



# THE CHRISTIAN PHYSICIAN & DENTAL RECRUITER

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## Number of Students Choosing Family Medicine Dips, Despite Skyrocketing Demand

LEAWOOD, Kan. — Demand for family physicians is up and growing. Proposals for health system reform focus on increasing the number of primary care physicians in America.

Despite those trends, the number of future physicians who chose family medicine dipped this year, according to the 2009 National Resident Matching Program, the system by which graduating medical students choose residency training programs.

National Resident Matching Program results announced recently showed that a total of 2,329 graduating medical students matched to family medicine training programs. This is a decrease in total student matches from 2008, when 2,404 family medicine residency positions were filled. Of those positions, 1,083 U.S. seniors selected family medicine, compared to 1,172 in 2008. The other 1,156 positions were filled by international medical graduates, U.S. citizens who graduated from overseas medical schools, graduates of

osteopathic schools and students who graduated off-cycle due to events such as illness, maternity leave or international training rotations.

After seeing a trend toward stabilization and even slight growth in medical students' interest in family medicine in previous years, the 2009 results are a disappointment, particularly at a time when demand for family physicians has skyrocketed, according to Ted Epperly, M.D., president of the American Academy of Family Physicians.

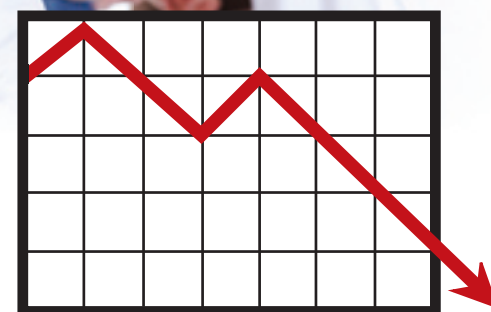
"If America is to right the ship of health care and turn it toward higher quality, controlled costs, better outcomes, and less economic, geographic and ethnic disparity, it must increase the number of primary care physicians," Epperly said in a statement responding to the 2009 Match. "We cannot meet that goal without dramatically changing the policies that affect our medical education system, graduate medical education and the incentives that draw students to careers in primary care."



The AAFP was among the first organizations to warn about a looming shortage of family physicians in 2006. At that time, the AAFP research indicated the U.S. health care system would need 139,531 family physicians to meet demand.

"That means we must graduate 4,439 family physicians each year" to meet that goal, said Epperly. "In our current environment, the nation is attracting only half the number of future family physicians that we will need."

Meanwhile, demand for primary care physicians continues to skyrocket, according to national surveys. In its most recent recruitment survey, Merritt Hawkins, a national physician recruiting company, reported primary care physician search



assignments had more than doubled from 341 in 2003 to 848 last year.

"The numbers are clear – the American people and our health care system are increasingly in desperate need for primary care physicians," said Epperly.

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## Removing Medical Device Preemption Impacts Jobs, Costs of Care and Patient Access

BOSTON – In a white paper released recently by Ernst Berndt and Mark Trusheim of the Massachusetts Institute of Technology, research shows that eliminating FDA's preemption protection would decrease patients' access to life-enhancing medical devices, increase health care costs and reduce medical device industry employment.

The paper, "The Economic Impact of Eliminating Federal Preemption for Medical Devices on Patients, Innovation and Jobs," comes as Congress considers legislation that would remove Federal preemption of state rules and litigation that exists for a small percentage of medical devices that undergoes the most rigorous FDA review. The report highlights the damaging economic, health and societal impacts the legislation would have on patients, medical device industry innovation and employees, and the public health.

"As economic and health care researchers, we felt it was important to examine how this regulatory change could harm innovation, and ultimately impact the patients who rely on these treatments and the people who are employed by the device industry" said co-author Ernst

Berndt, Ph.D., Louis E. Seley Professor in Applied Economics, MIT Sloan School of Management. "Congress should carefully weigh any policies that could increase health care costs and reduce high-paying jobs, particularly during an economic downturn."

The authors' research highlights the consequences to multiple stakeholders - patients and the public health, medical device inventors and manufacturers, their employees and the government - if medical device preemption were eliminated. For example,

Patients' access to medical devices and the benefits they provide would be reduced; as prices increase, products may be withdrawn, and fewer new products will be developed.

Physicians will increasingly practice defensive medicine to avoid litigation and

expose patients to added risks of otherwise unnecessary procedures.

For those employed by the medical device industry, the increased manufacturers' costs would discourage investment in medical device development, reducing the R&D pipeline of innovative new products created and brought to market, and lead to layoffs of high-paying jobs.

Medical innovation would be affected, as decisions about health care products shift from expert, science-based regulators to untrained, non-expert juries, creating a duplicative, fragmented and inconsistent national framework administered by state and federal courts.

