

## Physician Shortage Series I of III: U.S. Primary Care Shortage Continues

With an aging baby boomer population and millions of Americans newly streaming into the healthcare marketplace with the advent of healthcare reform and insurance marketplaces, the primary care shortage in the United States is becoming more critical than ever. One cause of the ongoing shortage does not appear to be due to lagging medical school admissions, but rather a bottleneck in the number of U.S. residency slots available each year, approximately 113,000 as of 2012.<sup>1</sup> While the causes and factors affecting this bottleneck are multi-factorial, finding a solution has become increasingly urgent since the physician shortage became evident in 2006.

One of the factors often cited as responsible for the lack of growth in residency slots is the failure of the government to increase funding for additional positions; the government subsidizes approximately \$10.1 billion in residency positions each year, which has not changed since funding was capped by the Balanced Budget Act of 1997.<sup>2</sup> The most recent attempt to increase Graduate Medical Education (GME) financial support was declined during discussions of the Affordable Care Act (ACA).<sup>3</sup> Some states that are harder hit than others, e.g., Texas, have increased state spending to subsidize additional GME-funded residency slots to help narrow the gap between the number of medical school graduates and available in-state residency positions.<sup>4</sup> The Association of American Medical Colleges has called for a 15% increase in Medicare funding of additional GME positions to help meet the physician shortage needs in the next decade.<sup>5</sup>

Another issue affecting available residency positions includes the disproportionate number of primary care to specialty training positions. As hospitals are not regulated by law on the types of residencies they provide, “[t]he types of residencies with the most growth...[are] more often in the lucrative specialties that America’s fee-for-service billing system rewards.”<sup>6</sup> Moreover, fewer medical students are becoming primary care physicians, with only 25 percent of medical students choosing to practice in the primary care field.<sup>7</sup> While the U.S. will face a significant shortage of both primary care physicians and specialists (an estimated 45,000 and 46,000 by 2020, respectively), with the expected influx of elderly and uninsured individuals into the healthcare system over the next few

years, it is primary care physicians who will likely face the greatest increase in burden.<sup>8</sup>

In addition to fewer residents entering the primary care field, the current population of primary care providers is aging, as 23.1 percent of primary care physicians are age 55 to 64, and 25.2 percent are between age 45 and 54.<sup>9</sup> These proportions are significant as more physicians are planning to retire earlier, according to a study conducted by The Physicians Foundation.<sup>10</sup> Over half of the 13,575 physicians surveyed plan to reduce the number of patients seen, start working part time, retire, or otherwise reduce their workload.<sup>11</sup>

Without hope of additional federal government investment on the horizon, the medical industry has turned to non-physician (midlevel) providers in some areas to help fill the gap in primary care. Many other allied health professionals historically used to perform some tasks now handled by physicians, and the healthcare system may benefit from restoring a more traditional scope of practice for some of these workers.<sup>12</sup> In addition, several stakeholders have commented on the utility of licensed independent professionals (LIP), i.e., physician assistants and nurse practitioners, in providing primary care services in lieu of a physician. While non-physician providers have supplemented, and in some areas, replaced physician care, oftentimes in rural or underserved areas, there has been ongoing debate on the risks and benefits of supplementing versus replacing physician care with alternate LIP services.<sup>13</sup> Leaders in the healthcare industry are also looking to innovate the way in which primary care is delivered, e.g., through nurse-managed health centers and patient-centered medical homes.<sup>14</sup>

It is possible that a combination of potential solutions, including increasing funding for residency slots, and supplementation with non-physician providers, will be enough to bolster the primary physician workforce. It remains to be seen whether these stopgaps will be sufficient to address the impending influx of patients into the healthcare system.

The subsequent articles in this series will examine the potential physician shortages in surgical and non-surgical specialties in an era of reform in the U.S. healthcare industry.

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- 1 "Solving the Shortage in Primary Care Doctors" By Catherine Rampell, The New York Times, December 14, 2013, [http://www.nytimes.com/2013/12/15/business/solving-the-shortage-in-primary-care-doctors.html?\\_r=0](http://www.nytimes.com/2013/12/15/business/solving-the-shortage-in-primary-care-doctors.html?_r=0) (Accessed 1/8/14).
  - 2 *Ibid*, by Catherine Rampell, December 14, 2013.
  - 3 "The Residency Mismatch," by John K. Inglehart, The New England Journal of Medicine, July 25, 2013, Vol. 369, No. 4, p. 298.
  - 4 *Ibid*, by John K. Inglehart, July 25, 2013, p. 298.
  - 5 "Physician Shortages to Worsen Without Increases in Residency Training," by the Association of American of Medical Colleges, p. 1.
  - 6 *Ibid*, by Catherine Rampell, December 14, 2013.
  - 7 "Toward Graduate Medical Education (GME) Accountability: Measuring the Outcomes of GME Institutions," by Candice Chen, et al., Academic Medicine, Vol. 88, No. 9 (September 2013), p. 1271.
  - 8 *Ibid*, by the Association of American of Medical Colleges, p. 1.
  - 9 "Physician Characteristics and Distribution in the US," by the American Medical Association, 2013, p. 284.
  - 10 "A Survey of America's Physicians: Practice Patterns and Perspectives," By Merritt Hawkins, To The Physicians Foundation (September 2012), p. 7-8.
  - 11 *Ibid*.
  - 12 "3 Ways to Fix the Primary Care Shortage Without Adding Physicians," by Heather Punke, ASC Communications, November 5, 2013, [www.beckershospitalreview.com/hospital-physician-relationships/3-ways-to-fix-the-primary-care-shortage-without-adding-physicians/print.html](http://www.beckershospitalreview.com/hospital-physician-relationships/3-ways-to-fix-the-primary-care-shortage-without-adding-physicians/print.html) (Accessed 12/16/13).
  - 13 Refer to "Nurse Practitioners Seek Expansion in Scope of Practice," by Health Capital Consultants, Health Capital Topics, September 2013, Vol. 6, Issue 9, p. 1.
  - 14 "Nurse-Managed Health Centers And Patient-Centered Medical Homes Could Mitigate Expected Primary Care Physician Shortage," by David I. Auerbach, et al., Health Affairs, Vol. 32, No. 11 (November 2013), p. 1933.



