



**LEARN  
SERVE  
LEAD** <sup>20</sup>/<sub>24</sub>  
THE AAMC ANNUAL MEETING

Association of  
American Medical Colleges



# Annual Address on the State of the Physician Workforce

Michael Dill

Director, Workforce Studies, AAMC

November 9, 2024 (3:00-4:15 pm Eastern)



# AAMC's Workforce Studies Team ( & Friends )



Outline

Projections

Access

Burnout





Outline

Projections

Access

Burnout



“...workforce policy should recognize the care team in its current state.”



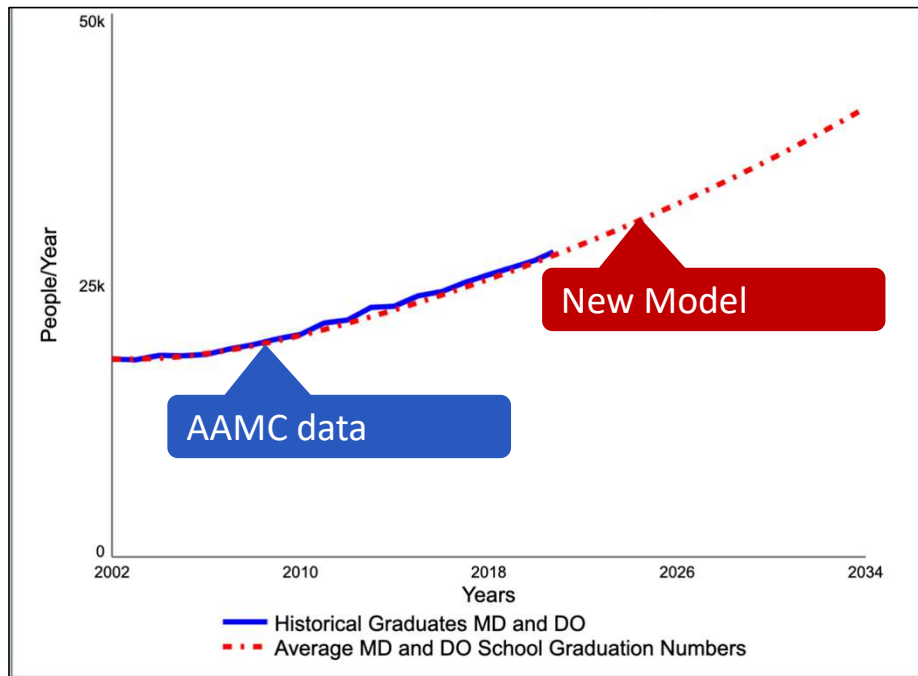


# New model, new possibilities

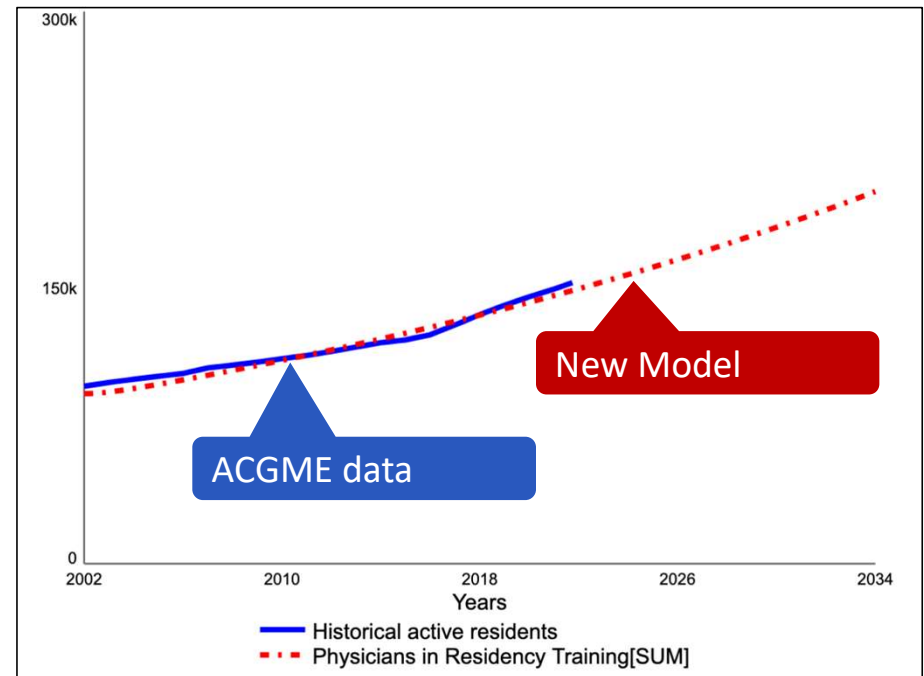
1. Utilization & Demand & Need
2. Physicians & PAs & NPs (APPs)
3. Starts supply production with medical school
4. Includes residents and fellows in capacity
5. Starts projections in 2002
6. Includes feedback (e.g., population health and demand)
7. Co-ownership
8. No black box

# We Can Compare Simulation Results to Historical Data

## Students



## Residents





# New model, new possibilities

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# New model, new possibilities

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# Physician Workforce Projections 2.0



Supply



Demand



Together



# Physician Workforce Projections 2.0



Supply



Demand



Together



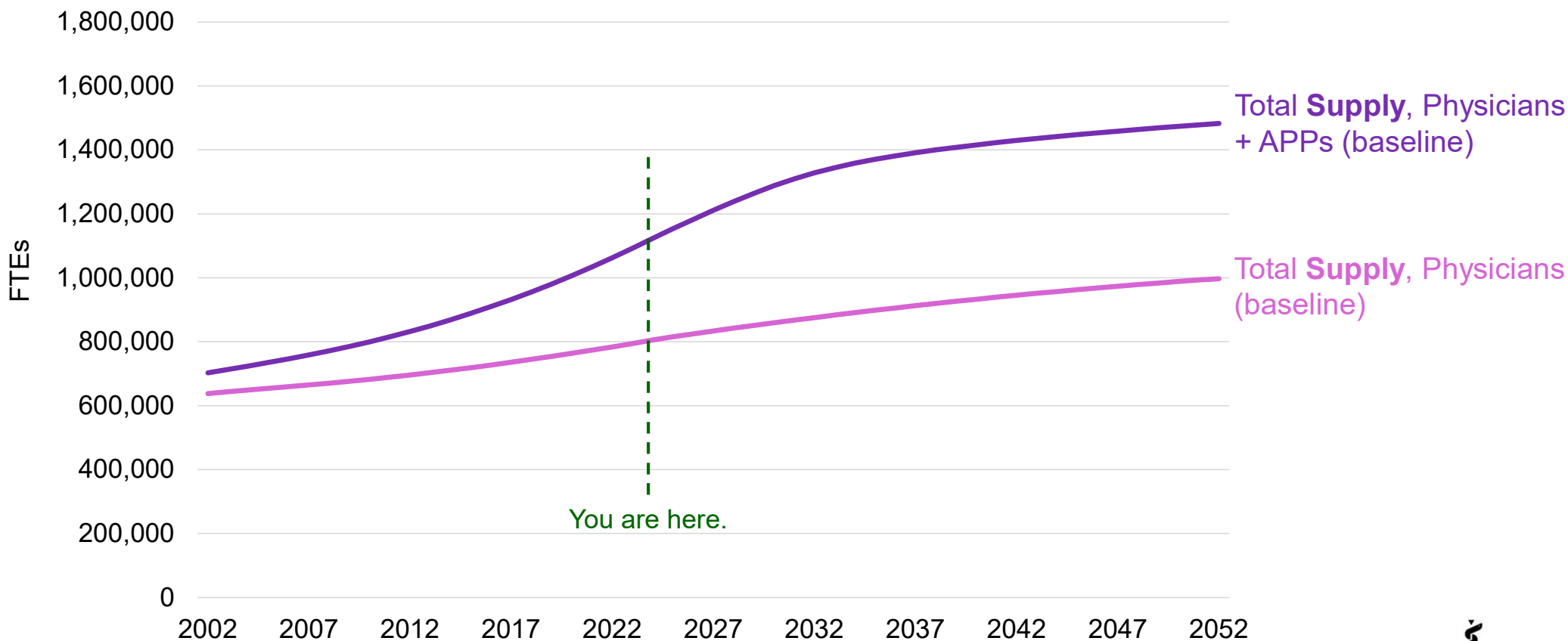
# A note on terminology: Baseline scenario

- Current underlying trends persist, like declining work hours
- Trends that require explicit action do not persist, like GME growth, Scope of Practice expansion, increased willingness to shift tasks to PAs and NPs





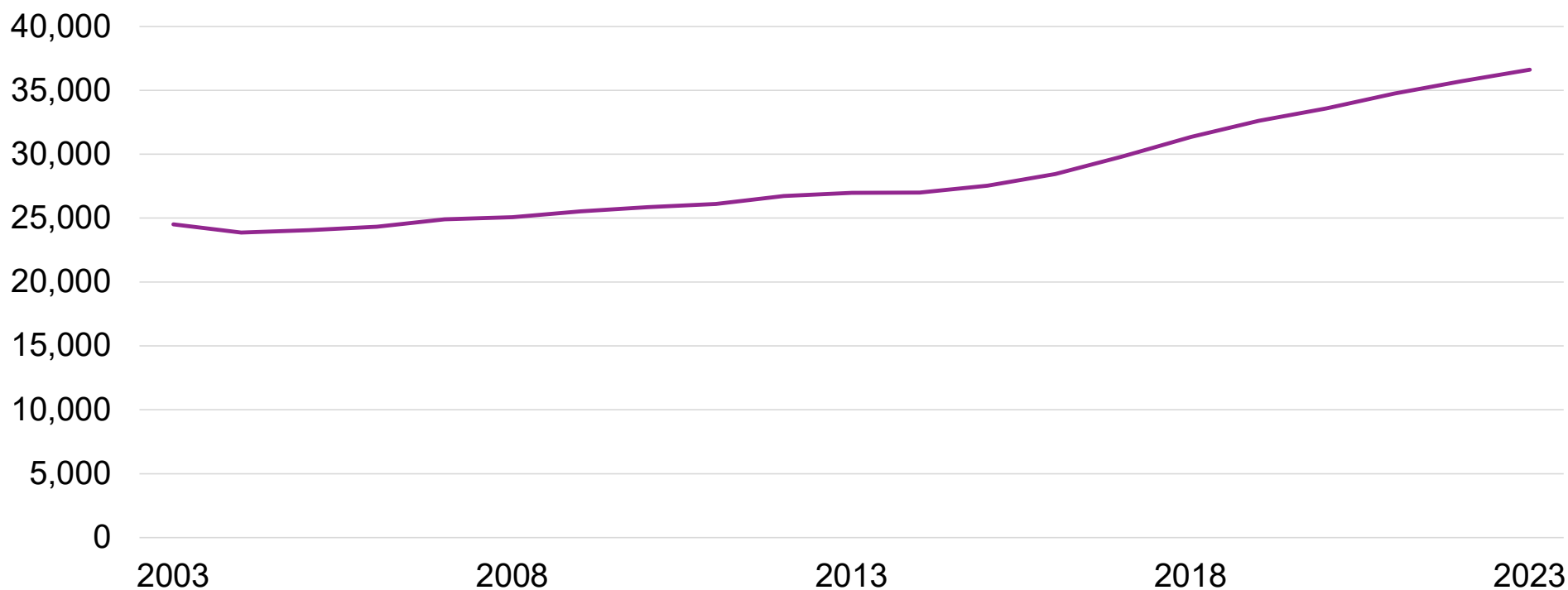
# Projected Physician & APP Supply, 2002 to 2052 (Baseline Scenario)





# Physician training capacity is rising, but...

## ACGME Entrants

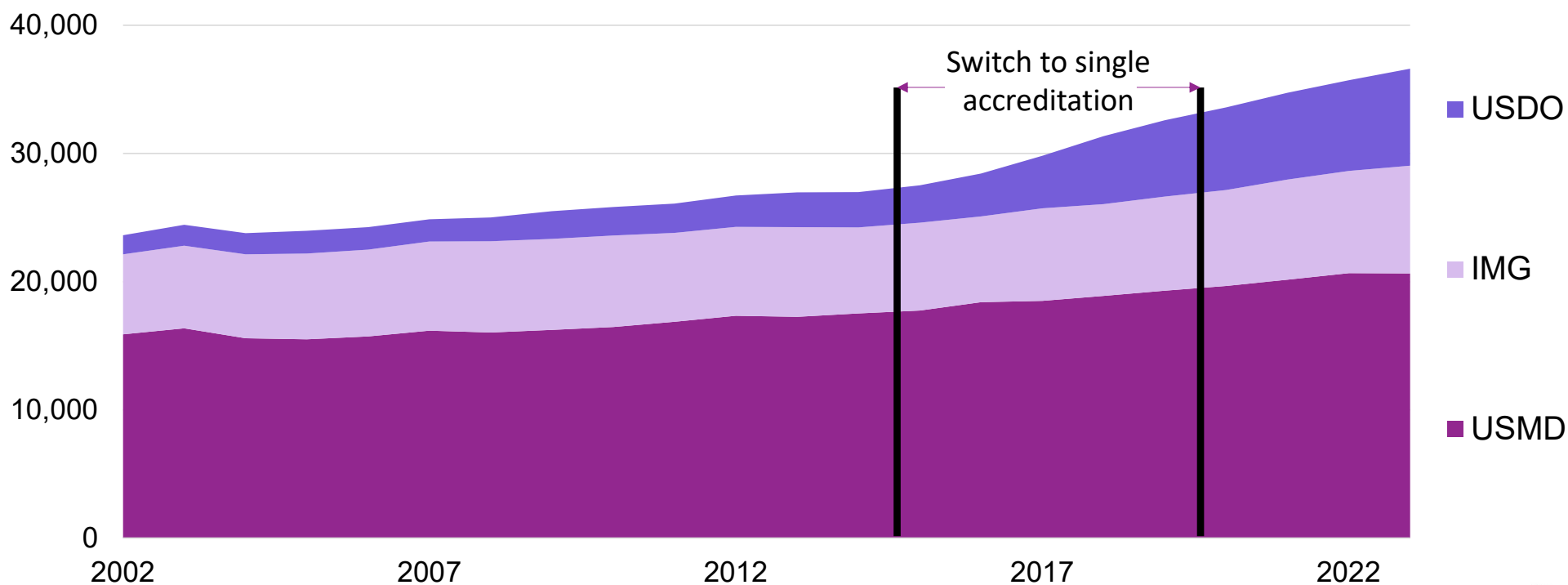


Source: ACGME Data Resource Book (various eds.)



