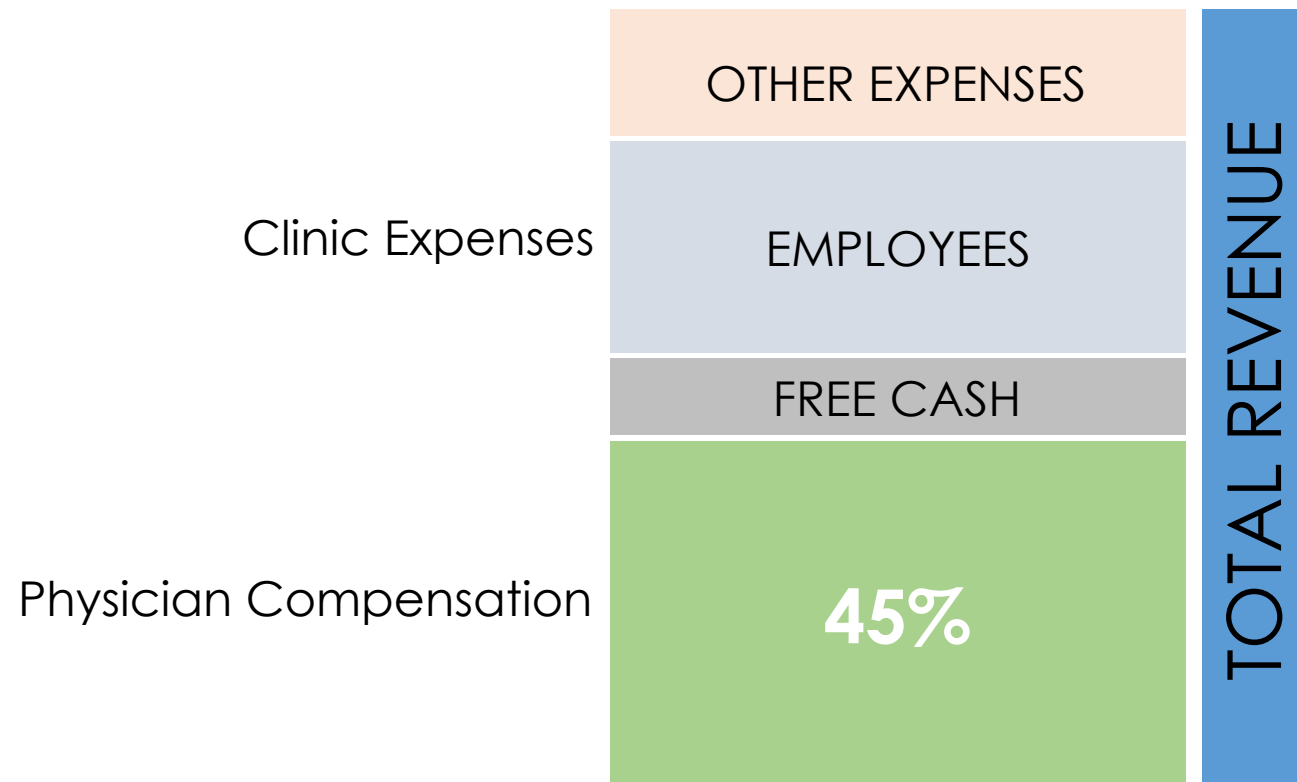
Revenue minus Expenses
must be a positive number long term

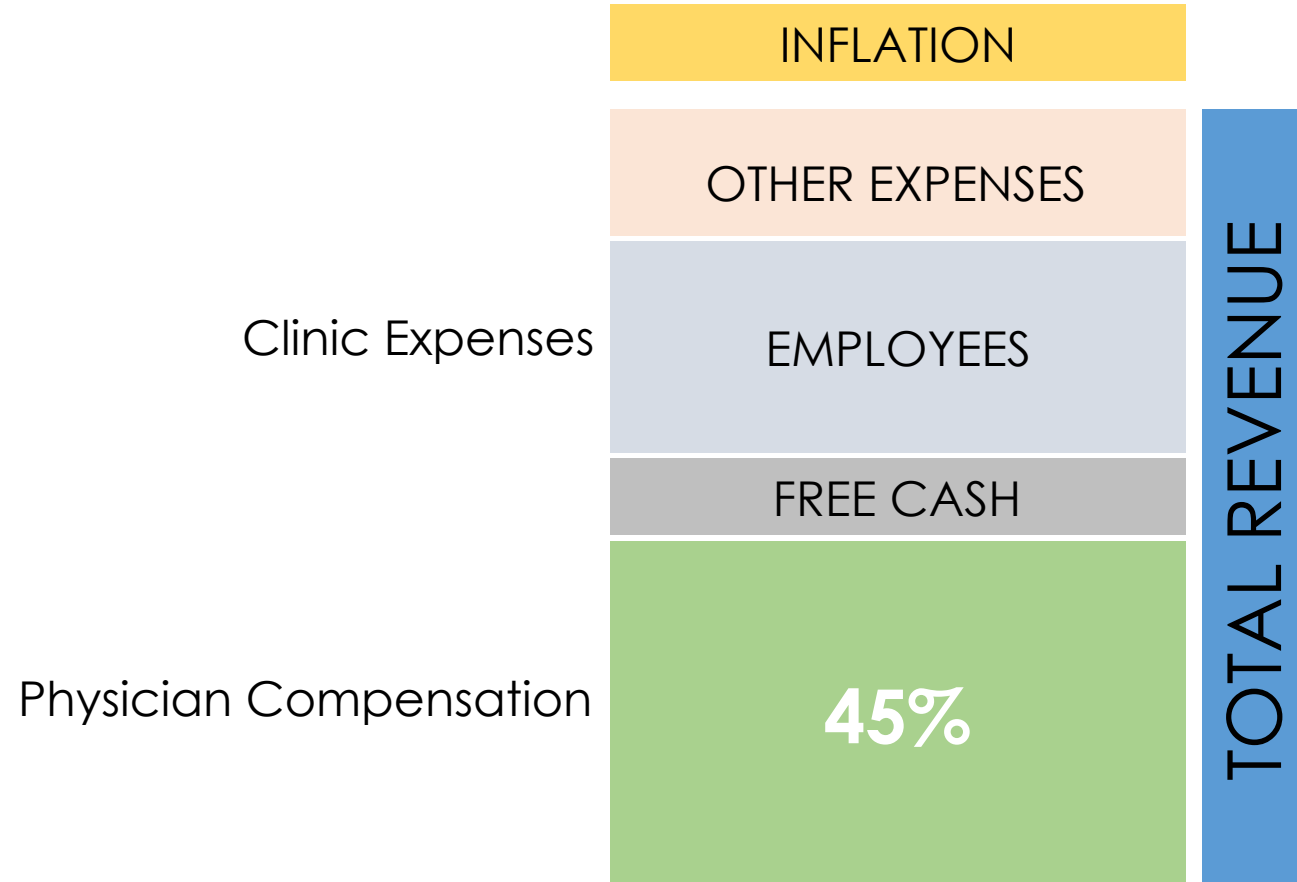
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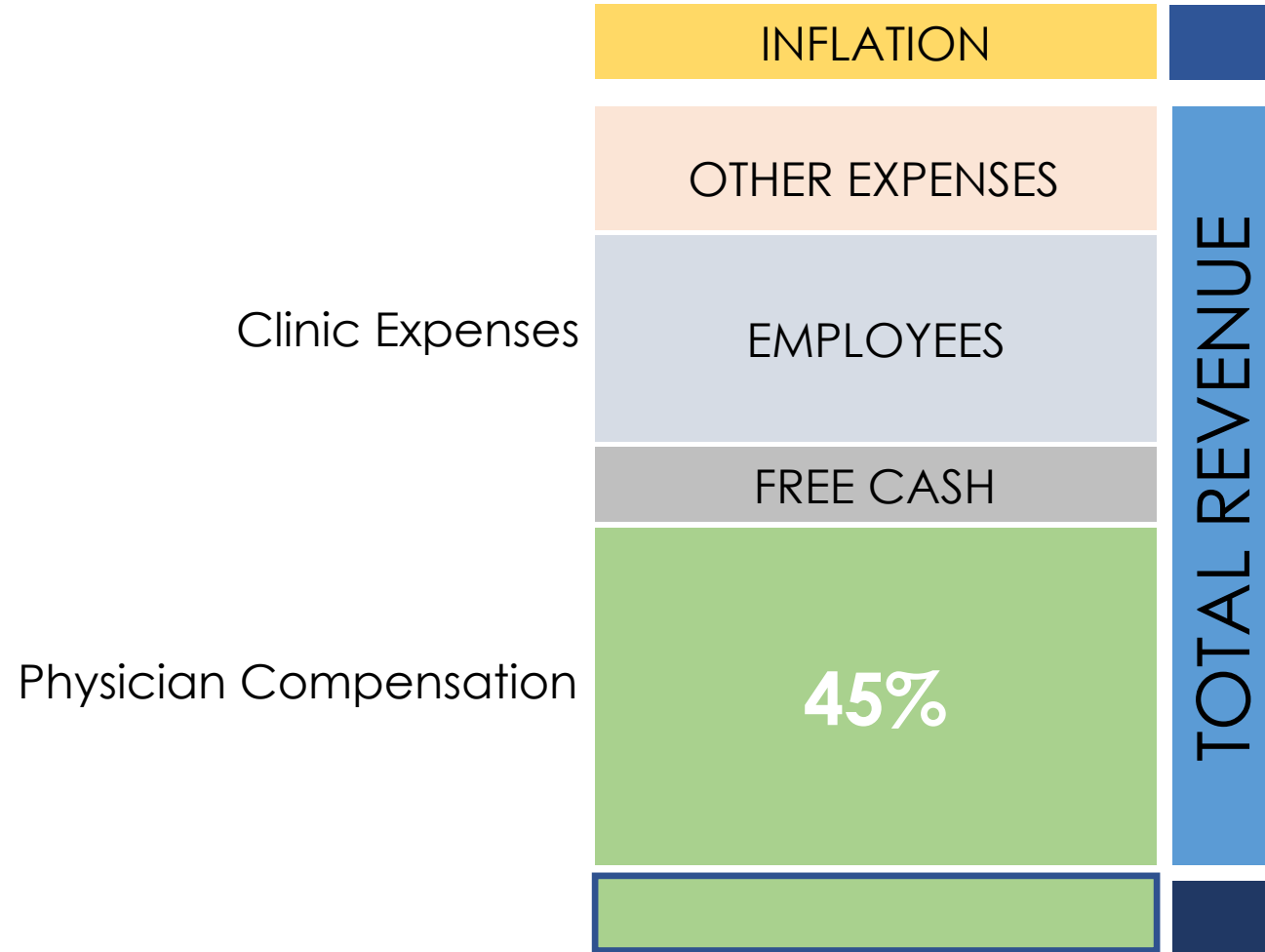
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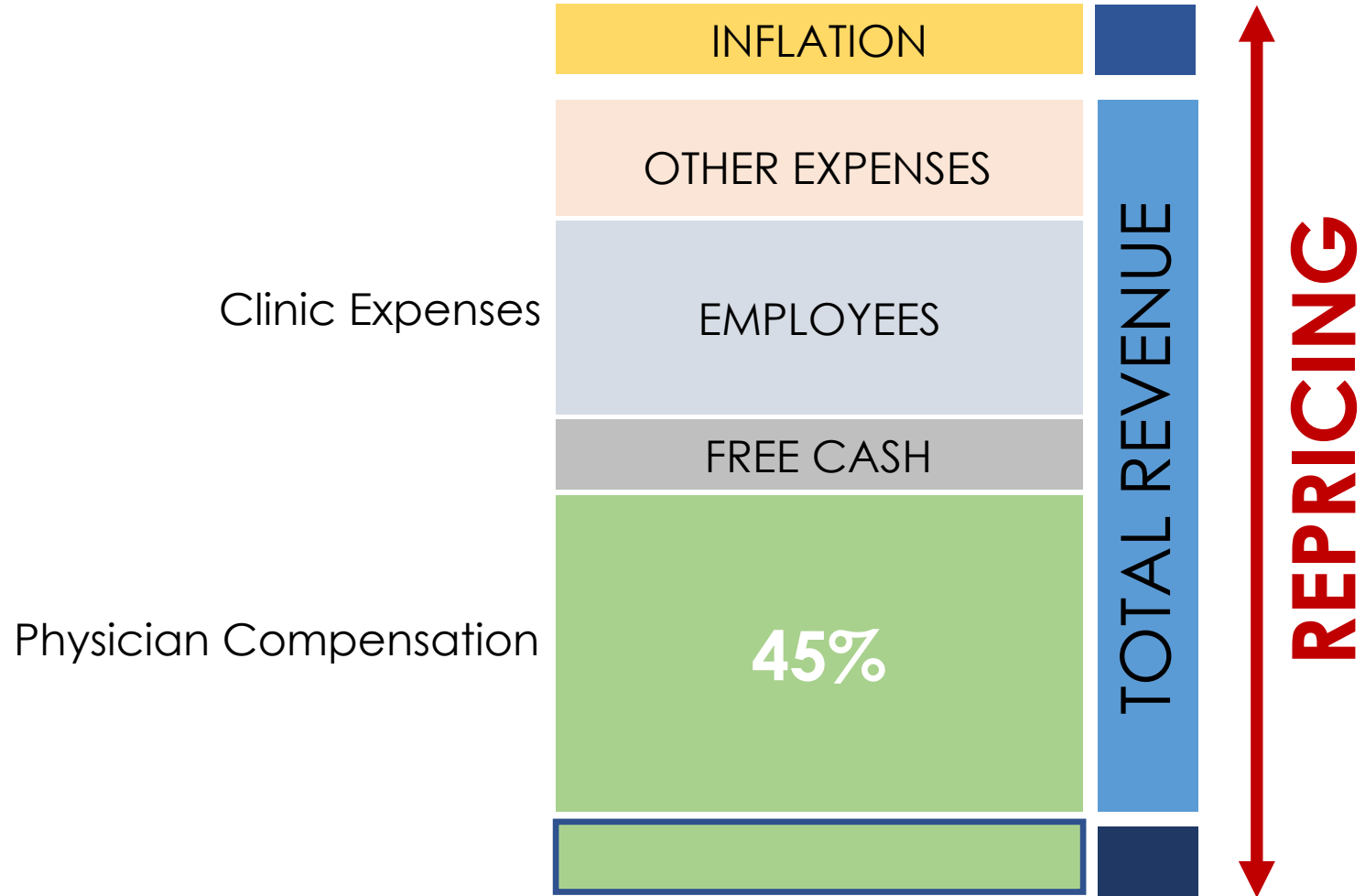
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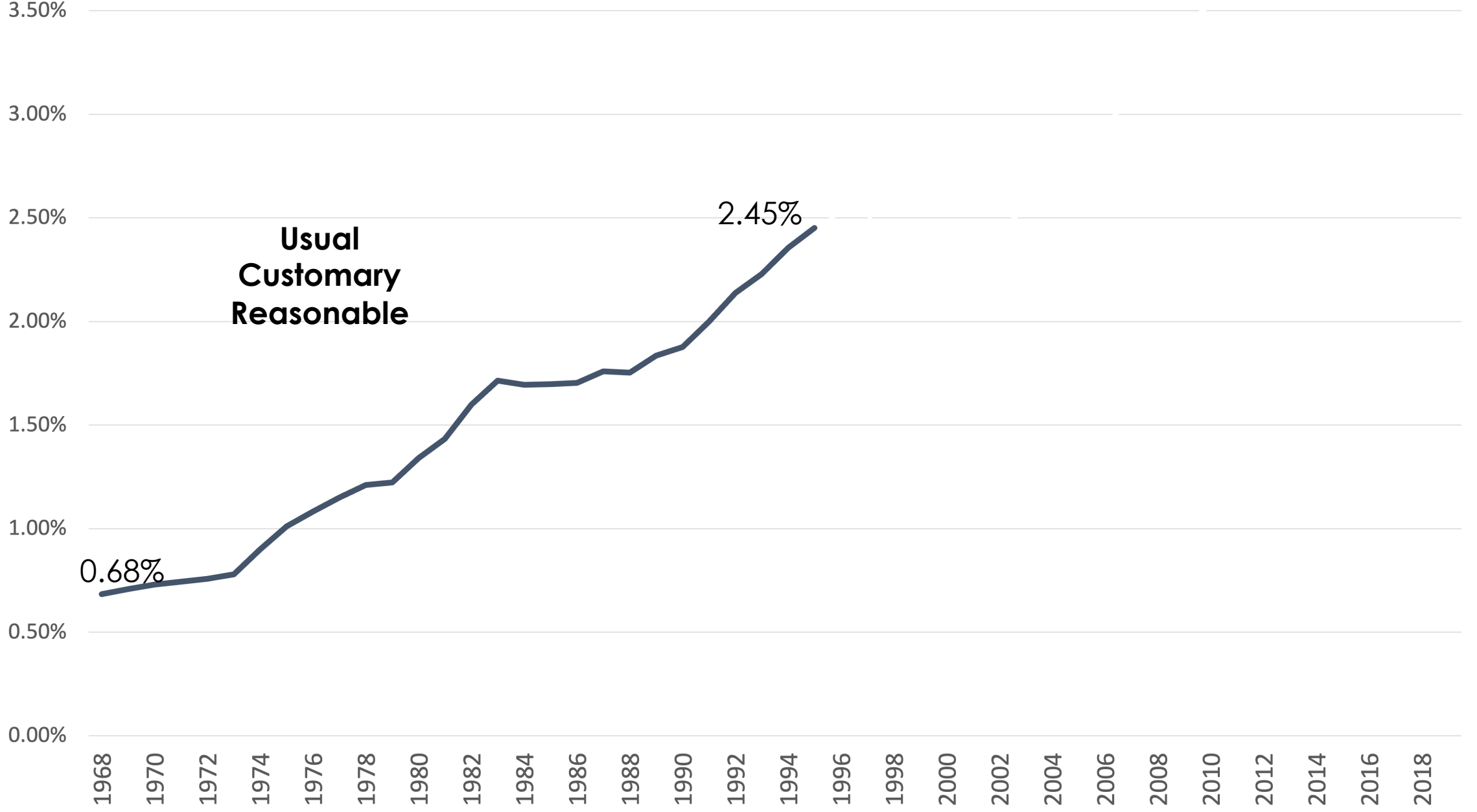
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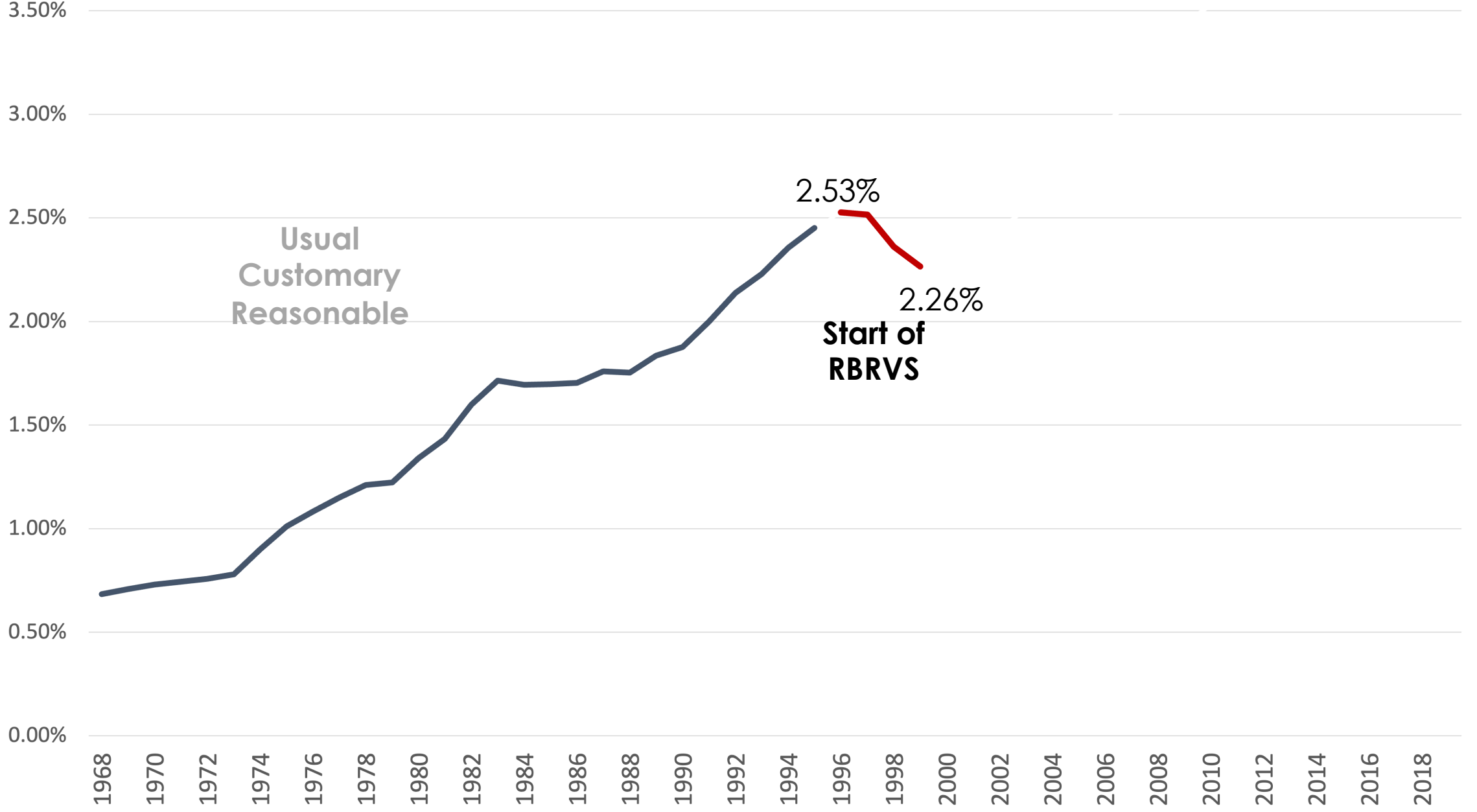
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 - Medicare – Great Society
 - UCR Rates – "Usual, Customary, Reasonable"

