

Why Health Workforce Projections Are Worth Doing

Executive Summary

Successful health policy focuses, in part, on timely access to care, which requires an adequate health workforce to meet the needs of the population. In the United States, federal and state health policymakers provide funding for health professions education and training, research to assess and inform the adequacy of the health workforce, efforts to distribute the workforce where geographic or specialty gaps are identified, and the development of tools to project the size, composition, and need for the health workforce in the future.

One of those tools is workforce projections modeling, which, over the past decade, has consistently projected vast future shortages of health care workers, especially physicians. Previous long-term national workforce projections of the future supply of physicians over the past two decades have not been precisely accurate (Figure 1) and have focused exclusively on shortages of primary care professionals despite increasing evidence that shortages in physician subspecialties and many other types of health care workers are more severe.

While not disregarding these projections entirely, policymakers have nonetheless not found them compelling — and have relied on technology, major shifts in the roles of health care professionals, and dramatic changes in patient behavior to solve the shortage problem.

This paper from the AAMC Research and Action Institute examines the history of health workforce projections modeling in the United States, with a goal of assessing the validity of various approaches. While workforce projections modeling efforts can be accurate and have been effective in alerting policymakers and other stakeholders to possible future shortages of specific health professions and occupations, they suffer from several important deficits: (1) lack of data, (2) being stuck in workforce silos, and (3) inadequate distribution and location modeling. The paper will inform policymakers and researchers of these limitations and future work needed to improve the projections, including the need to move away from physician-focused modeling to more services-based models that integrate the contributions of health care workers beyond physicians.

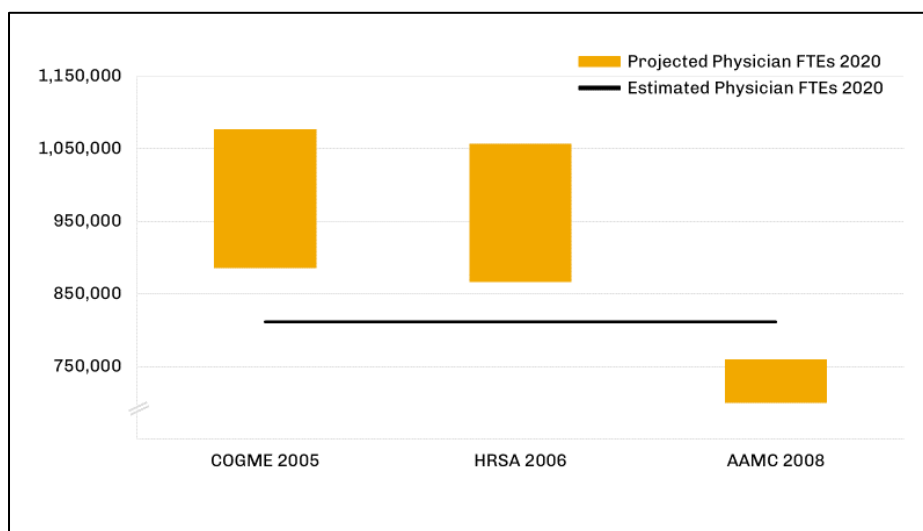


Figure 1. Ranges of projections and an estimate of U.S. physician supply. (COGME = Council on Graduate Medical Education; HRSA = Health Resources and Services Administration; AAMC = Association of American Medical Colleges.)