# Physician training capacity is rising, but... ...not as fast as some might think

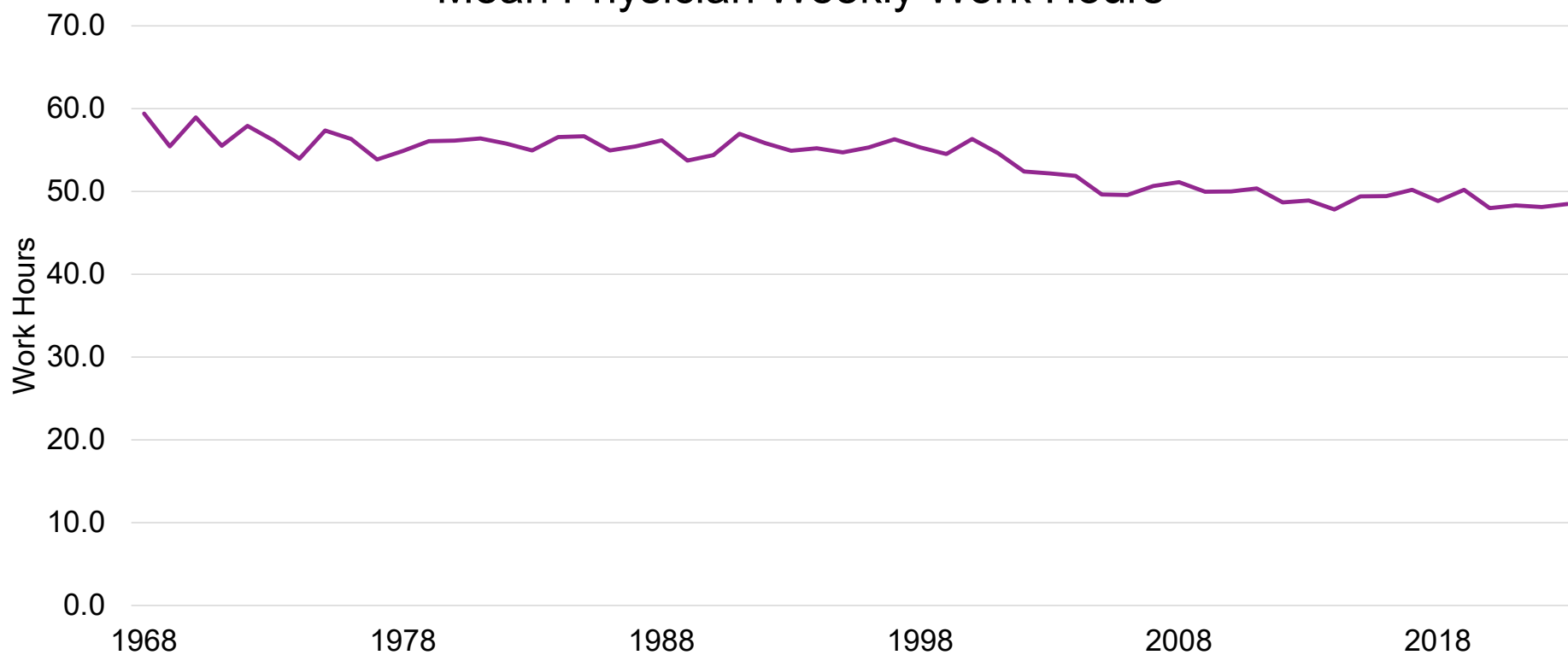
## ACGME Entrants





# Physicians continue to work fewer hours

## Mean Physician Weekly Work Hours

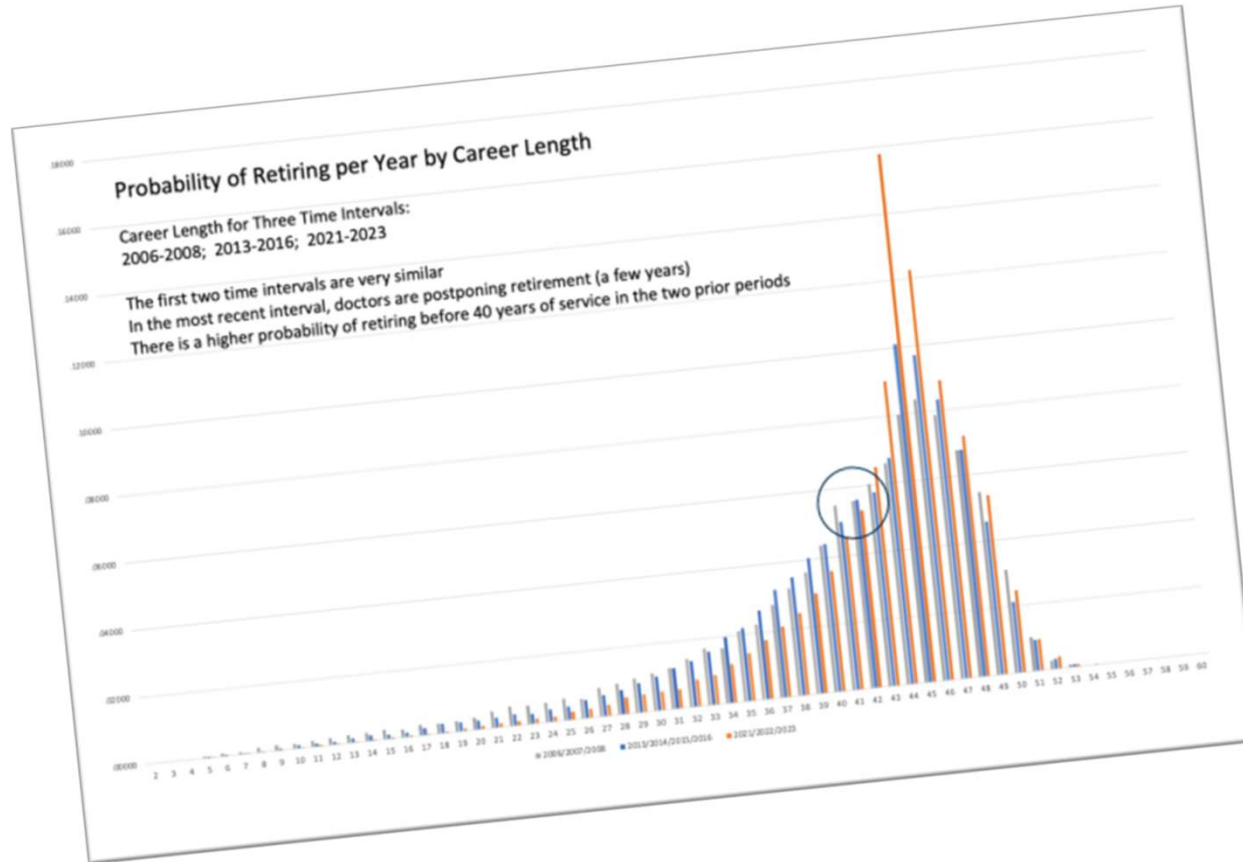


Source: AAMC Workforce Studies' analysis of Current Population Survey ASEC Data, 1968-2023. Sarah Flood, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. IPUMS CPS: Version 11.0 [dataset]. Minneapolis, MN: IPUMS, 2023.





# Retirement: I do not think it means what you think it means

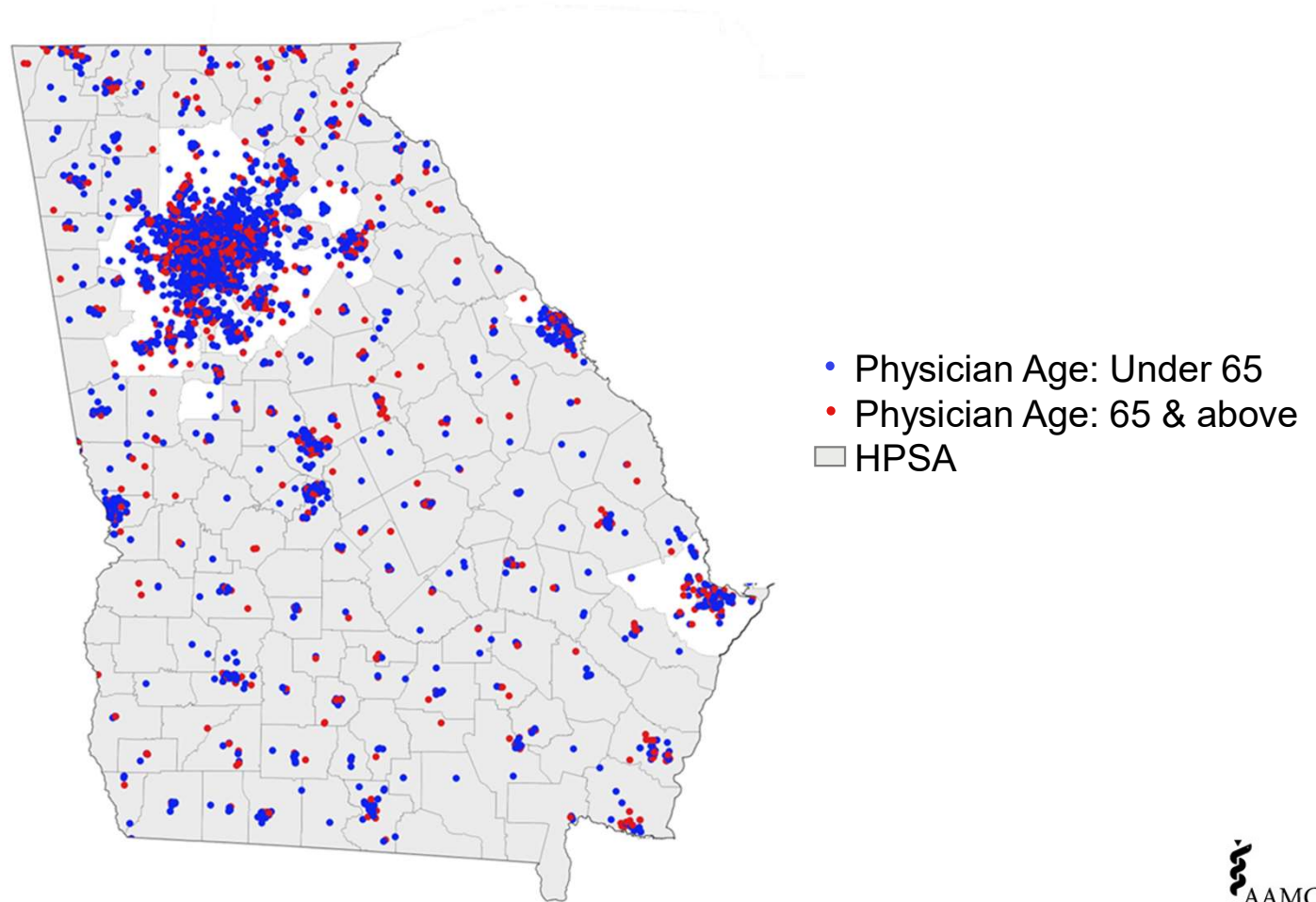


Source: RAND analysis of AMA PPD data.

# Physicians' age in a local context

## Physician Practice Location, 2022

(1 dot = 1 physician)