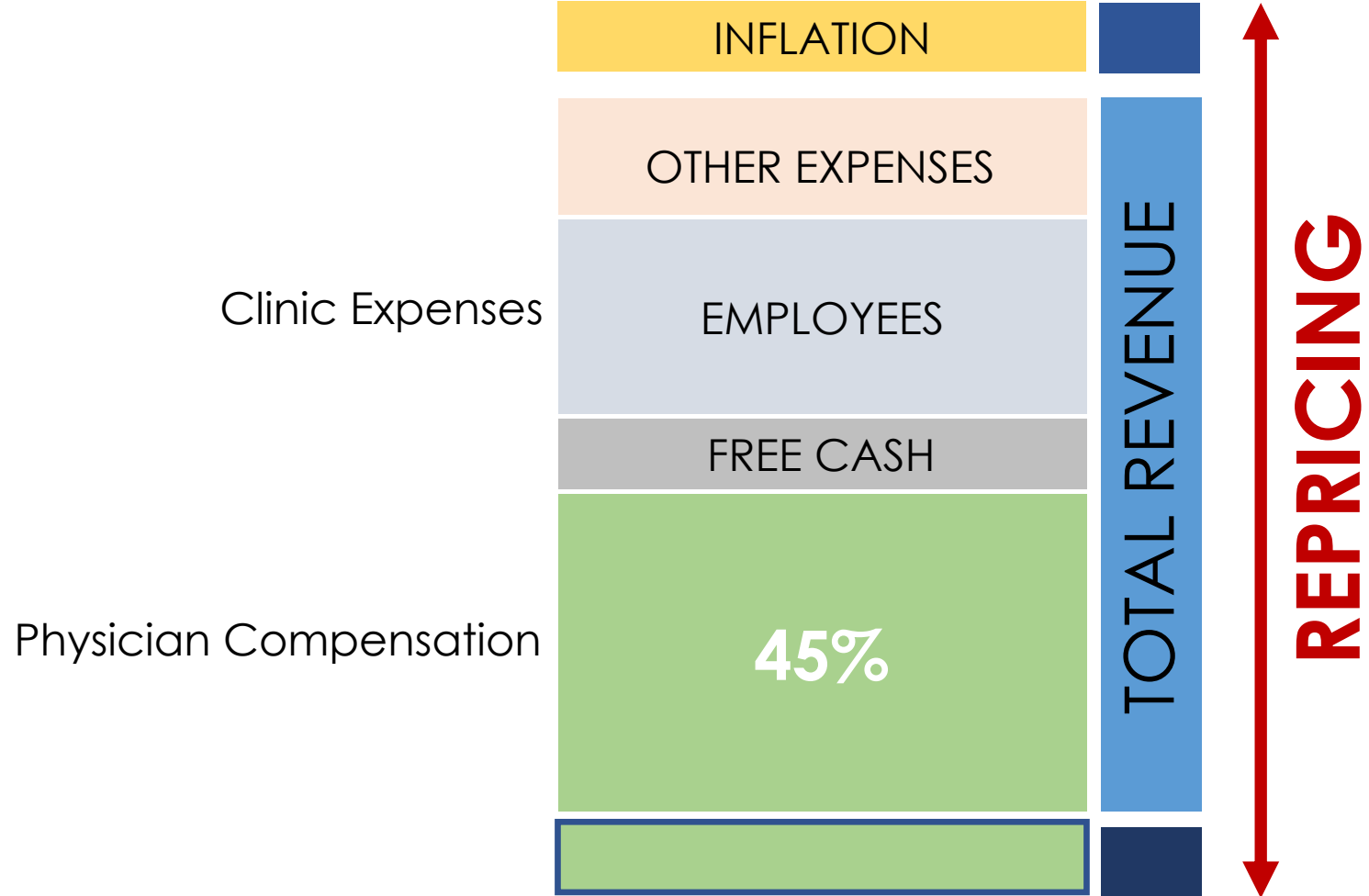
Total Medicare Spending as a % of Total Economy in United States

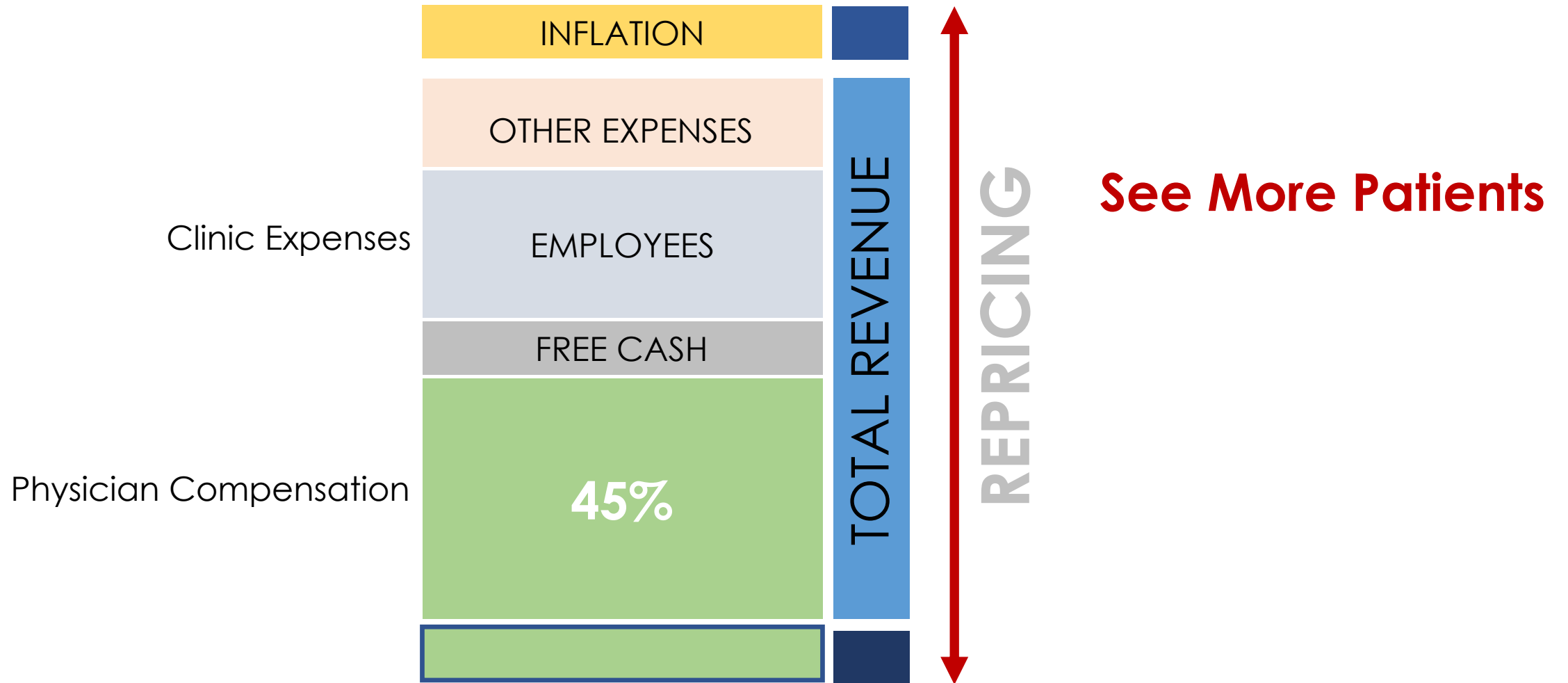


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 - UCR Rates – "Usual, Customary, Reasonable"
- 1996-1999
 - RBRVS – Resource Based Relative Value System
 - Fixed Rates defined by "Conversion Factor"
 - Cost Controlling Mechanism

