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Participating in the Webinar



Moderator:
Sumanth R. Daram, MD

All attendees will be muted and will remain in "Listen Only Mode"

Type your questions here so that the moderator can see them. Not all questions will be answered but we will get to as many as possible.

A handout with the slides and room to take notes can be downloaded from your control panel.

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ACG Virtual Grand Rounds

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Week 38 – Thursday, September 21, 2023
 AGA-ACG Clinical Practice Guideline: Pharmacological Management of Chronic Idiopathic Constipation
 Faculty: Lin Chang, MD, FACP
 Moderator: William D. Chey, MD, FACP
At Noon and 8pm Eastern





Week 39 – Thursday, September 28, 2023
 Identification & Management of Hereditary Pancreatic Cancer Risk
 Faculty: Bryson Katona, MD, PhD, CGAF, Beth Dudley Yurkovich, MS, MPH, CGC, CGAF
 Moderator: Thomas Slavin Jr., MD, FACMGG, DABCC, Veroushka Ballester, MD, MS
At Noon and 8pm Eastern

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Steven L. Carpenter, MD, FACP
Dr. Carpenter has no relevant financial relationships with ineligible companies.

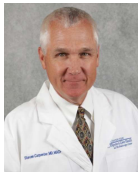


Sumanth R. Daram, MD
Dr. Daram has no relevant financial relationships with ineligible companies.

**All of the relevant financial relationships listed for these individuals have been mitigated*

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The Aging Gastroenterologist: Retire or Slow Down?



Steve Carpenter, MD, FACG
Center for Digestive & Liver Health
Mercer University School of Medicine
Savannah, GA

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Growth in U.S. population

U.S. Census Bureau estimates

- 328.2 million in 2019
- will grow to 363.0 million by 2034

22.9 million (66%) is growth in the number of people age 65 or older.

U.S. census data

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How physician retirement age compares to the US average

Mean retirement age is increasing in the U.S.
 Primarily due to increased lifespan & higher cost of living.

Physicians appear to retire even later
 Most physicians retire between the ages of 65 and 70.

Retirement age for physicians:

| | |
|------------------|-----|
| Before 60: | 12% |
| Between 60 - 65: | 29% |
| Between 65 - 70: | 31% |
| Between 71 - 75: | 13% |
| After 75: | 14% |

Claire Wallace - August 2nd, 2022. [Gallup](#). Report from AMA Insurance

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U.S. physician shortage varies by region

98% of the projected growth in demand will occur in metropolitan areas

Additional physicians required by region

| | |
|-----------|--------|
| South | 62,900 |
| West | 54,600 |
| Northeast | 12,600 |
| Midwest | 8,800 |

<https://www.jacksonphysiciansearch.com/physician-retirement-what-leads-physicians-to-retire-early-versus-late>

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Recent AAMC study predicts physician shortage

Deficit of 37,800 to 124,000 physicians by 2034

| | |
|-------------------------|-----------------|
| Primary care physicians | 17,800 - 48,000 |
| Specialists | 21,000 - 77,100 |

Stagnant growth of Specialists

Projections indicate little growth in supply of surgical specialties.

Aging population requires more complex care

- greater reliance on specialized care

<https://www.jacksonphysiciansearch.com/physician-retirement-what-leads-physicians-to-retire-early-versus-late>

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Dec 2020: Congress Passes Historic GME Expansion

Congress passed a historic increase to the Medicare graduate medical education (GME) program on Monday, Dec. 21 – the first increase to the program in nearly 25 years. The expansion was part of the year-end Consolidated Appropriations Act, 2021 [[see related story](#)].

AAMC President and CEO David J. Skorton, MD, [released a statement](#) on the inclusion of the GME positions, stating that the “new residency positions supported by this legislation are a necessary and critical first step in training enough physicians to care for our growing and aging population. ...While the nation’s teaching hospitals will continue to invest their own resources to train physicians over their caps, these new slots will alleviate some of the pressure they have been facing and will allow them to increase training.”

The legislation includes 1,000 new Medicare-supported GME positions. In the distribution of these new residency positions, the slots will be prioritized to teaching hospitals in rural areas, hospitals training residents over their cap, hospitals in states with new medical schools, and hospitals that care for underserved communities. The legislation also includes fixes to enhance Rural Training Track programs to increase collaboration between rural and urban teaching hospitals while residents gain experience in providing care in rural communities. It also makes an adjustment to artificially low Medicare caps and per resident amounts that limit residency training in some hospitals through no fault of their own.

Contacts

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Government Relations
✉ aperleoni@aamc.org

Leonard Su



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Table 6 PGY-1 Match Rates, 1992 - 2022

| Year | Number of Positions | Total Active Applicants | Percent Matched | | | | | All Applicants |
|------|---------------------|-------------------------|-----------------|------------|-----------|---------------|--------|----------------|
| | | | MD Seniors | DO Seniors | U.S. IMGs | Non-U.S. IMGs | Others | |
| 1992 | 20,394 | 19,519 | 92.4 | 62.1 | 58.7 | 58.0 | 53.5 | 83.3 |
| 1993 | 20,598 | 20,916 | 92.4 | 63.7 | 57.2 | 58.4 | 47.2 | 92.1 |
| 1994 | 20,772 | 22,352 | 93.0 | 63.5 | 47.5 | 50.9 | 48.6 | 77.9 |
| 1995 | 20,751 | 22,936 | 92.7 | 66.1 | 49.8 | 50.5 | 52.8 | 77.9 |
| 1996 | 20,563 | 24,718 | 92.1 | 70.4 | 48.5 | 40.9 | 53.7 | 72.8 |
| 1997 | 20,209 | 26,323 | 92.7 | 66.9 | 43.5 | 34.5 | 46.1 | 69.0 |
| 1998 | 20,299 | 26,360 | 93.5 | 71.7 | 45.5 | 31.4 | 55.4 | 69.0 |
| 1999 | 20,453 | 26,462 | 93.8 | 69.6 | 47.5 | 32.2 | 56.3 | 69.5 |
| 2000 | 20,598 | 25,056 | 93.9 | 73.1 | 51.4 | 38.5 | 55.8 | 73.4 |
| 2001 | 20,642 | 23,981 | 93.7 | 71.2 | 52.4 | 44.8 | 58.3 | 76.5 |
| 2002 | 20,602 | 23,459 | 94.1 | 73.3 | 53.8 | 51.3 | 50.2 | 78.6 |
| 2003 | 20,908 | 23,965 | 93.2 | 73.1 | 54.6 | 55.7 | 48.3 | 78.5 |
| 2004 | 21,192 | 25,246 | 92.9 | 72.7 | 55.4 | 52.4 | 47.4 | 76.8 |
| 2005 | 21,454 | 25,348 | 93.7 | 72.1 | 54.7 | 55.6 | 47.3 | 78.0 |
| 2006 | 21,659 | 26,715 | 93.7 | 72.8 | 50.6 | 48.9 | 45.3 | 75.1 |
| 2007 | 21,845 | 27,944 | 93.4 | 72.6 | 50.0 | 45.5 | 46.5 | 73.4 |
| 2008 | 22,240 | 28,737 | 94.2 | 74.2 | 51.9 | 42.4 | 45.3 | 72.9 |
| 2009 | 22,427 | 29,888 | 93.1 | 73.6 | 47.8 | 41.6 | 46.1 | 71.4 |
| 2010 | 22,809* | 30,543 | 93.3 | 75.0* | 47.3* | 39.8* | 45.0* | 71.2* |
| 2011 | 23,418* | 30,589 | 94.1 | 75.4* | 50.0* | 40.9* | 43.7* | 73.2* |
| 2012 | 24,006* | 31,355 | 95.1 | 78.8* | 49.1* | 40.6* | 41.9* | 73.1* |
| 2013 | 26,138* | 34,355 | 93.7 | 78.5* | 52.8* | 47.0* | 40.7* | 73.5* |
| 2014 | 26,678* | 34,270 | 94.4 | 82.1* | 53.0* | 49.5* | 46.0* | 75.0* |
| 2015 | 27,293* | 34,905 | 93.9 | 82.7* | 53.1* | 49.4* | 43.4* | 75.2* |
| 2016 | 27,860* | 35,476 | 93.8 | 83.8* | 53.9* | 50.5* | 47.3* | 75.6* |
| 2017 | 28,849* | 35,969 | 94.3 | 85.0* | 54.8* | 52.4* | 44.9* | 77.0* |
| 2018 | 30,232* | 37,103 | 94.3 | 81.7* | 57.1* | 56.1* | 43.3* | 78.3* |
| 2019 | 32,194* | 38,376 | 93.9 | 88.1* | 59.0* | 58.6* | 46.3* | 79.6* |
| 2020 | 34,266* | 40,084 | 93.7 | 90.7* | 61.0* | 61.1* | 45.0* | 80.8* |
| 2021 | 35,194* | 42,508 | 92.8 | 89.1* | 59.5* | 54.8* | 47.0* | 78.5* |
| 2022 | 36,277* | 42,549 | 92.9 | 91.3* | 61.4* | 58.1* | 51.5* | 80.1* |

