

THE 7 PERCENT (NON)SOLUTION

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At least twice in the last several months I've gone to meetings about health care where the statement (or variations, thereof) was made: "Only 7 percent of medical school grads go into Family Medicine as a specialty." Although that number seemed somewhat low, I felt that it could conceivably be real. We all know that primary care receives abysmal reimbursement from the insurers, and that there is more money to be made in specialties. We all have first and second hand experience on how hard it is for someone to find a primary care physician--and it's becoming harder all the time. However, I now have good reason to believe that those numbers are *very* wrong.

In my capacity as Medical Director for the thirteen third year medical students that are up here from Touro University I had to do a little research regarding the potential feasibility of starting a Family Medicine Residency program up here. I came up with some interesting numbers:

In 2007, there were 16,139 allopathic medical school graduates, of whom, approximately 1200 chose Family Medicine as their primary field of specialization¹. This represents about 7.4% of the graduating class. So far, the numbers concur. But with a little further digging I came up with some more numbers:

In 2008, there were 2,654 available Family Practice residency slots available, and 2,404 were filled (90.6%)². Now, if only 1200 MD's elected to go into Family Medicine and 2400 slots were filled, who made up the other 1200? Well, it turns out that the remaining 1200 slots were filled by graduate DO's. (This isn't exactly rocket science math, since only MD's and DO's are considered doctors and can go into *any* residency program.) According to AOA³ statistics, approximately 40% of DO grads choose Family Practice as their primary specialty. There has been an approximately 50% increase in the number of DO grads between 1995 and 2007 with 3,024 graduating last year. This represents about 15.8% of the total number of newly graduated physicians. But it does represent another 1200 (or about 50%) of the number of new graduate physicians electing to go into Family Practice.

Osteopathic physicians represent one of the fastest growing segments of health care professionals in the US. AOA estimates that by the year 2020, there will be at least 100,000 practicing DO's, and they will represent an ever increasing proportion of the physician pool³. The other noticeable trend is that osteopaths tend to be somewhat younger than their allopathic colleagues. In 2008, almost 50% of DO's were younger than 45 while only 39% of MD's were. Conversely, only 10% of DO's were older than 65 while 19% of MD's were³. This implies that as we age, our likelihood of having a DO as a physician (especially as a primary care physician) will be fairly high.

For years, the two streams of medical training have been on a parallel, seldom intersecting, course. One exception that stands out is the third year training that we're providing to the third year Touro students. Most of their clinical experience is provided by MD's, and no one seems to be the worse off. In fact, the students are receiving an excellent clinical experience. But, can we, as a medical community, do anything else? Well, for one, we could enroll a larger number of our local physicians, as preceptors, for the training of these young doctors. The physicians who have participated this past year in the Touro program have done an heroic job in taking their responsibilities seriously, and the students who have rotated up here with us have gotten a good experience—different from what we all went through as third year students, but good, nonetheless. But we need more physicians to participate if we wish the program to survive and thrive up here. But, beyond increasing our participation with the medical students, is there anything else we can do?

Intermittently, over the years, we've talked about getting a Family Medicine Residency program up here. As I have pointed out in earlier articles, approximately 1/3 of Family Practice residents will settle to within 100 miles of where they do their residency. This would provide us with a built-in pool of new physicians. UC Davis is usually mentioned as the sponsoring institution of such a residency. Perhaps it's time that we cast our nets wider. Here are some salient points we need to think about:

Fact: There's a huge primary care physician shortage in both our little corner of paradise and the country at large.

Fact: If there is to be any meaningful health care reform in this country *and* cost containment, the reform must be primary care driven.

Fact: With a >90% fill rate of available Family Medicine residency slots, there is room for more programs, as well as expansion of existing programs

Fact: Demographics are favoring Osteopaths as providing an increasing share of care in our country in the future

Fact: More osteopaths are willing to go into primary care than their allopathic colleagues.

Conclusion: We need to think about getting a Family Medicine program up here that could easily be a DO program, (or better still a joint MD/DO program).

For us to succeed up here in providing health care to our citizens we need to incorporate the contribution made by our DO colleagues in any plans. This means that we MD's need to get over our "MD-centrism" and include our osteopathic colleagues when looking at health care delivery in the US.

And the next time I go to a meeting where I hear the 7 percent number bandied about I will stand and say, "You're missing the future."

1. American Council of Graduate Medical Education; 2008 Report

2. [HTTP://www.aafp.org/online/en/home/residents/match/table1](http://www.aafp.org/online/en/home/residents/match/table1)

3. AOA *Osteopathic Medical Profession Report*, 2008

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