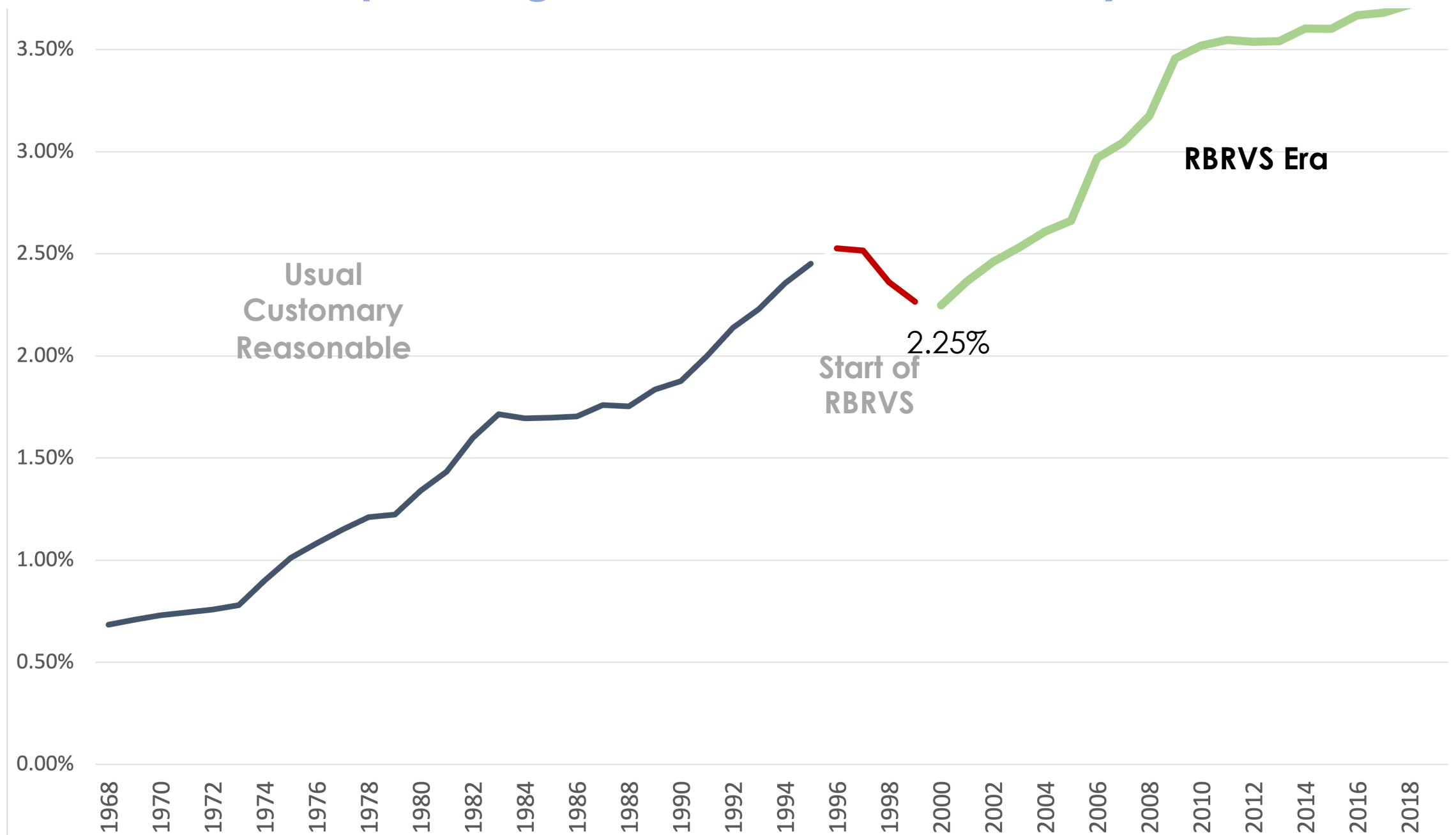
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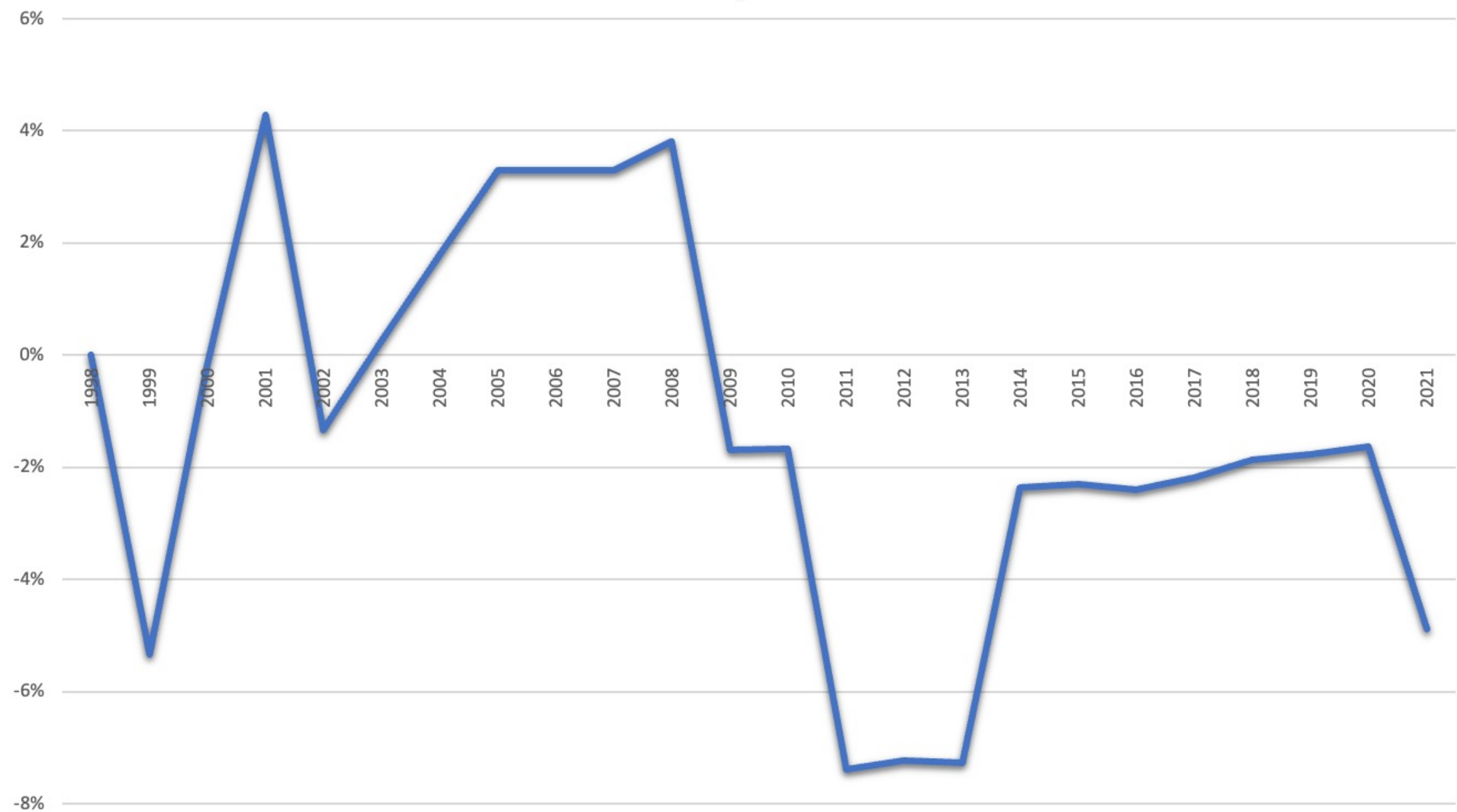




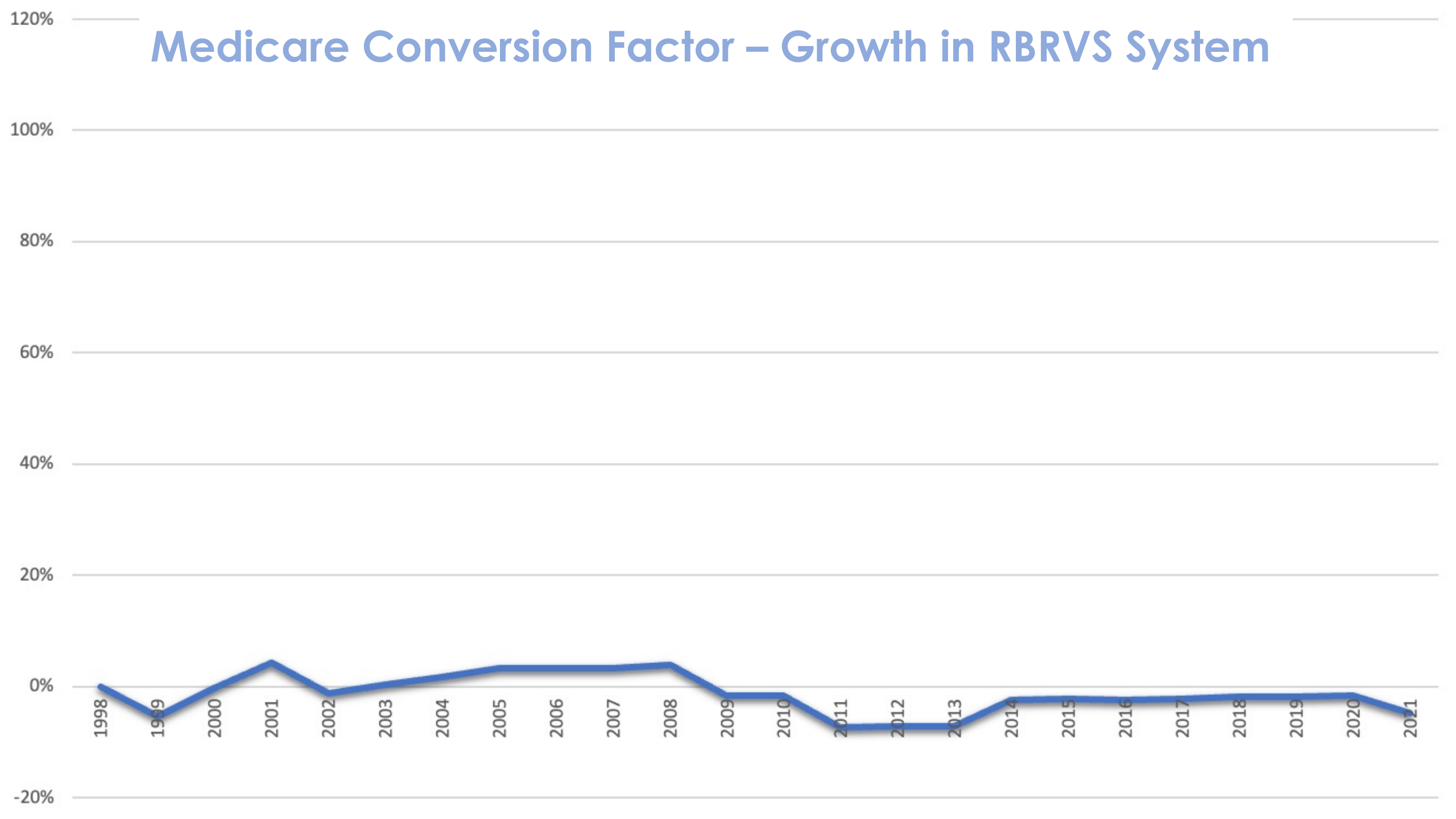
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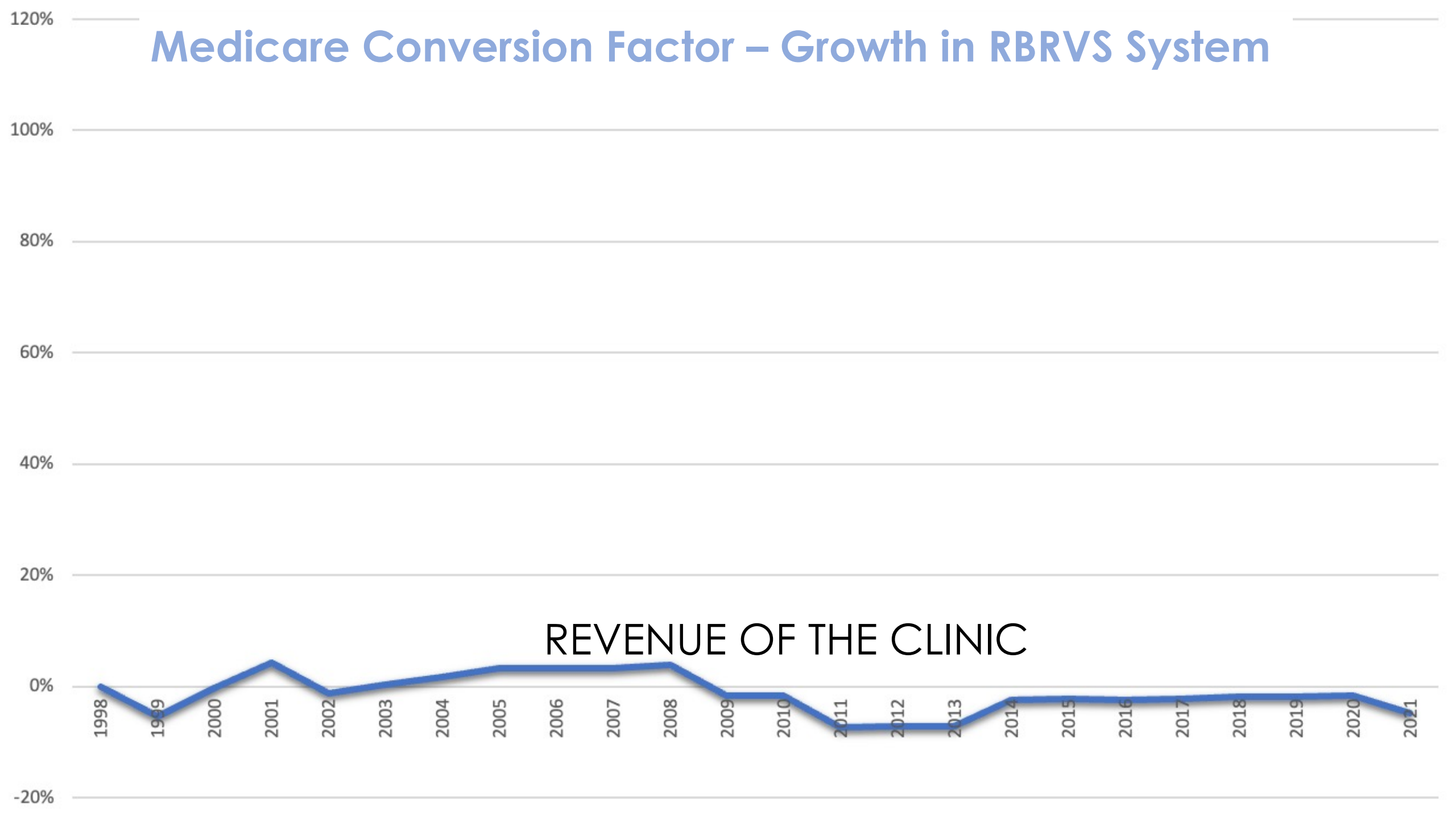
Medicare Conversion Factor – Growth in RBRVS System



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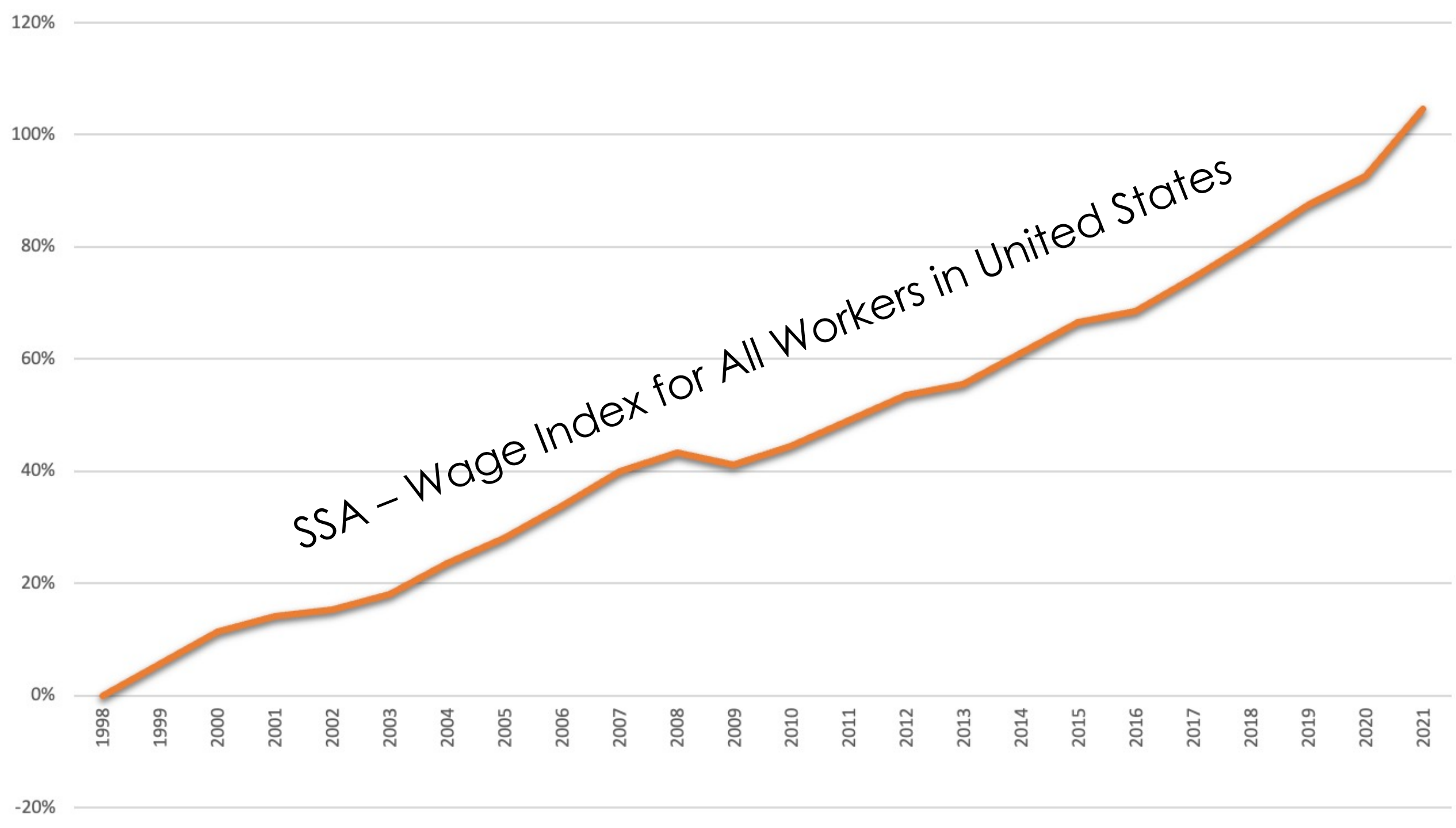