* Match rates were calculated after running the Match algorithm and do not include SOAP data. Physician (R) positions are excluded. R positions are PGY-2 positions starting in the year of the Match that are reserved for applicants who have had prior graduate medical education. Physician positions are not available to senior medical students. In previous Results and Data Books, the numbers of R positions were small, and they were included in the categorical position counts.



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| Table 6 PGY-1 Match Rates, 1992 - 2022 | | | | | | | | | Year | Number of Positions | 2008 | 2009 |
|--|---------------------|-------------------------|-----------------|------------|-----------|---------------|--------|----------------|------|---------------------|------|---------|
| Year | Number of Positions | Total Active Applicants | Percent Matched | | | | | All Applicants | Year | Number of Positions | 2008 | 2009 |
| | | | MD Seniors | DO Seniors | U.S. IMGs | Non-U.S. IMGs | Others | | | | | |
| 1992 | 20,394 | 19,519 | 92.4 | 62.1 | 58.7 | 58.0 | 53.5 | 83.3 | 1992 | 20,394 | 2008 | 22,240 |
| 1993 | 20,598 | 20,916 | 92.4 | 63.7 | 57.2 | 58.4 | 47.2 | 92.1 | 1993 | 20,598 | 2009 | 22,427 |
| 1994 | 20,772 | 22,352 | 93.0 | 63.5 | 47.5 | 50.9 | 48.6 | 77.9 | 1994 | 20,772 | 2010 | 22,809* |
| 1995 | 20,751 | 22,936 | 92.7 | 66.1 | 49.8 | 50.5 | 52.8 | 77.9 | 1995 | 20,751 | 2011 | 23,418* |
| 1996 | 20,563 | 24,718 | 92.1 | 70.4 | 48.5 | 40.9 | 53.7 | 72.8 | 1996 | 20,563 | 2012 | 24,006* |
| 1997 | 20,209 | 26,323 | 92.7 | 66.9 | 43.5 | 34.5 | 46.1 | 69.0 | 1997 | 20,209 | 2013 | 26,138* |
| 1998 | 20,299 | 26,360 | 93.5 | 71.7 | 45.5 | 31.4 | 55.4 | 69.0 | 1998 | 20,299 | 2014 | 26,678* |
| 1999 | 20,453 | 26,462 | 93.8 | 69.6 | 47.5 | 32.2 | 56.3 | 69.5 | 1999 | 20,453 | 2015 | 27,293* |
| 2000 | 20,598 | 25,056 | 93.9 | 73.1 | 51.4 | 38.5 | 55.8 | 73.4 | 2000 | 20,598 | 2016 | 27,860* |
| 2001 | 20,642 | 23,981 | 93.7 | 71.2 | 52.4 | 44.8 | 58.3 | 76.5 | 2001 | 20,642 | 2017 | 28,849* |
| 2002 | 20,602 | 23,459 | 94.1 | 73.3 | 53.8 | 51.3 | 50.2 | 78.6 | 2002 | 20,602 | 2018 | 30,232* |
| 2003 | 20,908 | 23,965 | 93.2 | 73.1 | 54.6 | 55.7 | 48.3 | 78.5 | 2003 | 20,908 | 2019 | 32,194* |
| 2004 | 21,192 | 25,246 | 92.9 | 72.7 | 55.4 | 52.4 | 47.4 | 76.8 | 2004 | 21,192 | 2020 | 34,266* |
| 2005 | 21,454 | 25,348 | 93.7 | 72.1 | 54.7 | 55.6 | 47.3 | 78.0 | 2005 | 21,454 | 2021 | 35,194* |
| 2006 | 21,659 | 26,715 | 93.7 | 72.8 | 50.6 | 48.9 | 45.3 | 75.1 | 2006 | 21,659 | 2022 | 36,277* |
| 2007 | 21,845 | 27,944 | 93.4 | 72.6 | 50.0 | 45.5 | 46.5 | 73.4 | 2007 | 21,845 | | |
| 2008 | 22,240 | 28,737 | 94.2 | 74.2 | 51.9 | 42.4 | 45.3 | 72.9 | | | | |
| 2009 | 22,427 | 29,888 | 93.1 | 73.6 | 47.8 | 41.6 | 46.1 | 71.4 | | | | |
| 2010 | 22,809* | 30,543 | 93.3 | 75.0* | 47.3* | 39.8* | 45.0* | 71.2* | | | | |
| 2011 | 23,418* | 30,589 | 94.1 | 75.4* | 50.0* | 40.9* | 43.7* | 73.2* | | | | |
| 2012 | 24,006* | 31,355 | 95.1 | 78.8* | 49.1* | 40.6* | 41.9* | 73.1* | | | | |
| 2013 | 26,138* | 34,355 | 93.7 | 78.5* | 52.8* | 47.0* | 40.7* | 73.5* | | | | |
| 2014 | 26,678* | 34,270 | 94.4 | 82.1* | 53.0* | 49.5* | 46.0* | 75.0* | | | | |
| 2015 | 27,293* | 34,905 | 93.9 | 82.7* | 53.1* | 49.4* | 43.4* | 75.2* | | | | |
| 2016 | 27,860* | 35,476 | 93.8 | 83.8* | 53.9* | 50.5* | 47.3* | 75.6* | | | | |
| 2017 | 28,849* | 35,969 | 94.3 | 85.0* | 54.8* | 52.4* | 44.9* | 77.0* | | | | |
| 2018 | 30,232* | 37,103 | 94.3 | 81.7* | 57.1* | 56.1* | 43.3* | 78.3* | | | | |
| 2019 | 32,194* | 38,376 | 93.9 | 88.1* | 59.0* | 58.6* | 46.3* | 79.6* | | | | |
| 2020 | 34,266* | 40,084 | 93.7 | 90.7* | 61.0* | 61.1* | 45.0* | 80.8* | | | | |
| 2021 | 35,194* | 42,508 | 92.8 | 89.1* | 59.5* | 54.8* | 47.0* | 78.5* | | | | |
| 2022 | 36,277* | 42,549 | 92.9 | 91.3* | 61.4* | 58.1* | 51.5* | 80.1* | | | | |

* Match rates were calculated after running the Match algorithm and do not include SOAP data. Physician (R) positions are excluded. R positions are PGY-2 positions starting in the year of the Match that are reserved for applicants who have had prior graduate medical education. Physician positions are not available to senior medical students. In previous Results and Data Books, the numbers of R positions were small, and they were included in the categorical position counts.



