The Physician Shortage Crisis

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Introduction

The fluctuations in the demand and provision of physicians arise every 10 to 20 years. This fluctuation entails either a surplus of physicians in the field or an extreme shortage. The Council on Graduate Medical Education (COGME) keeps the government apprised of these fluctuations. A report by COGME warned about a shortfall of approximately 95,000 physicians by the year 2020, whereas the most recent report by the Association of American Medical Colleges (AAMC) has predicted that by the year 2034, the United States would face a physician shortage ranging from 37,800 to 124,000. This shortfall can be attributed to several reasons and may lead to significant problems in healthcare provision (AAMC, 2021; Feldstein, 2015). This research paper aims to define physician shortage and identify its prevalence in different areas of health care. The paper further analyses the impact of the nursing shortage on the shortage of physicians while highlighting the long-term and short-term consequences of this problem.

Physician Shortage

In the simplest terms, physician shortage can be described as the insufficiency of trained physicians required for the treatment of patients in need of medical attention. Various approaches are adopted to ascertain whether a shortage exists. One of these approaches uses value judgment to determine the physician-to-population ratio. The main consideration of this approach is to determine the number of people requiring care and the number of physicians suitable for the population. It draws a comparison of the existing physician-to-population ratio with the future requirements of the physician-to-population ratio. The second approach is the market for physician services, which examines the market needs. If the demand for a particular healthcare service exceeds its supply, it is regarded as a shortage. This shortage is linked to the market price of services and may be temporary. Additionally, the economic shortage may occur due to the fee regulations imposed by the government, which renders the physicians unable to raise their charges in response to the rise in demand for their services.

Extent of Shortage

The problem of physician shortage is not limited to a single domain of health care, rather it is a problem encompassing the entire profession. There is, however, an increased shortage of primary care physicians who are giving up primary care because of low compensation. Additionally, new enrollments for primary care specialists are decreasing due to their low income in comparison to

other medical specialities. The projected supply-to-demand shortage is estimated at 46,000 to 90,000, including 12,500 to 31,100 primary care physicians and 5,100 to 12,300 medical specialists. The shortage of surgical specialists is estimated to be between 23,100 and 31,600, while the shortage of other specialists falls between 2,400 and 20,200 (AAMC, 2021; COGME, 2018). While the shortage is predicted for different areas of the profession, the impact of the primary care shortage is assumed to be considerably high.

Nursing Shortage

Although nursing is one of the fastest-developing occupations in the United States, there is a huge shortfall of qualified nurses. Various reasons can be attributed to this shortage, such as an increase in the ageing population, a lack of nurses' educators, and increased turnover. The shortage of trained nurses has a significant impact not only on patient care but also on physician shortage. This shortage adds to the work pressure on physicians, making them overworked and stressed. Although in some states across the US, nurse practitioners are taking up the duties of primary care, it raises the question of equal compensation. Nurses believe that they can provide better quality examinations and consultations than physicians; therefore, under the fee-for-service model, independent nurses and physicians are considered competitors. This leads to an increased strain on the economic aspects of health care.

Short-Term Consequences of Physician Shortage

In the private market, a shortage of physicians to meet the healthcare requirements of patients leads to certain short-term consequences. It will lead to an increased number of patients in need of health care. Additionally, it will create difficulties in scheduling appointments and lead to increased wait times. It may benefit the physicians by improving their bargaining power, thereby putting them in a better position to increase their fees. To increase productivity, hiring can be improved to meet the shortfall, consequently reducing the shortage. The increase in compensation of private market physicians will impact the public market as fewer Medicare and Medicaid patients will be attended to. Physicians' interests would be more toward the high-paying private patients and will continue until the government provides better compensation.

Long-Term Consequences of Physician Shortage

The long-term consequence of physician shortage in the private market is an increased rate of return due to physicians demanding higher compensation. With an increase in return in one area, the demand may rise for another. This may lead to increased demand for the medical profession and residency positions. This could lead to medical institutions accommodating the increased demand for enrollment, which would allow more graduates to enter the market and ultimately eliminate the

shortage. However, if the new demand for enrollment is not met, physicians will continue to achieve high returns. In the public market, in contrast, the shortage can prevail over a long time due to insufficient government fees. It may lead to wrongful billing issues, increased wait time, and patients turning to private health care providers.

Strategies for Decreasing the Demand for Physician Services

The three strategies that can be implemented to lower the demand for physician services are as follows:

- The first approach is to alter the patient incentives by revising the cost of low-value services. By decreasing the price of these low-value services and requiring a copayment, awareness can be created among patients about the cost of service and ultimately decrease its usage.
- The second approach pertains to a shift from a fee-for-service system to a broader payment system. This will change the way physicians approach health care and increase their innovation. They would be less likely to adopt high-cost approaches, especially for the chronically ill. This will lead to better identification of high-risk patients and the management of their symptoms before the occurrence of a costly episode.
- The third approach is somewhat controversial, and it is based on the reliance of healthcare on government-recommended guidelines. Physician compensation would be based on the use of outlined protocols of patient care.

Approaches to Increase Physician Supply

The three approaches that can be used to increase the supply of physician services are outlined as follows:

- Launching new medical schools and increasing the enrollment capacity of the existing institutions can increase the supply of physician services. Since the duration of training a primary care physician is 12 years, steps must be taken to somewhat reduce this period of education.
- The second approach is that productivity is boosted by reliance on less trained personnel, i.e., the physician extenders who may perform medical tasks as and when appropriate.
- The third approach to increase the supply of physician services is by ensuring technological advancements in the field. This would enable the physician’s office to manage the number of patients effectively and in a time-efficient manner. Physicians can involve patients in self-monitoring of symptoms by prescribing health care applications and medical devices.

References

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