The government would experience increased costs, as Medicare and Medicaid spend more than they other-

**"Congress should carefully weigh any policies that could increase health care costs and reduce high-paying jobs, particularly during an economic downturn."**

wise would due to fewer new product innovations, and government pays for increasing judicial system, tort and duplicative state regulatory costs.

"The question is not whether eliminating preemption will reduce innovation, but rather by how much and how rapidly," said co-author Mark Trusheim, Visiting Scientist at the MIT Sloan School of Management. "High levels of tort risk discourage investment in new technology. Eliminating preemption substantially alters the benefit/risk ratio of complex medical devices, increases the costs for all stakeholders, and negatively affects patients' future access to treatment options."

"Given these findings, and current economic circumstances, Congress should carefully consider any change to current law as the ramifications could substantially harm patient choice and health," Trusheim concluded.

The report was made possible by a grant from the Advanced Medical Technology Association. The views expressed are those of the authors only, and do not necessarily reflect views of the sponsor or MIT.



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# Doctors Urge President Obama to Keep the Conscience Clause Following Notre Dame Speech

President Obama gave specific attention to the “conscience clause” in his commencement speech at Notre Dame. He said he wants to “honor the conscience of those who disagree with abortion, and draft a sensible conscience clause, and make sure that all of our health care policies are grounded not only in sound science, but also in clear ethics, as well as respect for the equality of women.”

The president is poised to rescind the regulation at any time. Dr. David Stevens, president of the Christian Medical Association and a member of Freedom2Care, an umbrella coalition of over 45 organizations representing 6 million constituents, released the following statement on Obama’s comments:

“Since present laws regarding conscience have no enforcement provision, the con-

science clause is a needed regulation to protect doctors, nurses and other healthcare professionals from discrimination based upon their desire to practice life medicine and decline medical procedures which are violate their conscience or ethical convictions. The President has falsely asserted that merely “educating” on the issue of conscience rights would suffice. No amount of education would have changed the discrimination against African Americans in the sixties, enforceable laws were needed.

“And I doubt if the President would find it fair to force conscientious objectors to fight in a war that that they believed violated their beliefs, so why should our nation’s health care professionals, on the front lines of our nation’s health care crisis, be forced to violate their conscience.

“Even though President Obama said he

wants to ‘honor the conscience of those who disagree with abortion,’ his actions clearly state he has no intention of doing so. You don’t honor someone by forcing them to violate their conscience.

“The current regulation is reasonable and sensible and should not be repealed. When the choice of whether to violate one’s conscience or leave their practice was posed to the nation’s faith-based healthcare professionals, 95% of those surveyed say they will leave medicine. That’s not advancing healthcare reform; that’s creating a healthcare crisis. The healthcare crisis created by removing conscience protections will leave poor patients and those in medically underserved areas without the compassionate and conscientious faith-based health care they depend upon.

“So once you blow away the smoke-

screen of ‘fair-minded’ rhetoric, what remains is a radical, intolerant approach to health care that sees abortion not as a choice but a mandate. And by trashing the conscience regulation that implements existing civil rights law, the message to healthcare professionals is clear: either perform or refer for abortions or get drummed out of medicine.”

“We have specifically requested a meeting with President Obama or his staff and have not received any response. If the president is truly concerned about finding common ground, he should meet with doctors and patients who would be affected by the rescission of the conscience clause, rather than spout meaningless rhetoric in name of unity.”

-CMDA.org



## National Survey of Family Doctors Shows Recession Takes Startling Toll on Patients

**Findings show patients defer important preventive care, doctors see more health problems because of it**

LEAWOOD, Kan. – The American Academy of Family Physicians released the results recently of a national survey that confirms the negative and potentially serious impact the recession is having on Americans’ access to health care.

The national poll of AAFP members shows that nearly 90 percent of the family physicians surveyed reported their “patients have expressed concerns recently over their ability to pay for their health care needs.” In fact, 58 percent said they had “seen an increase in appointment cancellations.” Furthermore, 60 percent reported they had “seen more health problems caused by their patients forgoing needed preventive care.”

In addition, the survey found: two-thirds (66 percent) of the family physicians who responded said they were taking specific actions, such as discounting their fees, increasing charity care, providing free screenings, and moving patients to generic prescriptions, to help their patients manage health care needs with respect to the current economic climate; more than half (54 percent) of the survey respondents reported seeing fewer total patients since the recession began in January 2008; however, 73 percent said they had seen an increase in uninsured patients visiting their offices; 64 percent of respondents reported a decrease in the number of employer-sponsored/

privately insured patients; nearly 90 percent (87 percent) reported they had seen a significant increase in patients with major stress symptoms since the beginning of the recession.

“The survey found that patients are canceling or deferring important preventive screenings such as pap smears, mammograms and colonoscopies,” said Ted Epperly, MD, AAFP president.

“They also are failing to return for recommended follow-up visits or refill medications that are vital to managing their chronic conditions. Rather than forgoing needed medication altogether, some patients opt to cut their prescriptions, without their physician’s knowledge, to make them last longer.”

