Primary Care for Older Patients Will Get Scarcer

C R Y S T A L  C I T Y ,  V A .  —  International medical graduates have become an integral part of providing medical care in federally designated physician shortage areas. Compared to U.S.-trained physicians, IMGs are more likely to provide more (overall) medical care to populations living in primary care shortage areas as well as to minorities, immigrants, patients in poor areas, and Medicare recipients, said Esther Hing of the National Center for Health Statistics, in Hyattsville, Md.

Ms. Hing and her colleague Susan Lim, Dr.P.H., studied 2005-2006 data from the National Ambulatory Medical Care Survey, which included information from 2,390 office-based physicians. Ms. Hing presented the survey results at the 2008 Physician Workforce Research Conference. The survey showed that IMGs make up 23% of office-based physicians. They also tend to be a little older than U.S.-trained doctors, with an average age of 52 years, compared with 50 years for U.S.-trained physicians. The racial and ethnic differences were more pronounced: 71% of U.S. medical graduates were non-Hispanic white, compared with 26% of IMGs. Asian/Pacific Islanders made up 32% of IMGs, compared with 5% of U.S. medical graduates. Hispanic and Latino physicians accounted for 7% of IMGs, compared with 2% of U.S. graduates.

More of the IMGs than U.S. medical graduates were working as primary care physicians—57% vs. 46%—a statistically significant difference, Ms. Hing noted. In addition, with IMGs also practiced more often in primary care shortage areas than did U.S.-trained physicians—87% vs. 79%. And IMGs were more likely to accept new patients and accept Medicaid. Only one-third of IMGs surveyed derived at least 20% or more of their incomes from Medicaid, compared with less than one-fourth of U.S.-trained physicians. "The U.S. health care system continues to rely on IMGs to address shortages in primary care," Ms. Hing said at the conference, which was sponsored by the Association of American Medical Colleges and Harvard Medical School. "The U.S. health care system faces challenges if the future supply and use of IMGs is constrained by recent changes in visa policy that reduce the number of incoming (medical graduates)."

Primary Care Shortage Data Reveal Some Surprises

C R Y S T A L  C I T Y ,  V A .  —  Suppose the federal government has designated your part of the state as a physician shortage area, but charges haven’t gone up and you still have lots of openings for new patients in your office. Does this mean there’s not a problem getting care?

Not necessarily, according to Carol J. Simon, Ph.D.

The usual symptoms of a “demand-driven” physician shortage are waits to see providers, new patients being turned away, and rising prices, Dr. Simon said at the 2008 Physician Workforce Research Conference. However, “we don’t see a lot of systematic evidence of demand-driven shortage in [federally] defined primary care shortage areas. What we do find... is a lot of evidence of inadequate demand—ability to pay and inability to access the care that patients may need.”

To find out more, Dr. Simon, vice president at the Lewin Group, a health care consulting firm, and her colleagues sent surveys to 2,834 primary care physicians in five states. The response rate was 60%.

According to their preliminary findings, 49% of respondents overall were accepting all new patients, while 44% accepted some and 7% accepted none. But in areas designated as having a primary care shortage, 71% of physicians were accepting all new patients, compared with only 34% of physicians in areas of high population growth and 52% of physicians in poor areas. (See box.)

As to the growth in physician incomes, the data were not consistent with a lack of constraints imposed on the conference, which was jointed by the Association of American Medical Colleges and Harvard Medical School.

Over a 3-year period, physician incomes dropped an average of 4% per year in shortage areas, compared with a 5% annual increase in high-growth areas and a decline of 1.6% per year in poor areas. Incomes of physicians practicing in designated shortage areas were found to be at 84% of the national average, compared with 107% for physicians in high-growth areas and 78% for physicians in poor areas.

The researchers also looked at an example of delayed follow-up care: follow-up exceeding 4 weeks for mild persistent asthma. There was little difference between the percentage of delayed follow-up in the designated shortage areas and high-growth areas, but poor areas had a slightly higher percentage. “It’s hard to tell whether this is evidence of capacity issues or [of] scheduling difficulties,” Dr. Simon said.

The results seem to suggest that in designated shortage areas, “the immediate need may be to bolster willingness and ability to pay for care,” she said. “Increasing supply alone in the absence of a basis for paying for care could threaten the financial viability of system providers.”

But in areas with high population growth, “there is indeed evidence of [lines], longer follow-up times, practices closed to new patients, and upward pressure on income and prices,” she said.

IMGs Fill Gaps in Primary Care Physician Shortage Areas

Most International Medical Graduates Work as Primary Care Physicians

International Medical Graduates

13% Surgical specialty
30% Medical specialty
57% Primary care

U.S. Medical Graduates

25% Surgical specialty
46% Primary care
29% Medical specialty

Note: Based on 2005-2006 data from the National Ambulatory Medical Care Survey for 2,390 physicians in office-based practices

Source: Ms. Hing

Source: Dr. Simon

Note: Based on a survey of 1,967 physicians.

Most Physicians in Primary Care Shortage Areas Are Accepting All New Patients

All areas
High population growth areas
Poor areas
Primary care shortage areas

49% 34% 52% 71%

Note: Based on a survey of 1,967 physicians.

Source: Dr. Simon

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