



Joseph E. Kerschner, MD

## Helping to Alleviate the Projected Physician Shortage

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The United States is facing a shortage of up to 122,000 physicians by 2032, according to a recent study by the Association of American Medical Colleges (AAMC). The projected shortfall includes both primary care and specialty care physicians. Major factors underlying these predicted shortages include continued population growth and an increase in the proportion of adults over the age of 65.<sup>1</sup>

While medical schools have increased enrollment by nearly 30% since 2002, the federally imposed cap on support for graduate medical education (GME) – which has been effectively frozen since 1997 – is a major stumbling block in helping to alleviate this shortfall. Thus, the increase in medical school graduates will do little to help meet the growing demand for physician services.<sup>2</sup>

The AAMC notes that fixing the doctor shortage requires a multipronged approach, including team-based care to enhance treatment, better use of technology to ensure more effective and efficient care, and groundbreaking research to drive discovery and expand knowledge.<sup>2</sup>

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Perhaps most importantly, however, is finding ways to increase GME positions to augment the overall number of physicians trained in the United States annually. I am pleased that the AAMC – of which I will become chair of the board of directors in November 2019 – is work-

ing. The House of Representatives Health, Education, and Labor Committee passed a health care package that, among other things, will help the US train more physicians to tackle the opioid crisis by adding 1,000 Medicare-supported GME positions over the next five years in hospitals that have, or are in the process of establishing, accred-

Thirty-seven percent of medical school graduates from Wisconsin's two medical schools remained in the state for residency, while about 45% remained here after residency training.

ing closely with elected officials to address this important issue.

Some progress has been made – although much more is needed. The Veterans Access, Choice and Accountability Act of 2014 directed the Department of Veterans Affairs (VA) to create 1,500 medical residency positions from July 1, 2015 through 2024, with a focus on primary care, mental health, and other specialties deemed appropriate by the VA Secretary – as well as in rural or otherwise underserved areas. As of February 2018, almost 550 new VA residency positions had been created – 70% of which were in primary care or mental health.<sup>3</sup>

Another critical step toward increasing much needed GME positions occurred in late June 2019 when the House Ways and Means

Committee passed a health care package that, among other things, will help the US train more physicians to tackle the opioid crisis by adding 1,000 Medicare-supported GME positions over the next five years in hospitals that have, or are in the process of establishing, accred-

ited residency programs in addiction medicine, addiction psychiatry, or pain management.<sup>4</sup> It is hoped this legislation will attain further support in Congress and the White House to achieve its intended purpose.

Further, the bipartisan Resident Physician Shortage Reduction Act of 2019 has been introduced in Congress to provide Medicare support for an additional 3,000 new residency positions each year over the next five years.

Leaders at the Medical College of Wisconsin (MCW) and the VA, as well as our partners and elected officials in the state of Wisconsin, have moved quickly to take advantage of these opportunities to increase GME spots. As discussed in the December 2016 issue of the *WMJ*, in May 2016, MCW received initial

accreditation from the Accreditation Council for Graduate Medicine Education (ACGME) for two new four-year psychiatry residency programs attached to our regional medical school campuses in central and northeastern Wisconsin.

These new programs, which were launched

## In total, 70% of all physicians who both attended medical school in Wisconsin and then completed residency in Wisconsin remained in the state to practice.

in July 2017, are training three residents per year in central Wisconsin and four residents per year in northeastern Wisconsin.<sup>5</sup> Our efforts are already bearing fruit, as four medical school graduates from our Milwaukee campus and two medical school graduates from our regional campus in Green Bay are currently psychiatry residents in these new GME programs. Further, MCW has added GME positions through the VA program in cardiovascular, emergency medicine, gastroenterology, general surgery, hematology/oncology, nephrology, neurology, and pulmonary/critical care. In total, including the psychiatry residencies mentioned above, the VA has added 18 full-time equivalent (FTE) positions – with additional slots expected shortly.

Additionally, in late 2016, MCW received ACGME initial accreditation for a new residency program in family medicine in the Milwaukee area, which will begin to alleviate the current deficit of nearly 200 family medicine/primary care physicians in Wisconsin as well as a projected deficit by 2035 of nearly 750.<sup>6</sup>

This new MCW family medicine residency program, which began on July 1, 2017, is training six residents per year over a three-year period – for a total of 18 new residents in place once the program is up to full speed. The residencies themselves are being undertaken at Froedtert Community Memorial Hospital in Menomonee Falls under the direction of the MCW Department of Family and Community Medicine. Seven MCW-Milwaukee medical school graduates currently are residents in this new program.

We also are in the process of creating a

new family medicine residency program in Green Bay in conjunction with Prevea Health and Hospital Sisters Health System (HSBS) and have recruited a founding program director who will start around September 1, 2019.

When fully running, the program will train four

residents per year for three years, with the first residents expected to begin on July 1, 2021. The program will be funded in part by a new residency start-up grant from Wisconsin's Department of Health Services, state funds earmarked for MCW's family medicine GME development in northeast Wisconsin, and the two health care systems.

In addition to creating new residency programs, MCW continues to help alleviate the overall physician shortage in the state via our placement of undergraduate medical education (UGME) students into Wisconsin GME slots. According to the AAMC's 2017 biennial report on state-specific data about active physicians and physicians-in-training, 37% of medical school graduates from Wisconsin's two medical schools remained in the state for residency, while about 45% remained here after residency training. In total, 70% of all physicians who both attended medical school in Wisconsin and then completed residency in Wisconsin remained in the state to practice.<sup>7</sup>

MCW's success in growing both its UGME and GME programs and in placing its medical students in Wisconsin-based GME programs, therefore, is providing an answer for the state's physician shortage. This also is reflected in the fact that more than 50% all of Wisconsin physicians currently practicing in Wisconsin completed some of their training and education at MCW.

It is our expectation that our regional campus model, which strongly emphasizes Wisconsin residents with roots in this state, will have an even greater impact on our efforts to

alleviate Wisconsin's physician shortage. We look forward to providing additional data on these successes in the years to come.

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