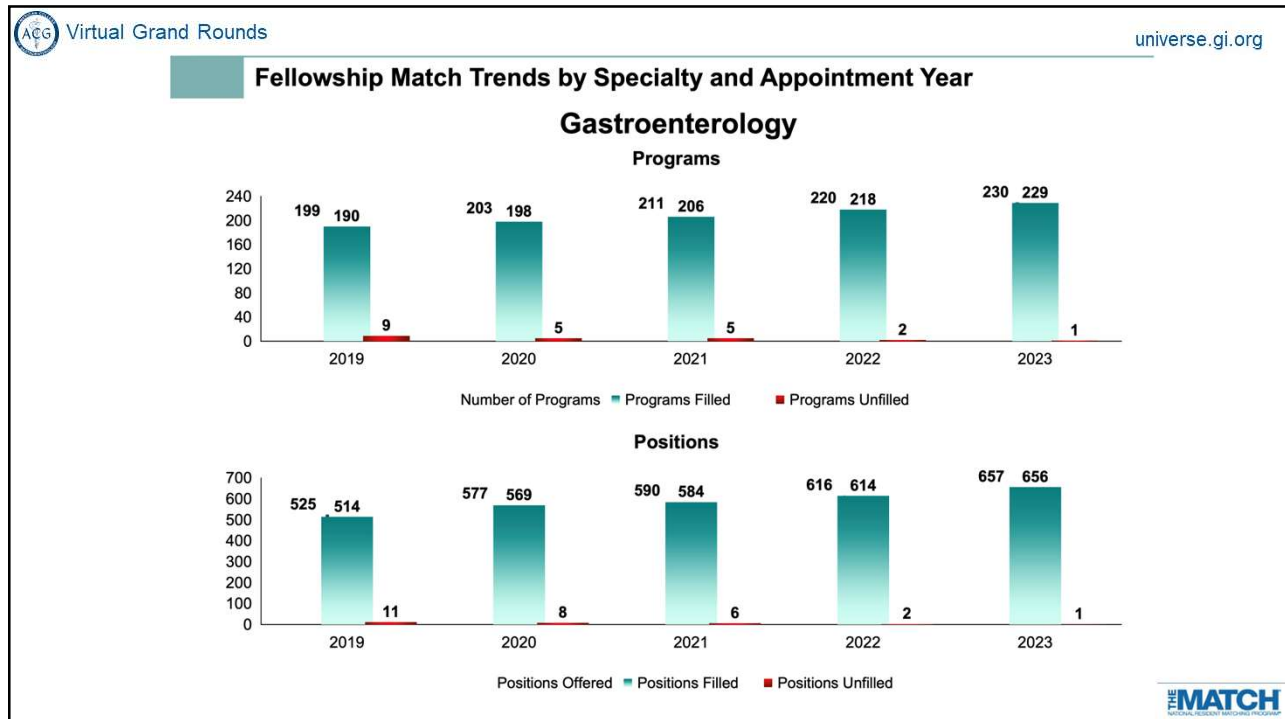
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Table 6 Number of Positions Offered and Percent Filled by Graduates of U.S. MD Medical Schools and All Applicants, 2019 - 2023 .gi.org

| Specialty | 2023 | | | 2022 | | | 2021 | | | 2020 | | | 2019 | | |
|--|-------------|---------------|-----------------|-------------|---------------|-----------------|-------------|---------------|-----------------|-------------|---------------|-----------------|-------------|---------------|-----------------|
| | No. of Pos. | % Filled U.S. | % Filled MD Tot | No. of Pos. | % Filled U.S. | % Filled MD Tot | No. of Pos. | % Filled U.S. | % Filled MD Tot | No. of Pos. | % Filled U.S. | % Filled MD Tot | No. of Pos. | % Filled U.S. | % Filled MD Tot |
| Addiction | | | | | | | | | | | | | | | |
| Addiction Medicine* | 201 | 34.8 | 70.1 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| Addiction Psychiatry | 115 | 34.8 | 65.2 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| Allergy and Immunology | | | | | | | | | | | | | | | |
| Allergy and Immunology | 156 | 68.6 | 98.1 | 147 | 68.7 | 98.0 | 146 | 75.3 | 99.3 | 142 | 65.5 | 95.1 | 137 | 71.5 | 97.1 |
| Anesthesiology | | | | | | | | | | | | | | | |
| Pain Medicine | 377 | 55.2 | 95.0 | 378 | 61.4 | 95.8 | 349 | 61.6 | 96.6 | 367 | 67.6 | 98.4 | 359 | 63.0 | 96.1 |
| Pediatric Anesthesiology | 215 | 47.4 | 63.7 | 226 | 51.8 | 73.0 | 218 | 51.8 | 77.1 | 220 | 49.1 | 75.5 | 216 | 59.3 | 83.3 |
| Emergency Medicine | | | | | | | | | | | | | | | |
| Clinical Ultrasound** | 233 | 47.2 | 64.8 | 218 | 51.8 | 71.1 | 196 | 60.7 | 81.6 | 216 | 36.6 | 54.2 | 194 | 35.1 | 49.0 |
| Emergency Medical Services | 115 | 48.7 | 72.2 | 111 | 47.7 | 73.0 | 92 | 64.1 | 82.6 | 100 | 42.0 | 62.0 | 90 | 55.6 | 75.6 |
| Global Emergency Medicine** | 33 | 57.6 | 66.7 | 32 | 53.1 | 68.8 | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| Medical Toxicology* | 49 | 73.5 | 100.0 | 54 | 74.1 | 92.6 | 50 | 50.0 | 68.0 | 51 | 58.8 | 76.5 | 54 | 51.9 | 66.7 |
| Headache Medicine | | | | | | | | | | | | | | | |
| Headache Medicine** | 50 | 46.0 | 72.0 | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| Internal Medicine | | | | | | | | | | | | | | | |
| Adult Congenital Heart Disease | 22 | 40.9 | 63.6 | 22 | 54.5 | 59.1 | 19 | 57.9 | 84.2 | 23 | 43.5 | 73.9 | 9 | 44.4 | 55.6 |
| Advanced Heart Failure & Transplant Cardiology | 127 | 29.1 | 55.9 | 121 | 27.3 | 57.0 | 118 | 35.6 | 63.6 | 115 | 33.9 | 69.6 | -- | -- | -- |
| Cardiovascular Disease | 1,152 | 48.5 | 100.0 | 1,120 | 50.7 | 99.8 | 1,045 | 52.5 | 99.7 | 1,010 | 53.1 | 99.8 | 951 | 52.2 | 99.3 |
| Clinical Cardiac Electrophysiology | 132 | 50.0 | 97.7 | 130 | 43.1 | 94.6 | 129 | 50.4 | 96.1 | 135 | 45.2 | 85.2 | 130 | 28.5 | 62.3 |
| Critical Care Medicine | 182 | 30.2 | 96.7 | 160 | 42.5 | 98.1 | -- | -- | -- | -- | -- | -- | -- | -- | -- |
| Endocrinology, Diabetes, and Metabolism | 359 | 29.0 | 95.0 | 348 | 31.6 | 98.3 | 347 | 24.8 | 93.4 | 329 | 31.9 | 92.7 | 326 | 35.6 | 93.9 |
| Gastroenterology | 657 | 59.4 | 99.8 | 616 | 60.2 | 99.7 | 590 | 59.7 | 99.0 | 577 | 62.6 | 98.6 | 525 | 62.3 | 97.9 |

THE MATCH
NATIONAL RESIDENT MATCHING PROGRAM

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Number & Percentage of Active Physicians by Age & Specialty: 2021

| Specialty | Total Active Physicians | Under Age 55 | | Age 55 or Older | |
|---|-------------------------|--------------|---------|-----------------|---------|
| | | Number | Percent | Number | Percent |
| All Specialties | 945,952 | 504,533 | 53.3 | 441,419 | 46.7 |
| Allergy and Immunology | 5,009 | 2,475 | 49.4 | 2,534 | 50.6 |
| Anatomic/Clinical Pathology | 12,177 | 3,549 | 29.1 | 8,628 | 70.9 |
| Anesthesiology | 42,256 | 18,227 | 43.1 | 24,029 | 56.9 |
| Cardiovascular Disease | 22,255 | 7,807 | 35.1 | 14,448 | 64.9 |
| Child and Adolescent Psychiatry | 9,963 | 5,424 | 54.4 | 4,539 | 45.6 |
| Clinical Cardiac Electrophysiology | 2,632 | 1,945 | 73.9 | 687 | 26.1 |
| Critical Care Medicine | 14,159 | 10,797 | 76.3 | 3,362 | 23.7 |
| Dermatology | 12,756 | 7,043 | 55.2 | 5,713 | 44.8 |
| Emergency Medicine | 46,788 | 29,944 | 64.0 | 16,844 | 36.0 |
| Endocrinology, Diabetes, and Metabolism | 8,245 | 4,818 | 58.4 | 3,427 | 41.6 |
| Family Medicine/General Practice | 118,392 | 60,382 | 51.0 | 58,010 | 49.0 |
| Gastroenterology | 15,675 | 7,710 | 49.2 | 7,965 | 50.8 |

Source: American Medical Association. AMA Physician Masterfile (Dec. 31, 2021).