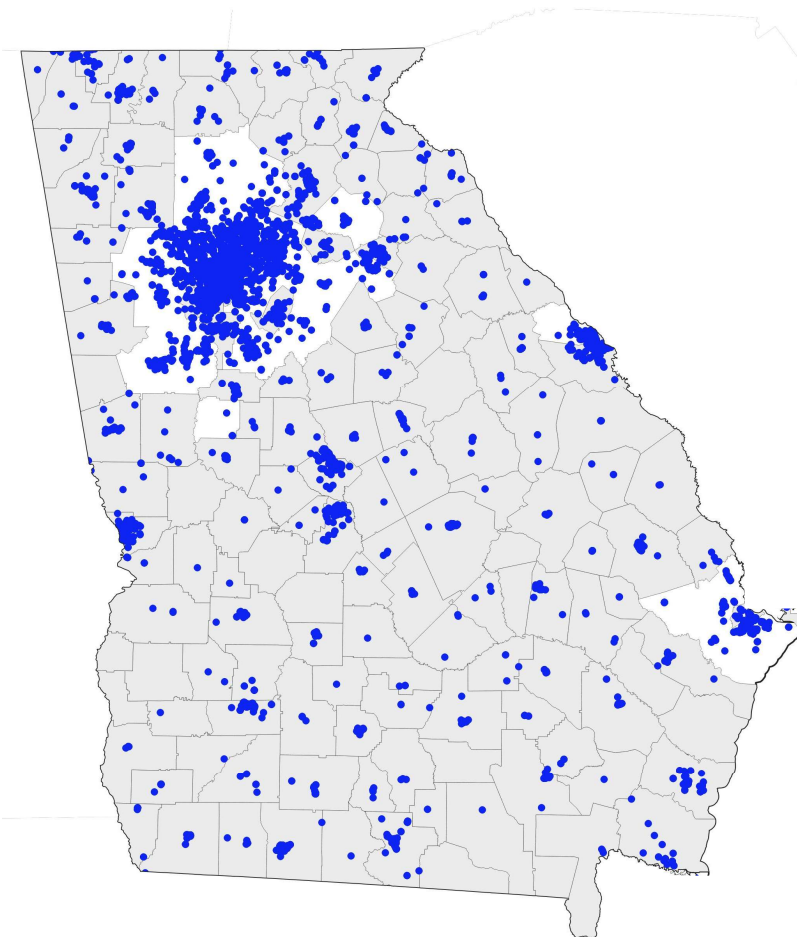




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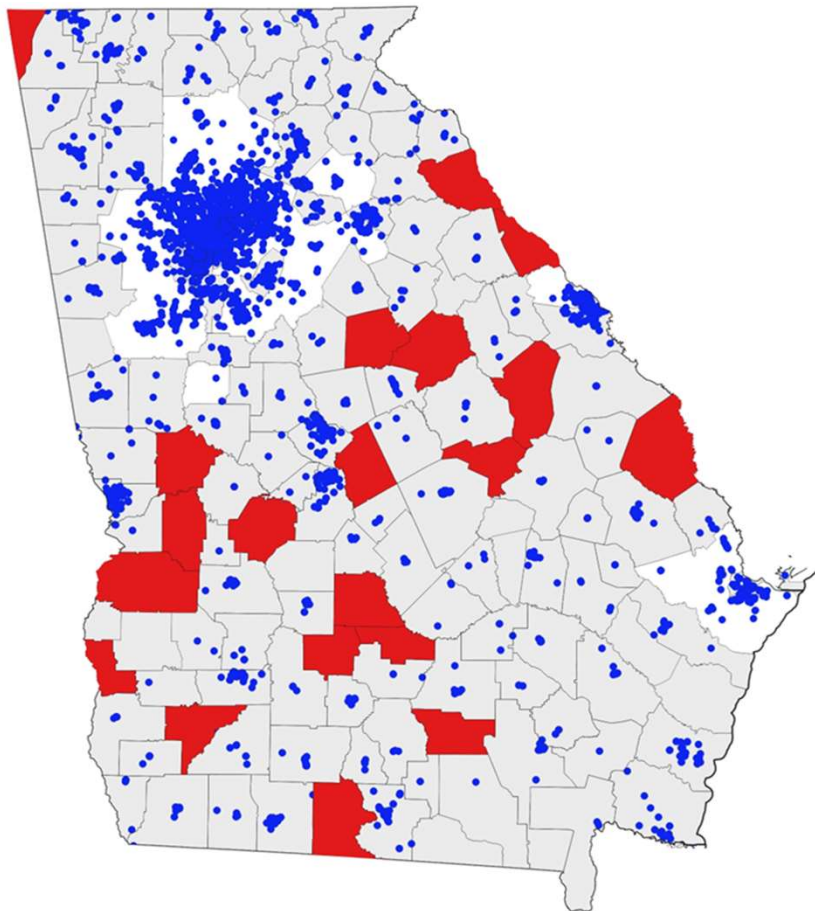
- Physician Age: Under 65
- HPSA



# Physicians' age in a local context

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(1 dot = 1 physician)

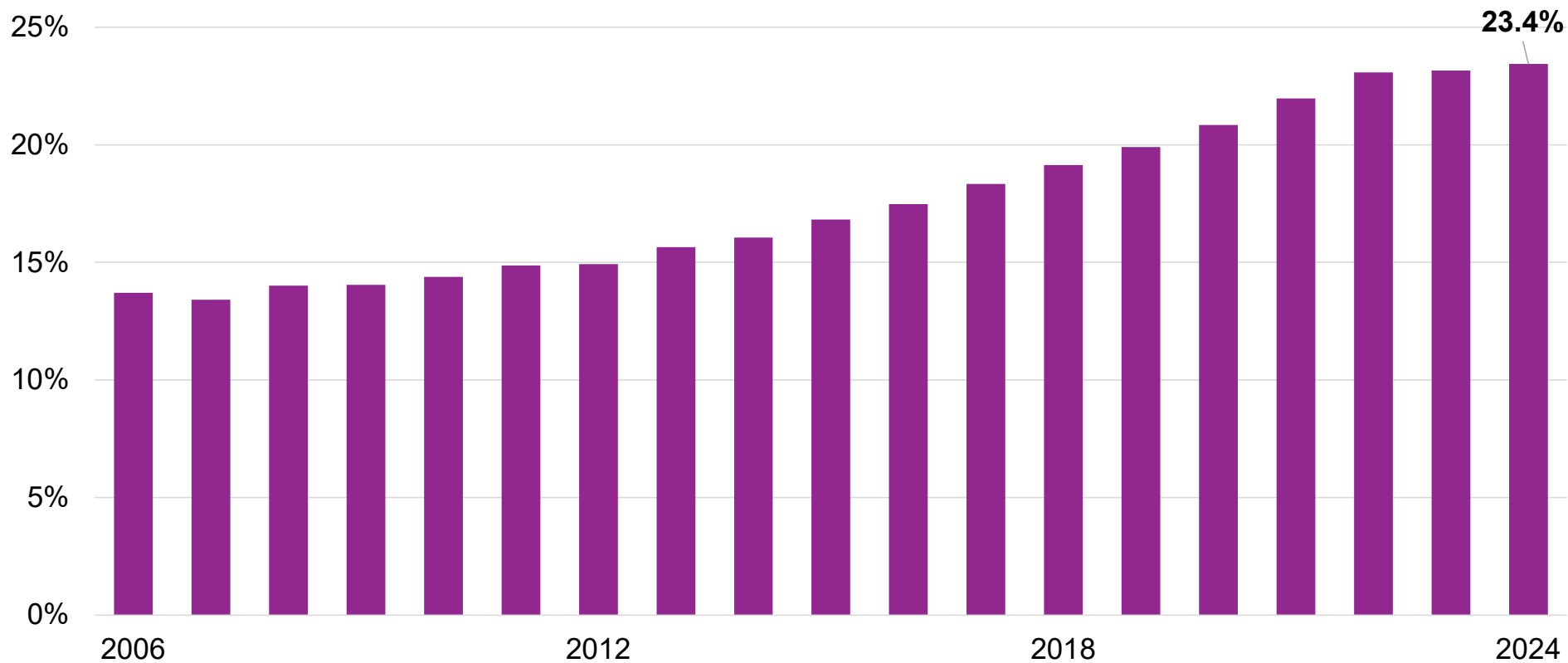


- Physician Age: Under 65
- $\geq 50\%$  of Physician Workforce Aged 65+
- HPSA





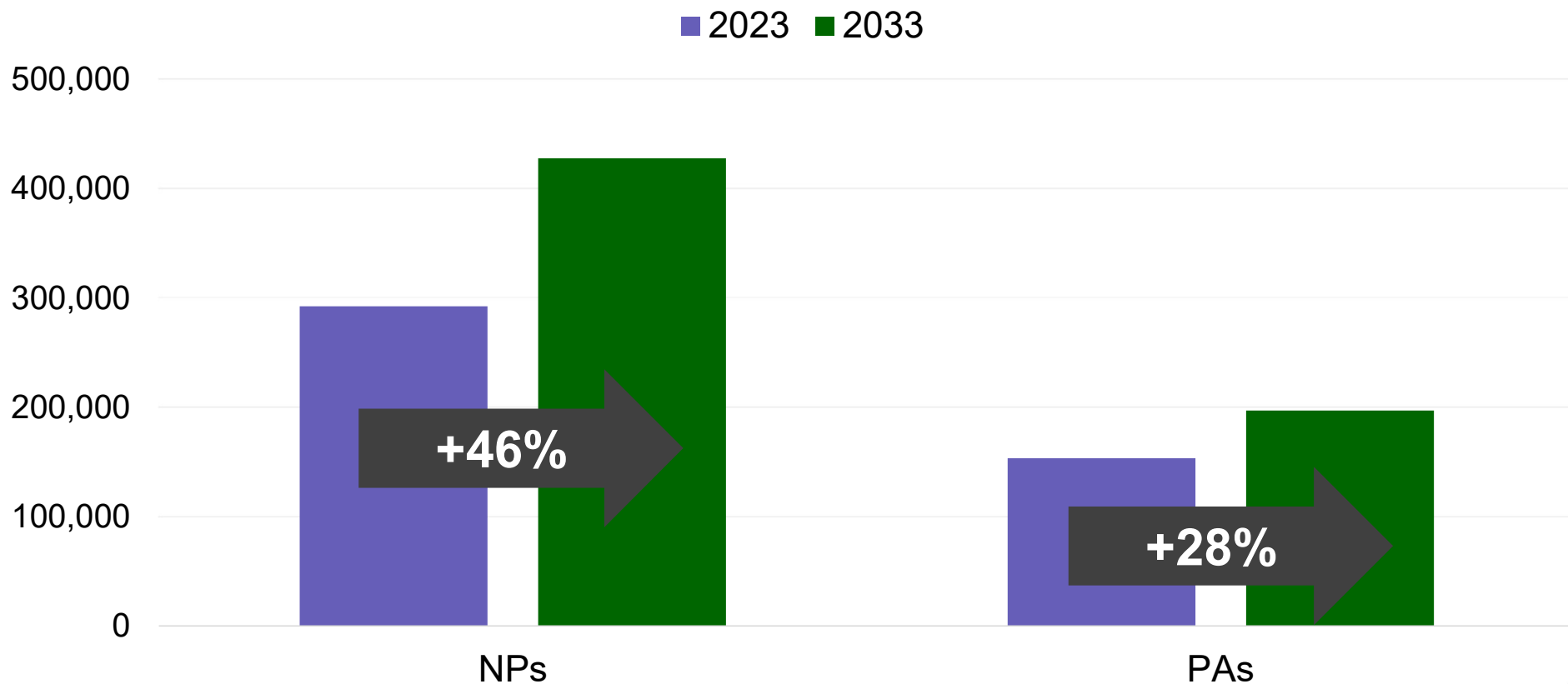
# Percent of Physicians 65+ Years of Age



Source: AAMC analysis of AMA PPD data.

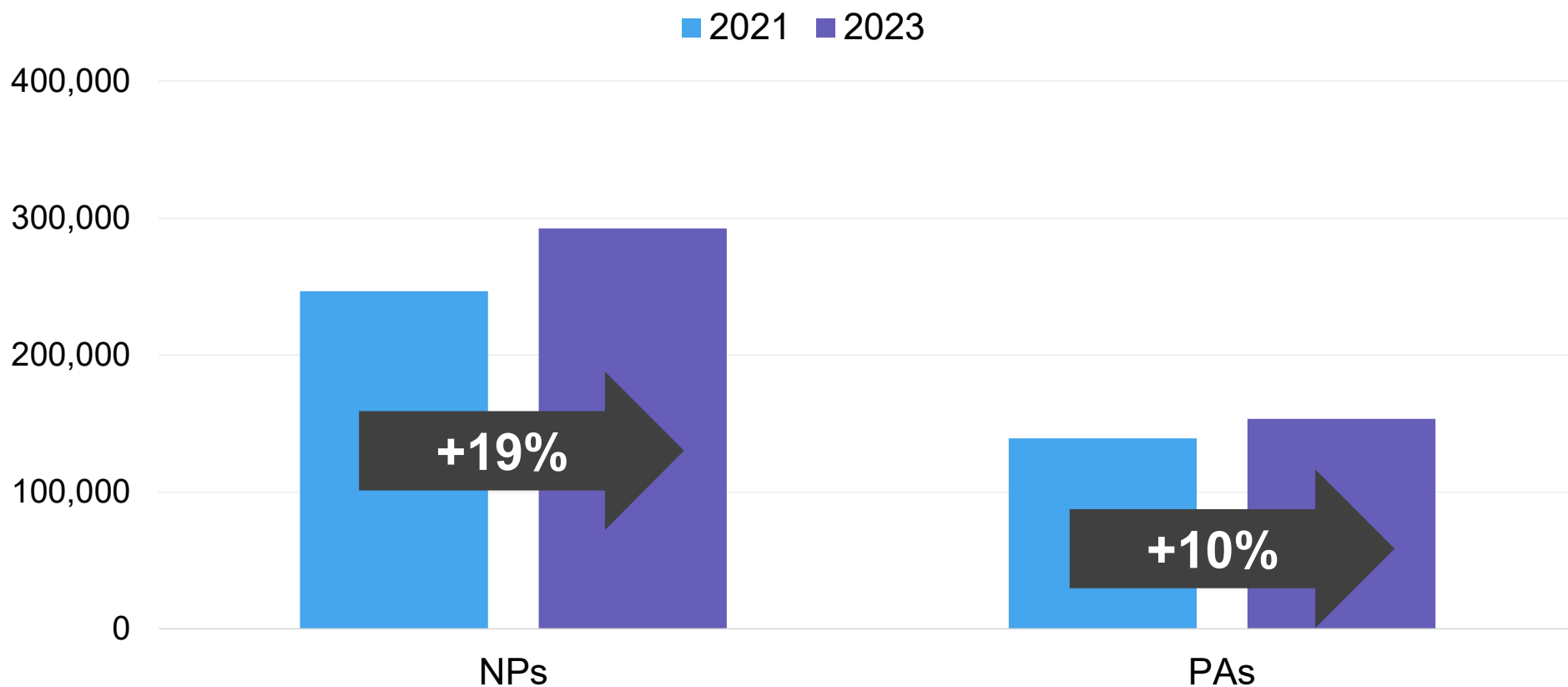


# Employment of NPs & PAs, 2023 and 2033





# Employment of NPs & PAs, 2021 and 2023



Source: BLS, Employment Projections.

