

Surgical Shortages Worsen

In an era of healthcare reform, the demand for physicians is increasing, exacerbated by an aging *Baby Boomer* population and an influx of millions of newly insured patients entering the healthcare market as a result of *Medicaid expansion* and the *health insurance exchanges*. The first installment in this three part series on physician shortages discussed the continuing primary care shortage in the United States, due to an aging physician population; a bottleneck in the number of U.S. residency slots; and, fewer residents entering the primary care field. Similar to primary care statistics, surgical specialties are experiencing critical shortages. Despite efforts through research institutes and the *Patient Protection and Affordable Care Act (ACA)* to address the surgical shortage problem, studies suggest that this trend will continue.

Surgeon supply increased 53 percent from 1981 to 2006, due in part to the rise of surgical subspecialties,¹ but is projected to decrease 18 percent over the next 10 to 15 years,² creating a shortage of 46,000 surgeons and specialists by 2020.³ One possible reason for this shortage is that 34 percent of general surgeons are currently age 55 and over,⁴ creating a trend of more surgeons leaving the market (i.e., retiring) than entering it. All surgical specialties are expected to decline, with the exception of colorectal, pediatric, and vascular surgery.⁵ One of the most critical surgical specialty shortages is in thoracic surgery, as over 48 percent of thoracic surgeons are currently over the age of 55.⁶

In an effort to explore and develop policies to counteract the worsening shortage of surgeons, the Association of American Medical Colleges established the Health Policy Research Institute (ACS HPRI) in 2008, which aims to create a clearer understanding of where disparities in access to surgeons and surgical care are most prevalent.⁷ The institute tracks the number of surgeons in each county in the country and any trends in surgeon supply,⁸ and found that 29.2 percent of counties lost 10 percent or more of their general surgeons between 2006 and 2011.⁹ Moreover, 30 percent of U.S. counties lacked a general surgeon in 2011.¹⁰ The surgical supply's uneven geographic distribution seems to mirror the overall economic trends in those regions. The areas likely to be most significantly impacted by the surgical shortage are the rural counties in the middle of the U.S., i.e., from North Dakota to Texas, where state population and/or employment numbers are

decreasing.¹¹ Surgeons may be responding to these downward economic trends and choosing to relocate to more prosperous areas.

In addition to the HPRI's efforts, the *Patient Protection and Affordable Care Act (ACA)* includes two provisions that aim to increase the supply of general surgeons.¹² One provision established the "*Surgical Incentive Payment Program (HSIP)*," which provides a 10 percent bonus to general surgeons who perform major surgeries in a health professional shortage area (HPSA) through December 31, 2015.¹³ Additionally, Section 5503 reallocates a portion of unused residency positions to hospitals that meet certain criteria (e.g., located in a rural area or meets a certain ratio of HPSA population to general population),¹⁴ and requires that 75 percent of these redistributed residency positions be used in primary care or general surgery.

Despite the government and private sector's efforts to curb the decreasing numbers of surgeons in the healthcare industry, the surgical supply is expected to decrease in the face of increasing demand from newly insured and aging patients requiring surgical interventions.

¹ "Longitudinal trends in the U.S. surgical workforce, 1981-2006," Stephanie Poley, et al., *Bulletin American College of Surgeons*, Vol. 94, No. 8 (2009), p. 27.

² "Projecting Surgeon Supply Using a Dynamic Model," Erin P. Fraher, et al., *Annals of Surgery*, Vol. 257, No. 5 (May 2013), p. 869.

³ "Physician shortages to worsen without increases in residency training," Association of American Medical Colleges Center for Workforce Studies, www.aamc.org/download/286592/data/physicianshortage.pdf (Accessed 2/11/14).

⁴ "Physician Characteristics and Distribution in the US," American Medical Association, 2013, p. 9.

⁵ *Ibid*, Erin P. Fraher, et al., May 2013, p. 869.

⁶ *Ibid*, American Medical Association, 2013, p. 9.

⁷ "The importance of surgical workforce maps" By Thomas Ricketts III, Chantay Moye, and Dana Halvorson, *Bulletin American College of Surgeons*, Vol. 98, No. 1 (Jan. 2013), p. 225.

⁸ *Ibid*.

⁹ "Counties that Saw a Decline of 10% or Greater in General Surgeon to Population Ratio, 2006-2011," Association of American Medical Colleges established the Health Policy Research Institute, <http://www.acshpri.org/documents/GenSurgChngMaps06-11.pdf> (Accessed 2/11/14), p. 3.

¹⁰ "The ACS HPRI: Shaping surgical workforce policy through evidence-based analyses," By Erin P. Fraher, et al., *Bulletin American College of Surgeons*, Vol. 96, No. 5 (May 2011), p. 235.

¹¹ *Ibid*, Thomas Ricketts III, Chantay Moye, and Dana Halvorson, Jan. 2013, p. 227.

¹² “Physician Supply and the Affordable Care Act” By Elayne J. Heisler, Congressional Research Service, Jan. 15, 2013, p. 17.

¹³ “Physician Bonuses,” Centers for Medicare & Medicaid Services, [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HPSAPSAPhysicianBonuses/index.html?redirect=/hpsapsap)

[Payment/HPSAPSAPhysicianBonuses/index.html?redirect=/hpsapsap](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HPSAPSAPhysicianBonuses/index.html?redirect=/hpsapsap) physicianbonuses/ (Accessed 2/11/14).

¹⁴ “Direct Graduate Medical Education (DGME),” Centers for Medicare & Medicaid Services, Jan. 30, 2014, <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/dgme.html> (Accessed 2/11/14).



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