

NEWS

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Physician Shortage Threatens Patient Access, Quality *WHA Report provides recommendations, options for increasing physician supply*

MADISON (November 29, 2011)----- Health reform and the aging of Wisconsin's population are two factors driving what could be an unprecedented demand for health care and fueling a physician shortage in the state.

A new report released today by the Wisconsin Hospital Association entitled, "100 New Physicians a Year: An Imperative for Wisconsin," raises concerns that a physician shortage is looming, unless aggressive action is taken now to avert a statewide crisis. And action must come soon—for every year that no action is taken, the shortage of physicians becomes more acute.

Health reform will have a dramatic impact on the physician workforce. The Congressional Budget Office (CBO) estimates that nationally, over 30 million more adults and children will gain access to coverage. Recruitment of physicians from other states, historically a key source for new physicians, will be much more difficult for Wisconsin providers because of the pressure in other states to provide care to more people.

Changes in the way health care is delivered will also be precipitated by health reform as "medical homes" are established to coordinate a patient's care, which also increases the need for more primary care physicians.

"Health reform has the potential to make it even more difficult for Wisconsin to compete for physicians as all states will find they cannot keep up with their communities demand for medical services," according to WHA President Steve Brenton. "If we do nothing, we will not have enough physicians."

The report's lead author, George Quinn, WHA's senior policy advisor, said while there is a universal need for more family medicine physicians, there are pockets in Wisconsin where specialists are now in short supply, a condition that will worsen in the future.

"We've had a very good recruiting year at Affinity. So, why are we concerned?" said Mark Kehrberg, MD, senior vice president and chief medical officer at Affinity Health System in Menasha. "We were fortunate this year but that is not always the case. We have had shortages in infectious and pulmonary disease specialists. We are located in the area of Wisconsin with the third largest population, so we need more specialists and primary care physicians to match the needs of our aging population."

Kehrberg, a member of the WHA Task Force that worked on the report, said, "We have to be precise and recruit the right number of physicians in the right specialties to the right locations. We can't afford to get it wrong because a full 15-20 percent of those physicians are needed in rural areas. We must start planning now and continue our efforts well into the future."

Charles Shabino, MD, WHA senior medical advisor, said Wisconsin's two medical schools—the University of Wisconsin School of Medicine and Public Health (UWSMPH) and the Medical College of Wisconsin (MCW)—educate and graduate 340 medical students each year. Only 36-40 percent of those graduates stay in Wisconsin.

“We need to bring in about 900 new doctors a year, and now we're only getting about 150 of those from our own medical schools,” according to Shabino. “We currently import 720 out-of-state physicians each year. The good news is we have been relatively successful at doing that. The bad news is, going forward, the demand for physicians nationally is going to hurt our ability to recruit.”

The report cautions that unless Wisconsin is able to recruit 100 more physicians, over and above the number of physicians that are currently coming into or staying in the state after completing a residency, Wisconsin will quickly fall behind. If that happens, the wait to see a physician could be longer in all areas of the state, but rural settings and inner city Milwaukee will be hardest hit.

Report Offers a Roadmap to a Solution

The report, already vetted and approved by WHA's board and shared with stakeholders, suggests that there is no "magic bullet" that will meet the daunting challenge of addressing a conservatively estimated shortfall in Wisconsin of 2,000 physicians by 2030. Specific issue areas that will address the challenge are identified and specific solutions are discussed. The issue themes include:

- Increasing the number of slots available in Wisconsin for physicians to complete a medical residency. The best predictor of where a physician will locate a practice is where he or she completes a medical residency. Nearly half of the physicians locate in the same state—often in the same town—where they complete a residency.
- Increasing medical school class size and admitting more in-state students to Wisconsin's medical schools. If a medical student is in-state and if they complete a residency here, nearly 70 percent stay and practice medicine in Wisconsin.
- Consider forgiving medical school tuition expenses and tuition-related debt as an incentive to practice in Wisconsin.
- Improving the coordination of health care delivery across care settings and moving toward a multi-disciplinary team approach to ensure that patients have access to the level of care they need, when and where they need it.

Rural, Inner City Areas Most at Risk

St. Clare Hospital in Baraboo runs a family practice rural residency program. Their experience has shown that this model is successful in keeping physicians in rural communities.

“I like to live 'rural' and so I think it is important that we have someone to take care of the people in our communities. The workforce shortage is magnified for the rural and inner city areas of the state,” according to St. Clare President Sandy Anderson. “Thanks to our commitment to our rural residency program, 84 percent of the physicians who complete a residency with us stay in the Baraboo area.”

“Wisconsin is a national leader in many aspects of health care,” Anderson said. “It is time for us to step up and be a leader in the education and training of our future physicians.”

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