

New funding strategies, graduate education needed to fill rheumatology workforce gaps

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The U.S. adult rheumatology workforce is in jeopardy of a serious decline, and incentives to pursue rheumatology training, including help with graduate medical education funding, could provide critical relief, according to new research findings presented this week at the 2016 ACR/ARHP Annual Meeting Washington.

The 2015 ACR/ARHP Workforce Study was commissioned to project the supply and demand for rheumatology care now through 2030. According to the study's steering committee, graduate medical education plays a critical role in keeping the flow of rheumatologists at the levels needed to meet the significant need for adult rheumatology services. The results of the Workforce Study will be presented at the Annual Meeting.

The 2015 ACR/ARHP Workforce Study was undertaken to assess the current status of the rheumatology workforce as well as to project future supply and demand through 2030," said Marcy B. Bolster, MD, a lead author of the study. She is Associate Professor of Medicine at Harvard Medical School and Director of the Rheumatology Fellowship Training Program at Massachusetts General Hospital in Boston. "The last workforce study was conducted in 2005 and projected a deficit of rheumatologists, based on projected supply and demand, of nearly 2600 rheumatologists. With the passing of a decade, the ACR Committee on Training and Workforce Issues determined that an updated analysis is warranted to best prepare our workforce to meet societal demands for the care of patients with rheumatic diseases."

Projections of the future supply of adult rheumatologists were based on the current workforce in the U.S., fellowship graduation rates, succession planning, workload, practice settings and generational changes. Factors used to estimate demand for care included patient demographics, health care usage, rheumatology practice trends, rheumatic disease prevalence, U.S. projected population growth and per capital income. The study assumed that a rheumatologist in private practice was 1.0 full-time equivalent (FTE) and an academic practitioner was 0.5 clinical FTE.

According to the study, the current supply of U.S. rheumatologists is 4,497 clinical FTEs. By 2030, that number will fall by 31 percent, to 3,455. The current demand for rheumatologists is 5,615 FTE, 36 percent more than the available supply. By 2030, excess demand will be 4,729, or 138 percent more than supply. There are currently 113 adult rheumatology fellowship training programs with 431 available positions. Rheumatology fellowship training is a 2-3 year training period. If all positions are filled, 215 fellows would be expected to graduate each year. Even at a 100 percent position fill rate per year and no reductions in the number of fellow positions offered, the average number of clinical FTE of adult fellows projected to enter the rheumatology workforce each year is only 107. In addition to accounting for those fellows who will enter academic practice, other reasons for this gap, as learned from the fellows in training survey, include 18 percent of the projected number of female millennials plan to work part-time, and almost 20 percent of international medical graduates who train in U.S. rheumatology programs plan to practice abroad.

An aging workforce is another problem. The Workforce Study shows that about 50 percent of those currently practicing plan to retire over the next 15 years, and 80 percent of those retiring plan to reduce their patient load by more than 25 percent.

"The projected deficit of adult rheumatologists in the next 10-15 years exceeds the shortage predicted in the prior 2005 ACR Workforce Study," said Dr. Bolster. "With an aging population, the need for rheumatology care is increasing. The impact of adult rheumatologist retirements as well as population growth will have a significant impact on available care for patients with rheumatic diseases. The knowledge of the shortfalls in potential access to care over the next 15 years is powerful and provides us with the opportunity for novel solutions to enhance timely access to care for rheumatology patients."

According to the study's findings, steps needed to alleviate this [workforce](#) gap include recruiting more medical students and residents to pursue rheumatology training; creating financial incentives to pursue this [training](#), such as loan repayment and innovative funding for graduate medical education programs; and enhancing the use of nurse practitioners and physician assistants in rheumatology clinical practice.

Provided by American College of Rheumatology

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