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Number & Percentage of Active Physicians by Age & Specialty: 2021

| Specialty | Total Active Physicians | Under Age 55 | | Age 55 or Older | |
|------------------|-------------------------|--------------|---------|-----------------|---------|
| | | Number | Percent | Number | Percent |
| Gastroenterology | 15,675 | 7,710 | 49.2 | 7,965 | 50.8 |

Source: American Medical Association. AMA Physician Masterfile (Dec. 31, 2021).



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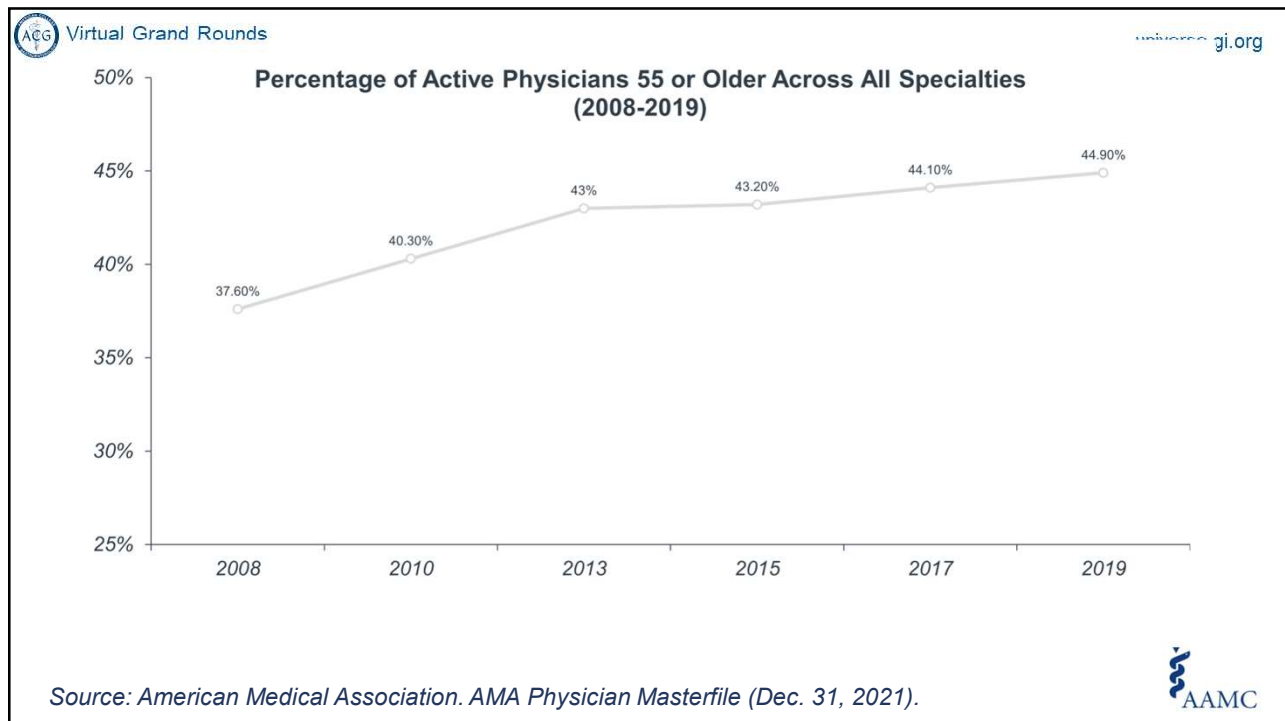
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Table 1.9. Percentage Change in the Number of Active Physicians by Specialty, 2016-2021

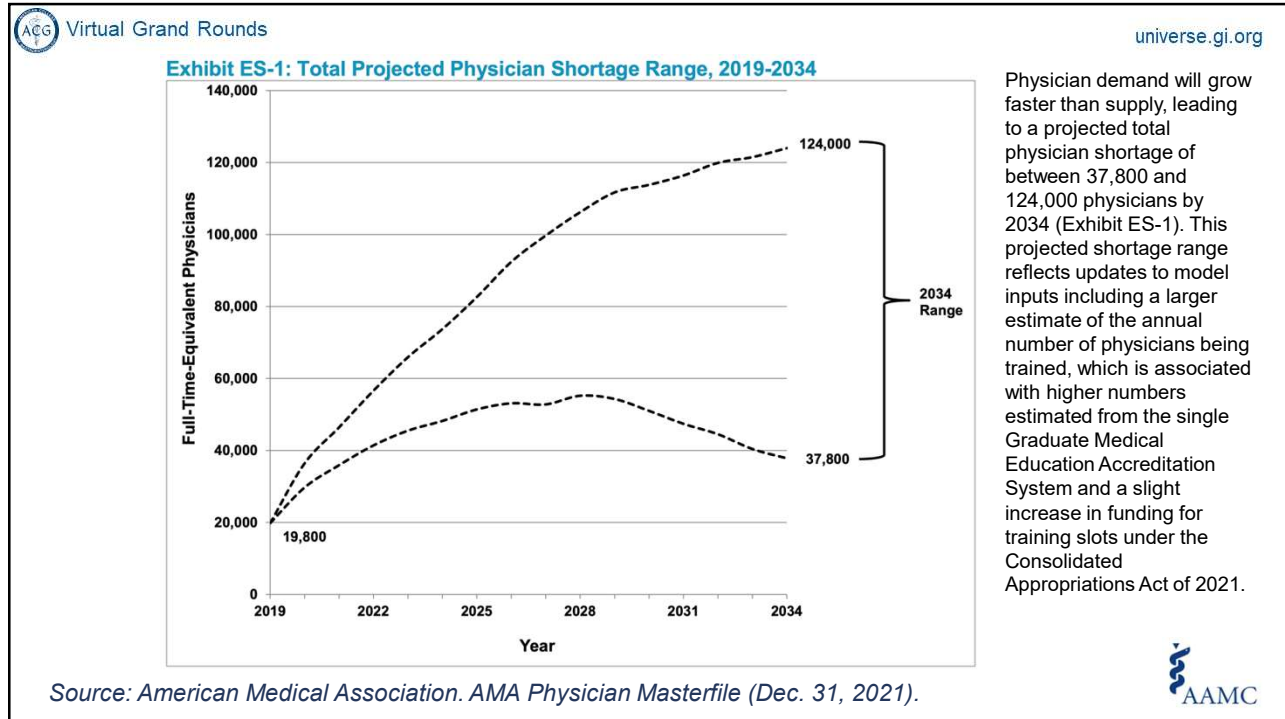
| Specialty | Total Active Physicians | | Percentage Change |
|------------------|-------------------------|---------|-------------------|
| | 2016 | 2021 | |
| All specialties | 887,489 | 949,658 | 7.0 |
| Gastroenterology | 14,550 | 15,678 | 7.8 |

Source: American Medical Association. AMA Physician Masterfile (Dec. 31, 2021). AAMC

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National physician shortages projected in 2025

Seven internal medicine subspecialties

- allergy and immunology
- cardiology
- dermatology
- gastroenterology
- hematology/oncology
- pulmonology
- rheumatology

<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/IM-subspecialty> HRSA Health Workforce

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Regional national physician shortages projected in 2025

Greatest shortages projected

- cardiologists (7,080 FTEs)
- gastroenterologists (1,630 FTEs)
- hematologists/oncologists (1,400 FTEs)
- pulmonologists (1,400 FTEs)

The Northeast is projected to have a surplus of physicians in all internal medicine subspecialties.

