America needs more doctors

- America’s increasingly aging population, combined with an expected 250,000 physicians to retire within this decade, is creating a physician shortage\(^1\)
- The Association of American Medical Colleges projects a 130,000+ physician shortage nationally by the year 2020\(^1\)
- Expanding insurance coverage without increasing the physician workforce will not increase access to high-quality health care

How do we make doctors?

- Physicians in the United States generally spend at four years completing their undergraduate education, and an additional four years completing their medical school education
- Medical school graduates must complete residency training in the United States, in the specialty of their choice
  - This can take generally anywhere from 3-8 years, and possibly more, depending if the physician chooses to subspecialize and pursue a fellowship\(^2\)
- Residency training, and potential fellowship training, is known as Graduate Medical Education (GME), or the education a newly-minted physician must complete after he or she graduates from medical school
- Resident physicians work between 40-80 hours per week and make wages equivalent to $13 an hour, serving our communities and our patients\(^2\)

Why is GME important to addressing our doctor shortage?

- Anticipating the impending physician shortage, in 2006, the Association of American Medical Colleges recommended medical schools increase their student enrollment by 30%\(^3\)
- While the total number of medical schools rose from 125 in 2002 to approximately 140 today, there has been little increase in the number of residency training positions\(^3\)
- Since medical school graduates must complete a residency to practice in the United States, increasing medical school enrollment without increasing residency (GME) positions will not address the physician shortage
- In 2013, 20,164 U.S. medical students graduated and 26,504 enrolled. In that same year, 26,392 first year residency positions were offered\(^4\)
  - American medical school graduates who are unable to find a residency position will have a medical degree, but no path in place to practice medicine in the United States

Why are residency positions not increasing?

- A significant proportion of GME funding comes from Medicare\(^4\)
- Since 1997, the funding provided to GME from Medicare has been capped\(^2\)
- Since the Balanced Budget Act of 1997, the number of residency positions has increased approximately 1% from 2001-2010\(^3\)

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Why GME is valuable to our patients?

- Residents serve at teaching hospitals, which account for
  - 78% of all burn care units
  - 63% of pediatric intensive care units
  - 82% of Level 1 trauma care
  - 68% of surgical transplant services
- Teaching hospitals provide for our most vulnerable
  - 29% of all Medicaid hospitalizations
  - 40% of all charity care, at a cost of $8.3 billion annually
  - Residents also provide a disproportionate amount of care to low-income Medicare patients

What can we do?

- Oppose any efforts that will reduce federal support for Graduate Medical Education (GME)
- Support the bipartisan CARE ACT

What is the CARE Act?^5

- Introduced by Rep. Kathy Castor (D-Florida) and Joe heck (R-Nevada)
- Would create a $25 million grant program through the Centers for Medicare and Medicaid Services (CMS), allowing hospitals to apply for matching funds to support new GME positions
- Would direct money where it’s needed most
  - Only public or nonprofit teaching hospitals or accredited GME training programs in a state with fewer than 25 medical residents per 100,000 people would be eligible for funding
    - This would mean 16 states—including Mississippi, Wyoming, Idaho and Florida—would be eligible for funding
  - Would reimburse up to 2/3 of the cost for primary care residency training programs, and ½ for all other specialties

Resources

1. [https://www.aamc.org/advocacy/campaigns_and_coalitions/fixdocshortage](https://www.aamc.org/advocacy/campaigns_and_coalitions/fixdocshortage)
2. [http://savegme.org/](http://savegme.org/)
5. [https://www.congress.gov/113/bills/hr4282/BILLS-113hr4282ih.pdf](https://www.congress.gov/113/bills/hr4282/BILLS-113hr4282ih.pdf)