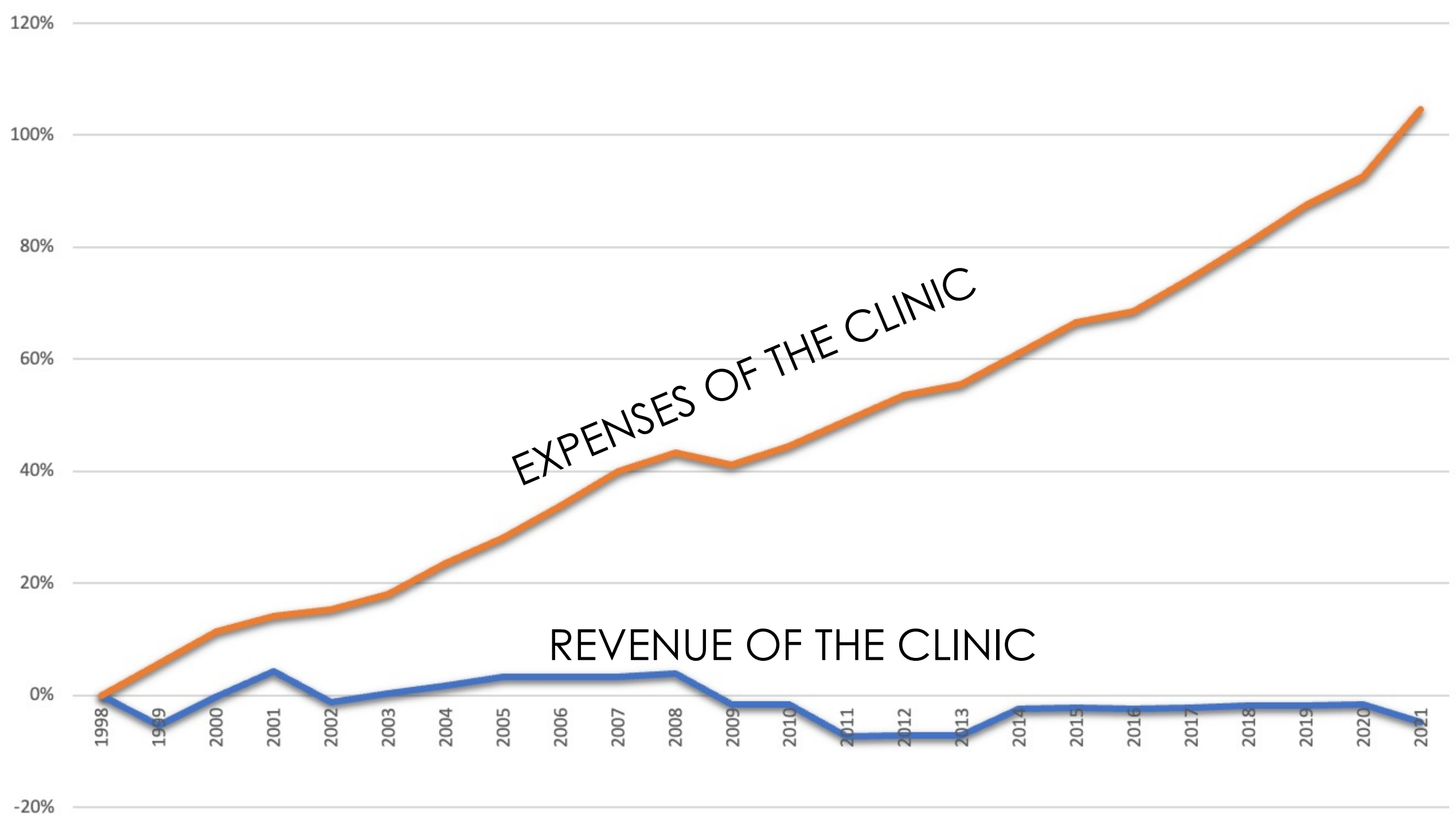
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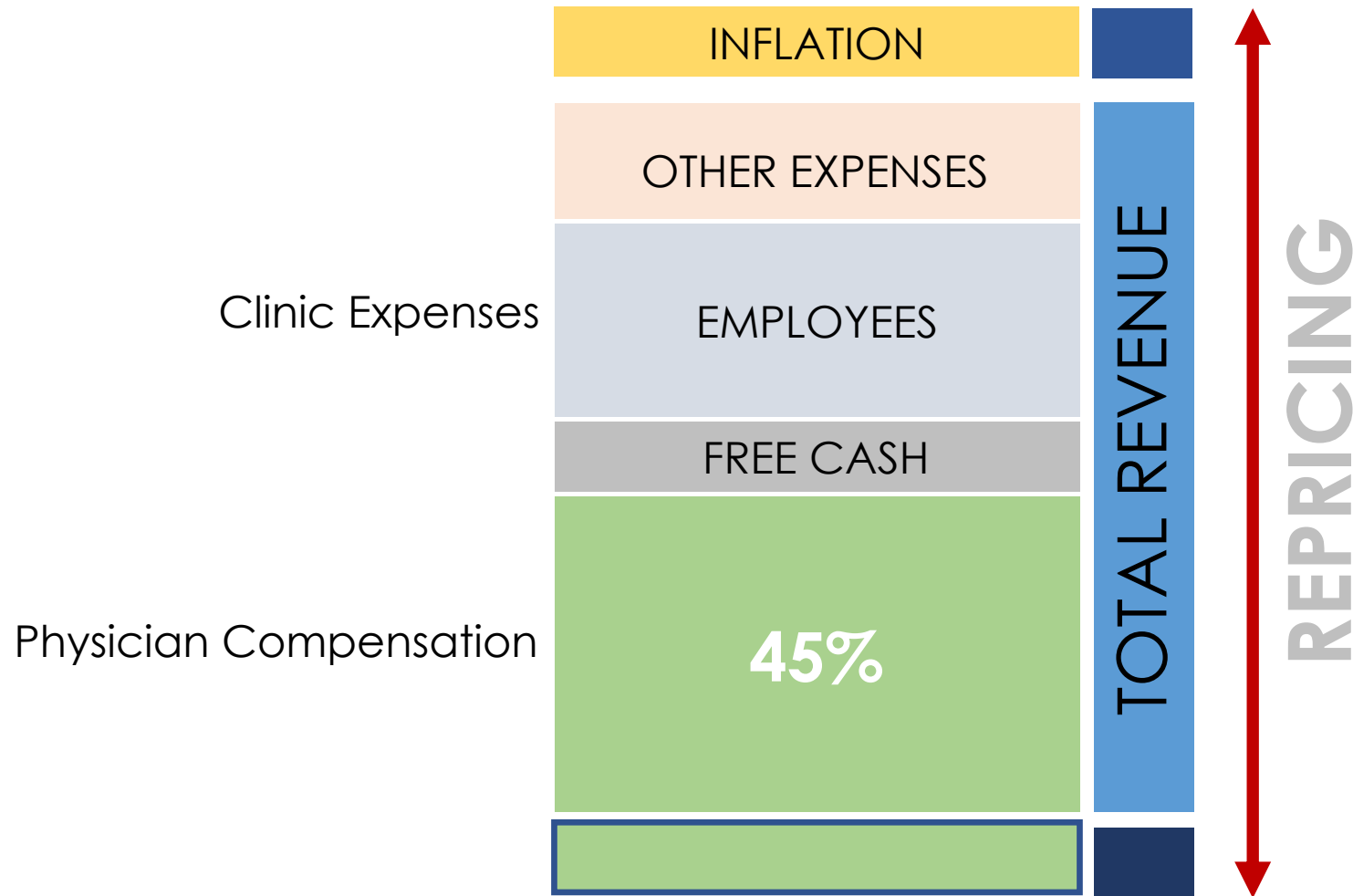


REVENUE OF THE CLINIC

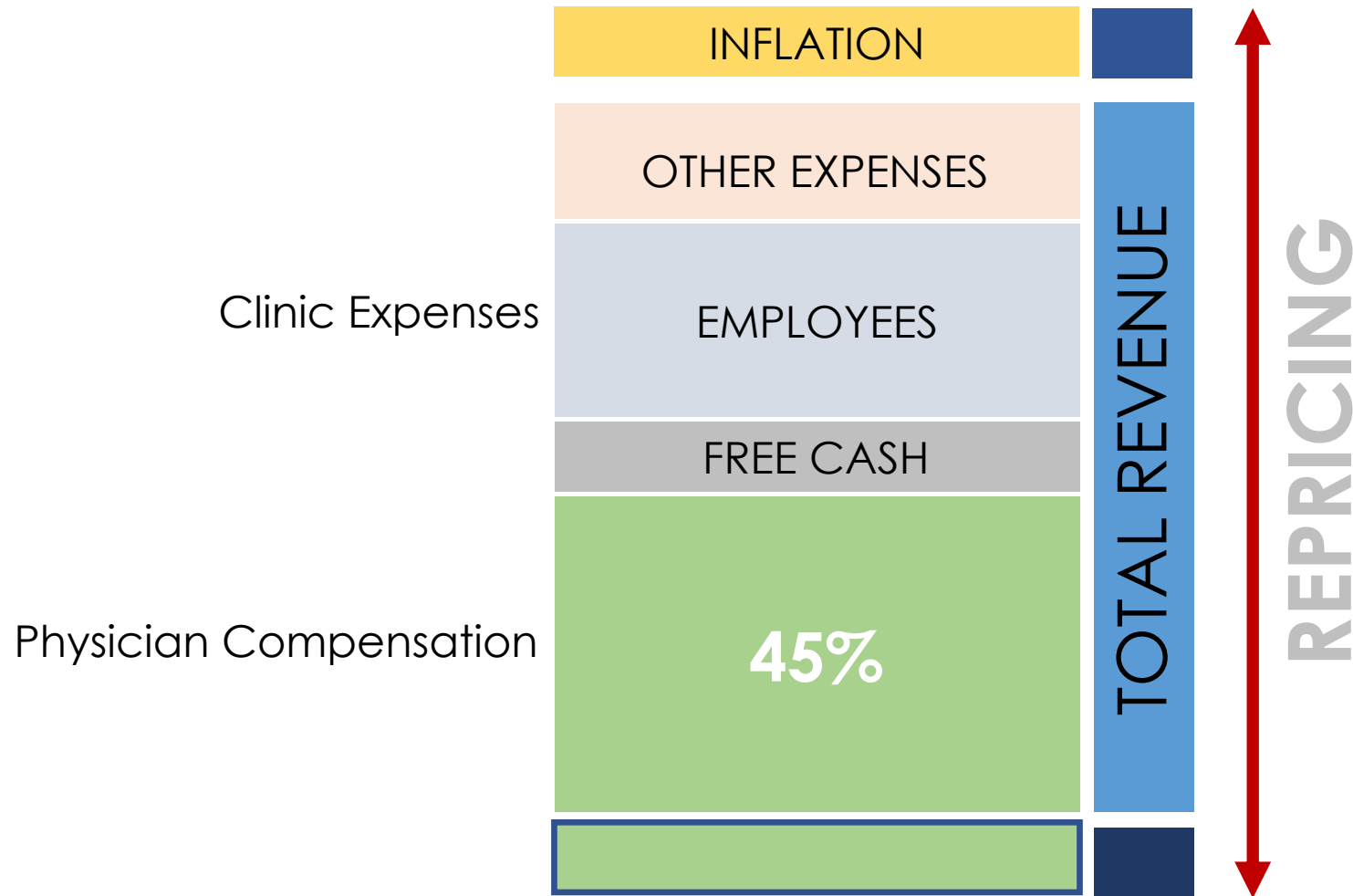
SSA – Wage Index for All Workers in United States



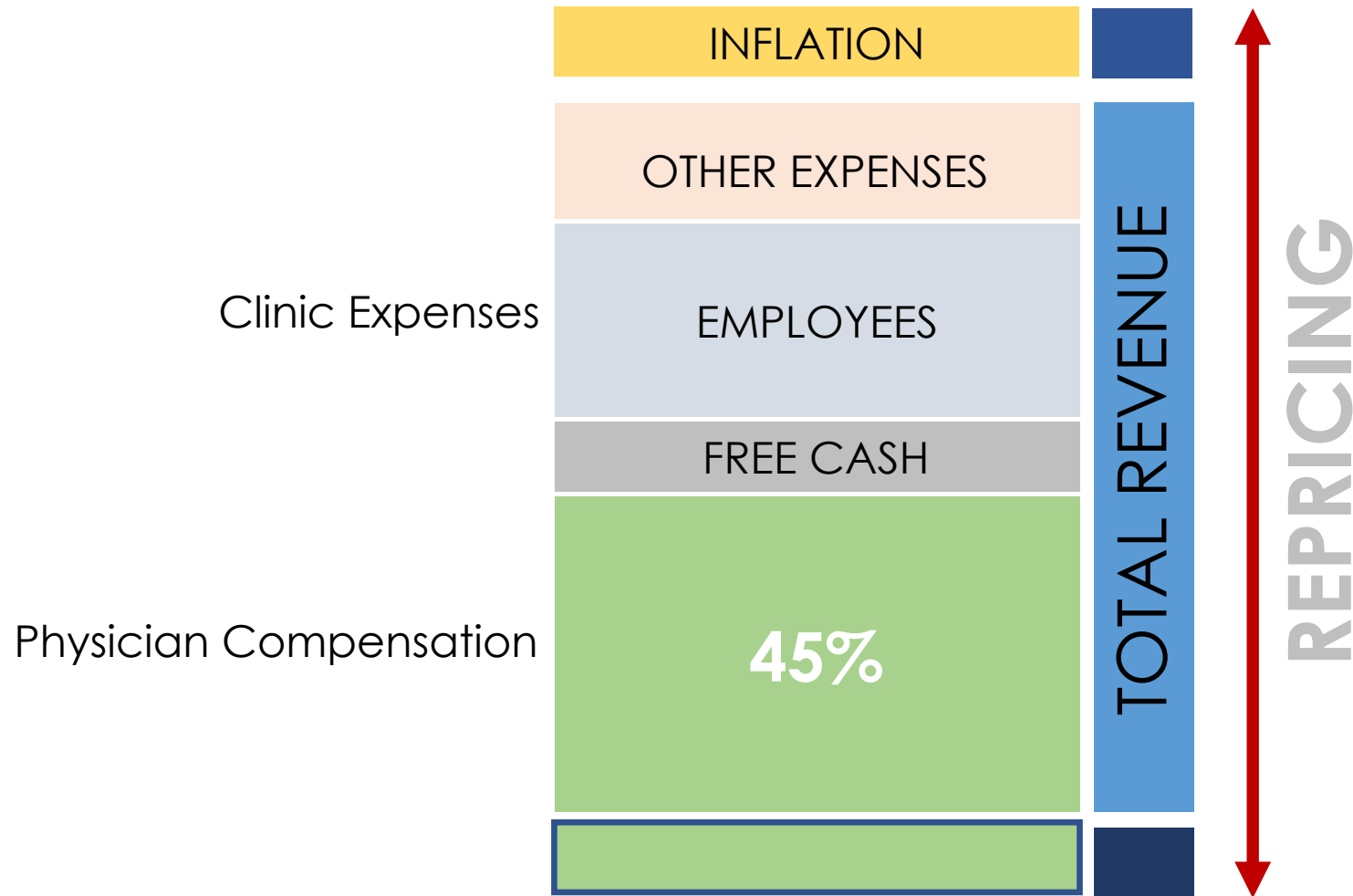




See More Patients
See More Patients



See More Patients
See More Patients
Hire NPs, PAs, etc...
See More Patients



See More Patients
See More Patients
Hire NPs, PAs, etc...
See More Patients

Burn Out







>150 doctors at peak in 1996

>140 doctors at peak in 2001







The Complexities of Physician Supply and Demand: Projections From 2019 to 2034

June 2021

Prepared for the AAMC by IHS Markit Ltd.

AAMC

Washington, D.C.