<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/IM-subspecialty>



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National estimates of physician supply and demand of IM subspecialties (2013-2015)

| Subspecialty ^a | Baseline Estimates (FTEs, 2013) | Projections (FTEs, 2025) | | |
|---------------------------|---------------------------------|--------------------------|--------|-------------------------|
| | Supply = Demand ^b | Supply | Demand | Difference ^c |
| Allergy and Immunology | 4,480 | 4,140 | 4,620 | -480 |
| Cardiology | 27,940 | 28,560 | 35,640 | -7,080 |
| Dermatology | 11,380 | 13,100 | 13,530 | -430 |
| Endocrinology | 7,440 | 9,030 | 8,750 | 280 |
| Gastroenterology | 14,610 | 15,540 | 17,170 | -1,630 |
| Hematology/Oncology | 15,890 | 18,100 | 19,500 | -1,400 |
| Infectious Disease | 8,420 | 10,610 | 10,400 | 210 |
| Nephrology | 9,190 | 12,120 | 11,990 | 130 |
| Pulmonology | 12,380 | 14,110 | 15,510 | -1,400 |
| Rheumatology | 5,480 | 6,330 | 6,610 | -280 |

<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/IM-subspecialty>




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Northeast estimates of physician supply and demand of IM subspecialties (2013-2015)

| Region ^a and Subspecialty ^b | Baseline Estimates (FTEs, 2013) | | | Projections (FTEs, 2025) | | |
|---|---------------------------------|--------|-------------------------|--------------------------|--------|-------------------------|
| | Supply | Demand | Difference ^c | Supply | Demand | Difference ^c |
| Northeast | | | | | | |
| Allergy and Immunology | 1,010 | 820 | 190 | 810 | 790 | 20 |
| Cardiology | 7,120 | 5,160 | 1,960 | 6,570 | 6,050 | 520 |
| Dermatology | 2,560 | 2,310 | 250 | 2,670 | 2,530 | 140 |
| Endocrinology | 2,080 | 1,420 | 660 | 2,260 | 1,530 | 730 |
| Gastroenterology | 3,760 | 2,840 | 920 | 3,600 | 3,060 | 540 |
| Hematology/Oncology | 4,100 | 2,880 | 1,220 | 4,170 | 3,240 | 930 |
| Infectious Disease | 2,360 | 1,510 | 850 | 2,520 | 1,710 | 810 |
| Nephrology | 2,150 | 1,650 | 500 | 2,500 | 1,940 | 560 |
| Pulmonology | 3,060 | 2,300 | 760 | 3,160 | 2,640 | 520 |
| Rheumatology | 1,380 | 1,090 | 290 | 1,460 | 1,190 | 270 |


<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/IM-subspecialty> 

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ACG Virtual Grand Rounds universe.gi.org

Midwest estimates of physician supply and demand of IM subspecialties (2013-2015)

| Region ^a and Subspecialty ^b | Baseline Estimates (FTEs, 2013) | | | Projections (FTEs, 2025) | | |
|---|---------------------------------|--------|-------------------------|--------------------------|--------|-------------------------|
| | Supply | Demand | Difference ^c | Supply | Demand | Difference ^c |
| Midwest | | | | | | |
| Allergy and Immunology | 930 | 910 | 20 | 740 | 870 | -130 |
| Cardiology | 5,920 | 6,280 | -360 | 5,570 | 7,360 | -1,790 |
| Dermatology | 2,030 | 2,540 | -510 | 2,140 | 2,800 | -660 |
| Endocrinology | 1,480 | 1,630 | -150 | 1,580 | 1,760 | -180 |
| Gastroenterology | 2,780 | 3,230 | -450 | 2,690 | 3,500 | -810 |
| Hematology/Oncology | 3,210 | 3,320 | -110 | 3,310 | 3,750 | -440 |
| Infectious Disease | 1,610 | 1,960 | -350 | 1,790 | 2,230 | -440 |
| Nephrology | 1,800 | 1,790 | 10 | 2,180 | 2,110 | 70 |
| Pulmonology | 2,460 | 2,770 | -310 | 2,480 | 3,210 | -730 |
| Rheumatology | 1,110 | 1,160 | -50 | 1,160 | 1,270 | -110 |


<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/IM-subspecialty> 

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ACG Virtual Grand Rounds universe.gi.org

South estimates of physician supply and demand of IM subspecialties (2013-2015)

| South | | | | | | |
|------------------------|-------|--------|-------|--------|--------|--------|
| Allergy and Immunology | 1,600 | 1,550 | 50 | 1,610 | 1,590 | 20 |
| Cardiology | 9,840 | 10,800 | -960 | 10,500 | 13,960 | -3,460 |
| Dermatology | 3,910 | 3,990 | -80 | 4,700 | 4,830 | -130 |
| Endocrinology | 2,460 | 2,870 | -410 | 3,200 | 3,440 | -240 |
| Gastroenterology | 5,090 | 5,310 | -220 | 5,690 | 6,380 | -690 |
| Hematology/Oncology | 5,410 | 6,210 | -800 | 6,380 | 7,740 | -1,360 |
| Infectious Disease | 2,930 | 3,240 | -310 | 3,910 | 4,060 | -150 |
| Nephrology | 3,440 | 1,830 | 1,610 | 4,660 | 5,330 | -670 |
| Pulmonology | 4,290 | 4,610 | -320 | 5,070 | 5,880 | -810 |
| Rheumatology | 1,830 | 1,980 | -150 | 2,170 | 2,440 | -270 |


<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/IM-subspecialty> 

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ACG Virtual Grand Rounds universe.gi.org

West estimates of physician supply and demand of IM subspecialties (2013-2015)

| West | | | | | | |
|------------------------|-------|-------|------|-------|-------|--------|
| Allergy and Immunology | 940 | 1,190 | -250 | 980 | 1,380 | -400 |
| Cardiology | 5,060 | 5,720 | -660 | 5,910 | 8,270 | -2,360 |
| Dermatology | 2,870 | 2,550 | 320 | 3,590 | 3,380 | 210 |
| Endocrinology | 1,420 | 1,520 | -100 | 2,000 | 2,010 | -10 |
| Gastroenterology | 2,970 | 3,220 | -250 | 3,560 | 4,240 | -680 |
| Hematology/Oncology | 3,180 | 3,480 | -300 | 4,250 | 4,760 | -510 |
| Infectious Disease | 1,520 | 1,720 | -200 | 2,400 | 2,390 | 10 |
| Nephrology | 1,810 | 1,760 | 50 | 2,790 | 2,610 | 180 |
| Pulmonology | 2,570 | 2,700 | -130 | 3,400 | 3,780 | -380 |
| Rheumatology | 1,160 | 1,250 | -90 | 1,540 | 1,700 | -160 |

<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/IM-subspecialty> 

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GI physician shortage ‘a significant concern’ - December 28, 2022

Peter Sinclair, public affairs specialist at the Bureau of Health Workforce in the Health Resources and Services Administration (HRSA).

“Gastroenterology is among the highest of the projected shortages alongside cardiology, hematologists/oncologists and pulmonologists.”

