Trends in Physician Demand

Truven Health Analytics research shows that physician productivity among those in Generation X (ages 34–49 in 2014) and the Millennial Generation (ages 18–33) is significantly less than the average productivity of retiring Baby Boomer physicians (ages 50–68). Replacing a Baby Boomer internist will require 1.6 younger physicians, while replacing a Baby Boomer pediatrician will require 2.0 younger physicians. Physician demand planning calls for staffing based on productivity, and organizations can’t assume that productivity will be the same from one physician to another. For this study, six markets that have different characteristics were selected from across the United States, including a range of city populations: San Francisco (825,863) and Sacramento (457,516) in California, which has highly managed payer and provider systems; Boston (636,479) in Massachusetts, where the legislature approved PPACA-like programs in 2006; Austin (842,592) and San Antonio (1,382,951) in Texas, which chose to not implement Medicaid expansion under PPACA; and Chicago (2,714,856) in Illinois, which chose to implement Medicaid expansion under PPACA.

PHYSICIAN DEMAND: ALL SPECIALTIES

While visits for all specialties are forecasted to grow approximately the same amount in Chicago (15.5%) and Boston (14%), we see that the increase in services in Chicago will require just over 3,400 more physicians and Boston will require just under 1,800 more physicians. The local market demand is influenced by the size of the population, the influx of the newly insured, and provider access.
PHYSICIAN DEMAND: CARDIOLOGY

While cardiology visits are forecasted to increase significantly in Austin, Texas (37.7%), only an additional 52 physicians will be needed to satisfy demand. The larger city of San Antonio will need about the same number of new cardiologists (53), although as a percentage, the increase in visits is not as great (26.6%).

- Net Growth for Physician Demand, 2013–2018
- Percentage of Visit Growth, 2013–2018

PHYSICIAN DEMAND: GENERAL, FAMILY PRACTICE

Although the increase in demand in general and family practice physicians is a slightly lower percentage than the overall demand for physicians, in terms of volume, this specialty is among those with the highest numbers of new physicians needed.

- Net Growth for Physician Demand, 2013–2018
- Percentage of Visit Growth, 2013–2018

PHYSICIAN DEMAND: OB-GYN

Demand for obstetricians is closely related to the number of childbearing women in the market. Texas, which has a younger demographic, will have a larger increase in visit growth than in Boston, which is an older market.

- Net Growth for Physician Demand, 2013–2018
- Percentage of Visit Growth, 2013–2018

PHYSICIAN DEMAND: EMERGENCY, CRITICAL CARE

For all cities studied, emergency and critical care visits are expected to see double-digit growth, mostly around 20%. In terms of physician demand, Chicago will need about 327 more specialists in this area. Visit growth is based on the market size, the aging of the population, the shifting payer mix, and the local provider community.

- Net Growth for Physician Demand, 2013–2018
- Percentage of Visit Growth, 2013–2018

PHYSICIAN DEMAND: INTERNAL MEDICINE

The demand for internal medicine specialists tracks closely to the percentage of expected physician visits overall. In terms of volume, this specialty is among those with the highest numbers of new physicians needed.

- Net Growth for Physician Demand, 2013–2018
- Percentage of Visit Growth, 2013–2018

PHYSICIAN DEMAND: ORTHOPEDIC SURGERY

The large and aging Baby Boomer population will drive the need for more orthopedic surgery. In most cases, the expected increase in patient visits for orthopedic surgeons exceeds the increases expected for all specialties.

- Net Growth for Physician Demand, 2013–2018
- Percentage of Visit Growth, 2013–2018