# Physician Workforce Projections 2.0



Supply



Demand



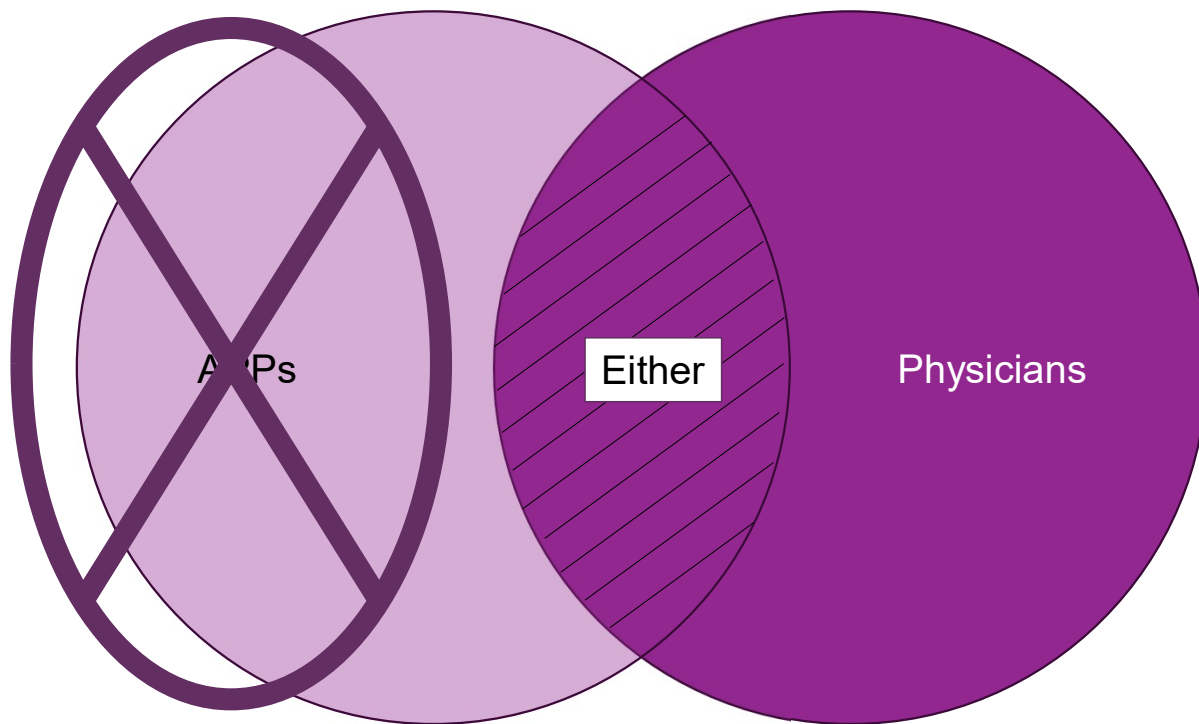
Together





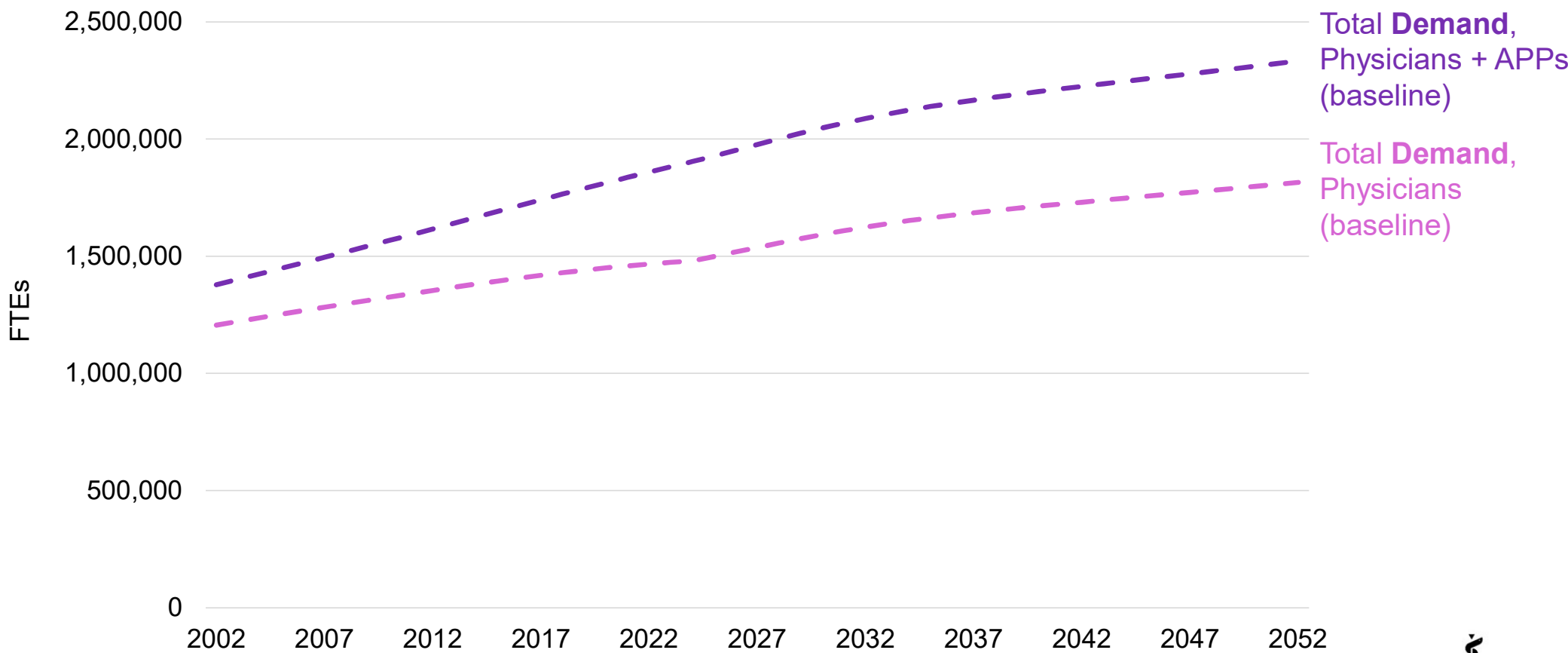


Meeting demand is complex. The new model captures that.





# Projected Physician & APP Demand, 2002 to 2052 (Baseline Scenario)



We are growing  
in number,

and we are  
getting older.

Percent change 2006-2022

Total Population

12%

Pop. 65+

56%

# Scope of Practice

---



# Physicians work with PAs and NPs, and they see benefits to that



JOURNAL ARTICLE

## Physicians working with physician assistants and nurse practitioners: perceived effects on clinical practice

Xiaochu Hu , Bettie Coplan, Hilary Barnes, Noël Smith, Alison Essary, Michael Dill

Author Notes

Volume 2, Issue 6  
June 2024

*Health Affairs Scholar*, Volume 2, Issue 6, June 2024, qxae070,

<https://doi.org/10.1093/haschl/qxae070>



# Patients are increasingly open to being seen by PAs and NPs

RESEARCH ARTICLE

HEALTH AFFAIRS > VOL. 32, NO. 6: | MEDICAID EXPANSION & VULNERABLE POPULATIONS

## Survey Shows Consumers Open To A Greater Role For Physician Assistants And Nurse Practitioners

[Michael J. Dill](#), [Stacie Pankow](#), [Clese Erikson](#), and [Scott Shipman](#)



# Physician Workforce Projections 2.0



Supply



Demand

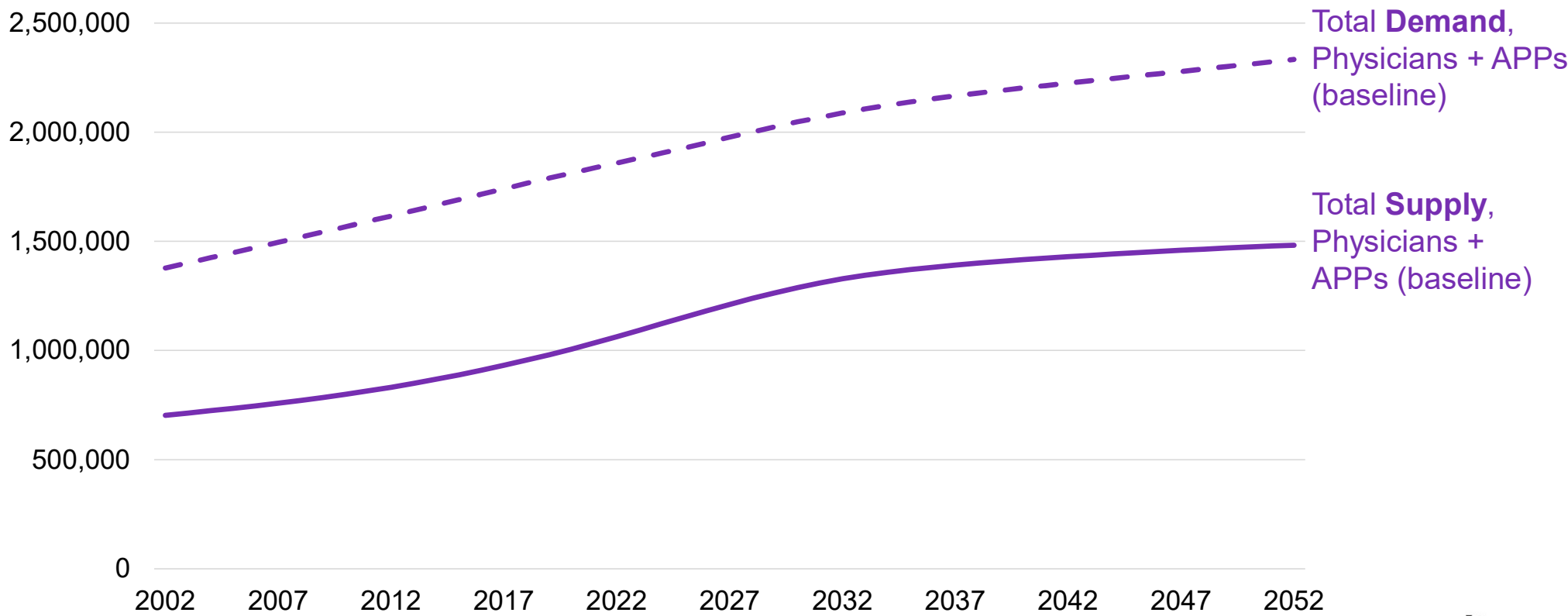


Together



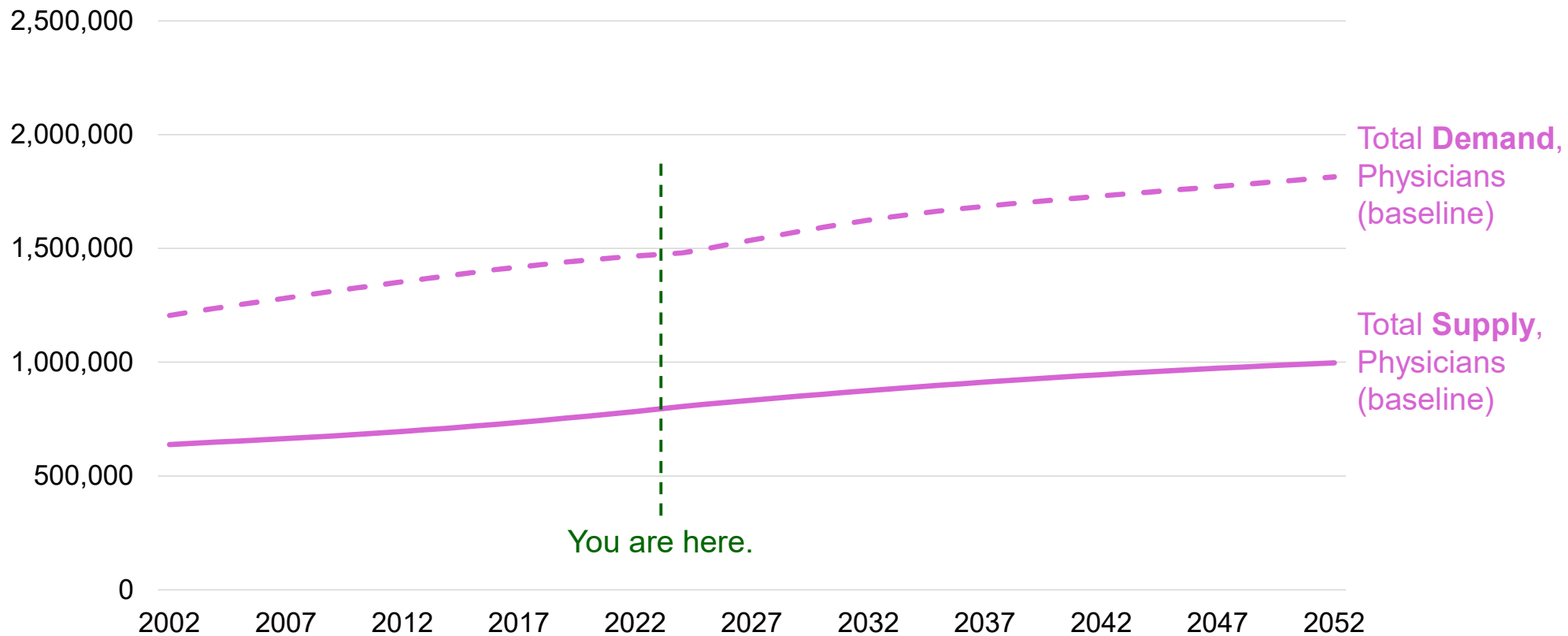


# Projected Supply & Demand, Physicians + APPs, 2002 to 2052 (**Baseline Scenario**)





# Projected Supply & Demand, Physicians Only, 2002 to 2052 (Baseline Scenario)



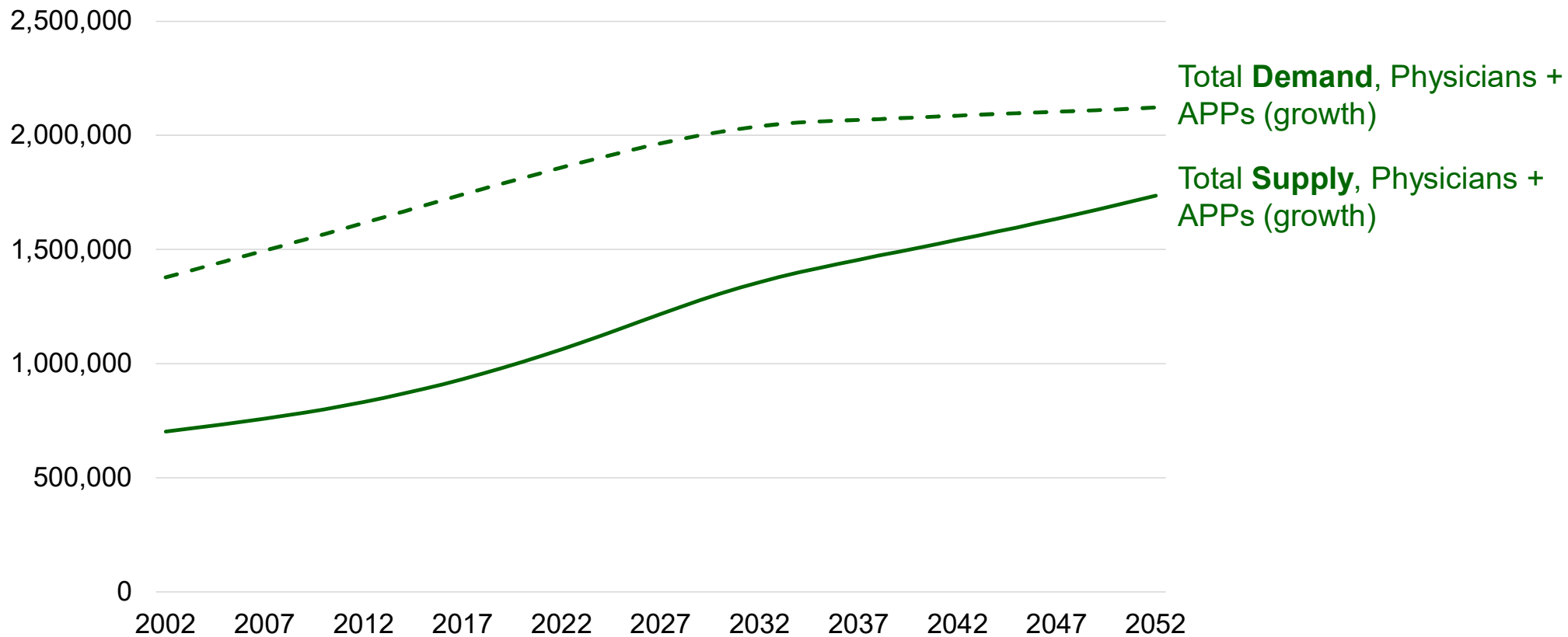


What's the  
number?





