Why student-loan forgiveness is making primary care more attractive

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The U.S. physician shortfall could reach as high as 122,000 doctors by 2032, say estimates issued by the Association of American Medical Colleges this spring. As many as 55,200 of these could be primary care physicians, pointing to the need to better understand what drives medical school graduates to choose one specialty over another.

A recent study of graduating osteopathic medical students starts to do just that, indicating that increased educational debt directly influences physician practice choices while student-loan repayment and forgiveness programs can encourage new physicians to choose primary care specialties.

The AMA’s Specialty Guide is designed to simplify medical students’ specialty selection process, highlight major specialties, detail training information and provide access to related association information. It is produced by FREIDA™, the AMA Residency & Fellowship Database®.

The study, “Role of Debt and Loan Forgiveness/Repayment Programs in Osteopathic Medical Graduates’ Plans to Enter Primary Care,” was published this spring in the Journal of the American Osteopathic Association. Researchers analyzed about 13,000 American Association of Colleges of Osteopathic Medicine survey responses collected between 2007 and 2016 from pending osteopathic medical school graduates on the topic of indebtedness and specialty selection.

The researchers’ logistic regression analysis found that osteopathic graduates making use of a loan-forgiveness or repayment program were likelier to choose primary care compared with their counterparts not taking advantage of such programs. In 2007, for example, the odds ratio for selecting a nonprimary care specialty among those enrolled in a loan-forgiveness or repayment program was 0.681. The odds ratio remained at 0.607 or higher for the remainder of the study period.

The “analysis showed that incentives to enter primary care can substantially help shape graduates’
choices,” says the study, written by senior author Kenneth G. Poole Jr., MD, of the Mayo Clinic in Scottsdale, Arizona, along with physician colleagues from Mayo, University of Kansas Medical Center, Arizona College of Osteopathic Medicine and University of Texas Southwestern.

Loan-forgiveness and repayment programs, such as Public Service Loan Forgiveness and the National Health Service Corps, provide debt relief in exchange for working at nonprofit public service organizations or in medically underserved areas. Many of these programs are only available in primary care fields.

“Our results showed that during a 10-year period (2007–2016), graduates of colleges of osteopathic medicine have increasingly anticipated practicing in primary care,” the study says. “These results affirm a reversal of the previous downward trend for primary care as a specialty choice by osteopathic graduates, which was lowest around 2007, and show that the osteopathic medical profession is successfully increasing the numbers of osteopathic” primary care physicians.

Osteopaths as bellwethers

The experiences of osteopathic medical students in particular may provide insights into the effects of student-loan debt on practice patterns. The average medical education debt for 2016 osteopathic graduates was more than $240,000, compared with $180,000 for graduates from allopathic institutions—reflecting increases of 16.9% and 14%, respectively, from 2011.

In addition, graduates of osteopathic medical schools historically have tended to choose primary care specialties at a higher rate than medical students completing allopathic undergraduate training. More than half of osteopaths practice in primary care, compared with one-third of allopaths.

The study authors noted several limitations to their study, including vulnerability to response bias, lack of analysis of intent to use loan-forgiveness or repayment programs by specialty, and the absence of demographic information that could influence practice type.

The AMA has policy outlining actions to take to address medical education costs and student debt. These include advocating expansion of federal scholarship and loan-repayment programs, pushing for legislation and regulation to create favorable terms and conditions for borrowing and repayment, and working with state medical societies to advocate the creation of tuition caps or predefined tuition increases.

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