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**Robert James Cimasi**, MHA, ASA, FRICS, MCBA, AVA, CM&AA, serves as Chief Executive Officer of **HEALTH CAPITAL CONSULTANTS (HCC)**, a nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, MO, serving clients in 49 states since 1993. Mr. Cimasi has over thirty years of experience in serving clients, with a professional focus on the financial and economic aspects of healthcare service sector entities including: valuation consulting and capital formation services; healthcare industry transactions including joint ventures, mergers, acquisitions, and divestitures; litigation support & expert testimony; and, certificate-of-need and other regulatory and policy planning consulting.

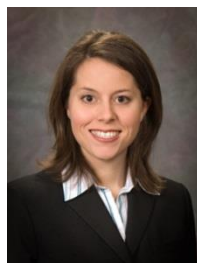
Mr. Cimasi holds a Masters in Health Administration from the University of Maryland, as well as several professional designations: Accredited Senior Appraiser (ASA – American Society of Appraisers); Fellow Royal Intuition of Chartered Surveyors (FRICS – Royal Institute of Chartered Surveyors); Master Certified Business Appraiser (MCBA – Institute of Business Appraisers); Accredited Valuation Analyst (AVA – National Association of Certified Valuators and Analysts); and, Certified Merger & Acquisition Advisor (CM&AA – Alliance of Merger & Acquisition Advisors). He has served as an expert witness on cases in numerous courts, and has provided testimony before federal and state legislative committees. He is a nationally known speaker on healthcare industry topics, the author of several books, the latest of which include: *“Accountable Care Organizations: Value Metrics and Capital Formation”* [2013 - Taylor & Francis, a division of CRC Press], *“The Adviser’s Guide to Healthcare”* – Vols. I, II & III [2010 – AICPA], and *“The U.S. Healthcare Certificate of Need Sourcebook”* [2005 - Beard Books]. His most recent book, entitled *“Healthcare Valuation: The Financial Appraisal of Enterprises, Assets, and Services”* will be published by John Wiley & Sons in the Fall of 2013.

Mr. Cimasi is the author of numerous additional chapters in anthologies; books, and legal treatises; published articles in peer reviewed and industry trade journals; research papers and case studies; and, is often quoted by healthcare industry press. In 2006, Mr. Cimasi was honored with the prestigious *“Shannon Pratt Award in Business Valuation”* conferred by the Institute of Business Appraisers. Mr. Cimasi serves on the Editorial Board of the Business Appraisals Practice of the Institute of Business Appraisers, of which he is a member of the College of Fellows. In 2011, he was named a Fellow of the Royal Institution of Chartered Surveyors (RICS).



**Todd A. Zigrang**, MBA, MHA, ASA, FACHE, is the President of **HEALTH CAPITAL CONSULTANTS (HCC)**, where he focuses on the areas valuation and financial analysis for hospitals and other healthcare enterprises. Mr. Zigrang has significant physician integration and financial analysis experience, and has participated in the development of a physician-owned multi-specialty MSO and networks involving a wide range of specialties; physician-owned hospitals, as well as several limited liability companies for the purpose of acquiring acute care and specialty hospitals, ASCs and other ancillary facilities; participated in the evaluation and negotiation of managed care contracts, performed and assisted in the valuation of various healthcare entities and related litigation support engagements; created pro-forma financials; written business plans; conducted a range of industry research; completed due diligence practice analysis; overseen the selection process for vendors, contractors, and architects; and, worked on the arrangement of financing.

Mr. Zigrang holds a Master of Science in Health Administration and a Masters in Business Administration from the University of Missouri at Columbia. He is a Fellow of the American College of Healthcare Executives, and serves as President of the St. Louis Chapter of the American Society of Appraisers (ASA). He has co-authored *“Research and Financial Benchmarking in the Healthcare Industry”* (STP Financial Management) and *“Healthcare Industry Research and its Application in Financial Consulting”* (Aspen Publishers). He has additionally taught before the Institute of Business Appraisers and CPA Leadership Institute, and has presented healthcare industry valuation related research papers before the Healthcare Financial Management Association; the National CPA Health Care Adviser’s Association; Association for Corporate Growth; Infocast Executive Education Series; the St. Louis Business Valuation Roundtable; and, Physician Hospitals of America.



**Anne P. Sharamitaro**, Esq., is the Executive Vice President & General Counsel of **HEALTH CAPITAL CONSULTANTS (HCC)**, where she focuses on the areas of Certificate of Need (CON); regulatory compliance, managed care, and antitrust consulting. Ms. Sharamitaro is a member of the Missouri Bar and holds a J.D. and Health Law Certificate from Saint Louis University School of Law, where she served as an editor for the Journal of Health Law, published by the American Health Lawyers Association. Ms. Sharamitaro has presented healthcare industry related research papers before Physician Hospitals of America and the National Association of Certified Valuation Analysts and co-authored chapters in *“Healthcare Organizations: Financial Management Strategies,”* published in 2008.