

Book: *Will the Last Physician in America Please Turn Off the Lights?*

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Book Review

The best discussion that I've ever seen of America's doctor shortage is *Will the Last Physician in America Please Turn Off the Lights* by Merrit, Hawkins and Miller. It is certainly true that America is now facing a serious shortage of physicians, and the authors help us to understand why. They describe the "dirty dozen" reasons for the looming shortage:

1. *The Experts Were Wrong!* - planning in the 1980's by the Graduate Medical Education National Advisory Committee was just wrong! Their projections of an oversupply of physicians, particularly specialists were completely off base, and this led to bad decisions and bad public policy on funding for medical education. Several reasons for the mistaken planning are addressed below.

2. *Managed Care* - the primary care "gatekeeper" role which was touted by managed care organizations in the 1980's was expected to dramatically limit patient access to various medical specialties, thereby reducing the need for specialists. That just didn't happen. Americans are very independent sorts, and they have found all sorts of creative ways to get access to the care they want. Demand for specialists has actually dropped very little under managed care.

3. *We are Still Training the Wrong Kinds of Doctors* - specifically about 68% of doctors in the US are specialists, 32% generalists such as Family Practitioners and Pediatricians. Health system experts are in agreement that the mix should be much closer to 50% specialists and 50% generalists.

4. *The Age Wave* - To quote the authors, "we're getting older, and fatter, and there's more of us!" All true, and that leads to the need for more medical care and more doctors. Another paper which appeared in **Executive** presents the details on the Age Wave phenomenon.

5. *Young Doctor Kildare is Not So Young Anymore!* - As the US population ages, doctors are aging right along with it, and that means retirement for more and more of America's doctors.

6. No More Slave Labor - Very good and appropriate rules were put into place in this country in 2002, limiting the working hours of residents in training to 80 hours per week. Prior to these rules, many residents were working well over 100 hours per week. These new rules are very important for patient safety, and the well-being of doctors in training, but they do reduce the availability of doctors in larger communities.

7. It's a Woman's World - The large number of women entering the practice of medicine has been a truly positive thing for patient care, but one reality which goes with this trend is that female physicians on average work about 18% fewer hours than their male counterparts. So, if we are just counting doctors without taking actual work hours into account, we will wind up with a shortage of coverage.

8. Foreign Medical Graduates - Foreign medical graduates account for about 25% of all practicing physicians in the US. They fill an important need. The issue with foreign medical graduates however, is that they commonly establish practice in rural areas strictly to fulfill their immigration Visa requirements, and then immediately leave the rural area as soon as they have the permanent Visa in hand. This results in great dissatisfaction in small town America, and causes a constant need to be recruiting doctors, many of whom will not stay in the community.

9. Docs are Filling Out Forms, Not Seeing Patients - It's true, and I see it in my own clinic every day. Doctors now spend so much time on paperwork that their ability to care for patients is reduced.

10. Medical Practice Has Changed - This I have also seen very clearly at my own hospital. On average, young doctors just can't see as many patients as the older doctors that they are replacing. This mostly has to do with the process of care which physicians are now taught to utilize. It may actually be better, but it clearly decreases the doctor's ability to see large numbers of patients in a day.

11. Technology Drives Demand - As high-tech medicine has reached smaller and smaller communities, the patient demand to utilize this technology has clearly grown. CT scan and MRI are two classic examples, areas in which Medicare spending is up 100% since 1993. Meanwhile, we have not trained enough radiologists to interpret all of these exams.

12. Maldistribution - Part of the problem is the sheer shortage of doctors, but another aspect is definitely where the doctors are practicing. To take the extremes, in Massachusetts, there are 448

doctors per 100,000 population. In my home state of Oklahoma, there are only 184 doctors per 100,000 population.

All of these are factors, but the bottom line is that America will experience a shortage of nearly 200,000 doctors by the year 2020.

What to Do?

So, we have both a shortage and a maldistribution of doctors in America, and the shortage is going to be severe by the year 2020. What can we do to make more doctors available to US Citizens.

1. Salary Levels are Not the Problem - American physicians earn more than doctors anywhere else in the world. Physicians in training have been interviewed on this issue, and salary levels are not the problem. What is part of the problem is the disparity between specialist salaries and primary care salaries. Consider the following 2004 data for average annual physician earnings:

Anesthesia -	\$305,000.00
Cardiology -	\$292,000.00
Emergency Medicine -	\$236,000.00
Family Practice -	\$146,000.00
General Surgery -	\$248,000.00
Internal Medicine -	\$162,000.00
Neurology -	\$191,000.00
OB/GYN -	\$242,000.00
Oncology -	\$276,000.00
Pediatrics -	\$144,000.00
Radiology -	\$317,000.00
Urology -	\$277,000.00

One key to addressing the physician maldistribution problem will be to establish more parity in salaries. Currently you can see why young doctors would look favorably on a specialty career versus primary care!

The marketplace will take care of some of this, but community hospitals will need to swallow hard in the years ahead and pay family doctors salaries more comparable to specialists in order to promote entry into primary care.

2. Funding for Training - based upon really bad information and bad planning, the federal funding for medical education programs in this country was severely cut in the Balanced Budget Act of 1997. That funding must be restored, period. Also, foundations and other private funding sources need to be educated about the problem and tapped for resources.

3. Public Education - Medicine is Still a Great Career! - A major push is needed from healthcare organizations across the nation to educate young people about the fact that medicine is still a great career.

4. Malpractice Reform - One of the real deterrents to entering the practice of medicine is the terrible malpractice problem which we face in the US. Ridiculously huge settlements and jury awards in malpractice cases have caused many of our best and brightest students to consider other careers. The authors of *Will the Last Physician in America Please Turn Off the Lights* point out that the number one frustration expressed by current physicians is "malpractice worries." Some states have passed meaningful malpractice reform which limits jury awards and punishes frivolous suits, and this is a positive step. We need to take the bright red bullseye off the doctor's back in order to stimulate entry into medicine.

5. Better Reimbursement for Primary Care, Especially Rural Primary Care - You will recall from a prior lecture that states like mine, Oklahoma, have far too few doctors, just 184 doctors per 100,000 population. And Mississippi is worse, with just 181 physicians per 100,000. Meanwhile, New York and Maryland have 409 and 406 doctors per 100,000 population respectively. We must provide an incentive for doctors to work in rural areas, and better payments from Medicare and Medicaid would be a good start.

6. Less Regulation - One of the reasons cited by doctors for leaving practice, and by students for choosing other fields, is the tremendous administrative burden placed on doctors. When I was personally considering career options, a senior physician at my hospital said, "gosh don't go into medicine, it is becoming nothing but a public utility, with all the government paper that goes with it." We must streamline bureaucracy related to medicine and return our focus to the care of patients.

7. Faculty Wanted! - A key to expanding the capacity of American medical education is to cultivate more medical faculty, which is mostly an issue of funding. Academic medicine has an appeal to young doctors, and they will consider medical teaching careers, but they will not accept

a 50% pay cut to do it! Faculty salaries must approximate practice salaries, and currently they do not.

All of these things can help, and public outcry will also help, but it will come too late, when patients are standing in long lines for care, like those seen in Canada and Great Britain. The US healthcare industry, and government leaders, need to understand the physician shortage which is looming, and take action now to ensure that American's have good access to medical care in the decades ahead.