Exhibit ES-1: Total Projected Physician Shortage Range, 2019-2034

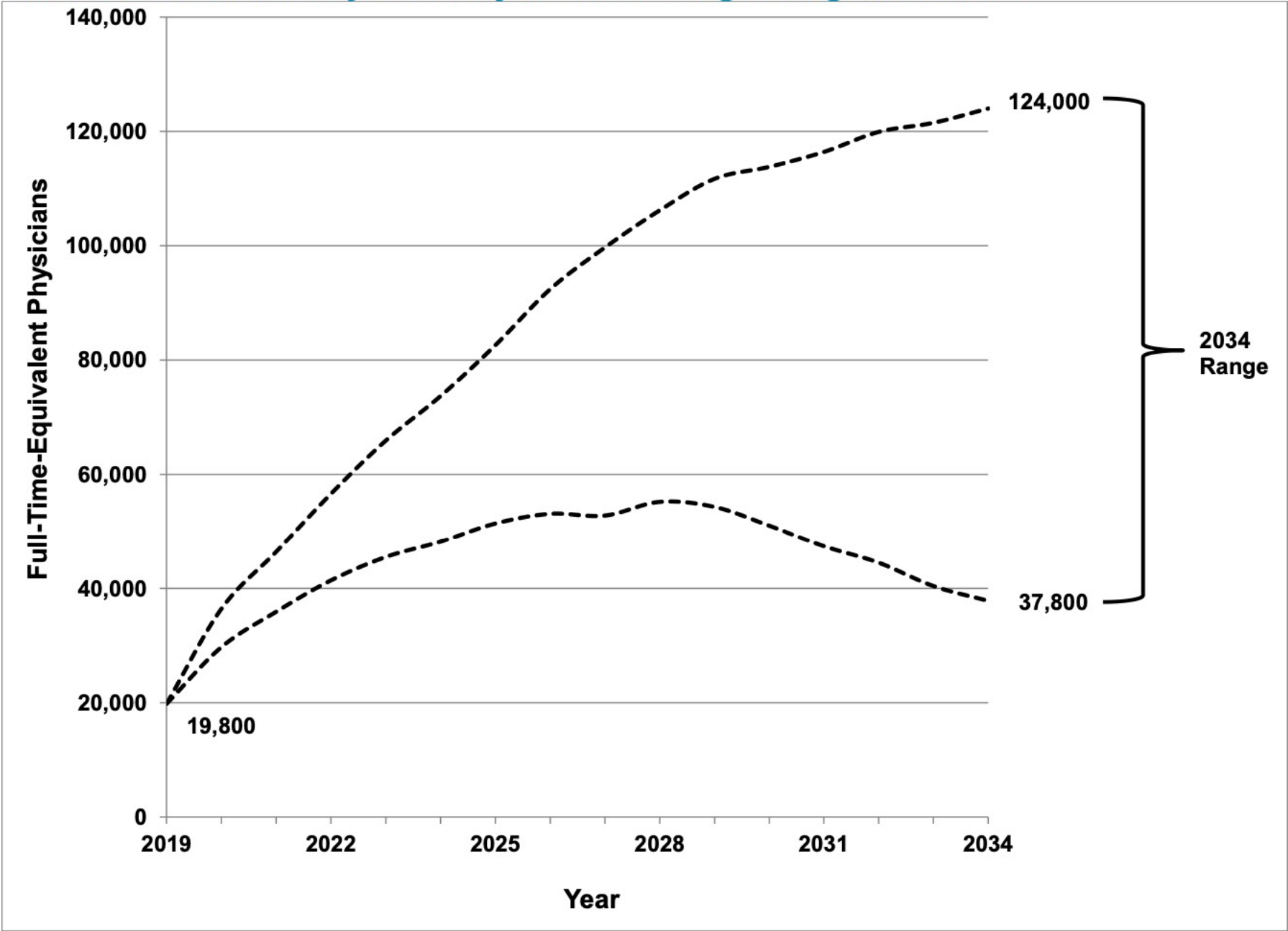
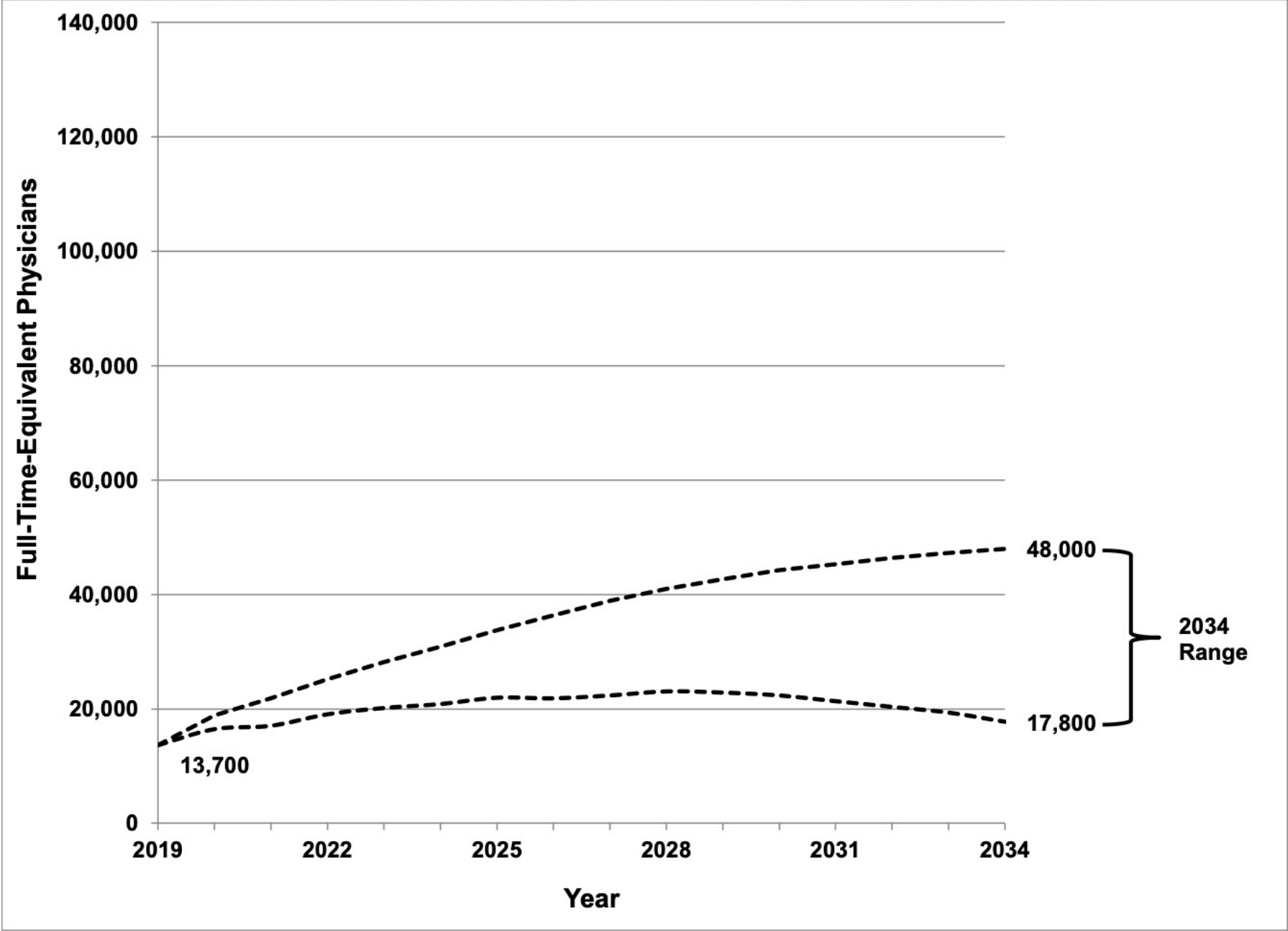


Exhibit 4: Projected Primary Care Physician Shortage Range, 2019-2034



The graph displays projected demand and supply of full-time-equivalent physicians from 2019 to 2034. The y-axis represents the number of Full-Time-Equivalent Physicians, ranging from 0 to 350,000 in increments of 50,000. The x-axis represents the Year, with labels at 2019, 2022, 2025, 2028, 2031, and 2034.

Demand Scenarios:

- Demand (Managed Care):** Solid purple line, showing the highest growth, reaching approximately 300,000 by 2034.
- Demand (Status Quo):** Solid green line, reaching approximately 285,000 by 2034.
- Demand (Retail Clinics):** Solid red line, reaching approximately 275,000 by 2034.
- Demand (Population Health):** Solid pink line, reaching approximately 265,000 by 2034.
- Demand (APRN/PA Moderate):** Solid orange line, reaching approximately 260,000 by 2034.
- Demand (APRN/PA High):** Solid blue line, starting around 240,000 and slightly declining to approximately 230,000 by 2034.

Supply Scenarios:

- Supply (Retire 2 Years Later):** Dashed blue line with dots, ending at approximately 250,000 in 2034.
- Supply (GME Expansion):** Dotted blue line, ending at approximately 245,000 in 2034.
- Supply (Status Quo):** Dashed black line, ending at approximately 240,000 in 2034.
- Supply (Changing Hours):** Dotted green line, ending at approximately 235,000 in 2034.
- Supply (Retire 2 Years Earlier):** Dashed orange line, showing the lowest supply, ending at approximately 225,000 in 2034.

All demand scenarios start near 240,000 in 2019. Supply scenarios start between 225,000 and 240,000 in 2019. By 2034, all demand scenarios exceed the supply scenarios, indicating a projected shortage of physicians across all modeled scenarios.

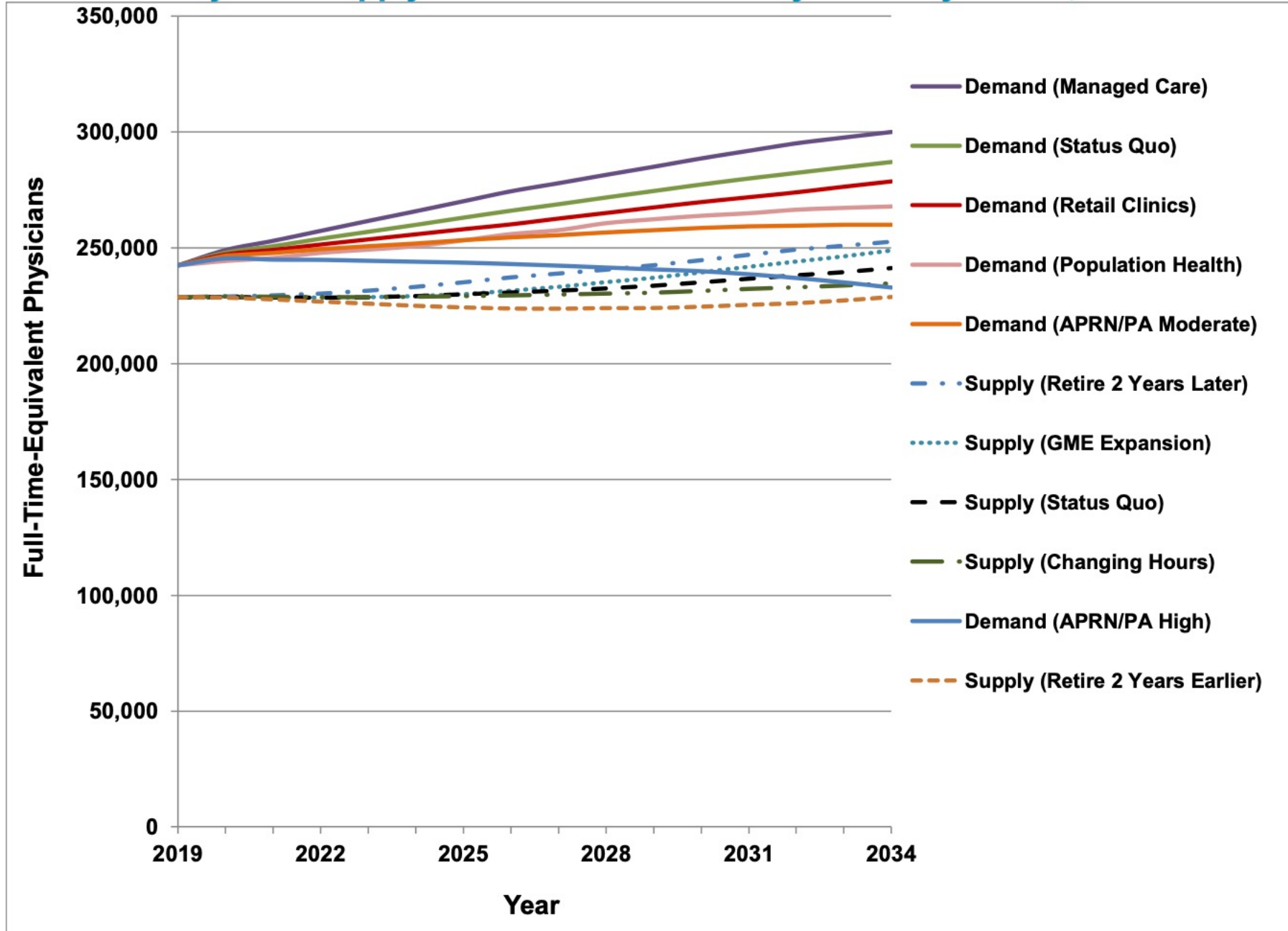
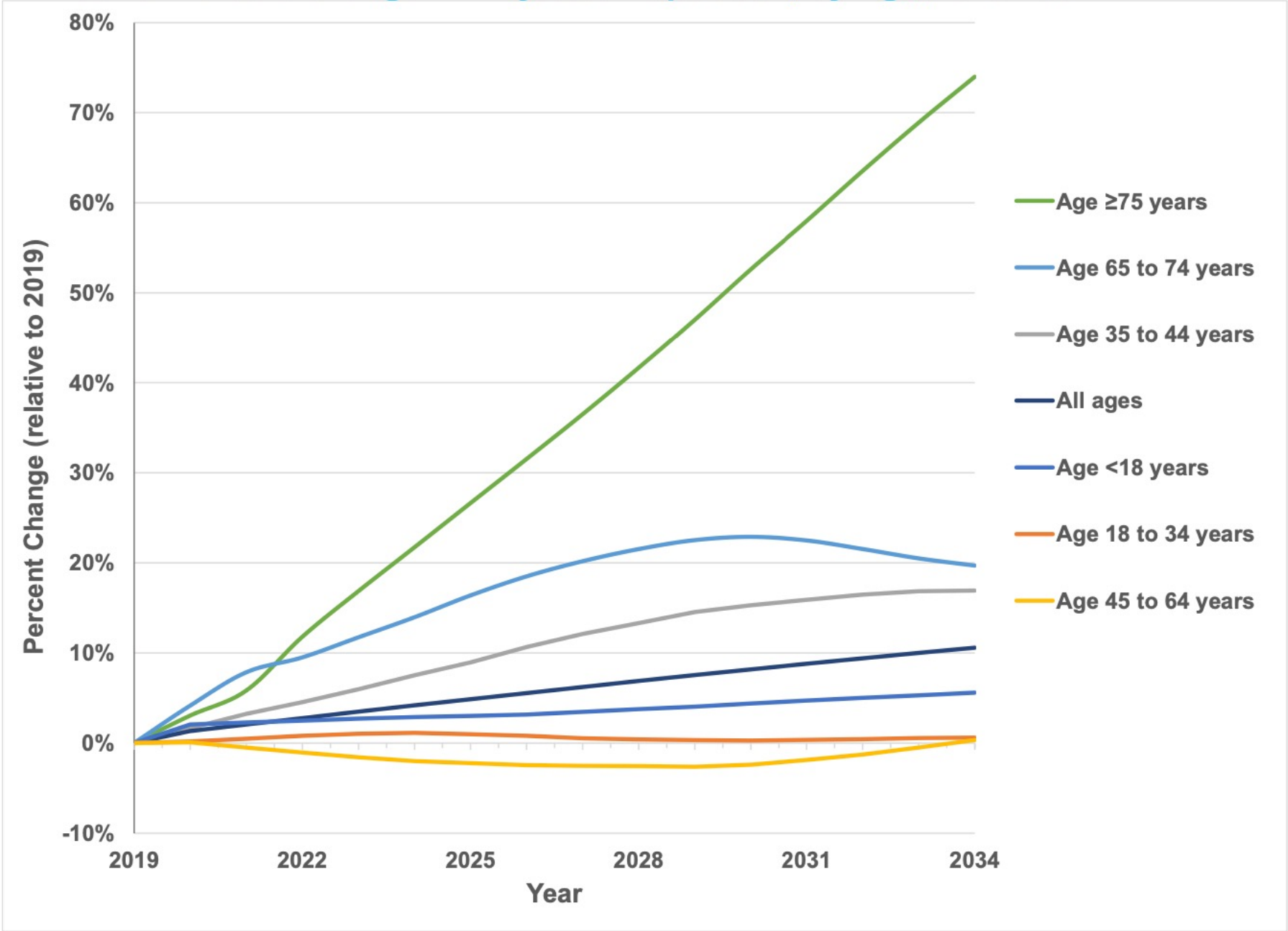
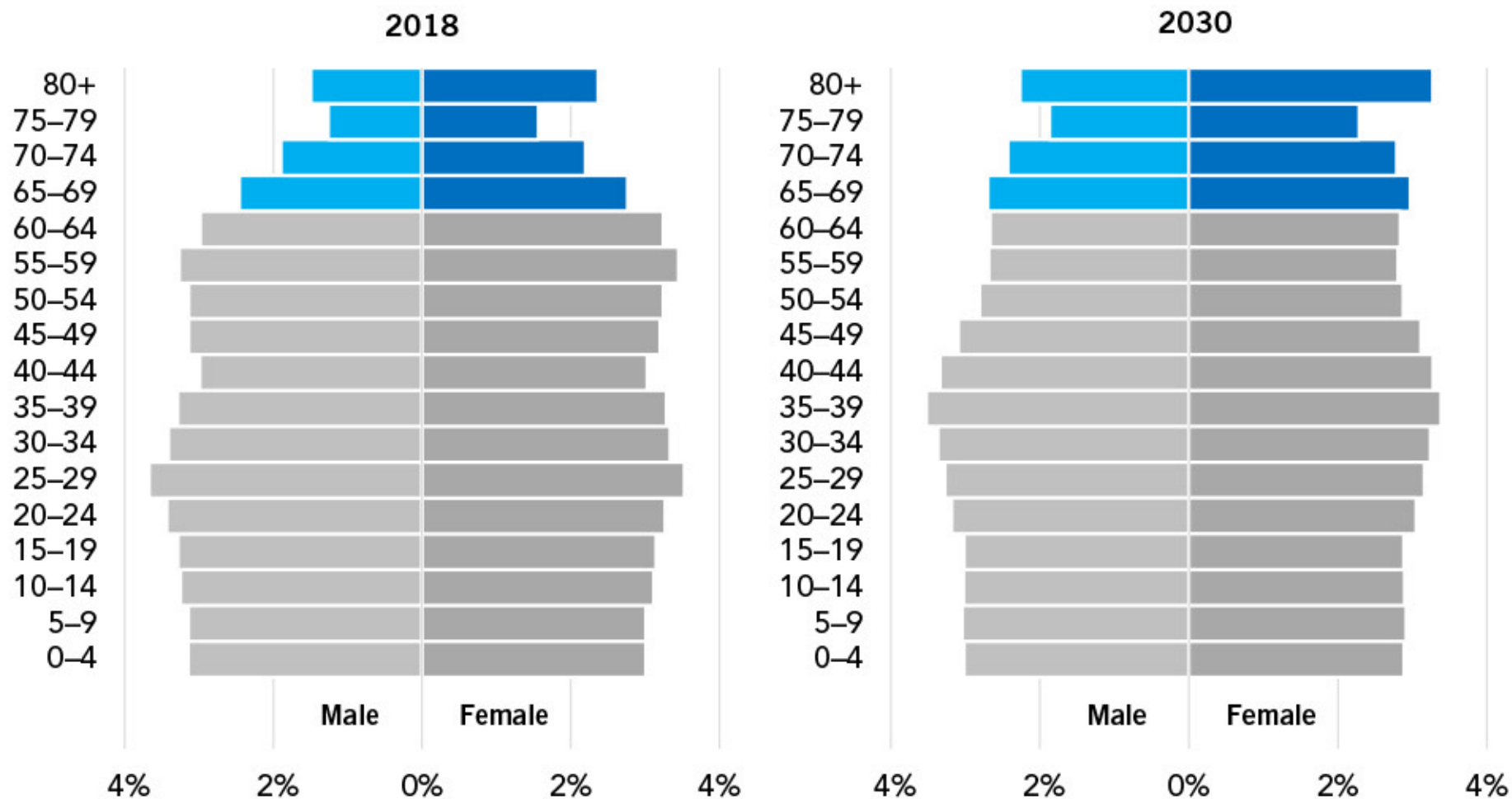