# Projected Physician & APP Supply & Demand, 2002 to 2052 (Growth Scenario)

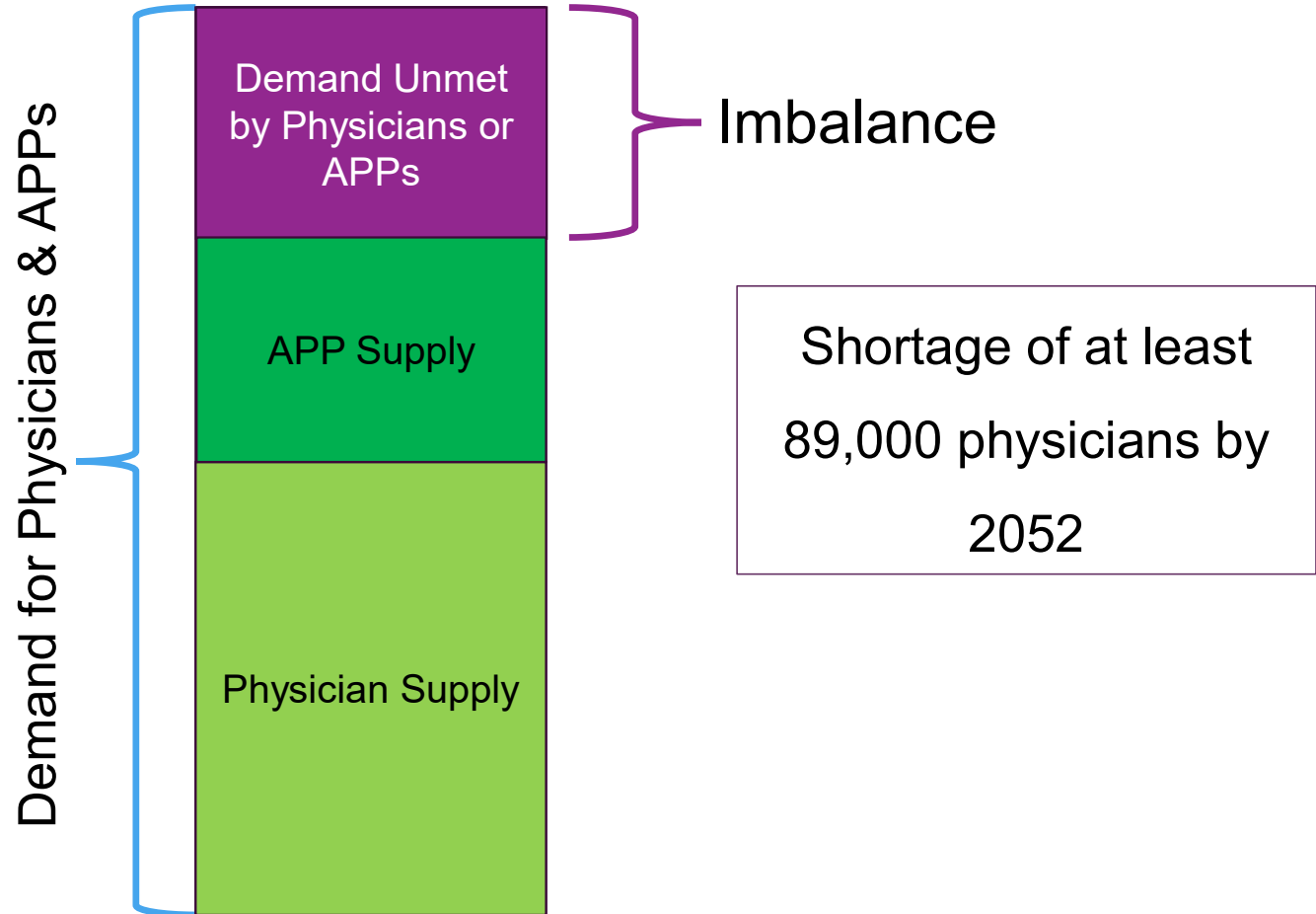




Assume continued growth

in:

1. SOP
2. Willingness to task shift
3. GME capacity



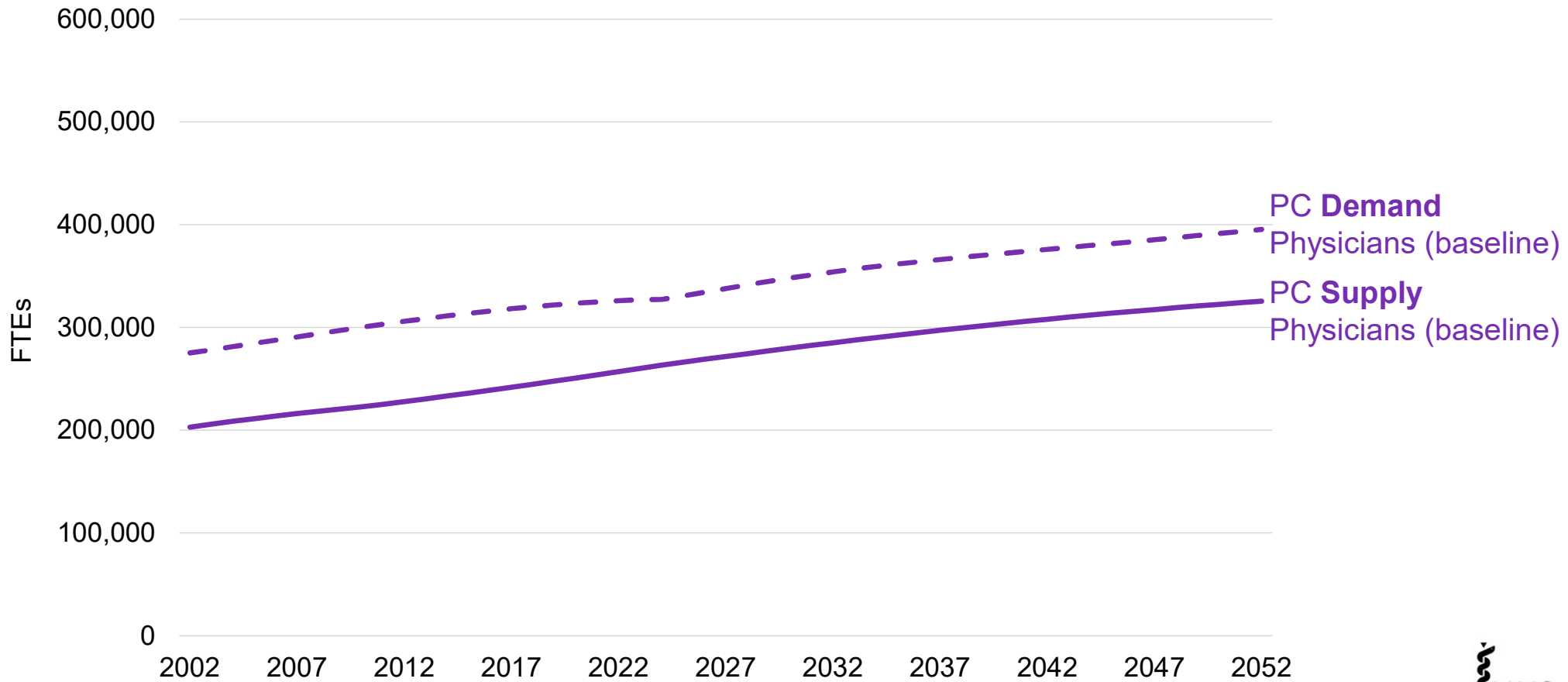


# But what about primary care?



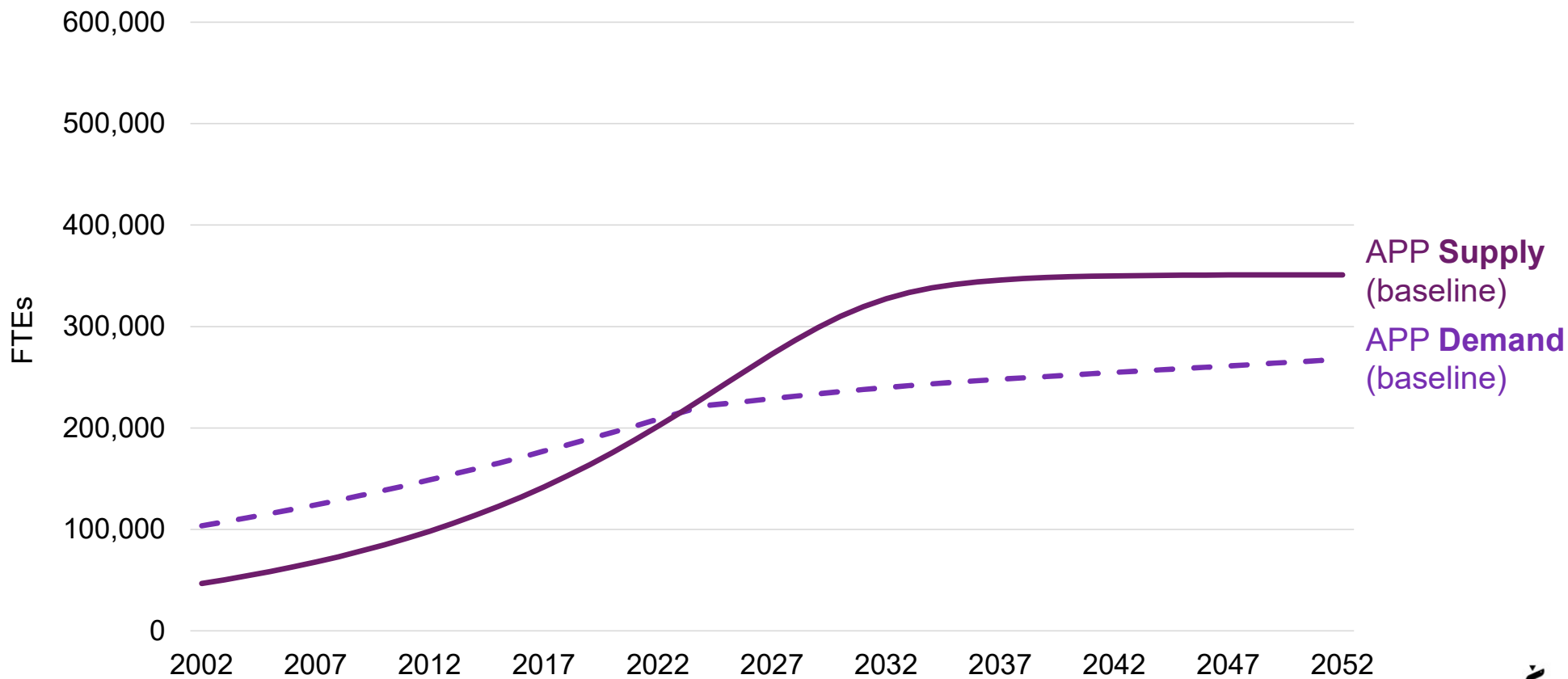


# Projected Primary Care Physician Supply & Demand, 2002 to 2052 (Baseline Scenario)

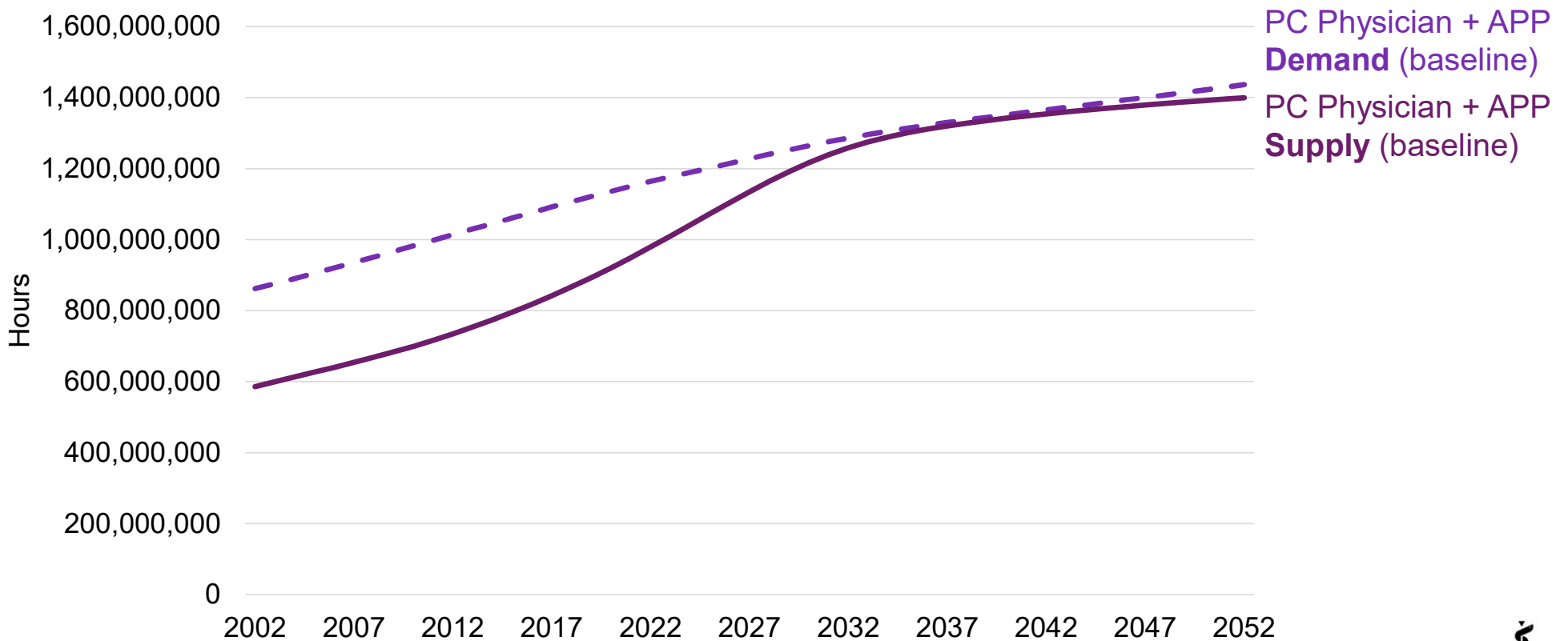




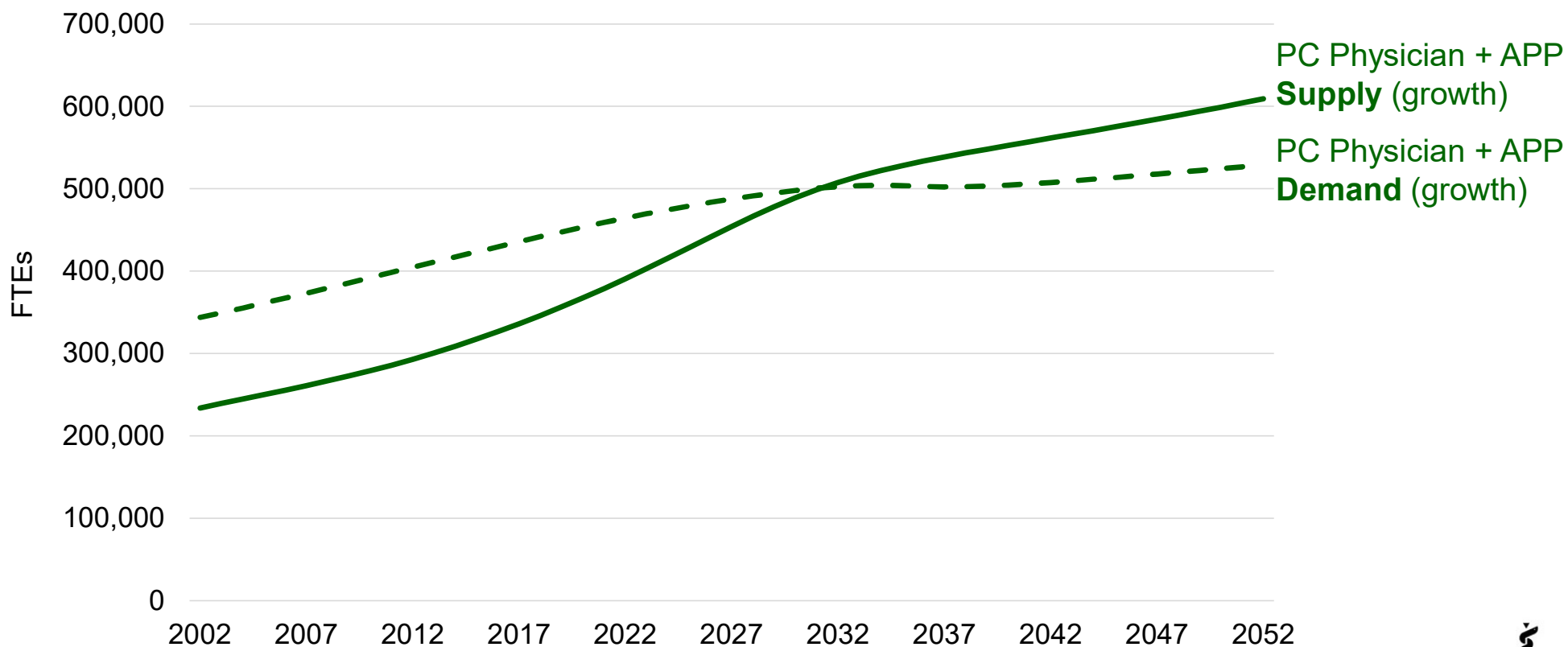
# Projected Primary Care Supply & Demand, APPs, 2002 to 2052 (**Baseline Scenario**)



# Projected Primary Care Supply & Demand, Physicians + APPs, 2002 to 2052



# Projected Primary Care Supply & Demand, Physicians + APPs, 2002 to 2052 (Growth Scenario)



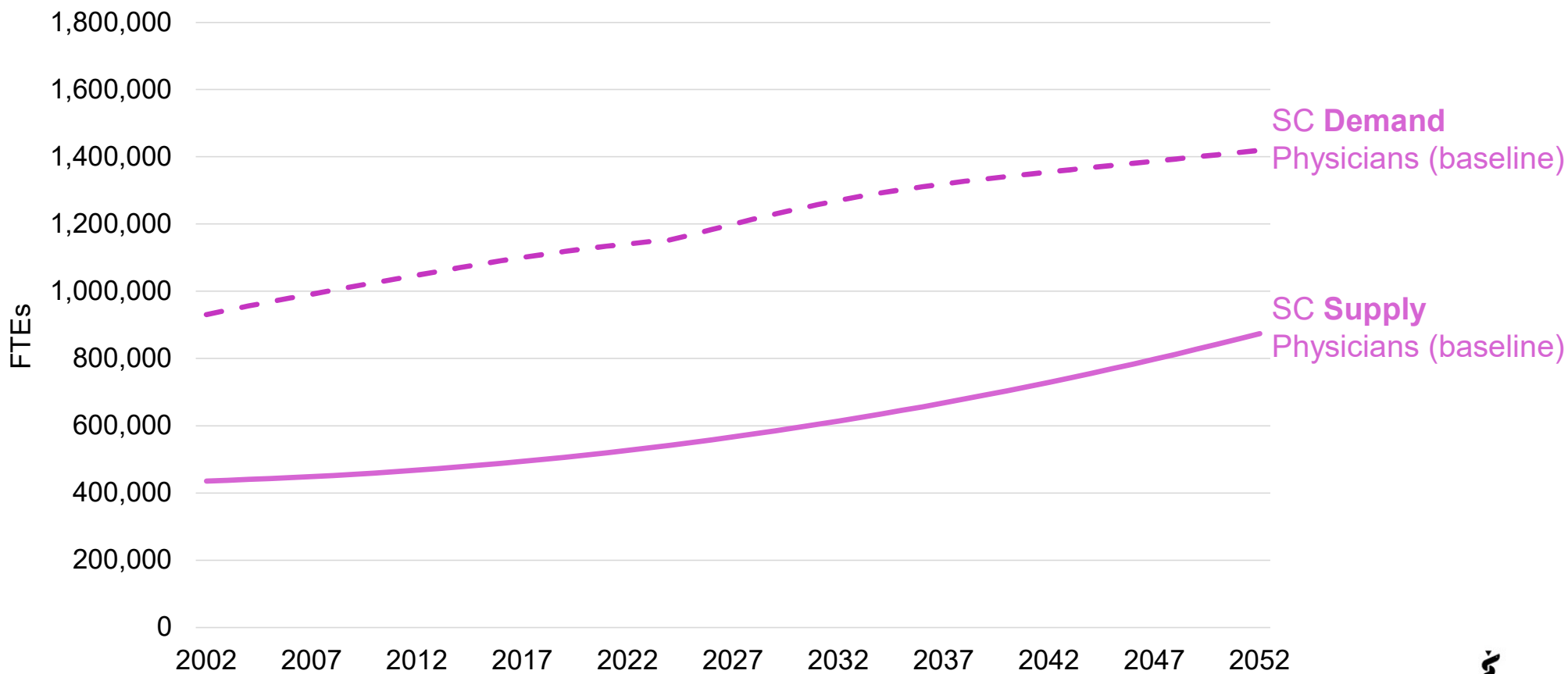
# And what about *specialty* care?





