

# Primary Care May Be Called On for Colonoscopy

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Within a decade, the United States won't have enough gastroenterologists to meet the demand for colorectal cancer screenings, given its burgeoning elderly population, a new study has found.

If the national screening rates remain stable for the various age and gender

groups, the country could be short 1,050 gastroenterologists (GIs) by 2020 because of the aging of the population, the study found. The data were released today by the Lewin Group, a health care policy research and management consulting firm.

But if screening rates increase by just 10%, the shortfall will be as high as 1,550 gastroenterologists by 2020, said Tim Dall, the Lewin Group's vice president and lead author of the study.

"This shortage is absolutely going to impact our national ability to provide colorectal cancer screening," Mr. Dall said in a teleconference sponsored by Olympus America Inc., which is one of the world's largest manufacturers of gastrointestinal endoscopes.

The shortage of gastroenterologists could also affect primary care physicians who perform colonoscopies, because, Mr. Dall said, "If they're doing

these screenings, then they are not providing other services that are also in high demand."

"The confluence of an aging population, improvements in technology, fluxes in the economic milieu, and changes in disease prevalence/impact will act in concert to place new unprecedented pressure on GI service delivery," commented Dr. Patrick I. Okolo III, chief of endoscopy, division of gastroenterology at Johns Hopkins University, Baltimore. "A comprehensive, focused national approach to broaden the number and quality of physicians trained in gastroenterology will be necessary to obviate this divide," he added.

Olympus commissioned the study to gather data that support its legislative push for a federally funded gastroenterology fellowship program, said F. Mark Gumz, president and CEO of Olympus America. The "GI Bill for GIs" would make up to \$50 million available for fellowships over a 5-year period, with the goal of training 130 new gastroenterologists each year. "We have called for this federal legislation before, and now, with this new research, we are redoubling our efforts," Mr. Gumz said at the teleconference.

Despite its name, the bill is not aimed at veterans, a company spokesperson pointed out. "Olympus refers to its proposed legislation as the GI Bill for GIs because of the service component in our proposal. Just as the GI Bill for soldiers provides education in exchange for service to the nation, our proposed GI Bill for GIs requires participants to provide service to their community, in the form of practicing in an underserved area. This is not intended to be simply a free scholarship."

Although the bill has not been formally introduced, Mr. Gumz said Olympus America, located in Center Valley, Pa., has had preliminary discussions with Sen. Arlen Specter (R-Pa.) and Rep. Charlie Dent (R-Pa.).

The Lewin study was based on two complex microsimulation models that the company had previously developed: the national colorectal cancer screening guidelines, developed for the Centers for Disease Control and Prevention and the American Cancer Society; and the Physician Supply and Demand Model, developed as the basis of government workforce studies.

The current supply of U.S. gastroenterologists who are active in patient care now hovers near 10,400, Mr. Dall said. Supply is projected to grow by just 10% (to about 11,460) by 2020. Even if there were no increase in the demand for screening, the supply of GIs would still be 250 short by 2020.

But national population estimates suggest that demand for services will grow significantly. As the percentage of older patients increases, so will the need for routine screening. A certain proportion of these newly screened patients will have findings that place them in a higher-risk surveillance group, requiring more frequent screening, Dr. Dall noted. ■

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