Exhibit 19: Percent Change in Projected Population, by Age, 2019-2034



The share of people age 65 and older is projected to increase

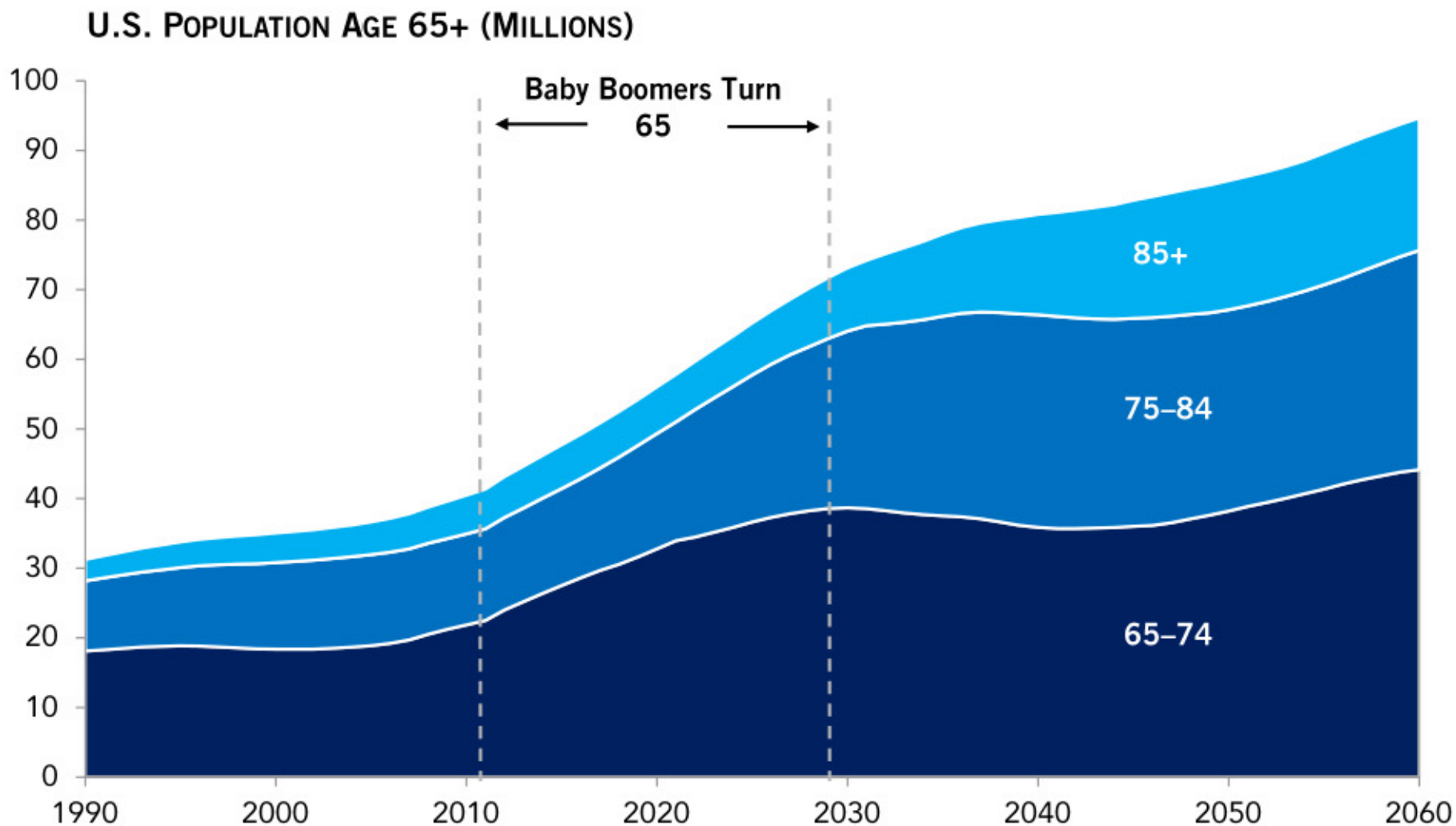
U.S. POPULATION BY AGE GROUP (% OF TOTAL POPULATION)



SOURCE: U.S. Census Bureau, 2017 National Population Projections Datasets, March 2018.

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SOURCES: U.S. Census Bureau, *National Intercensal Estimates*; *2016 Population Estimates*, June 2017; and *2017 National Population Projections*, September 2018.

Exhibit 30: Physician Primary Care Demand and Demand Growth by Metropolitan Designation, 2019-2034

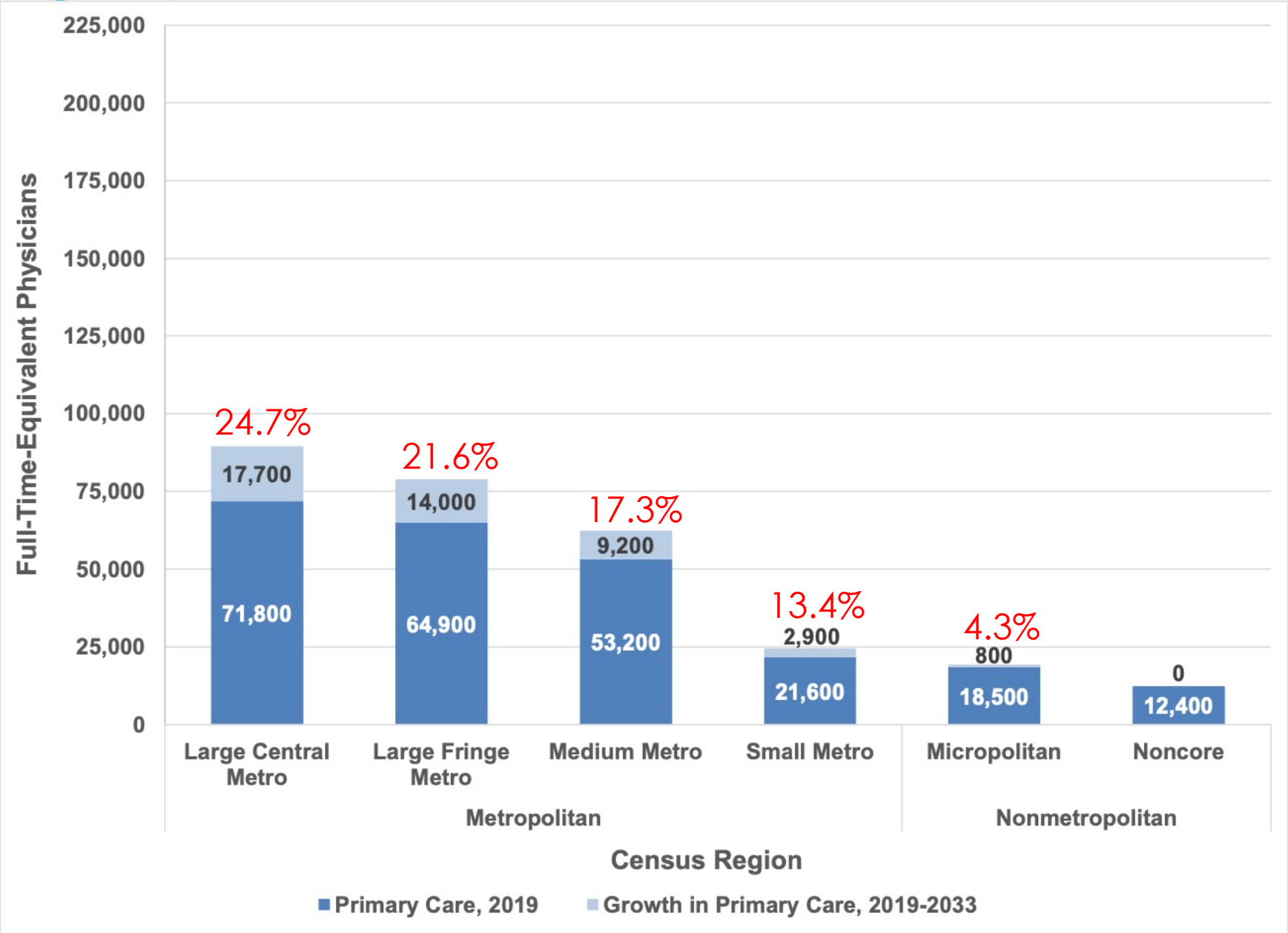


Exhibit 30: Physician Primary Care Demand and Demand Growth by Metropolitan Designation, 2019-2034

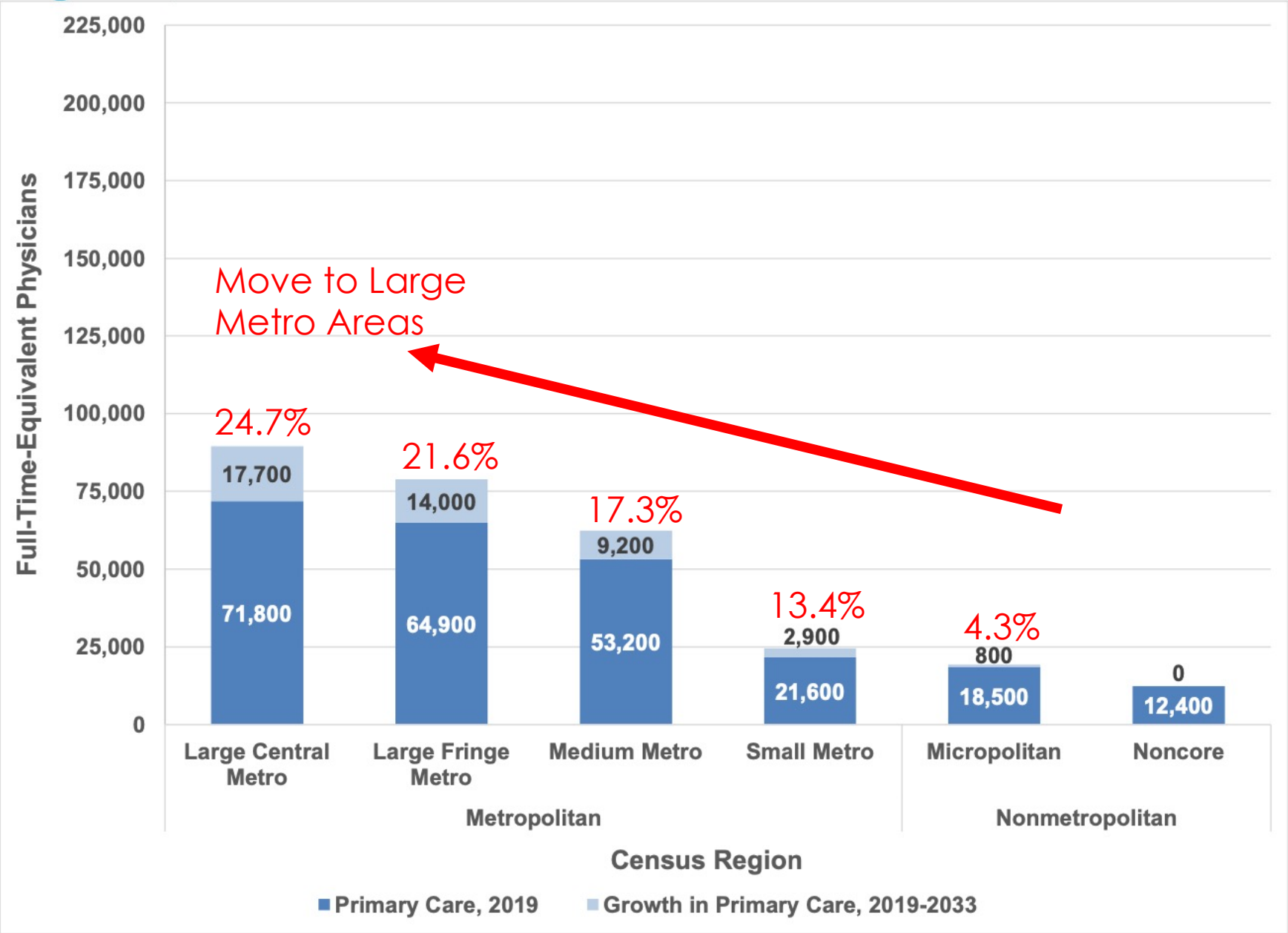


Exhibit 31: Physician Non-Primary Care Demand and Demand Growth by Metropolitan Designation, 2019-2034