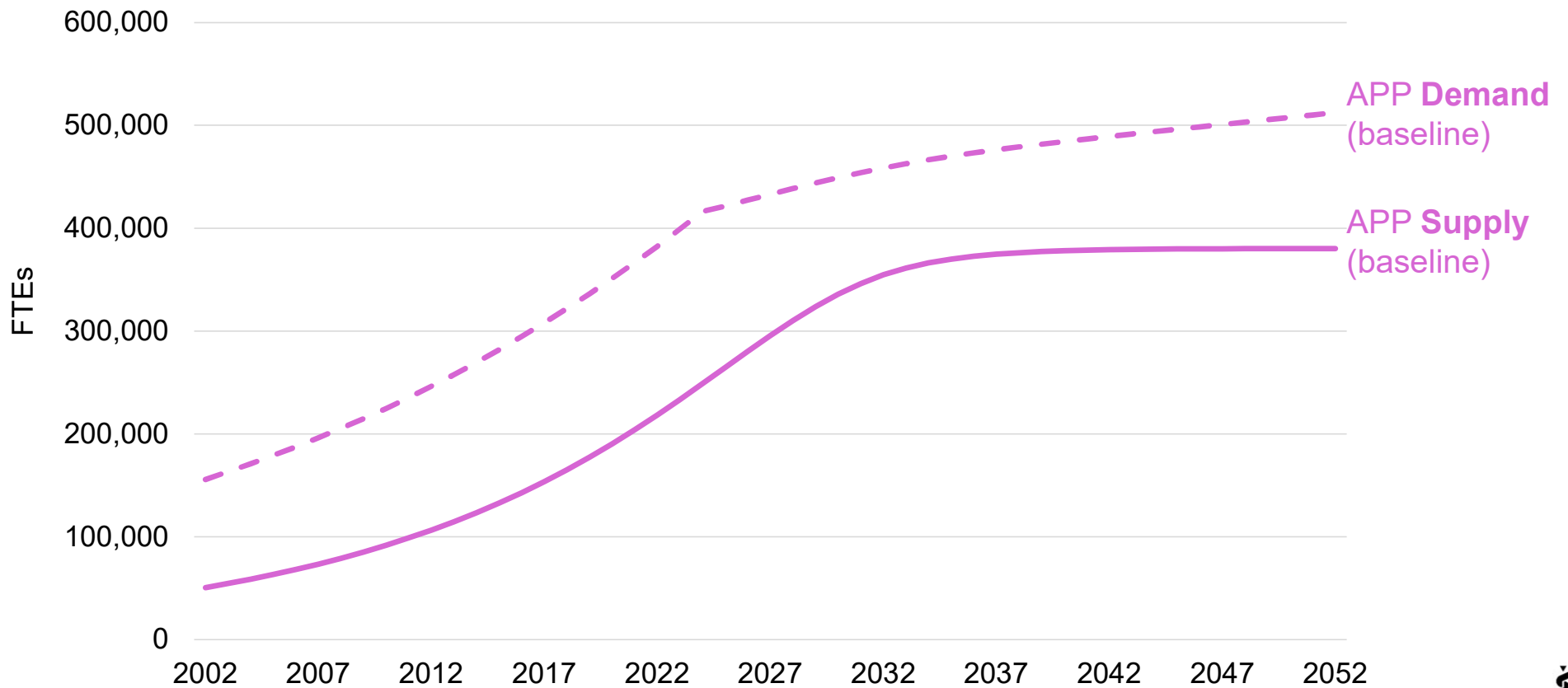


# Projected Supply & Demand, Specialty Care Physicians Only, 2002 to 2052 (Baseline Scenario)

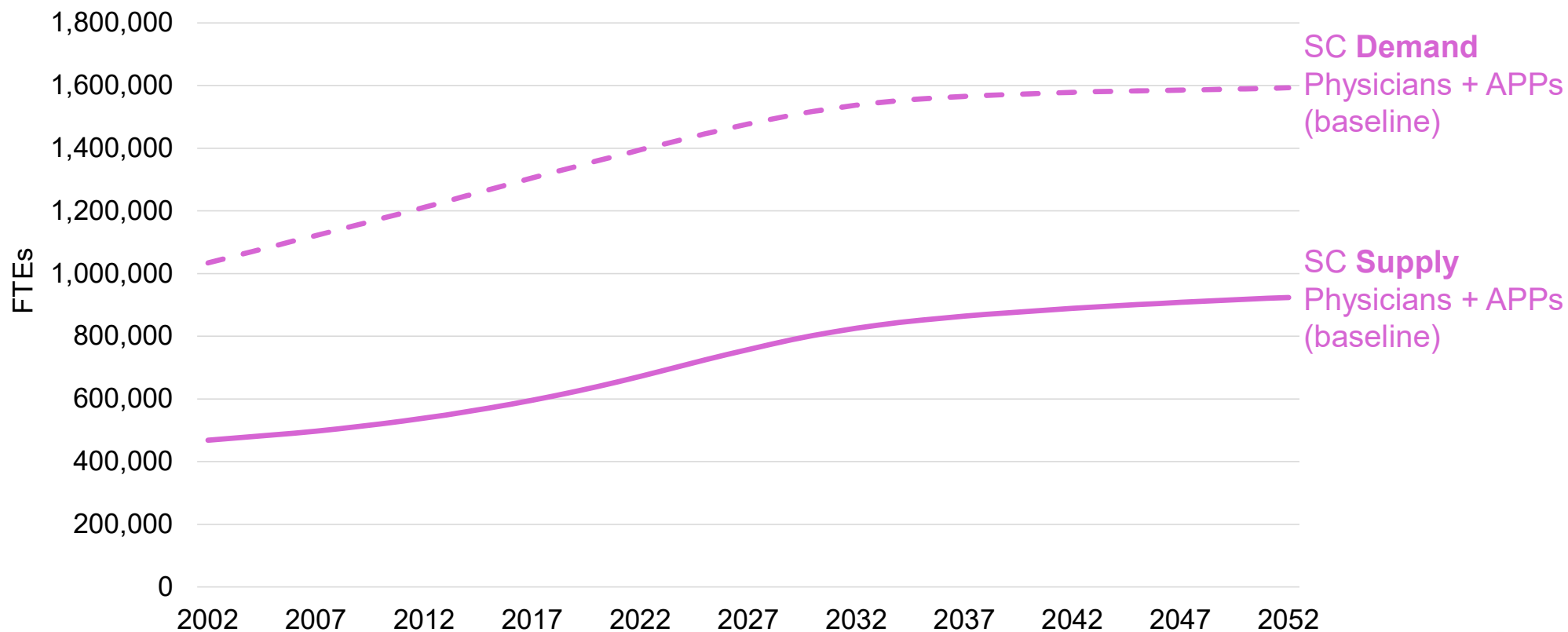




# Projected Primary Care Supply & Demand, APPs, 2002 to 2052 (Baseline Scenario)

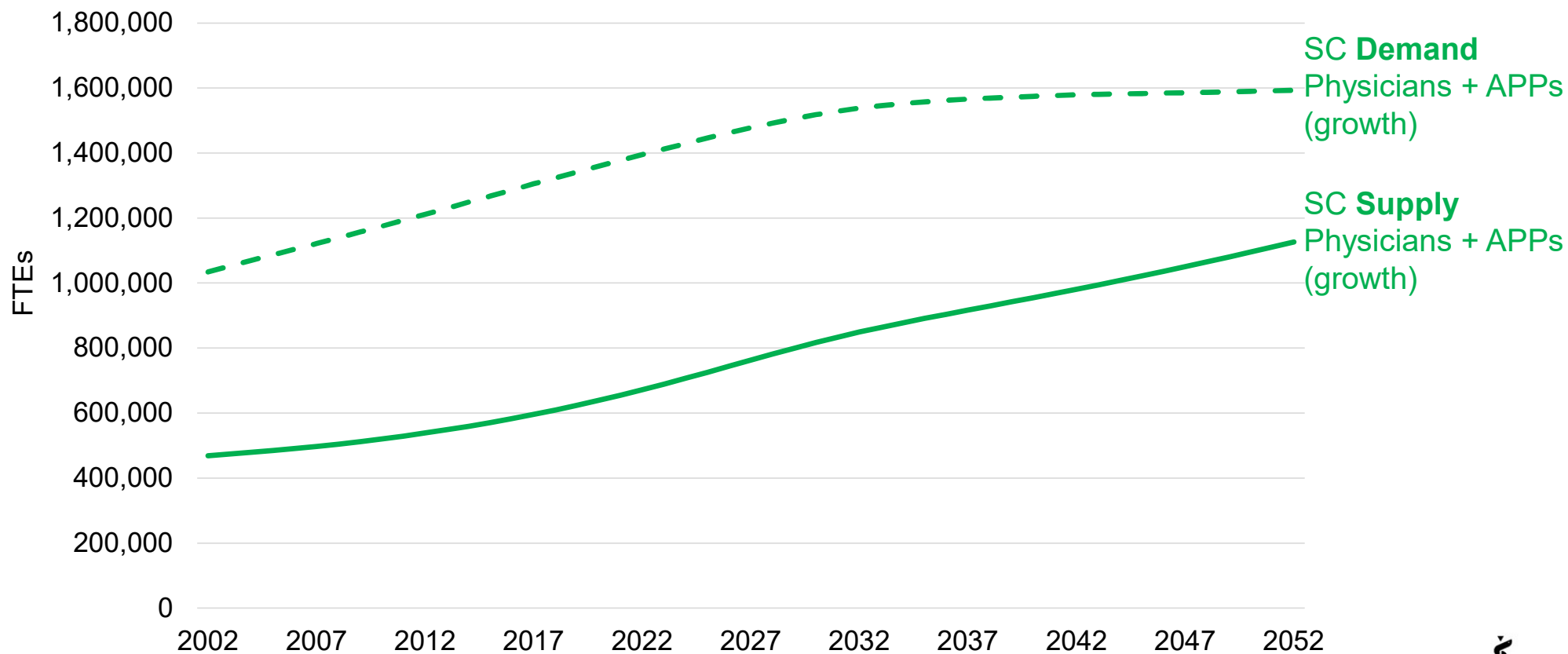


# Projected Supply & Demand, Specialty Care Physicians + APPs, 2002 to 2052 (**Baseline Scenario**)

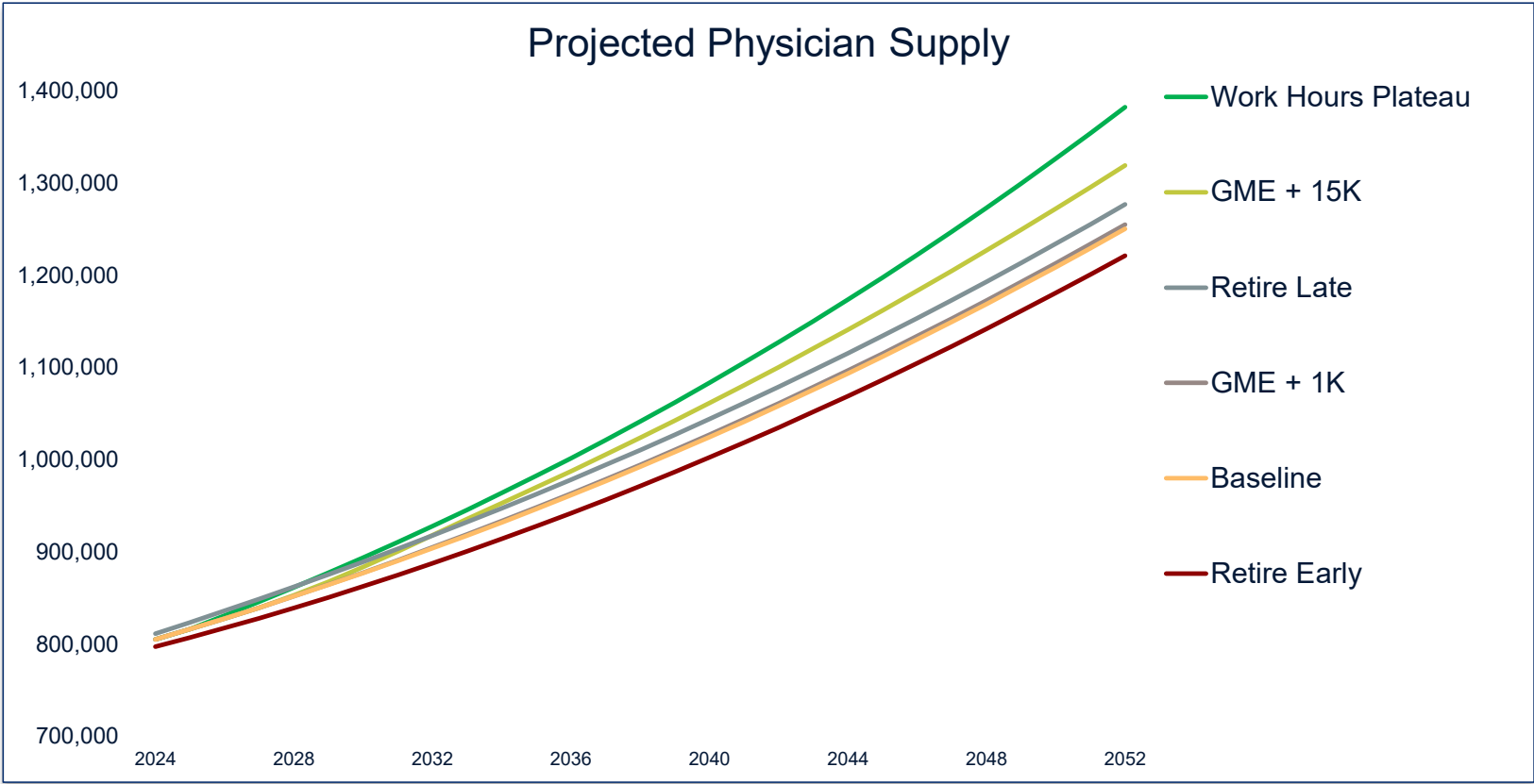




# Projected Supply & Demand, Specialty Care Physicians + APPs, 2002 to 2052 (**Growth Scenario**)



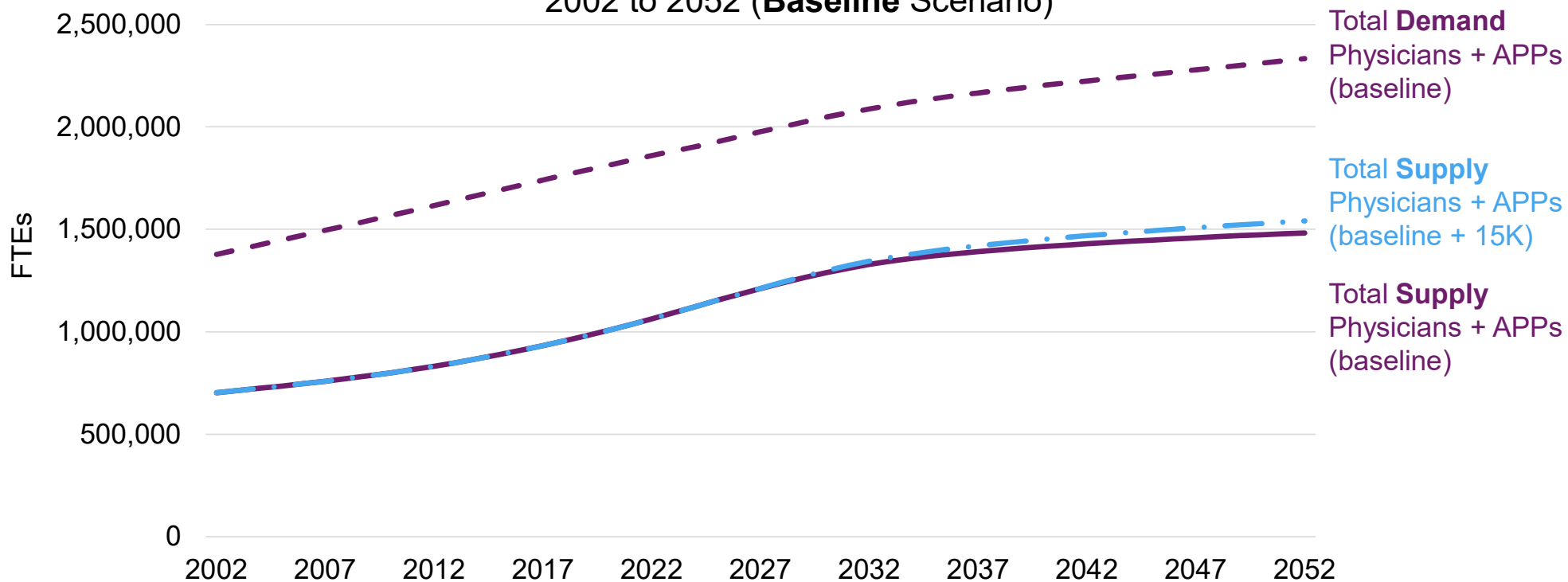
# Didn't we used to have a lot of scenarios?





# What If We Get 15,000 New GME Slots?

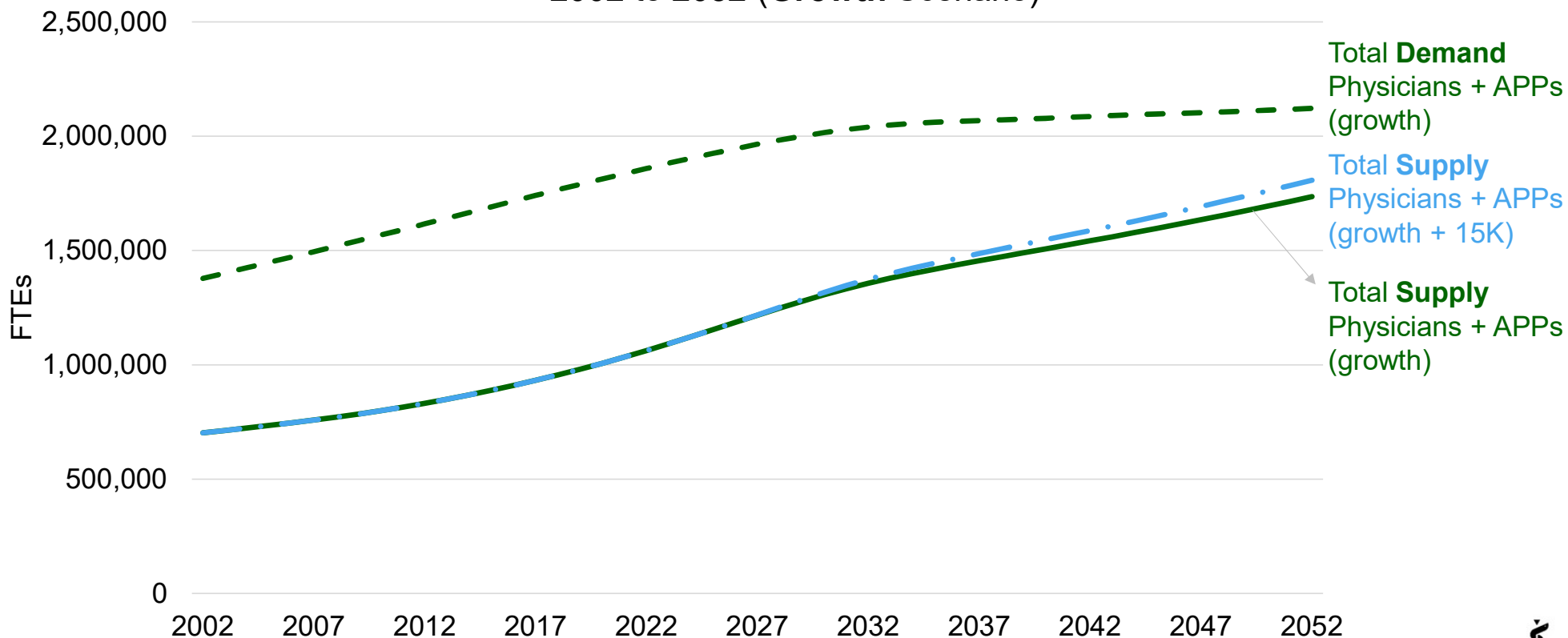
Projected Supply & Demand, Physicians & APPs,  
2002 to 2052 (**Baseline** Scenario)