Despite these cost-cutting measures, the economic environment is still causing anxiety among patients and is leading them to discuss other health care options with their physician.

“The AAFP supports health care coverage for all Americans regardless of their employment status or socioeconomic status,” he continued. “To achieve that goal and provide better care for all Americans in a cost-efficient manner, we must move

toward a health care system based on enhanced primary care.”

The AAFP survey provides further evidence that consumers often defer health care during a recession. Health care is the largest sector of the economy, and people get sick no matter what’s happening on Wall Street. However, even the health care industry ails in tough economic times when some families are forced to prioritize rent or mortgage payments and food over health care services, Epperly said.

*For an executive summary of the survey and other related materials, please visit [www.aafp.org/media/economy](http://www.aafp.org/media/economy).*



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## Church Leaders Urge U.S. Congress to Support U.S. Foreign Aid Reform Bill

WASHINGTON - U.S. church bodies, convened by the Christian anti-hunger advocacy group Bread for the World, are petitioning Congress to pass the Initiating Foreign Assistance Reform Act of 2009 (H.R. 2139). The bipartisan bill starts the process of overhauling U.S. foreign assistance programs to make them more efficient and focused on fighting poverty.

"People of faith want our country's foreign assistance to do the best job possible of helping hungry and poor people around the world," said Rev. David Beckmann, president of Bread for the World. "U.S. foreign assistance is helping save millions of lives, improving agricultural productivity and increasing school enrollment. But more lives can be saved and more can be done if we improve how we deliver foreign aid."

Bread for the World and other faith groups are calling on millions of their constituents to urge their U.S. representatives to cosponsor H.R. 2139. As part of the effort, church leaders around the nation are sending joint letters to legislators in their congressional districts.

Reforming the outdated foreign assistance system is the focus of Bread for the World's 2009 Offering of Letters legislative campaign. The effort has rallied nearly 50 Christian, Jewish and Muslim faith bodies and agencies, who have issued a joint statement on U.S. foreign assistance reform.

"In the Abrahamic tradition, the willingness to fight poverty and other barriers to human dignity is one of the marks of a wise nation...Today, U.S. foreign aid is essential not only to meet humanitarian necessity and promote economic growth and progress, but also to build a world of stability and security for generations to come," they said in their statement.

The historic H.R. 2139 requires the president to develop and implement a comprehensive national strategy for global development, improve evaluation of development programs, and increase the transparency of U.S. foreign assistance to developing countries. Currently U.S. global development policies and programs are scattered across 12 departments, 25 agencies, and nearly 60 government offices.

"A more efficient foreign assistance system -- with better coordination, better accountability, and better clarity -- means that people will get help faster and more effectively," said Rev. Beckmann.

"If we want to assure all God's children the dignity of daily bread, we have to work with our heads and not only with our hearts."

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## AAMC-Backed Bill to Improve Access, Reduce Physician Shortage Introduced in Congress

The AAMC (Association of American Medical Colleges) applauded Sens. Bill Nelson (D-Fla.), Charles Schumer (D-N.Y.), and Majority Leader Harry Reid (D-Nev.) recently for introducing the "Resident Physician Shortage Reduction Act of 2009," which would increase the number of Medicare-supported training positions for medical residents by 15 percent (approximately 15,000 slots). As a champion of legislation to increase federal investment in the education and training of physicians, the AAMC plans to work with its member medical schools and teaching hospitals to secure passage of the legislation.

"Millions of Americans either live in health professional shortage areas, or have no insurance, so it's important that health care reform expand coverage and improve access," said AAMC President and CEO Darrell G. Kirch, M.D. "The AAMC has been pleased to work with Congress on this legislation that will help ensure an adequate supply of physicians and allow teaching hospitals to train them in the most appropriate settings."

In 1997, the Balanced Budget Act froze the number of Medicare-supported resident training slots in hospitals at 1996 levels. The new legislation would redirect unused training slots and increase the cap by 15 percent to hospitals seeking to expand existing pro-

grams or establish new programs. The majority of the new and redistributed training slots would be targeted preferentially to institutions that increase the number of residency positions in primary care, general surgery, and those that train physicians in non-hospital settings.

The Senate bill would also change existing rules so residents can be trained in non-hospital settings such as physician offices, community health centers, and other ambulatory care sites. Finally, the legislation would allow communities to continue training residents, supported by Medicare, when teaching hospitals close.

Similar legislation was introduced in the House by Reps. Joseph Crowley (D-N.Y.), Kendrick Meek (D-Fla.), and Kathy Castor (D-Fla.).

*The Association of American Medical Colleges is a not-for-profit association representing all 130 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 68 Department of Veterans Affairs medical centers; and nearly 90 academic and scientific societies. Additional information about the AAMC and U.S. medical schools and teaching hospitals is available at [www.aamc.org/newsroom](http://www.aamc.org/newsroom).*



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