

Medical Schools Boast Biggest Enrollment Ever

This was the fourth consecutive year of an increase in applicants, after a 6-year decline in applications.

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The number of students entering medical school this fall—17,759—is the largest ever, according to the Association of American Medical Colleges.

While that number represents only a 2.3% increase from the previous year, there was an 8% increase in applicants, with 42,300 seeking to enter medical school in 2007. It was the fourth consecutive year in which the number of applicants was on the rise, after a 6-year decline.

In a briefing with reporters, AAMC President Darrell G. Kirch said that the continuing increase in applicants and enrollees shows “that the interest in medicine runs very strong in our country.”

Applicants and enrollees are more diverse than ever, according to the AAMC. While the number of applicants who identified themselves as white or white combined with another ethnicity—26,916—still dwarfs other races, there was an increase in the number of minority applicants. There were 2,999 applicants who identified themselves as Latino or Hispanic alone or in combination with another race, 3,471 African American/combo applicants, and 9,225 Asian/combo applicants.

The number of black and Hispanic male applicants rose by 9.2%, which was larger than the growth of the overall applicant pool, according to the AAMC. Ultimately, black male acceptance and enrollment increased by 5.3%, and Hispanic male acceptance remained even with 2006 levels.

There was an almost-even split among men and women applicants and enrollees. Men slightly edged out women, accounting for 51% of applicants and 51.7% of enrollees.

Eleven of the 126 medical schools increased class size by more than 10%: Michigan State University (47% increase), Texas A&M University System (24%), University of Arizona (22%), Florida State University (19%), Emory University (14%), Mount Sinai School of Medicine (14%), University of California, Davis (13%), Joan C. Edwards School of Medicine at Marshall University (12%), and Drexel University, Howard University, and University of Minnesota (10% each). Some of the increase in enrollment came through added capacity—both Michigan State and Arizona opened additional campuses.

Six universities are currently seeking accreditation for a medical school, said Dr. Kirch.

The rise in applicants and enrollment

represents some light at the end of the tunnel, he said. The AAMC and other organizations have warned of looming physician shortages. Depending on the estimates used, there will be a shortfall of 55,000-90,000 physicians across all specialties by 2020.

The AAMC has pushed for a 30% increase in enrollment by 2015, said Dr. Kirch. He acknowledged that it can be difficult to accurately predict shortages, noting that medical school enrollment has waxed and waned over the years.

Even so, despite the many current challenges of being a physician—including a patchwork health care system and unpredictable reimbursement picture—it’s still seen as an attractive career choice, Dr. Kirch said. “What I think is most striking here is to see the draw that medicine still has despite those environmental forces,” he said. “I personally view this as a reflection that there are few careers that can be as meaningful, as fulfilling as pursuing medicine,” he added. ■

Health Care Safety Net Being Stretched to Breaking Point

BY JOEL B. FINKELSTEIN
Contributing Writer

WASHINGTON — Community health centers, public hospitals, and other safety net providers are seeing a steadily growing number of low-income patients, while specialty care for these patients is becoming scarce, according to the results of a biennial national survey conducted by the Center for Studying Health System Change.

“The saga continues with rising demands and expectations on safety net providers. They have, lucky them, solidified their lock on the uninsured market in most of our communities,” Robert Hurley, Ph.D., of the department of health administration at Virginia Commonwealth University, Richmond, said at a conference sponsored by the Center for Studying Health System Change (HSC).

For example, despite strong growth in the capacity of community health centers across the country, many still are overwhelmed not only by uninsured patients and immigrants but also, increasingly, insured patients.

“[The number of] private insurance patients [is] growing at twice the rate of the general population growth in health centers,” said Daniel Hawkins, senior vice president at the National Association of Community Health Centers.

Health centers have absorbed a 60% increase in patients since 2001 and are now seeing 16 million patients a year.

“The privately insured patient popula-

tion is over 2.1 million out of those 16 million. It’s literally one of every six health center patients,” he said.

High-deductible and cost-sharing policies are a big part of that, but so is paltry coverage, Mr. Hawkins said.

Community health centers are also struggling to meet the demand for specialty care, which has grown scarce for low-income patients in the 12 communities surveyed by HSC.

Despite strong growth in capacity, many community health centers still are overwhelmed not only by uninsured patients but also, increasingly, by insured patients.

“If you looked at our communities, virtually every one of our communities, and looked at the needs for specialty care for the Medicaid as well as the uninsured populations, if you took away the employed positions in safety net hospitals and the faculty positions in the academic health centers, specialty care would not be available,” Dr. Hurley said at a conference to release the findings of the most recent center survey.

The lack of other sources of care is especially acute in the area of mental health. The number of such visits to community health centers has more than doubled over the past 5 years.

“Wellness care [and] well-child care immunizations are the most common reasons for visits to a health center, but diagnostically, it’s diabetes, hypertension, and mental health,” said Mr. Hawkins. “It’s not schizophrenia; it’s not psychoses; it’s all the stress, anxiety, and depression that goes with trying to keep a roof over the family’s head and put food on the table when you’re making seven bucks an hour,” said Mr. Hawkins. ■

Employers Push Consumerism Despite Lack of Enthusiasm

BY JOEL B. FINKELSTEIN
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WASHINGTON — Consumer-directed health plans remain popular with large companies despite a lack of enthusiasm among their workers, according to the results of a biennial national survey.

“Employers and health plans continue to be ... quite optimistic about the future for these plans despite the fact that to this point enrollment growth has been possibly slower than expected,” Jon Christianson, Ph.D., said at a conference sponsored by the Center for Studying Health System Change (HSC).

In the interview-based survey conducted in 12 communities across the country, researchers working with HSC found that cost-sharing arrangements continue to be popular, although growth in the level of cost sharing has begun to level off. For most large companies, health care spending is rising at a slower rate than 4 years ago so that there is less pressure to share the pain. Some employers also reported that they have pushed cost sharing as far as they can.

“We were told by some employers—not a large number, but some employers—that they felt that they had moved deductibles up to the point ... where any further increases they could contemplate probably wouldn’t have much of an impact on utilization and in changing people’s decision making,” said Dr. Christianson, professor of health policy and management at the University of Minnesota, Minneapolis.

However, employers increasingly are encouraging their workers to make lifestyle changes that will potentially improve their health and reduce their need for medical services. Companies also are

urging health insurers to provide more price information so that their workers can make informed decisions about health care when they do seek it.

That said, “There’s still very little evidence on return on investment” on health promotion and price transparency, said Debra Draper, Ph.D., an associate director at HSC. “Employers really believe that these are the right things to do for their employees. And for some employers, setting up these types of tools is ... an interim step toward implementing tools like consumer-directed health plans.”

Insurers simply respond to market demand, said Karen Ignagni, president and CEO of America’s Health Insurance Plans, an industry trade group.

“Our job is to be agnostic about what people purchase. Our job is to offer a portfolio of products so that we can be nimble enough to give purchasers the alternatives that they want and consumers the alternatives they want,” she said at the conference.

Both employers and employees want lower premiums. To get there, health plans are developing strategies that involve not only penalizing individuals who fail to take steps to manage their chronic conditions but also rewarding those who maintain good health, Ms. Ignagni said.

“The good news is that health insurance premium growth has slowed for the fourth consecutive year. That is a very significant accomplishment,” she said. “And the reason for that is that we’ve been looking very carefully on plan data on disease management and on care coordination. We can see that plans are now documenting reduced [emergency department] visits and days per thousand in the hospital.” ■