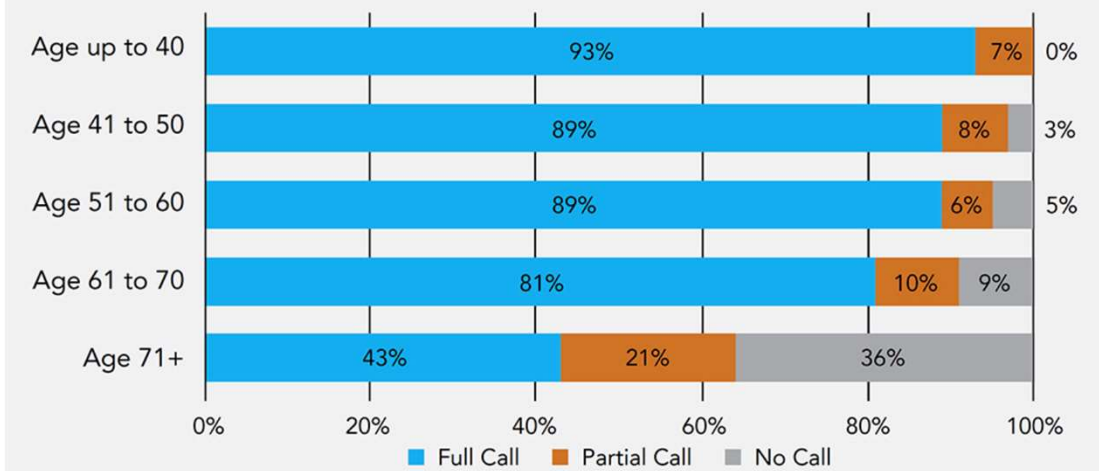
<https://www.healio.com/news/gastroenterology/20221215/gi-physician-shortage>



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Physician on call participation by age: Cardiology data

Figure 3 Call Participation by Age



<https://www.acc.org/latest-in-cardiology/articles/2020/09/01/01/42/the-vexing-challenge-of-physician-slowdown>



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The Vexing Challenge of Physician Slowdown: How to Create an Effective Policy

If a physician reduces or discontinues call but continues to carry full or nearly full daytime workloads, the practice might not support a full new hire.

Space & exam room capacity impact potential addition of another daytime doctor.

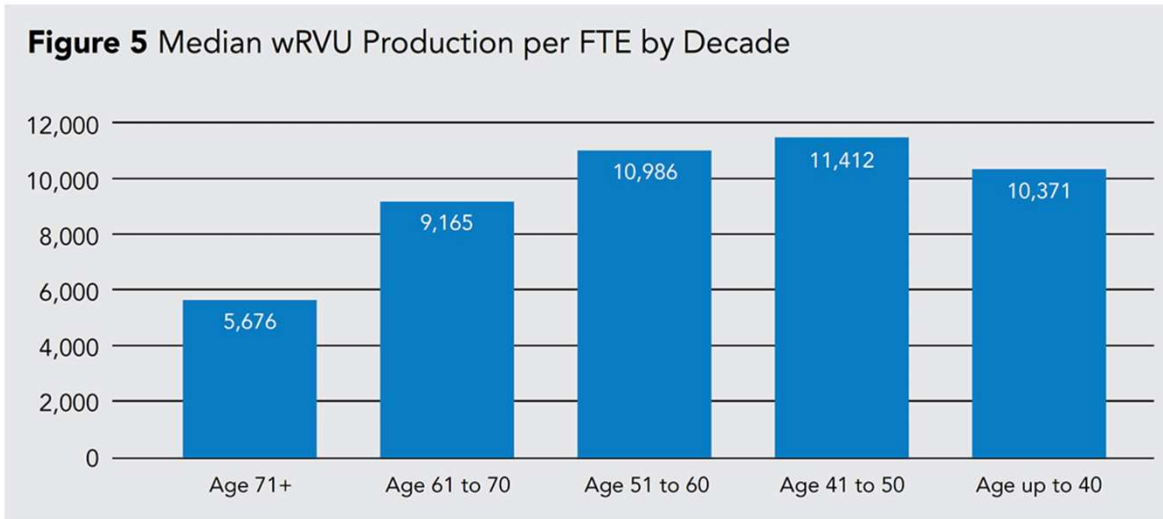
<https://www.acc.org/latest-in-cardiology/articles/2020/09/01/01/42/the-vexing-challenge-of-physician-slowdown>



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Age and effects on median RVU

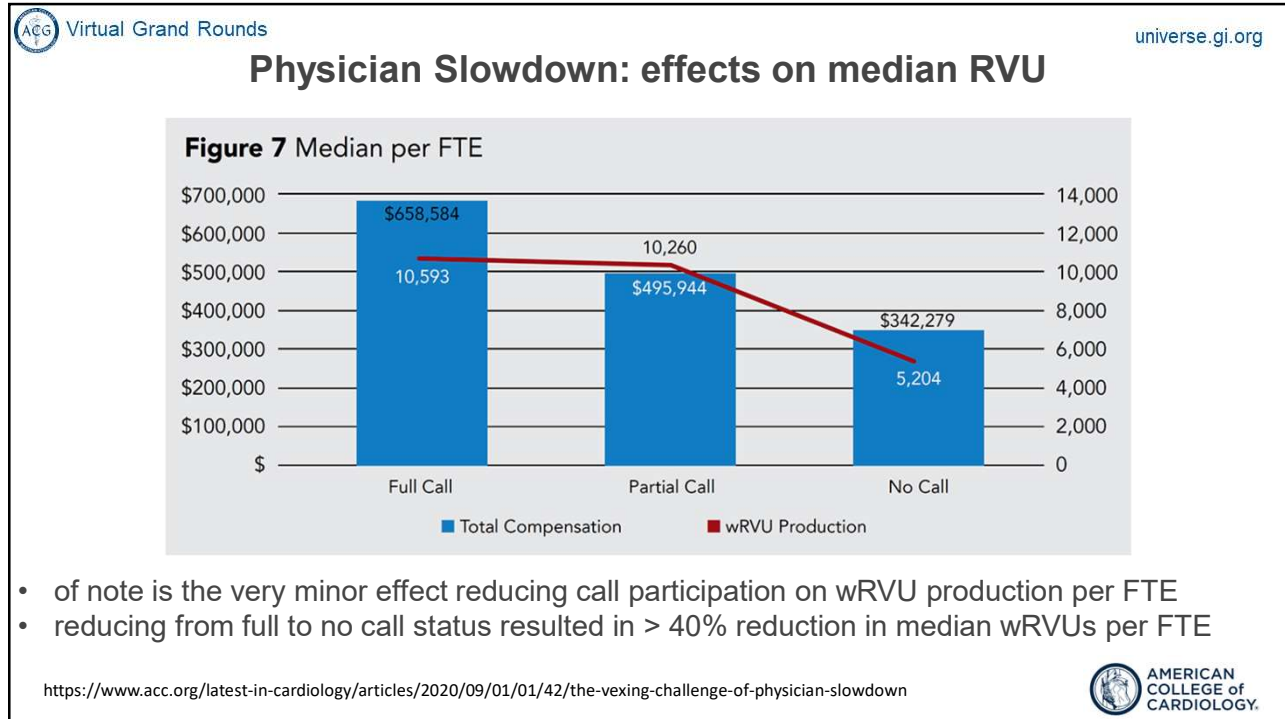
Figure 5 Median wRVU Production per FTE by Decade



<https://www.acc.org/latest-in-cardiology/articles/2020/09/01/01/42/the-vexing-challenge-of-physician-slowdown>



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ACG Virtual Grand Rounds universe.gi.org

Retention, Recruitment and Other Solutions - December 28, 2022

Graduate medical education (GME) shapes the physician workforce

“A national strategic plan for GME is needed to build a dynamic and agile GME system that better addresses the nation’s physician workforce needs.”

