Physician Supply and Demand Through 2025: **Key Findings**

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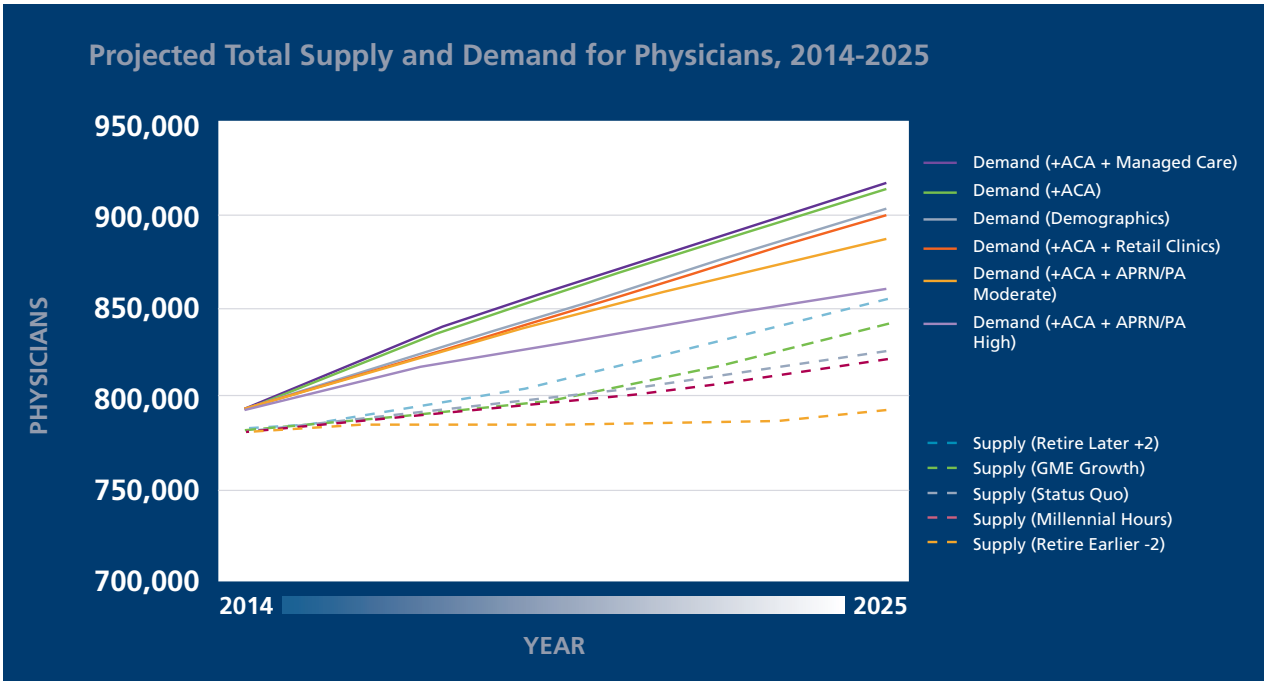
In April 2016, the economic modeling and forecasting firm IHS Inc. released *2016 Update: The Complexities of Physician Supply and Demand: Projections from 2014 to 2025*, a new study commissioned by the AAMC. Projections for individual specialties were aggregated for reporting into four broad categories: primary care, medical specialties, surgical specialties, and other specialties.[1] To reflect future uncertainties in health policy and patterns in care use and delivery, the study presents ranges for the projected shortages of physicians rather than specific shortage numbers.

Demand for physicians continues to grow faster than supply. Although physician supply is projected to increase modestly between 2014 and 2025, demand will grow more steeply.

- By 2025, demand for physicians will exceed supply by a range of 61,700 to 94,700. The lower estimate would represent more aggressive changes in care delivery patterns subsequent to the rapid growth in non-physician clinicians and widespread delayed retirement by currently practicing physicians.
- Total shortages in 2025 vary by specialty grouping and include:
  - o A shortfall of between 14,900 and 35,600 primary care physicians
  - o A shortfall of between 37,400 and 60,300 non-primary care physicians, including:
    - 3,600 to 10,200 medical specialists
    - 25,200 to 33,200 surgical specialists
    - 22,200 to 32,600 other specialists[2]
- Population growth and aging continue to be the primary drivers of increasing physician demand. By 2025, the U.S. population under age 18 is projected to grow by only 5%, while the population aged 65 and over is projected to grow by 41%. Because seniors have much higher per capita consumption of health care, the demand for physicians—especially specialty physicians—is projected to increase.



The total projected physician shortage persists under every likely scenario, including increased use of advanced practice nurses (APRNs) and physician assistants (PA), greater use of alternate settings such as retail clinics, delayed physician retirement, and rapid changes in payment and delivery (e.g., ACOs).

Addressing the shortage will require a multipronged approach, including innovation in delivery; greater use of technology; improved, efficient use of all health professionals on the care team; and an increase in federal support for residency training. The magnitude of the projected shortfalls is significant enough that no single solution will be sufficient on its own to resolve physician shortages.

Because physician training can take up to a decade, a physician shortage in 2025 is a problem that needs to be addressed in 2016.

The study is an update to last year's report. It incorporates the most current and best available evidence on health care delivery and responds to questions received after the release of the previous report. The AAMC has committed to updating the study annually to make use of new data and new analyses and take an active role in fostering the conversation around physician workforce projections modeling.

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1 Primary care consists of family medicine, general internal medicine, general pediatrics, and geriatric medicine. Medical specialties consist of allergy & immunology, cardiology, critical care, dermatology, endocrinology, gastroenterology, hematology & oncology, infectious diseases, neonatal & perinatal medicine, nephrology, pulmonology, and rheumatology. Surgical specialties consist of general surgery, colorectal surgery, neurological surgery, obstetrics & gynecology, ophthalmology, orthopedic surgery, otolaryngology, plastic surgery, thoracic surgery, urology, vascular surgery, and other surgical specialties. The other specialties category consists of anesthesiology, emergency medicine, neurology, pathology, physical medicine & rehabilitation, psychiatry, radiology, and all other specialties.

2 The range in the projected shortfall for total physicians is smaller than the sum of the ranges in the projected shortfalls for the specialty categories. The demand scenarios modeled project future demand for physician services, but scenarios can differ in terms of whether future demand will be provided by primary care or non-primary care physicians. Likewise, the range for total non-primary care is smaller than the sum of the ranges for the specialty categories.