

Shortage of rheumatologists: In some US regions closest doctor may be 200 miles away

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A novel study published in the American College of Rheumatology (ACR) journal, *Arthritis & Rheumatism*, shows that smaller micropolitan areas of the U.S.—those with less than 50,000 people—have very few or no practicing adult rheumatologist. In some of these areas, individuals have to travel more than 200 miles to reach the closest rheumatologist.

A 2005 ACR workforce study examining the number of adult practicing rheumatologists in the United States estimated there to be roughly 1.7 adult rheumatologists per 100,000 persons. At the time the demand for services and number of rheumatologists were proportionate. However, with the aging U.S. population and lack of growth in the number of rheumatologists, experts projected that by 2010 there would be a shortage of 400 rheumatologists and that number would climb to 2,500 by 2025.

Led by Dr. John FitzGerald from UCLA Rheumatology at the David Geffen School of Medicine in Los Angeles, CA, a team of researchers—members of the ACR Committee on Rheumatology Training and Workforce Issues—analyzed the distribution of rheumatology practices across the U.S. using the ACR membership database. The number of rheumatologists were totaled for each Core Based Statistical Area—a way to categorize geographic regions of the U.S. that includes micropolitan and metropolitan areas. Socio-demographics associated with each CBSA cluster of rheumatologists were examined.

Results show that in 2010 there were 3,920 practicing rheumatologists in the ACR database, with 90% practicing in metropolitan regions, 3% in micropolitan areas, and 7% in rural parts of the country. In populations with less than 50,000 people there was limited access to a practicing rheumatologist, with travel to the nearest practice in 50 of the 479 micropolitan areas being more than 100 miles. Several regions with populations of 200,000 or more were also found to have no practicing rheumatologist in the area. Researchers did report a higher concentration of rheumatology practices in more populous areas with higher median incomes.

"Our study highlights that regional shortages of rheumatologists already exist," said Dr. FitzGerald. "There are a number of communities across the U.S. that would benefit from additional rheumatology services."

In a related editorial published also in *Arthritis & Rheumatism*, Dr. Chad Deal with the Cleveland Clinic in Ohio adds, "FitzGerald et al provide data showing a shortage in rheumatology care, particularly in less populated areas of the U.S. For patients with autoimmune and inflammatory diseases rheumatologists are specialist physicians who are central to early diagnosis and treatment, which evidence suggest is most important within the first few months of disease onset to limit joint damage, improve physical function, and induce remission."

The study authors and Dr. Deal agree that interventions are needed to increase the supply of rheumatologists to underserved regions. They suggest that the ACR commit to providing updated data on supply of rheumatologists by regions so graduates are aware of practice opportunities; increase funding for fellow positions in areas that lack [rheumatology](#) services; and expand the roles of nurse practitioners and physician assistants to help care for patients with rheumatic disease in communities where rheumatologists are in short supply.

More information: "Regional Distribution of Adult Rheumatologists." American College of Rheumatology Committee on Rheumatology Training and Workforce Issues. *Arthritis & Rheumatism*; Published Online: November 27, 2013. [DOI: 10.1002/art.38167](https://doi.org/10.1002/art.38167)

Editorial: "The Regional Distribution of Rheumatologists: What Can We Do, What Should We Do." Chad L. Deal. *Arthritis & Rheumatism*; Published Online: November 27, 2013. [DOI: 10.1002/art.38169](https://doi.org/10.1002/art.38169)

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