One Nation: To meet demand, up to 90,000 more doctors needed by 2025

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In the case of the U.S. healthcare industry, one pervasive issue that continues to rear its head is the industry’s acute shortage of physicians.

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By 2025, the Association of American Medical Colleges (AAMC) expects demand for doctors to exceed available supply.

That means the country will need by anywhere between 46,000 to 90,000 more doctors by 2025. Nevada alone will need to increase its number of physicians by 46 percent just to reach the national rate of 327 doctors per 100,000 people, according to 2014 physician workforce report from the University of Nevada School of Medicine.

Such forecasts are bad news for everyone, including millennials, whose increased entry into the health care system is expected to coincide with the first decrease seen in the number of doctors per patient in generations.

The shortage is an old problem that is also seeing new challenges.

The Affordable Care Act, a politically charged topic even before the run-up to this year’s presidential election, is already making an impact on physician shortages. Of the 17 percent increase in doctor demand projected by the AAMC, President Barack Obama’s signature healthcare initiative is expected to account for 2 percent of the growth due to its expansion of Medicaid and healthcare coverage.

“You’ve always had the fact that the population is growing, which has been causing a (physician) shortage problem,” said John Packham, director of health policy research for the University of Nevada School of Medicine. “Of course, with the ACA, you now also have more people with insurance in their back pocket, and those people will be using more health services.”

A CASE STUDY FOR SHORTAGE

Nevada serves as a very good case study of a state hit especially hard by the brunt of the nationwide shortage in physicians.
From 1980 to 2012, the state tried to tackle the problem by increasing its number of physicians by more than 425 percent, growing its doctor ranks from 147 per person to 223 per person, according to a University of Nevada School of Medicine report. Such efforts, however, still weren’t enough. During the same period, Nevada’s rank among U.S. states for its physician-to-population ratio actually fell from 36th to 47th despite the increase. Currently, Nevada has 224 doctors per person, which is significantly below the national average of 327 per person.

A severe recession that began in 2007 placed a huge speed bump in front of what used to be the fastest growing state in the U.S. Add one of the worst collapses of the real estate bubble seen nationwide and Nevada found itself bleeding about 175,000 jobs.

"Our state has reinforced our traditional industries and diversified our economy in a meaningful way,” said Gov. Brian Sandoval. “This news is another indication that Nevada is moving in the right direction.”

The direction includes high-profile economic development wins in the greater Reno area. These include what's poised to be the largest data center in the world with the Switch SuperNAP Tahoe Reno Industrial Campus as well as Tesla Motors’ $5 billion Gigafactory. Tesla’s 10 million-square-foot battery plant alone is projected to create thousands of jobs in the coming years, which is good for the economy. All those new jobs, however, will have a huge affect on the region’s ongoing doctor shortage crisis as well.

“Everybody is thrilled that Tesla is coming to Northern Nevada but good luck to those parents of kids who need a pediatrician when they all get here,” Packham said. “I don’t mean that in a doom and gloom way … but we already have a shortage to begin with and I think the healthcare system will be even more stressed.”

FILLING THE SHORTAGE GAP

In order for Nevada to simply approach the national average for its number of doctors per person in the state, it will need to add more than 2,800 physicians to its 6,100 or so doctors practicing in the state, according to the University of Nevada School of Medicine report.

Getting to that point, however, is easier said than done. The number of residencies available, for example, are a key part in addressing any doctor shortage, especially given how physicians are more likely to practice in the area where they trained. Nevada's rate of 10 residents per 100,000 people, however, places it 46th in the nation.

Recently, the state invested $10 million in graduate education. The goal behind the move was to specifically shore up the number of residencies available in the state, Sandoval said. Nevada is also opening a new medical school in the Las Vegas area.

"It's all hands on deck," Sandoval said. "Believe me, I'm more than aware of our challenges."

A big part of the challenge is addressing the growth that is expected for the region. Forecasts from groups such as the Economic Development Authority of Western Nevada, for example, project that the greater Reno area alone is expected to add 50,000 jobs in the next five years. EDAWN is responsible for recruiting companies and promoting the region to businesses out of state.

"When you look at reports from EDAWN and other organizations and the projected growth in the next five years, the number of new primary care physicians needed to meet demand is going to be pretty significant," said Ty Windfeldt, vice president of Renown Health, the largest healthcare network in Northern Nevada. "Access is not at the level that it needs to be."

Renown has been part of a multi-pronged approach between the state, its universities and its healthcare providers and institutions to shore up not just the doctor shortage issue but a projected increase in retiring older physicians as well. In the last three decades, Nevada saw a significant graying of its physician population. According to the University of Nevada School of Medicine, the number of doctors in the state age 65 or older jumped from 16 percent in 1992 to 25 percent in 2012.

Examples of moves done so far include increasing the number of graduates, residencies and training combined with more recruitment. Nevada also changed its laws, including one that allows nurse practitioners to operate more independently in order to help ease the demands on doctors.
Results so far have been mixed depending on the profession. The state's ranking for dentists for example, improved from 50th to 34th, Packham said. Even after bolstering its ranks for nurses by 7,000, however, the state continues to be in the bottom of the rankings for its number of registered nurses. Packham also pointed to an increase in the number of advanced nurse practitioners from 355 to 901 between 2004 and 2014.

“I’m a college football addict so I love rankings,” Packham said. “But I would caution people not to get too hung up on the (healthcare personnel) rankings because they can miss the progress we’ve made.”

Don Rowes, chief medical officer of Prominence Health Plan, wonders whether the whole shortage issue needs to be approached from a different vantage point. Rowes is pushing for greater education of patients, citing initiatives such as his company’s “Prominence Academy” to reduce the number of unnecessary doctor visits that waste time and money. Rowes realizes it might sound self-serving for an insurance company to promote fewer doctor visits. Waste and inefficiencies in healthcare, however, is a real issue, he said.

“Is there really a shortage or is there over-utilization (of medical services)?” Rowes said. “I’m not trying to to keep consumers from utilizing their health plan but if they do utilize it, they need to use it efficiently and effectively because most consumers don’t.”

If the doctor shortage is going to be solved, however, it won’t just be through brute manpower. One reason many healthcare advocates are looking forward to the impact of millennials is because their penchant for technology and convenience could ultimately lead to changes in the industry’s structure.

About 3 in 4 millennials, for example, expressed interest in using mobile apps from their healthcare provider to manage their health, review records and make appointments, according to a Salesforce survey. About 63 percent would be willing to proactively send their health data over WiFi or through a wearable device so their doctor can monitor their care. Such moves could improve efficiency in what many see as an inefficient system.

“There’s no question we could be a lot more efficient than we are,” said Dr. Daniel Spogen, who chairs the University of Nevada School of Medicine’s family medicine department. “We’ve really developed a fragmented healthcare system where the nurse practitioners are doing their own thing and the physicians are doing their own thing and the clinical groups are doing their own thing.

“As we move forward, we need to be a lot more coordinated where you have more defined teams that use everybody’s skill set.”

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Jason Hidalgo, USA TODAY NETWORK