

“Addressing Healthcare Workforce Issues for the Future”
Testimony to Senate Committee on Health, Education, Labor, and Pensions (HELP)
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Summary

- The nation is likely to face a major shortage of physicians in the future due to a growing and aging population; advances in medicine leading to longer life; an aging physician workforce; and shorter work hours for younger physicians in practice.
- Between 1980 and 2005, the US population grew by more than 70 million people (31%) while medical school enrollment was essentially flat.
- Shortages are likely to be greatest in poor and rural communities and other communities that historically have had a difficult time recruiting and retaining physicians.
- It takes at least a decade to increase the supply of American educated physicians; therefore action is needed now to assure access and to prevent a crisis in the future.
- AAMC recommends a 30 percent increase in medical school enrollment by 2015 and funding for additional graduate medical education (GME) positions.
 - While this is a necessary step it will not be sufficient to assure access in the future; systems redesign, improvements in productivity, greater use of non-physician clinicians and more effective use of physicians is also essential.
- Increasing the physician supply alone will also not address the problems of geographic and specialty mal-distribution. More than 30 million Americans live in areas designated as having shortages. The AAMC recommends a doubling of annual NHSC awards and increased-not decreased-support for Title VII.
- The financing of graduate medical education has a major impact on the physician workforce.
 - Existing funding is threatened in the President’s budget request and by the proposed rule prohibiting federal Medicaid payments for GME. The AAMC supports legislation (S. 2460) to extend the current moratorium prohibiting action on the proposed rule.
 - Current GME regulations (Medicare) penalize outpatient/primary care training.

AAMC Recommendations for Title VII Reauthorization

- The AAMC strongly recommends continuation of programs authorized under Title VII of the Public Health Service Act with modifications. This program has numerous components designed to improve access, distribution, effectiveness and equity.
- Retain diversity programs as currently structured at a higher authorization level, and create a new program to support demonstration projects designed to increase the number of underrepresented minority faculty. Increasing the diversity of the health workforce should be a national priority. Title VII programs are critical to this effort.
- Improve data collection and program evaluation by increasing the authorization for regional workforce analysis centers and authorizing a new national workforce database to track the supply and location of health professionals.
- Improve the alignment between Title VII grants and service in underserved areas by restructuring the primary care programs to preferentially award grants to applicants entering a formal relationship with providers in underserved areas.
- Create a new program to award grants for schools or departments to administer demonstration projects to improve the quality and efficiency of primary care.
- Address inefficiencies in the Title VII loan programs.