

# ***The Sticky Wicket of Projecting Physician Workforce Needs***

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National Health Policy Forum  
Washington DC  
March 4, 2016

# Some Takeaway Messages from Erin Fraher

- *“Using models to stimulate policy discussions rather than the answer”*
- The importance of using scenarios
- The concept and use of “plasticity”
- Outcomes depend on the geographical unit of analysis and the types of workers included
- An example of applying a projections model to the current policy debate on GME

# Some Takeaway Messages from Kathy Kerscher

- Comprehensive range of services at many sites, even including 83 employer clinics, 4 in retail clinics and a psychiatric center
- *“50% of physician tasks today below their license”*
- Implementing an advanced model of care
- The growing role of teams
- Importance of administrators and clinicians working together

# Some Takeaway Messages from Steven Green

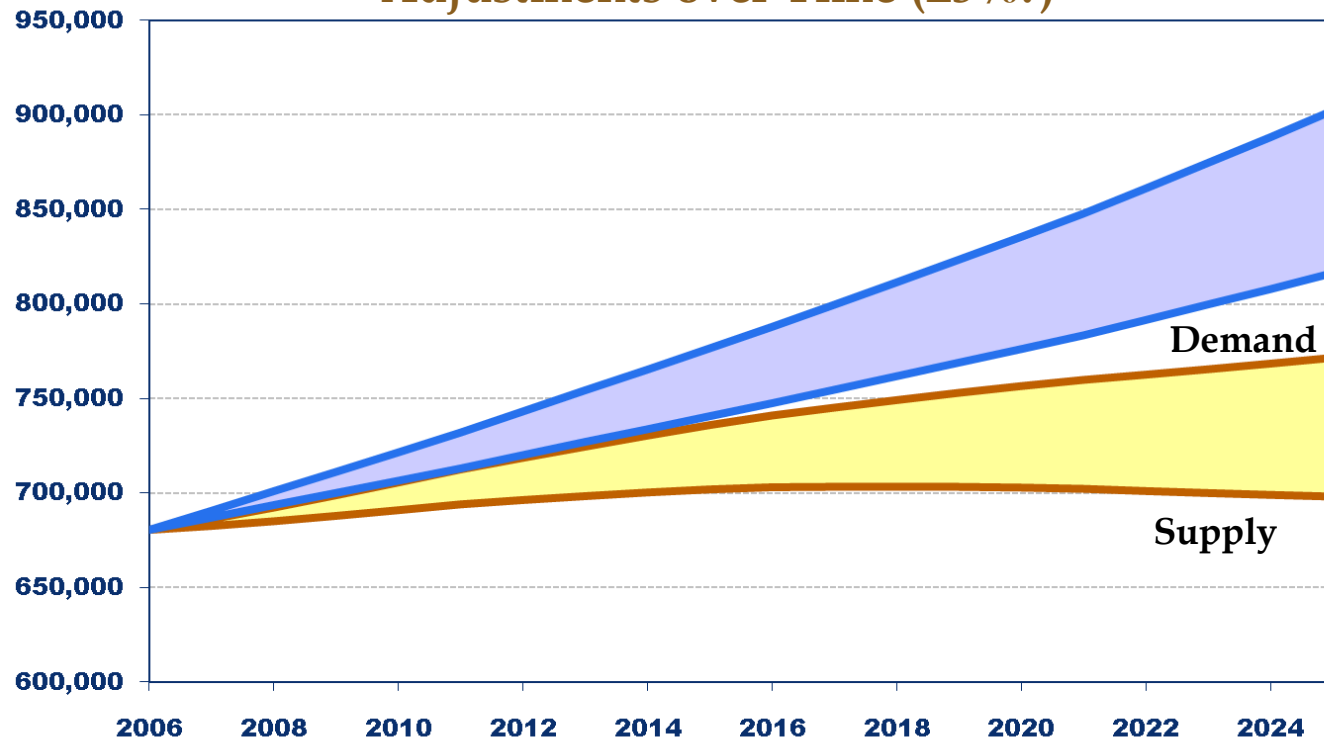
- 70% capitation
- Efforts and complexity of projecting workforce needs at the delivery system level
- Systematic efforts to use specialists appropriately
- Systematic efforts to assure evidence based medicine
- Shows potential to manage care/delivery system if you control the inputs and have the right incentives

# Other Observations

- Workforce projections needed to inform not only policies but also staffing decisions
- Health workforce central to the delivery transformation and the transformation will impact on how many of what types of health workers we will need
- The market place works relatively well (distributes 31,000+ physicians across 150+ specialties across the nation) but leaves serious gaps that must be addressed
- Projections must recognize that the health care system is dynamic: supply and demand are not static

# What Happens in a Shortage? Adaptations Occur

More Realistic Health Workforce Projections:  
Adjustments over Time ( $\pm 5\%$ ?)



# The Potential Impact of Effective Teams on Demand for Physicians

Impact of alternative staffing for PCMHs:

- If no delegation: 1 physician for 983 patients = 315,000 PC physicians; *Then significant shortage!*
- If significant delegation: 1 physician for 1,947 pts = 159,000 PC physicians; *Then significant surplus!*

\* “Estimating a Reasonable Patient Panel Size for Primary Care Physicians with Team Based Delegation”, Altschuler, Margolis, Bodenheimer and Grumbach; Annals of Family Medicine, Sept/Oct 2012

# Recommendations to Improve Accuracy of Future Projections (1)

- Support research on the impact of type of practitioner and staffing configurations on cost and quality
- Include alternate scenarios in projections
- Physician projections must consider the increasing role of other clinicians and delivery redesign
- Projections must show distributional impacts: a single number for the nation is not particularly helpful



# Recommendations to Improve Accuracy of Future Projections (2)

- Develop a more sophisticated concept of shortage that incorporates a sense of extensiveness such as the use for categories of hurricanes
- Recognize that good health and quality of life is dependent on more than medical care. The delivery system and workforce of the future must include health, social services and social supports.

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