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## How to Fix The Doctor Shortage

*Congress needs to ensure we're cared for by more than an insurance card and an answering machine.*

By DARRELL G. KIRCH

Congress is poised to pass a health-care overhaul that would expand insurance coverage to 31 million Americans, but will the newly insured have a physician to care for them?

Our nation currently faces a shortage of physicians expected to worsen as the number of people over age 65 (who use more than twice the health care of younger adults) doubles. Even with significant changes to the health-care delivery system and improved prevention, the United States will face a shortage of more than 125,000 physicians in the next 15 years—a daunting problem considering that we only train about 27,000 new doctors a year. In addition, the U.S. Department of Health and Human Services (HHS) estimates that at least 16,000 more primary care physicians are needed today.

The shortage of primary care physicians and other health professionals is further complicated by an overall physician shortage in most areas of the country. In 2001, new patients were forced to wait an average of eight days to see a family or general practitioner. Overall wait times for all physicians reached almost 15 days that year. Without significant increases in the number of doctors, these delays will only get worse.

On average, it takes three to seven years to fully train a new physician through a process known as residency training (the graduate medical education that all physicians must undergo after eight years of college and medical school). While U.S. medical schools are working to increase their classes by 30%, these new medical school graduates will not increase the nation's overall supply of physicians, or even have a residency position in which to train, unless the government lifts the cap on residency training slots it pays for that was imposed as part of the Balanced Budget Act in 1997.

The doctor shortage affects primary care as well as many medical specialties, even without an expansion of health insurance. According to HHS, overall demand for physician services will increase an estimated 22% between 2005 and 2020, while the number of primary care physicians will increase by only 18% during this period. Worse, the supply of some doctors (such as urologists and general surgeons) is expected to shrink over this period despite the government's assessment that the need for almost all types of physicians will continue to grow. Researchers have suggested that only one specialty, general pediatrics, will have a supply of physicians greater than the demand for their care. But even this surplus seems highly improbable to those of us with children who already have difficulty obtaining timely appointments.

The U.S. health work force has been rightly criticized because the percentage of physicians in primary care is lower than in most of the developed nations to which we often compare our health system. This is a problem many see as directly related to poor reimbursement for primary care services. Yet the number of formally trained family physicians

(doctors who care for patients of all ages) doubled between 1985 and 2004, and we still remain without enough doctors in primary care and many other medical fields.

The physician shortage is, in part, a result of expectations in the 1990s that managed care and primary care would greatly drive down the need for physicians, particularly specialists. However, these expectations fell short against the rising needs of an aging, growing population that has high expectations of its health-care system.

Today, the overall number of physicians in the U.S. is lower than the average per capita number of doctors in other nations such as Sweden, Denmark, Spain and France, and we now "import" some 25% of our physicians from other countries. While expansions of U.S. medical schools can close this part of the gap, the overall per capita supply of doctors in the country will decline without an expansion in the number of residency training positions. This expansion will not occur unless Medicare resumes paying for its share of training costs.

Because it takes so long to train a new physician, Congress must lift the freeze on support for medical training now, as part of health-care reform. While the cost to add new physicians is significant, it is less than 1% of current Medicare expenditures and an essential investment if people are to have timely access to a physician's care, not just the promise of insurance coverage. Even those who expect the U.S. health-care system to be transformed in the next decade know that wishful thinking cannot provide the care they and their families will need.

Congress is right to expand insurance to as many Americans as possible. But it also has a responsibility to ensure that the nation is cared for by more than an insurance card and an answering machine.

**Dr. Kirch is president and CEO of the Association of American Medical Colleges.**

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