ONE CERTAINTY ABOUT THE FUTURE OF HEALTH CARE:

Not Enough Doctors (and, Maybe, Researchers)

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As of this writing, the Affordable Care Act (ACA) has survived efforts to repeal it, leaving the legislation, in the words of Speaker Paul Ryan, “the law of the land . . . for the foreseeable future.” That future may be closer than the Speaker imagined as reports are that President Trump is weighing whether or not to try yet again to repeal ACA. Physicians are known for reviving persons otherwise apparently deceased, so we will now have an opportunity to see if politicians can pull off Lazarus-like feats.

While waiting for a bit more clarity, it might be worth the effort to sort out what, if any, certainties there are that can help us to glimpse the future of health care. One seems fairly certain: there will be insufficient numbers of doctors to practice under whatever national system of health care is in effect.

The Association of American Medical Colleges (AAMC) recently announced the results of new research projecting the numbers of physicians in 2030, the time required to prepare doctors who start medical school today. The numbers are sobering. The overall shortage projected ranges between 40,800 and nearly 105,000 and is further refined into the following categories:

1) Primary care physicians: 7,300-43,100

2) Non-primary care doctors, including –

a) 1,300-12,000 medical specialists

b) 19,800-29,000 surgical specialists

c) 18,600-31,800 other specialists

The factors influencing the projections include the "aging" of the American population, somewhat more use of physician assistants and advanced practice nurses, care delivery in alternate settings, delayed physician retirement, and changes to delivery and payment practices.

A major contingency to any projections is the degree to which currently underserved populations – those in rural areas and persons of color – begin to match those of persons, respectively, living in metropolitan areas and whites. Should those changes occur (as might well be the case with a national health insurance policy), the numbers of physicians needed increase dramatically beyond the estimates provided by AAMC.

None of this touches directly on the number of medical researchers engaged in the sort of inquiry, including laboratory- and clinical studies, that produces advances in understanding of the causes of particular diseases, discovery of new forms of treatment, and insight into how changes in individual behavior can reduce the risk of illness and injury. The extent to which physicians engage in research varies considerably according to practice setting and the type of organization in which a physician works, but it is not too ambitious a conjecture to suggest that the pressure to deliver care and to prepare future doctors could "squeeze out" time for research.

At the same time, persons with Ph.D.'s rather than M.D.'s carry on substantial amounts of research bearing directly on medicine and care, so the demand for more physicians need not in and of itself predict a decline in research activity as physicians devote more time to providing care and training.

But here is where what happens with ACA or a successor national program could have an effect on research. If cuts, for example, such as those called for in President Trump's 2018 budget, were put into effect, the likelihood is that support for research and therefore research itself would be curtailed. But

even if such reductions in support for research are not enacted, the sheer demand from patients for care would likely serve to reduce the time and resources devoted to research.

Mr. Trump observed that “health care is complicated,” and he is right this time. And health care extends to research that can inform and improve care and, better still, prevent illness and injury. It would be a mistake to curtail medical and health research just at a time incredible advances in our knowledge are possible.