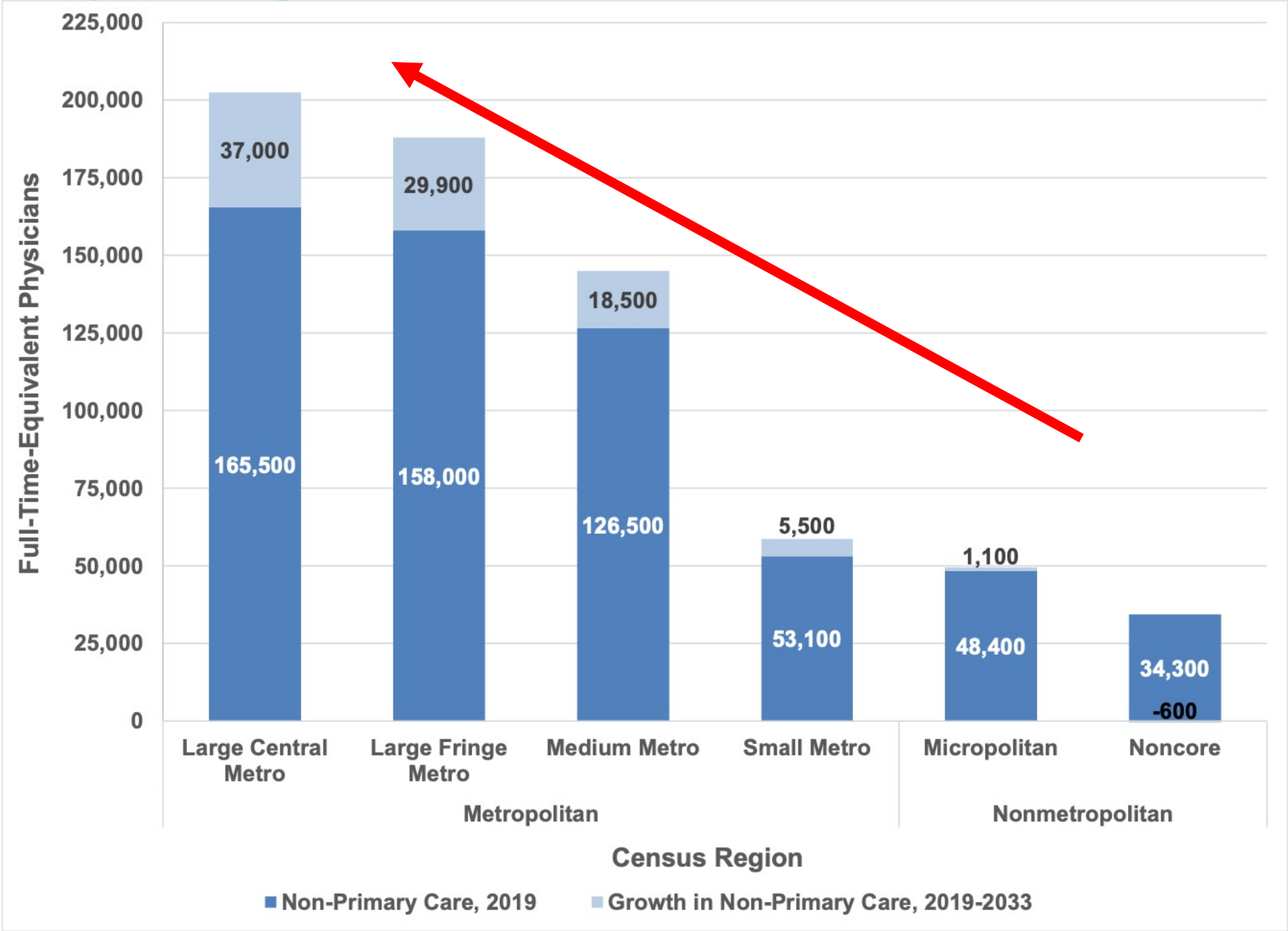


Exhibit 28: Physician Primary Care Demand and Demand Growth by Census Region, 2019-2034

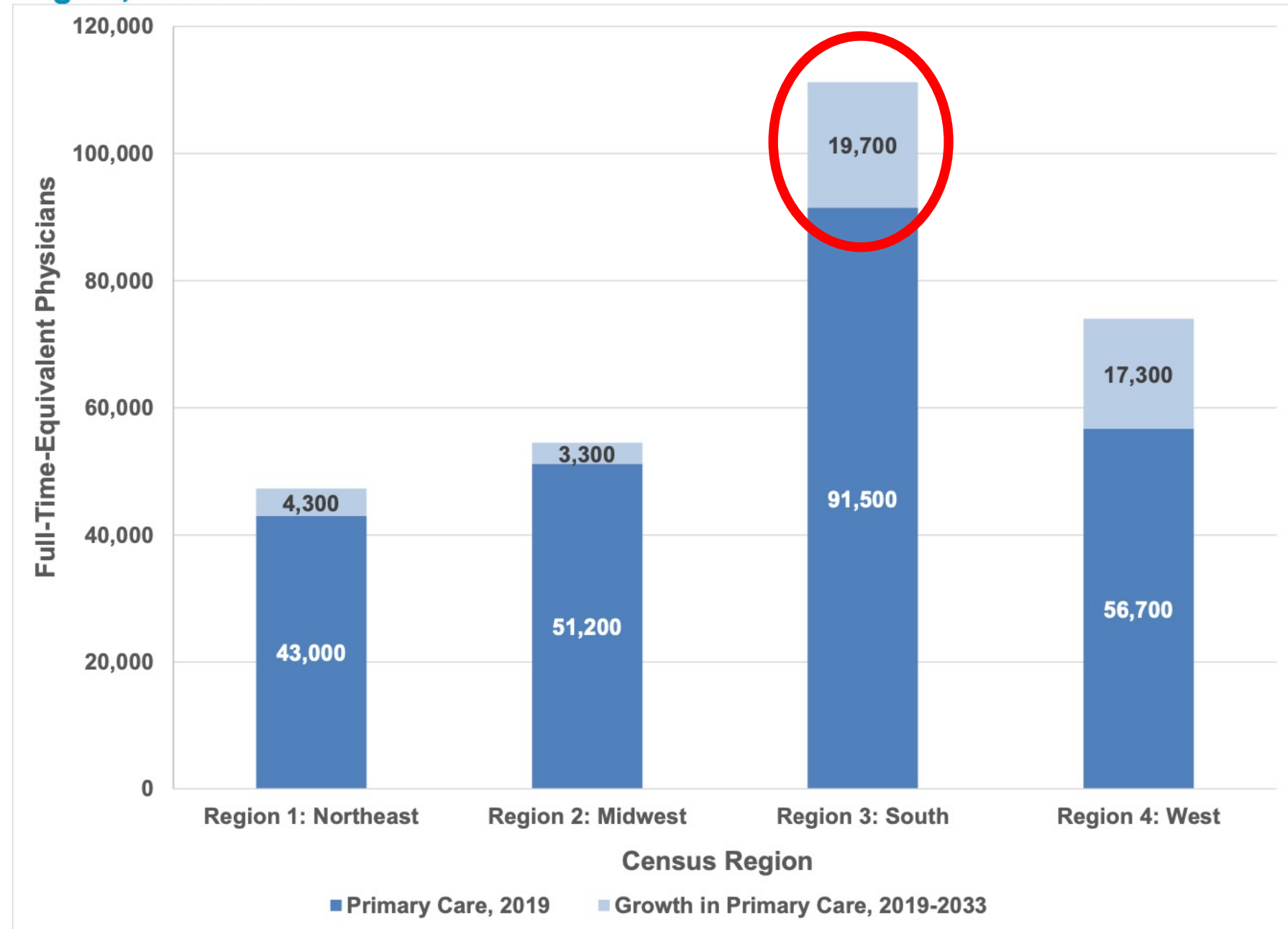
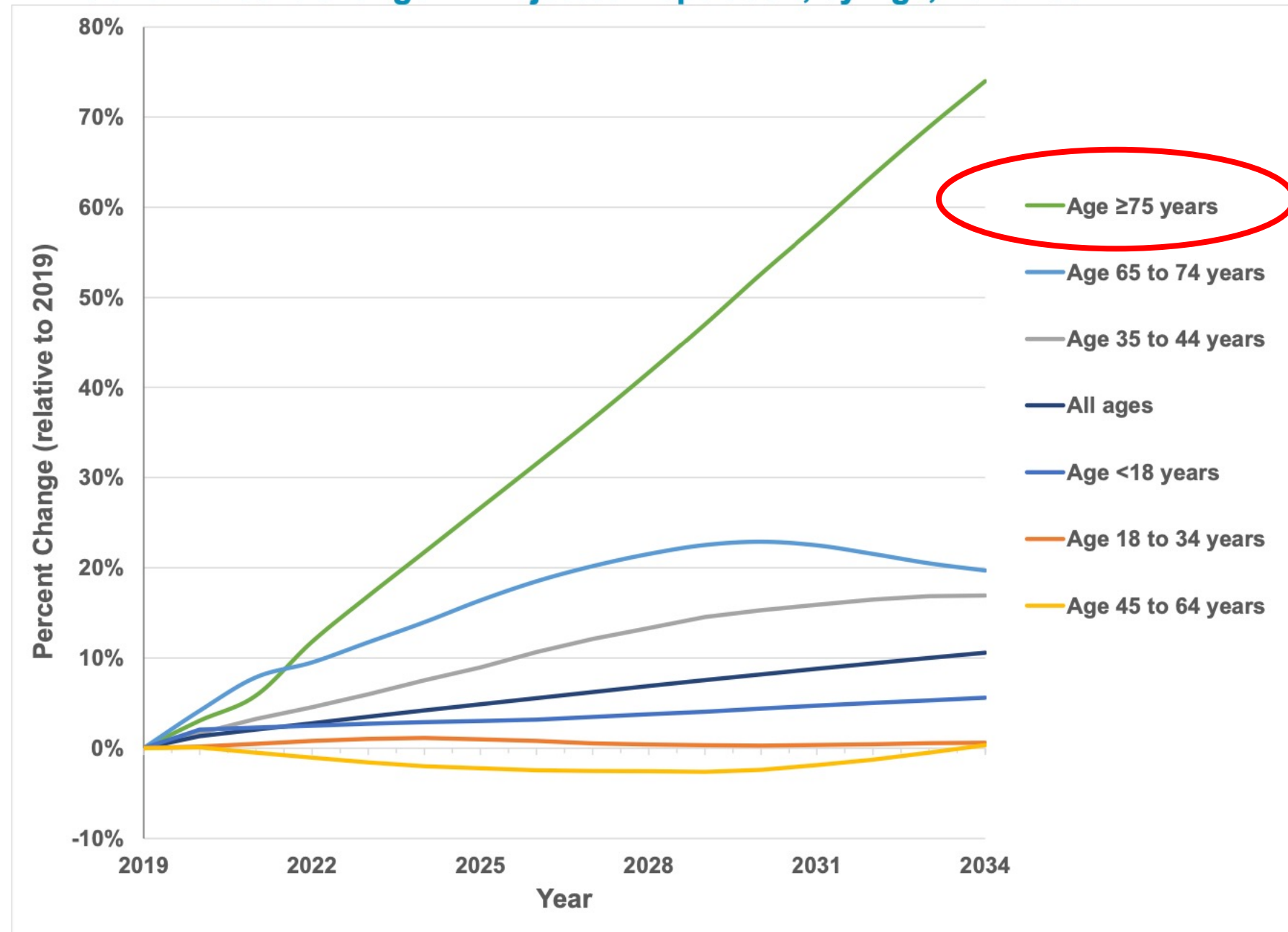


Exhibit 19: Percent Change in Projected Population, by Age, 2019-2034



Total Medicare Spending as a % of Total Economy in United States

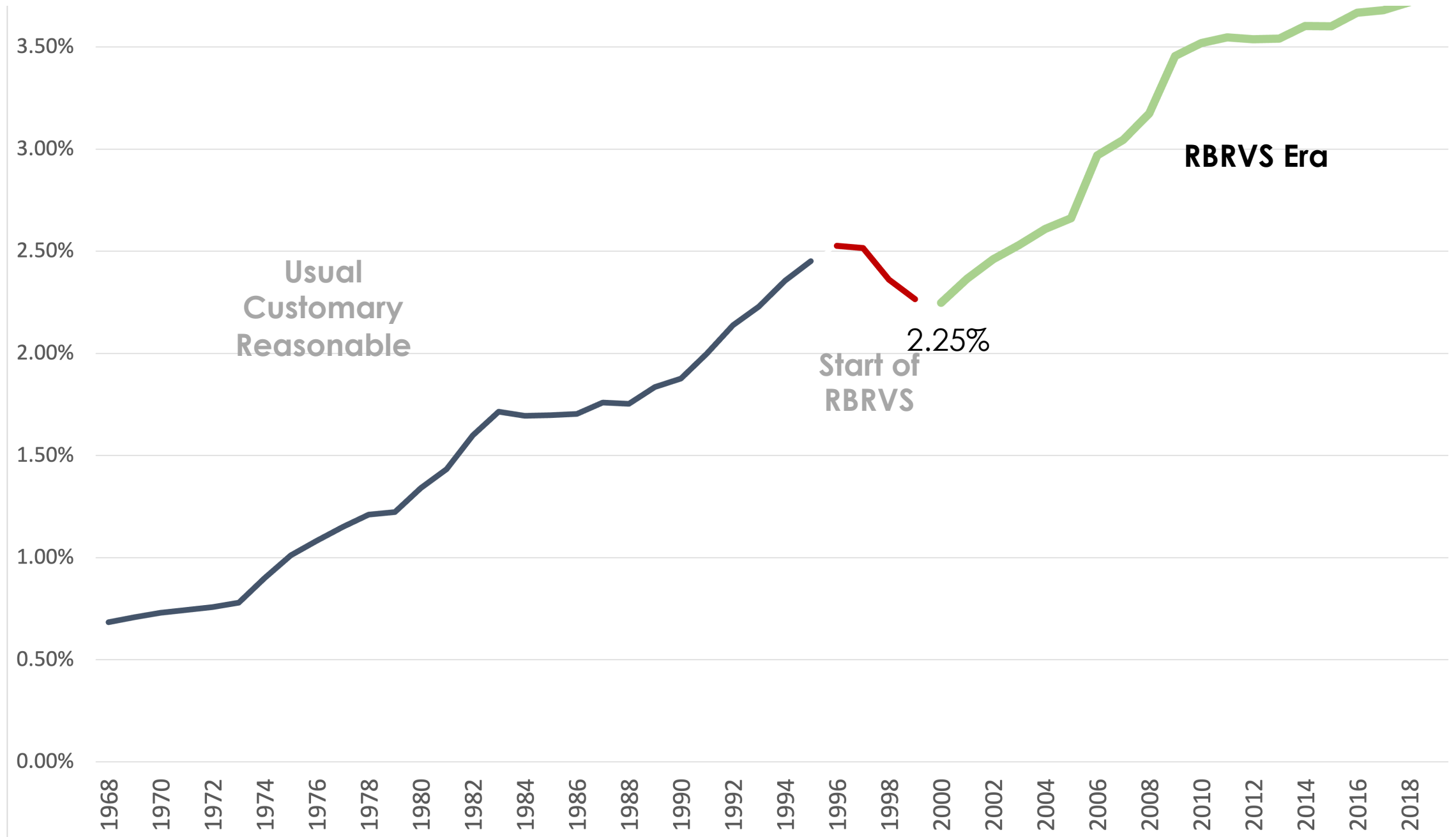
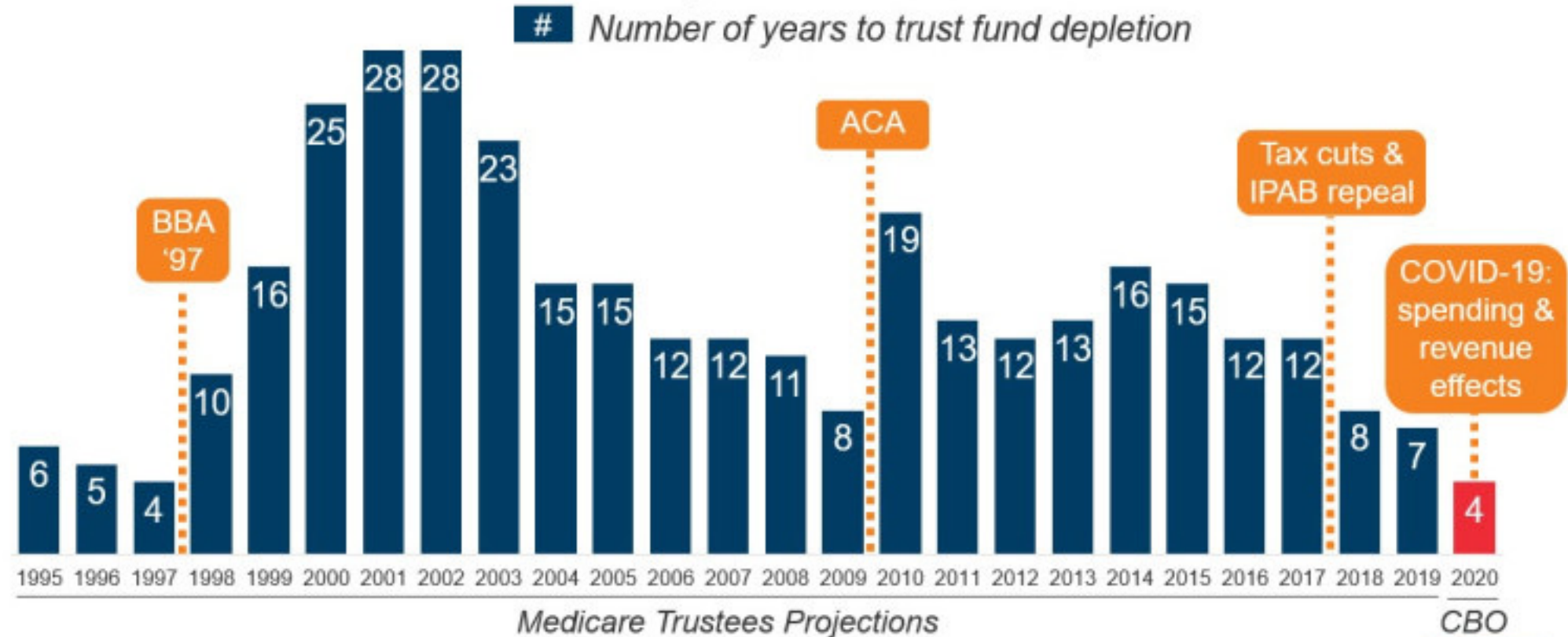