<https://www.healio.com/news/gastroenterology/20221215/gi-physician-shortage> Healio Gastroenterology

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PRESS RELEASE

AAMC Supports Resident Physician Shortage Reduction Act of 2023

Resident Physician Shortage Reduction Act of 2023

- Reps. Terri Sewell (D-Ala.) and Brian Fitzpatrick (R-Pa.)
- Bipartisan legislation
- gradually expand the number of Medicare-supported residency positions by 14,000 over seven years.



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Gastroenterologists: 5 workforce stats to know

Paige Haeffele - Wednesday, April 5th, 2023

There are 15,678 active gastroenterologists in the country, according to the Association of American Medical College's ["2022 Physician Specialty Data Report."](#)

Here are four more stats on the gastroenterology workforce to know:

1. A total of 12,576 gastroenterologists (80.3 percent) are men and 3,083 (19.7 percent) are women.
2. There are 20,830 people per active gastroenterologist.
3. Of all active gastroenterologists, 7,710 (49.2 percent) are younger than 55 and 7,965 (50.8 percent) are 55 or older.
4. The majority of gastroenterologists (14,116 [90%]) practice patient care, whereas the remainder focus on teaching, research or other areas.

<https://www.beckersasc.com/gastroenterology-and-endoscopy/gastroenterologists-5-workforce-stats-to-know.html>

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Advanced practitioners will fill gap left by retiring gastroenterologists

Michael Weinstein, MD, president & CEO at Silver Spring, Md.-based Capital Digestive Care

“I think the private equity investment in medical practices is part of the physician shortage by allowing some physicians to retire earlier.”

“COVID has scared off some of older physicians from patient contact.”

Physician Workforce Shortage: Thought leader quotes

Collected from various healthcare publications.

Advanced practitioners will fill gap left by retiring gastroenterologists

Michael Weinstein, MD, president & CEO at Silver Spring, Md.-based Capital Digestive Care

“GI physician demand could drop off if the market shifts clinical responsibilities to other clinicians.”

“Gastroenterology fellowships are kind of fixed. They can't grow to meet the demand.”

“Nurse practitioners & physician assistants will replace some of the need for the actual gastroenterologists.”

“It takes 13 years to train a gastroenterologist. It only takes three or four years to train an APP.”

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GI physician shortage 'a significant concern' - December 28, 2022

Physician recruiter **Eric Rose, MBA**, group vice president of HCA Physician Services Group, noted that an increase in colonoscopy screening awareness may also be contributing to the increased demand for GI care.

“It's this double-edged sword where the GI industry has done a great job of advertising what patients need to do (screening colonoscopy).”

“But this has inundated physicians with patient visits.”

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GI physician shortage 'a significant concern' - December 28, 2022

Anne Marie Lennon, MD, PhD, FASGE, professor of medicine and director of gastroenterology and hepatology at Johns Hopkins Medicine.

"In the past, physicians often worked into their 70s - that trend appears to be changing."

<https://www.healio.com/news/gastroenterology/20221215/gi-physician-shortage>

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GI physician shortage 'a significant concern' - December 28, 2022

Daniel J. Pambianco, MD, FACG, managing partner of GastroHealth in Charlottesville, Virginia, and ACG president.

"The decrease in gastroenterologists and hepatologists - combined with the increased population - has led to and will further the demand for advanced practice providers."

<https://www.healio.com/news/gastroenterology/20221215/gi-physician-shortage>

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Retention, Recruitment and Other Solutions - December 28, 2022

Joseph J. Vicari, MD, MBA, FASGE, gastroenterologist at Rockford Gastroenterology Associates.

“Too many physicians are leaving practice and not enough coming in to take their place.”

“Retaining physicians, attracting the younger generation, and increasing fellowship opportunities are key to mitigating this growing problem.”

“Job sharing may also become the future of keeping practices staffed and running.”

<https://www.healio.com/news/gastroenterology/20221215/gi-physician-shortage>



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Retention, Recruitment and Other Solutions - December 28, 2022

Joseph J. Vicari, MD, MBA, FASGE, gastroenterologist at Rockford Gastroenterology Associates.

Suggestions to increase physician retention

- competitive salary
- work schedule with robust vacation
- generous benefits package
- ample opportunities for continuing education
- be flexible during staff negotiations

<https://www.healio.com/news/gastroenterology/20221215/gi-physician-shortage>



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Retention, Recruitment and Other Solutions - December 28, 2022

Joseph J. Vicari, MD, MBA, FASGE, gastroenterologist at Rockford Gastroenterology Associates.

“Gis must develop robust APP programs within their practices.”

“Refine communication lines where triage phone nurses may take care of patients without alarming symptoms.”

<https://www.healio.com/news/gastroenterology/20221215/gi-physician-shortage>



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Retention, Recruitment and Other Solutions - December 28, 2022

Darrell S. Pardi, MD, MS, professor of medicine and chair of gastroenterology and hepatology at Mayo Clinic Rochester.

“Decreasing the flow of physicians out of the system is a critical need to begin addressing the physician shortage”

“This can be done by making the job more meaningful and less exhausting through tactics such as expanded team-based care and the creation of novel digital solutions that make our work more efficient.”

<https://www.healio.com/news/gastroenterology/20221215/gi-physician-shortage>



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Retention, Recruitment and Other Solutions - December 28, 2022

Eric Rose, MBA, group vice president of HCA Physician Services Group

“It’s important to retain because you’re not going to be able to replace quickly.”

“It can take an average of 18 to 24 months to replace a GI physician.”

<https://www.healio.com/news/gastroenterology/20221215/gi-physician-shortage>



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Retention, Recruitment and Other Solutions - December 28, 2022

Aaron J. Shiels, MD, Rockford Gastroenterology, Illinois. Managing partner

“In the future, gastroenterologists will spend the majority of their time performing endoscopic procedures.”

“Physicians limited time spent performing cognitive services will be focused on complex inflammatory bowel disease, hepatology, and pancreaticobiliary disease.”

“Increasing use of APPs will improve patient access, improve quality of care and improve clinic efficiency.”

<https://www.healio.com/news/gastroenterology/20221215/gi-physician-shortage>



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Retention, Recruitment and Other Solutions - December 28, 2022

When asked how the physician shortage can be improved, the consensus from experts was clear: increase fellowship positions.

“Short of that, it’s really going to be APPs.”

<https://www.healio.com/news/gastroenterology/20221215/gi-physician-shortage>



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Gastroenterology Physician Workforce Shortage

James Weber, MD, founder and CEO of GI Alliance

“There’s something like, three job openings for every fellow that’s coming out of training to fill.”

“We’re seeing many physicians retiring a little earlier, getting burnout, and not in the workforce as long.”

<https://www.beckersasc.com/gastroenterology-and-endoscopy/whats-causing-gastroenterologys-workforce-shortage.html>
3/23/23



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Gastroenterology Physician Workforce Shortage

James Weber, MD, founder and CEO of GI Alliance

“We're trying to make the jobs better, happier, and more fulfilling for physicians, so they stay in the workforce longer.”

“We're bringing in advanced providers, nurse practitioners, and physician assistants who can be incredibly bright and great caregivers under the guidance of a physician.

<https://www.beckersasc.com/gastroenterology-and-endoscopy/whats-causing-gastroenterologys-workforce-shortage.html>
3/23/23

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Physician Workforce Shortage: retirement concepts

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“Pre-Retirement”

Newer term describing physicians about 10-15 years out from retirement

- cohort is more likely to make career changes
- move to their preferred retirement destination
- gradually ramp down their pace of practice

<https://www.advisory.com/blog/2022/05/physician-retirement>



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Early Retirement

Reasons

- personal health challenges
- parent or spouse in poor health
- burnout
 - worst in critical care and emergency medicine
- financial readiness, independence, FIRE
 - FIRE = financial independence retire early
- “second act”
 - new business venture
 - teaching career
 - non-profit work
- COVID
 - personal fear
 - fear for loved ones (parent or spouse)



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Impact of financial independence

Increased awareness of stressors

- pages
- procedural delays
- urgent calls
- after hours call
- prior authorization
- precertification
- board certification
- mandated CME (8 hr opiate prescription requirement)

Medical Economics

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Physician retirement by age group

Who Retires at 30 to 35?

