

Smaller, Younger Physician Workforce Predicted

BY JANE ANDERSON

More young physicians are entering the workforce than previously thought while fewer older physicians are remaining active, making the physician workforce younger on average, both now and in the future, a recent study of census data showed.

The workforce analysis, which challenges conclusions drawn from the American Medical Association (AMA) Physician Masterfile dataset that is com-



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DR. RICKETTS

monly used to calculate physician workforce numbers, ultimately could indicate ways to make the Masterfile data more accurate, according to the study's lead author, Douglas O. Staiger, Ph.D., the John French Professor of Economics at Dartmouth College in Hanover, N.H.

"Workforce projections rely on accurate estimates of the current number of physicians as a starting point," Dr. Staiger said in an interview. "Without more accurate estimates of the size and age dis-

tribution of the current workforce, projections of physician supply, requirements, and potential shortages may mislead policy makers as they try to anticipate and prepare for the health care needs of the population."

The study, which was performed by researchers at Dartmouth College, the U.S. Congressional Budget Office, and the center for interdisciplinary health workforce studies at Vanderbilt University Medical Center in Nashville, Tenn., compared physician workforce estimates and supply projections using AMA Masterfile data with estimates and projections from the U.S. Census Bureau Current Population Survey (CPS).

The researchers sought to determine the annual number of physicians working at least 20 hours per week in 10-year age categories. Recent workforce trends were used to project future physician supply by age, the authors said.

The analysis showed that in an average year, the census data estimated 67,000 (or 10%) fewer active physicians than did the AMA's Masterfile, almost entirely because the census data found fewer active physicians aged 55 years and older. In addition, the census data estimated up to 17,000 more young physicians (those aged 25-34 years) than did the Masterfile (JAMA 2009;302:1674-80).

Projections using the AMA's Masterfile indicate that there will be about 1,050,000 physicians in practice in 2020,

whereas census data estimates indicate that there will be only 957,000 physicians in practice then, with a smaller percentage older than age 65.

"Delays in reporting when physicians enter and exit the workforce appear to lead to an underestimate of younger physicians and an overestimate of older physicians in the Masterfile," said Dr. Staiger.

He added that surveys such as the CPS cannot replace the Masterfile because they lack geographic and specialty detail, but they provide benchmark data that could be used to adjust estimates based on Masterfile data. These adjustments could be important as policy makers struggle to deal with workforce issues, he said.

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In an accompanying editorial, Thomas C. Ricketts, Ph.D., a researcher at the



U.S. census data showed that the AMA Masterfile underestimated the physician workforce aged 25-34 years.

North Carolina Rural Health Research and Policy Analysis Center in Chapel Hill, noted that the health care reform debate highlights how physician supply is linked to universal access and cost issues.

"Establishing the right number of physicians is difficult if they cannot be accurately counted," Dr. Ricketts wrote. "Having accurate estimates for determining not only the number of physicians, but also current and future physician workforce requirements and capabilities for delivering primary and specialty care, will be essential for achieving and sustaining effective health care reform" (JAMA 2009;302:1701-2). ■



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Americans Uneducated on Diabetes

Americans earn a "failing grade" on diabetes awareness, according to an online survey sponsored by the American Diabetes Association. Participants who answered a series of questions scored just 51% overall. Although more than three-fourths of respondents knew that not all diabetes patients need daily insulin injections, only 12% knew that the recommended diet for people with diabetes does not restrict starchy foods any more than does the diet recommended for all adults. "Many Americans have a very limited understanding of the basic facts about diabetes, as well as the serious consequences for health that accompany the disease," Sue McLaughlin, the ADA's president for health care and education, said in a statement. "Unfortunately, numerous myths about diabetes exist, making it difficult for people to believe the science-based facts." The survey of more than 2,000 adults was conducted by Harris Interactive.

Society Seeks More Stem Cell Study

The Endocrine Society would like to see an increase in federal funding for stem cell research, according to a new position statement from the group. The society wants the support to include what it calls

promising yet neglected areas of stem cell research, such as cells generated through somatic cell nuclear transfer. "No research in recent history has offered as much hope as stem cell research in treating such a large number of debilitating diseases such as diabetes, Parkinson's disease, and Alzheimer's disease," said Endocrine Society President Robert Vigersky. "For the full potential of stem cell research to be reached, the amount of federal funding and the scope of that funding need to be expanded."

Bill Would Boost Bone-Health Efforts

Proposed federal legislation aims to create a national strategy against osteoporosis and other bone diseases. The Bone Health Promotion and Research Act (H.R. 3856) would expand research at the National Institutes of Health, fund states' surveillance of bone conditions, and increase education activities at the Centers for Disease Control and Prevention. The chief sponsors of the bill are Rep. Shelley Berkley (D-Nev.), who was diagnosed with osteoporosis more than a decade ago, and Rep. Michael C. Burgess (R-Tex.), a physician who has treated patients with the condition. "Osteoporosis and related bone diseases pose a public health issue of enormous pro-

portions, affecting millions of Americans and costing billions of dollars," Rep. Burgess said in a statement.

Kidney Data Beating Schedule

Incidence and prevalence data for end-stage kidney disease in the United States will be available online from the U.S. Renal Data System a year earlier than usual, the National Institute of Diabetes and Digestive and Kidney Diseases announced. The data, available online at www.usrds.org/qtr/qtr_report_table_new.html, will be updated every 3 months and will show quarterly counts of patients. "These tables provide preliminary estimates, which may change minimally as additional updates become available," said Paul W. Eggers, Ph.D., director of the institute's kidney and urology epidemiology programs. "However, these frequent updates will allow researchers to see and investigate trends sooner than previously possible." The first of the new tables shows incidence and prevalence counts through December 2008. Previously, incidence and prevalence data had been made available only through yearly updates of the USRDS Annual Data Report. Because that report includes detailed information from multiple sources, it has typically lagged about 18 months while data are merged and verified.

HHS Eyeing Imaging Pay

Some time during the current fiscal year, the Department of Health and Human Services' Office of Inspector General

will start reviewing Medicare's Part B payments to physicians for imaging services. The focus will include "the physician professional cost component, malpractice costs, and practice expense," according to the OIG. For each service, staff will determine whether the payment "reflects the actual expenses incurred and whether the utilization rate reflects current industry practices." The agency also will investigate diagnostic x-rays performed in emergency departments. Imaging there has increased, said the OIG, and in 2007 had cost Medicare about \$207 million in physician payments. The report on imaging in emergency departments is due within the year, but the overall imaging report is not expected until FY2011, said the OIG.

Practice Revenues Decline

Medical practice revenues fell in 2008, possibly because of declining patient volumes and payments from people in financial hardship, according to the Medical Group Management Association. Medical practices responded by trimming overhead costs more than 1%, but that wasn't enough to offset shrinking revenues, the MGMA found in its yearly practice-cost survey. Multispecialty group practices saw a 1.9% decline in total medical revenue in 2008, with substantial drops in both the number of procedures and the number of patients. Bad debt in multispecialty group practices from fee-for-service charges increased 13% from 2006 to 2008.

—Joyce Frieden