Figure 1

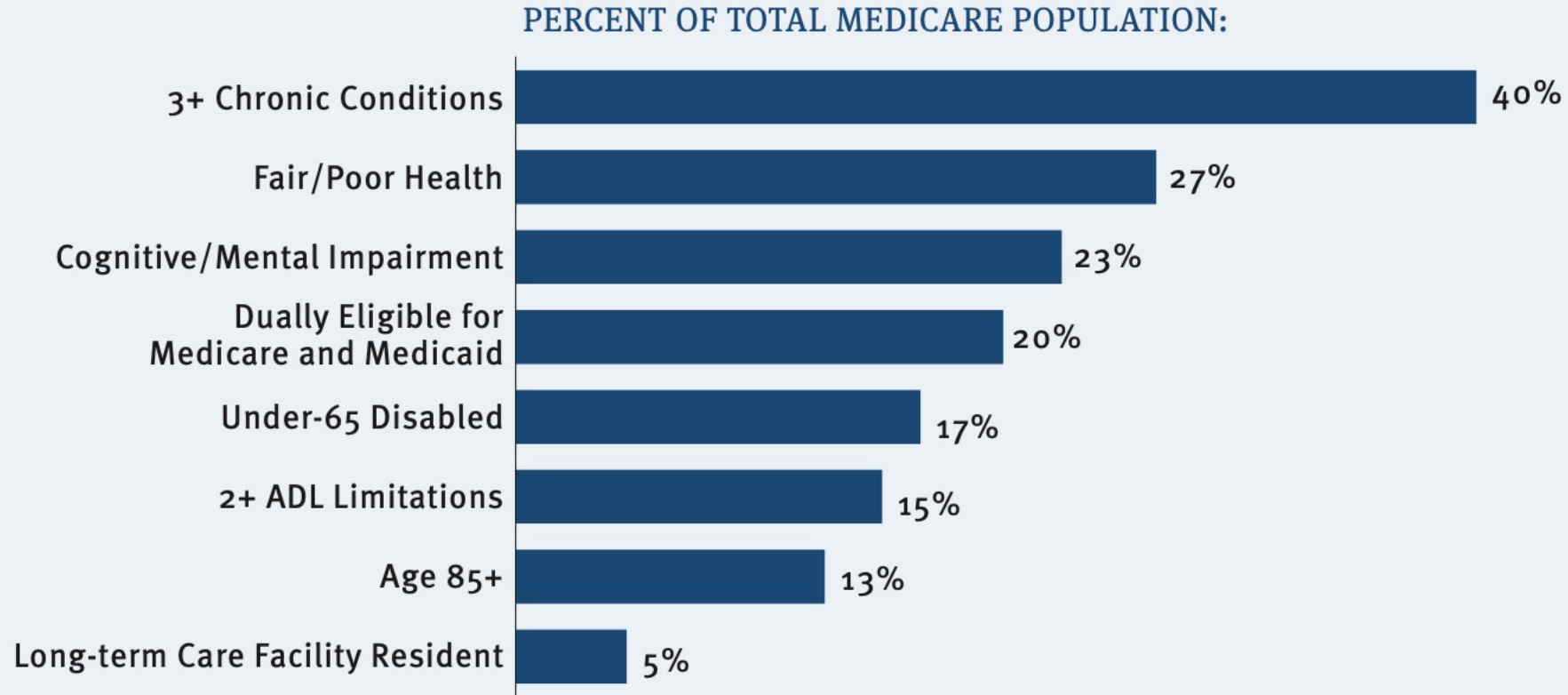
The Medicare Hospital Insurance Trust Fund is Projected to Be Depleted Within 4 Years – in 2024 – Sooner Than at Any Point in the Last 20 Years



SOURCE: 1995-2019 projections from intermediate projections from 1995-2019 Annual Reports of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds; 2020 projection from CBO, The Outlook for Major Federal Trust Funds: 2020 to 2030, September 2020.

EXHIBIT 3.2

Characteristics of the Medicare Population, 2009



NOTE: ADL is activity of daily living.

SOURCE: Kaiser Family Foundation analysis of the CMS Medicare Current Beneficiary 2009 Cost and Use file.

EXHIBIT 3.3

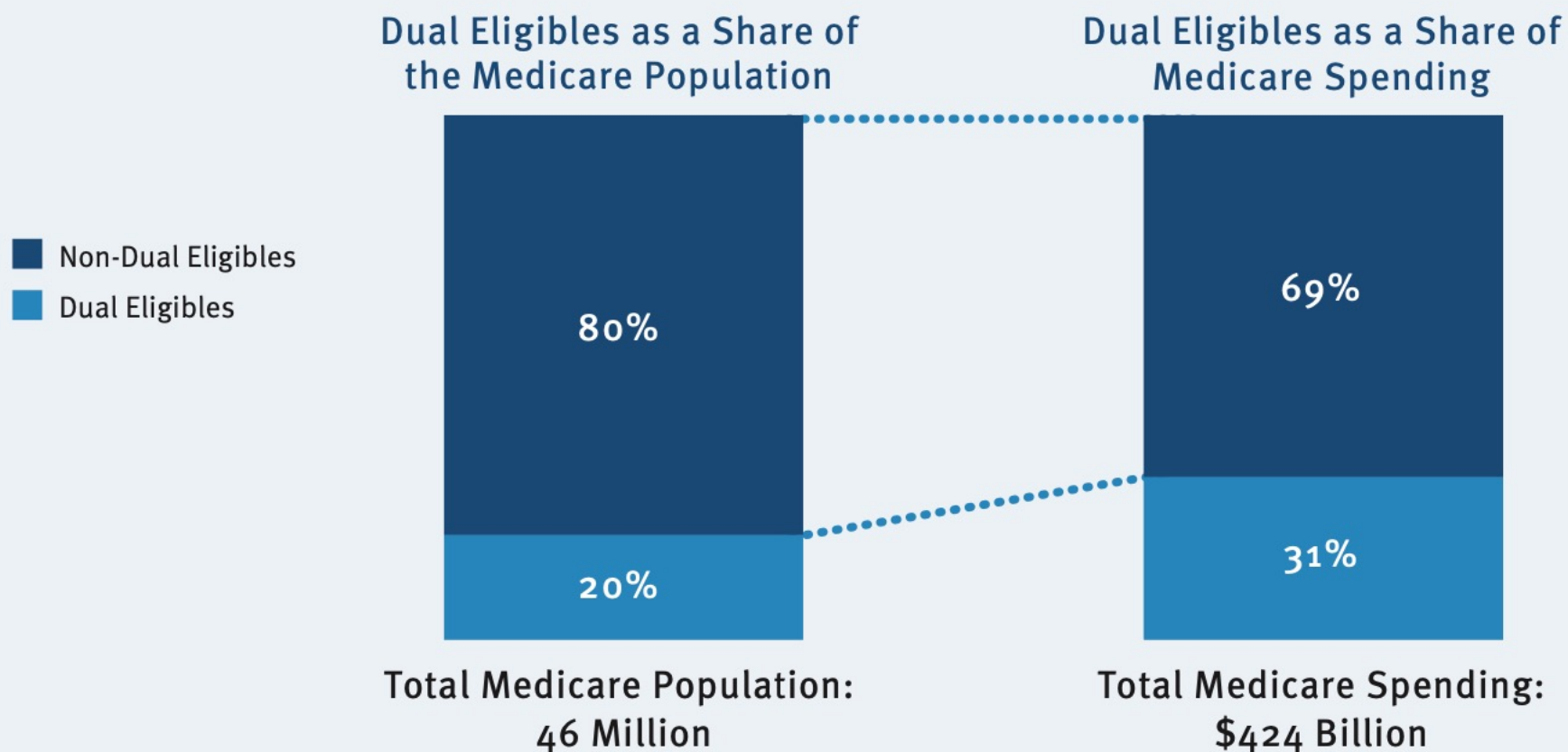
Average Medicare Spending Among Medicare Beneficiaries, by Presence of Chronic Conditions and Functional Limitations



Source: Komisar and Feder 2011.

EXHIBIT 3.4

Dual Eligible Beneficiaries as a Share of the Medicare Population and Medicare Spending, 2008



SOURCE: Kaiser Family Foundation analysis of the CMS Medicare Current Beneficiary Survey 2008 Cost and Use file.

Acting like there isn't a problem isn't going to work

Simply seeing more patients isn't going to work

Utilizing the same practice models isn't going to work

Avoiding the elderly patients isn't going to work

Avoiding the high-complexity patients isn't going to work

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...therefore...

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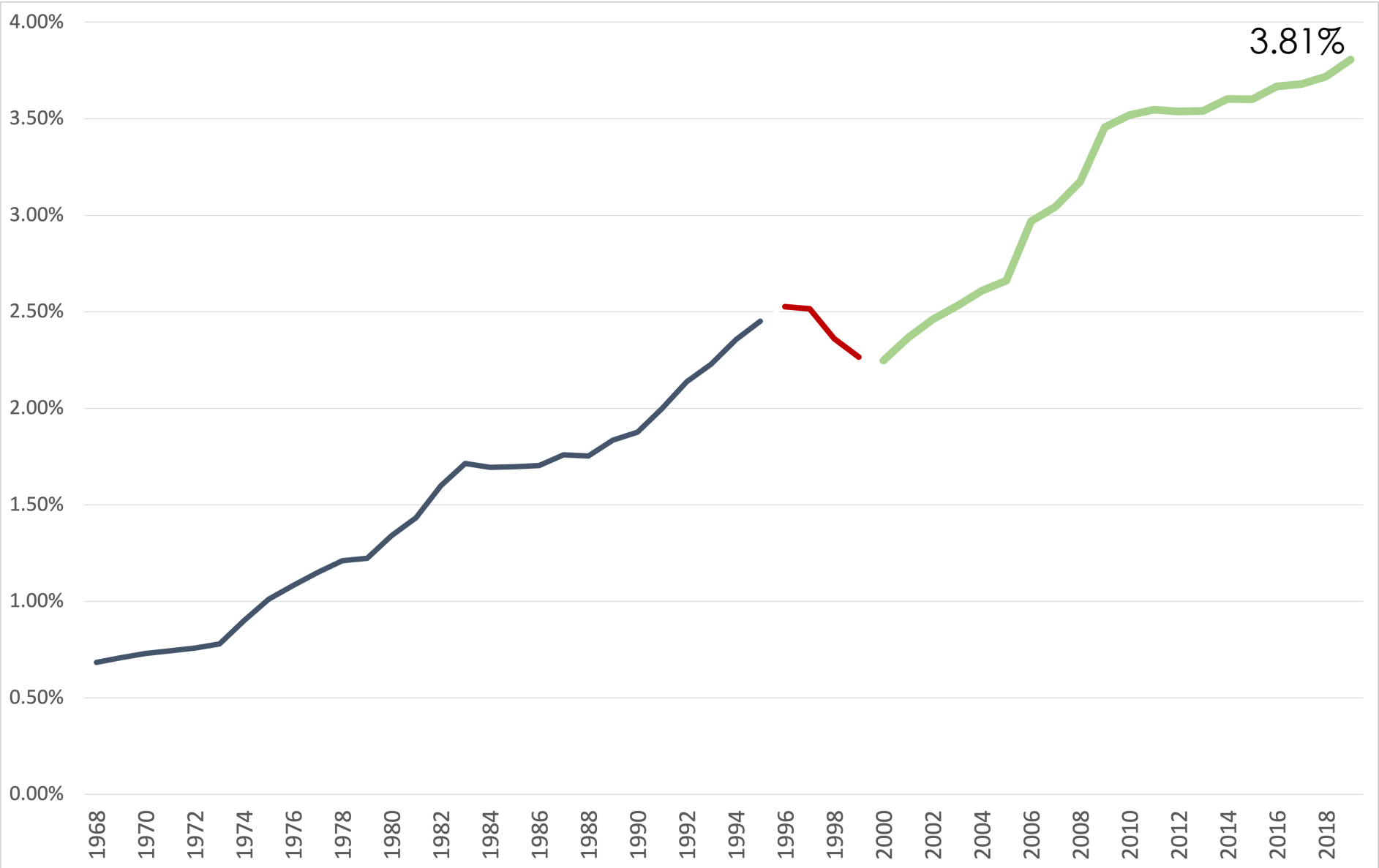
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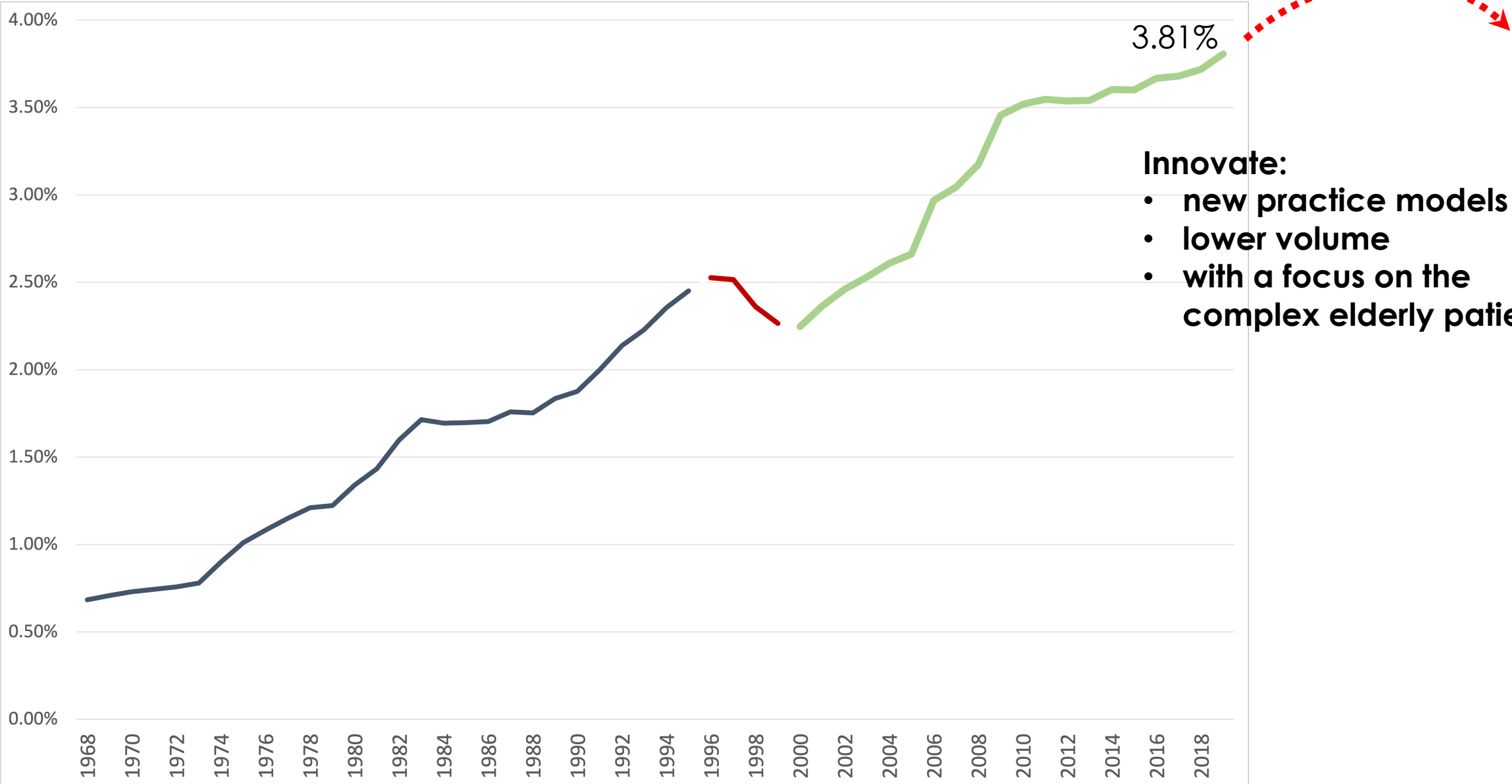
Try to Innovate:

- new practice models
- lower volume
- with a focus on the complex elderly patients

Total Medicare Spending as a % of Total Economy in United States



Total Medicare Spending as a % of Total Economy in United States



Innovate:

- new practice models
- lower volume
- with a focus on the complex elderly patients



“There’s a way to do it better. Find it.”

Thomas A. Edison



Advanced Primary Care for Seniors