- Stay-at-home spouse (care of children)
- Wealthy (inheritance, marriage, successful business)

Who Retires at 35 to 39?

- Career Transitioner (Some realize the bedside is not where they belong)
- The Planner (frugal, avoided medical school debt)

Who retires at 40 to 45?

- Mid-Life Crisis & Burnout

Who Retires at 45 to 49?

- The Family Man or Woman (cherish last years with children)
- Second Breadwinner. (a married couple have a combined 30 to 50 years of career earnings)

Medical Economics

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Physician retirement by age group

Who Retires at 50 to 59?

- The Prudent. years of career earnings and compound interest to pad retirement accounts.

Medical Economics

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Physician retirement by age group

Who Retires at 60 or above?

- **The Fed Up.**
 - electronic health record.
 - insurance denials. Increasingly onerous
 - Board Certification maintenance requirements.
 - Fewer support staff.
 - Decreased reimbursements
 - metrics measured without any demonstrated benefit
- **The Truly Happy**
 - retiring after age 60 is not a reflection of any kind of failure, but a confirmation of resounding career success.

Medical Economics

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3 steps to plan for physician retirements

- 1. Start leveraging the experience of pre-retirement doctors**
 - help with training, care protocols, and other clinical best practices.
- 2. Double down on recruitment in most impacted specialties.**
 - Build up pipeline *before* physicians leave.
- 3. Retire physicians strategically.**
 - Attempt a phased approach to retirement planning
 - proactively assess workforce needs
 - recruit with advance notice

Potential options for retention

- allow part-time employment
- reduce call coverage
- offer flexible PTO

<https://www.advisory.com/blog/2022/05/physician-retirement>



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Physicians & administrators don't agree regarding retirement

Jackson physician search survey

How much notice should a physician provide prior to retirement?

- Physicians think six months is ample notification time prior to retirement
- Administrators would prefer one to three years

What drives physicians to retire?

- Physicians rank burnout as the top reason driving their retirement plans
- Administrators believe age drives physician retirement.

Many physicians don't want to fully retire

- plan to work part-time or contract somewhere else.

<https://www.healthcarefinancenews.com/news/physicians-administrators-dont-see-eye-eye-retirement>



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Physicians & administrators don't agree regarding retirement

Healthcare finance news survey

Factors physicians consider regarding delaying full retirement

- would delay if offered part-time status (58%)
- flexible schedules (52%).
- Reducing or eliminating on-call requirements (42%)

69% of health care organizations do not have a succession plan to prepare for physician retirements.

MGMA poll: 61% of practice managers said they don't have a succession plan for physician leaders.

<https://www.healthcarefinancenews.com/news/physicians-administrators-dont-see-eye-eye-retirement>

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Retirement transition concepts

One GI groups approach to retirement

- must be 55 years of age or older
- must have served within the group for 15 years
- required to give two years' notice.
- then, MD can go off call and continue to see established patients
- no new patients or new consults.
- reduced rate of ancillary revenue distributions for a two-year period.
- If notification < 2 years, then time-proportionate reduction in revenue distribution, along with financial penalty.
- must be productive enough to cover overhead
- must relinquish ancillary income by selling 50% equity in ASCs

<https://www.gastroendonews.com/PRN/Article/01-17/Know-When-to-Fold-Them-Handling-Retirement-From-GI-Practice/39039>

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Financial buyout considerations for retiring MDs

Equity comes into play with a building and ASC

- Building is usually a separate LLC.
- Buy-in to building is encouraged but not mandatory
- Some groups allow 5 years before you must be bought out after retirement

Endoscopy center (ASC)

- private equity (PE)
- selling out endoscopy centers to a hospital
- completely or as a joint venture.
- nothing is left for new young partners
- difficulties with recruitment

<https://www.gastroendonews.com/PRN/Article/01-17/Know-When-to-Fold-Them-Handling-Retirement-From-GI-Practice/39039>

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Financial buyout considerations for retiring MDs

Accounts receivable (AR) and other issues

- pay accounts receivable (AR) up to 6 months after their departure
- provide them tail insurance coverage
- buy out of their equity positions in ancillary services (ASC, etc)
- no “golden parachute”

<https://www.gastroendonews.com/PRN/Article/01-17/Know-When-to-Fold-Them-Handling-Retirement-From-GI-Practice/39039>

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Mandatory retirement age

Most groups do not implement a mandatory retirement policy

- consider allowing retiring physicians the option of an employed position
- such as a locum agreement
- no longer a partner
- no longer vote

<https://www.gastroendonews.com/PRN/Article/01-17/Know-When-to-Fold-Them-Handling-Retirement-From-GI-Practice/39039>

Gastroenterology
& Endoscopy News

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The nonproductive senior physician

Difficult situation

- no such thing as a “graceful ease out”
- will be contentious
- have clear policy in place before the event occurs.
- ancillary revenues may be divided essentially equally despite productivity
- require all shareholder physicians maintain yearly collections above amount needed to cover base salary

Illness or incompetence

- group can step in and force retirement.

<https://www.gastroendonews.com/PRN/Article/01-17/Know-When-to-Fold-Them-Handling-Retirement-From-GI-Practice/39039>

Gastroenterology
& Endoscopy News

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Physician Slowdown: How to Create an Effective Policy

Management Tips

- create a formal policy
- predefine a finite time the physician may remain in reduced status
- do not address each request individually
- reduction in workload or call participation must have an impact on compensation

<https://www.acc.org/latest-in-cardiology/articles/2020/09/01/01/42/the-vexing-challenge-of-physician-slowdown>



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Physician Slowdown: How to Create an Effective Policy

Cutting back hours is helping doctors cope with burnout.

"Some physicians take > 20% pay cut to decrease their burden."

"4 days on clinical time with patients with fifth 'day off,' for paperwork and documentation"

Marie Brown, MD, director of practice redesign at the American Medical Association

https://www.medscape.com/viewarticle/990903?icd=login_success_email_match_norm#vp_2

Medscape Gastroenterology

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Physician retirement outlook: 10 things to know

1. Physicians rank burnout as the number one reason driving retirement plans; administrators believe it is age.
2. Nearly 60 percent of Generation X physicians plan to retire by age 60.
3. Only 12% of physicians intend to set a retirement date and commit to full retirement.
4. Administrators prefer 1-3 years advance notice prior to retirement
5. Economic concerns drive retirement delays in 40% of physicians.

Jackson Physician Search - Zoe McClain - Thursday, July 6th, 2023

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Physician retirement outlook: 10 things to know

6. COVID-19 pandemic caused 25% of physicians to plan early retirement
7. Approximately one in five administrators report an increase in physician retirement from pre-COVID-19 projections.
8. Of physicians aged 51-60, 12 percent currently work part-time.
9. Part-time options were cited as delay retirement reason by 58% percent.
 - Flexible schedules (52%)
 - reducing or eliminating on-call requirements (42%)
10. Only 26 percent of respondents reported their organization had a formal, written succession plan for physician retirements.

Jackson Physician Search - Zoe McClain - Thursday, July 6th, 2023

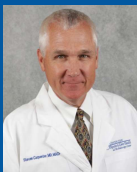
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Physician workforce shortage: conclusions

- increase the number of medical school graduates
- expand residency programs (GME)
- expand telemedicine
- develop policies to enhance elder physician retention
- increased APP role in healthcare delivery
- collaboration between healthcare organizations, educational institutions, & policymakers.

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Questions?



Steven L. Carpenter, MD, FACC



Sumanth R. Daram, MD

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ACG & CCF IBD Circle



ACG Hepatology Circle



ACG Functional GI
Health and Nutrition Circle



GI

ACG GI Circle

Connect and collaborate within GI



ACG Women in GI Circle

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