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|  | Center for American Progress | Kaiser Family Foundation | Council of Graduate Medical Education | Other Sources |
| Nature of Problem | * There are not enough primary care providers to meet the current demand.1
* By 2020 there will be a shortage of up to 200,000 physicians and 1 million nurses.2
 | * “Finding a primary care physician and getting timely care are increasingly difficult, even among Medicare beneficiaries and privately insured adults.”3
 | * An oversupply of some physician specialties is apparent in urban areas, however, many inner-city and rural communities struggle to attract an adequate number of health professionals to provide high-quality care to local people.6
 | * “If the primary care foundation of the health care system is not strengthened, true access and cost containment may be impossible.”8
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| Prevalence, severity, indicators (variations by age, race, income, region, time) | * “For every new physician that decides to practice in an underserved area, four will settle in a region of the country with an adequate number of providers.”2
 | * There are 65 million Americans that live in designated primary care shortage areas.3
* As the population ages and grows with the declining share of primary care practitioners, the current gaps in access are expected to widen.3
 | * For each incremental primary care physician there is a drop of 1.44 fewer deaths per 10,000 persons.7
* Health outcomes and costs in the U.S. are strongly linked to the availability of primary care physicians.7
* Average age of current primary care physicians is 47 years of age; almost a quarter are 56 or older.7
 | * By 2020, the nation will be growing by almost 1% a year, which exceeds the growth rate in physicians.9
* “The number of Americans age 65 years and older will double by 2030.”9
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| Consequences (morbidity, mortality, costs, etc.) | * Approximately 40 primary care residency programs closed due to under enrollment from 1995 to 2006.1
* International Medical Graduates filled about 58% of the 2,603 family practice residencies.1
 | * About half of the uninsured residing in a Health Professional Shortage Area (HPSA) do not have a medical home and most have not had preventive health services in recent past.5
* The uninsured residing in HPSAs are more likely than other uninsured to have chronic conditions.5
 | * “Patients with a regular primary care physician have lower overall health care costs than those without one.”7
 | * Communities with worse primary care access have higher rates of emergency department visits and hospitalizations.8
* “Higher death and disease rates and greater health disparities than in communities where access to primary care is better.”8
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| Causes, contributing factors | * The number of medical graduates entering primary care decreased by 50% from 1997 to 2005.1
* Primary care physicians earn on average half of what specialists make, and the gap is widening.2
 | * The Patient Protection and Affordable Care Act (ACA) will expand coverage to 32 million previously uninsured individuals, which will intensify the scarcity of primary care resources.4
 | * 17% of 2008 allopathic and osteopathic medical school graduates chose primary care as their first choice.7
* The ‘hidden curriculum’ in many schools that actively discourages student interest in adult primary care specialties.7
 | * “The newest generation of physicians is unlikely to be willing to work the long hours that prior generations of physicians reportedly worked.”9
* Hospitals are purchasing primary care practices; therefore, physicians who have completed residency training prefer to join larger organizations to avoid financial and administrative worries.8
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| Rationale for Government Intervention | * Government’s responsibility to provide access to health care to vulnerable populations.
 | * Government causes the shortage with policies that regulate the supply of primary physicians to specialists and payment policies favoring specialists.
 | * Doctor shortages induced from the implementation of health reform policies
 | * Serious negative externalities of primary care shortage for health status and for costs of public programs.
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