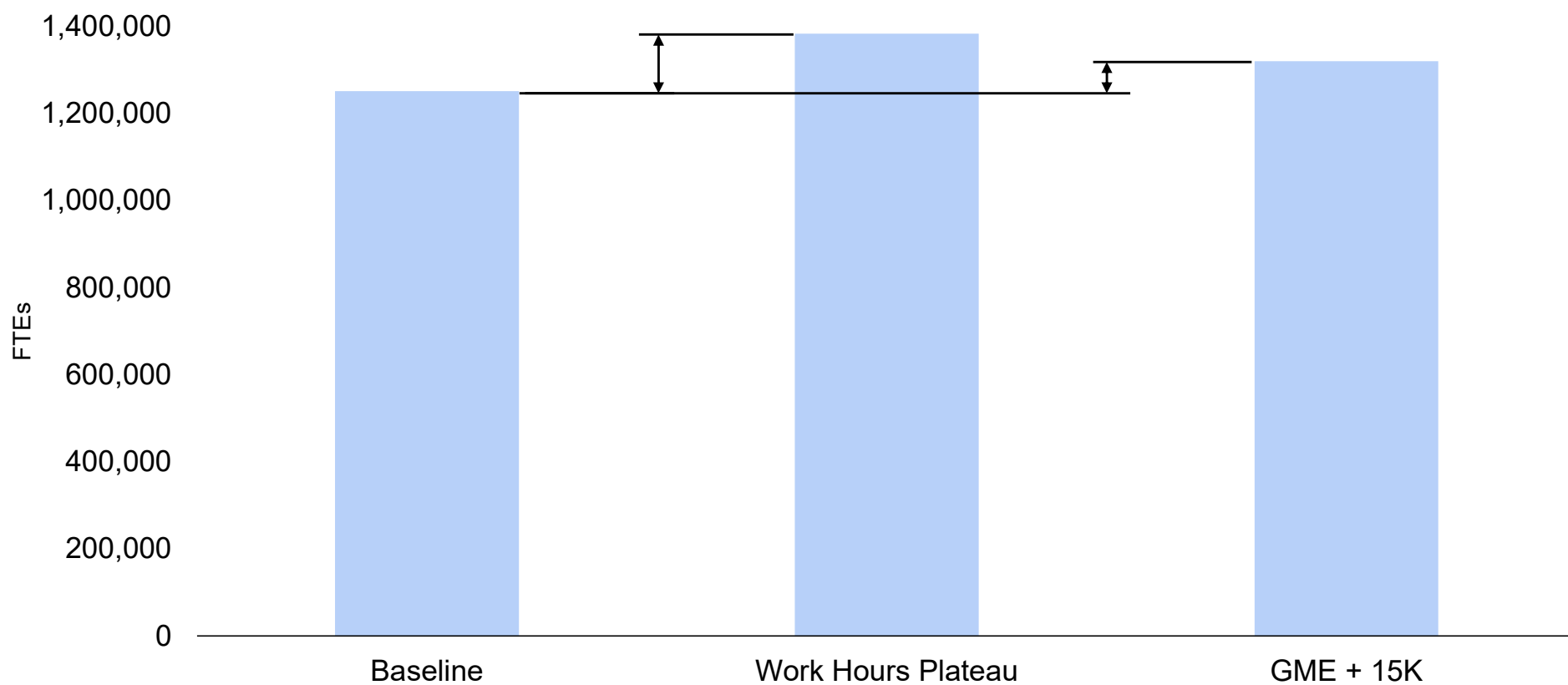
# What If We Get 15,000 New GME Slots?

Projected Supply & Demand, Physicians + APPs,  
2002 to 2052 (**Growth Scenario**)





# Projected Supply, Physicians Only, 2052



## What have we learned so far?

- ✓ Training capacity growing, but not fast enough
- ✓ Work hours continue to decline (and this is a big deal)
- ✓ Retirement's impact not as great as once thought\*
- ✓ PAs and NPs are an important part of the landscape
- ✓ Shortages in primary care if no growth in training and APP roles
- ✓ Shortages in specialty care no matter what
- ✓ Even if we get all 15,000 GME slots, that's only part of the solution
  
- ✓ We know much of this because of our new model, which better represents system structures

Outline

Projections

Access

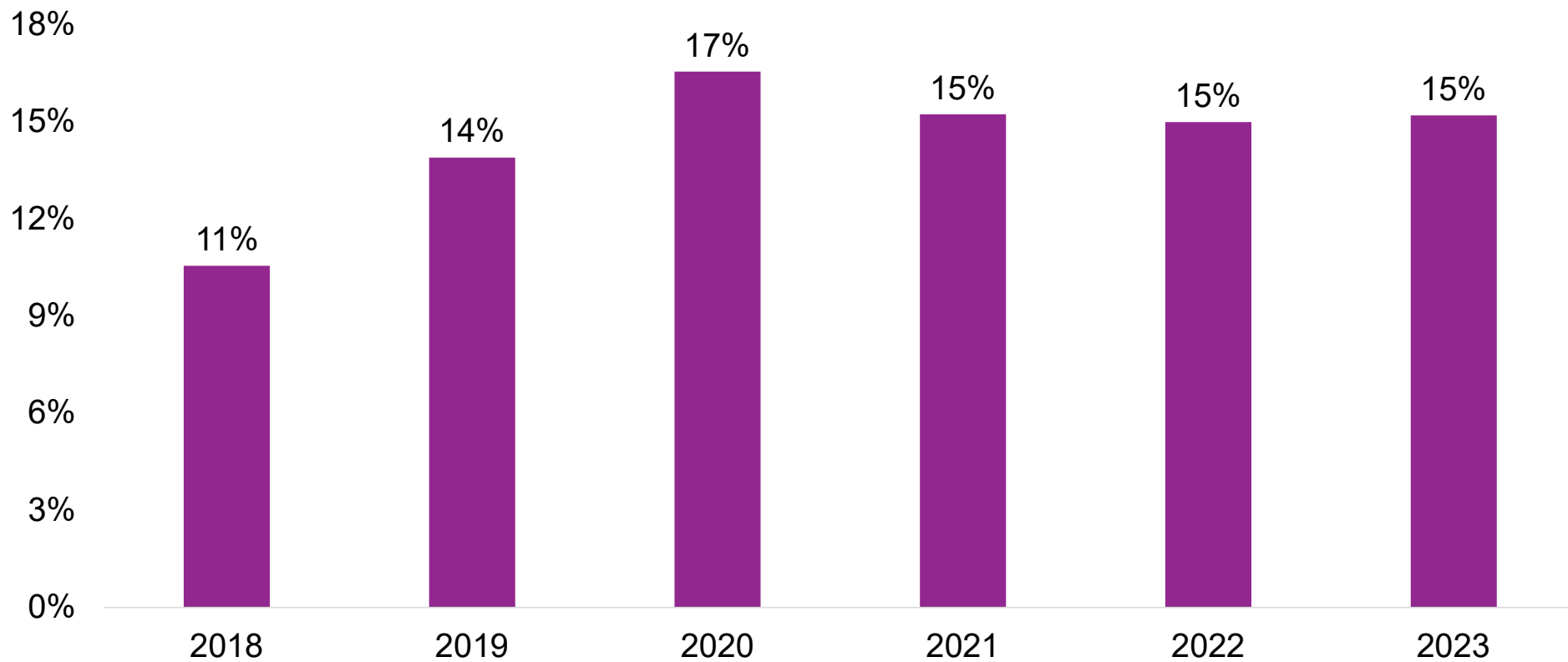
Burnout



# People Need Medical Care



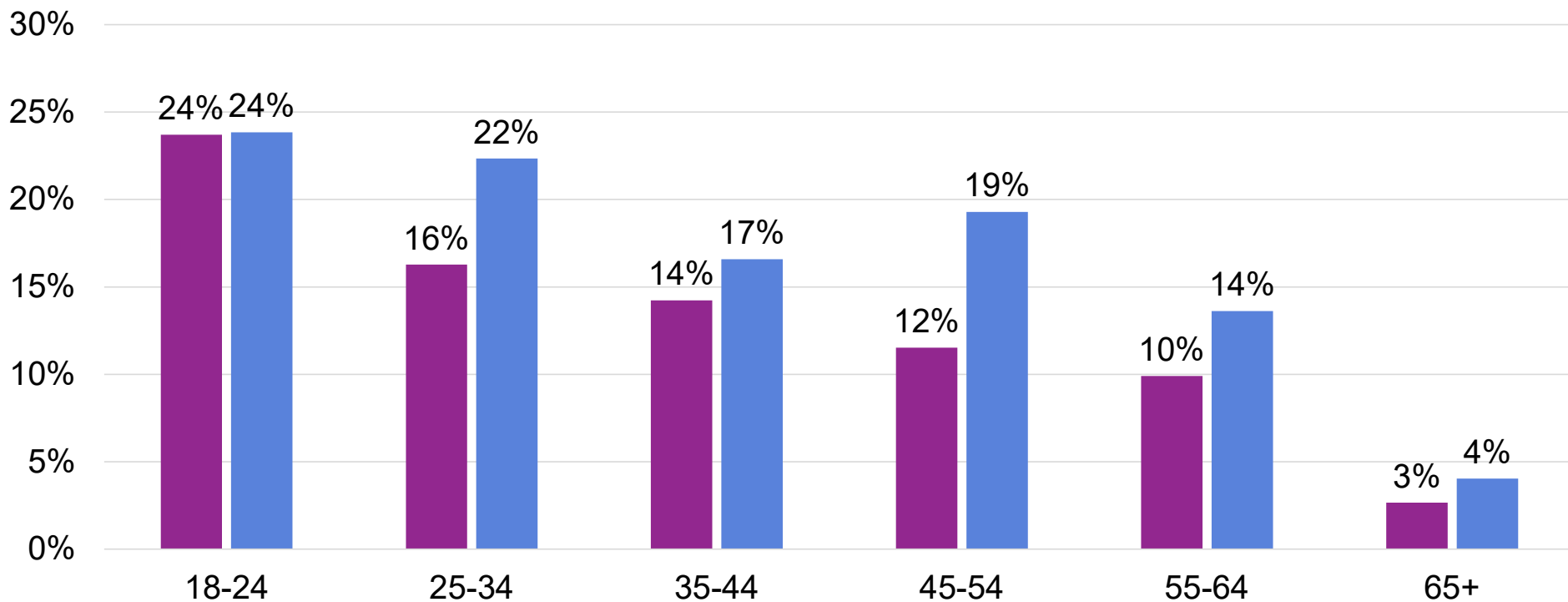
# Percent of US Adults Seeking Care Who Were Not Always Able To Get Care





# Percent of US Adults Seeking Care Who Were Not Always Able To Get Care by Age Group

■ 2018 ■ 2023



# Mean wait time for appointment by type of care and location, 2018 to 2023

		2018	2019	2020	2021	2022	2023
Primary Care	Urban	7.4	6.5	8.1	10.8	12.1	10.9
	Suburban	4.6	8.1	4.0	9.8	8.1	10.3
	Rural	7.5	4.6	3.3	6.3	12.8	9.8
Specialty Care	Urban	9.0	7.3	4.5	18.2	12.4	15.5
	Suburban	6.0	8.6	7.1	14.0	15.5	20.4
	Rural	10.6	16.6	11.0	9.2	19.1	11.6

Wait times in days.





# US Physician Workforce Data Dashboard

How many physicians are there in the United States?  
What is the distribution by location, specialty, or characteristic (e.g., sex)?  
How does this distribution differ between states?

Explore data by location, specialty, and characteristics of interest below:

Physician Data

Undergraduate Medical Education (UME) Data

Graduate Medical Education (GME) Data

Physician Retention Data

Read our key findings [here](#). For additional information, on data sources and definitions used in this dashboard visit the methods [page](#).

To learn more about physician workforce projections, data, and research, visit [AAMC Workforce Studies](#).

Questions? Email [workforce@aamc.org](mailto:workforce@aamc.org)  
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[Back](#)

[U.S. Physicians in All Specialties](#)

[U.S. Physicians by Specialty](#)

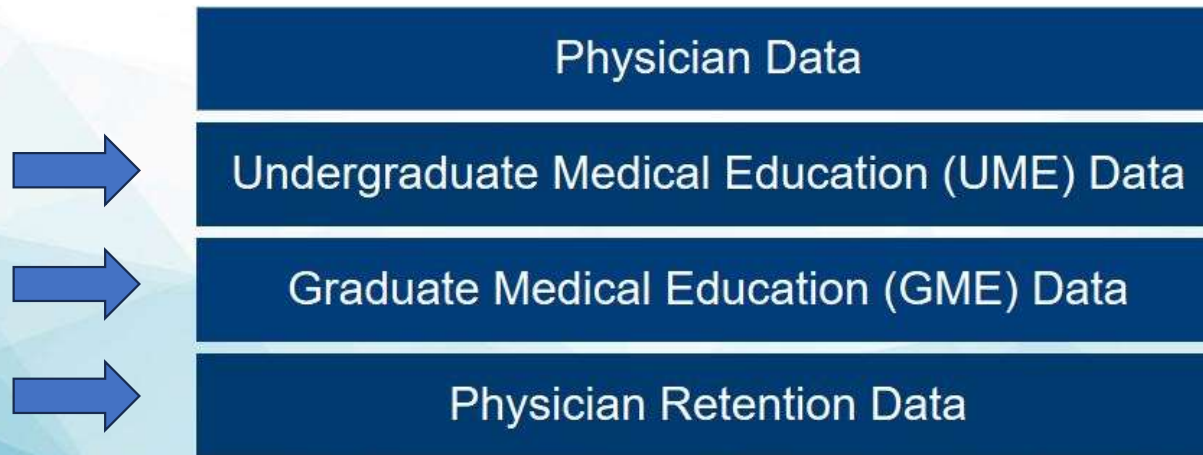
[Physicians by Specialty and Location](#)

[Physician Density by Specialty and Location](#)

[Compare Data by Specialty and Location](#)

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- Home
- AAMC Report on Residents
- View Methods
- View as Chart

**Year**

2022

2023

**Region**

(All) ▾

**Time Period**

5-Year Change

10-Year Change

**Program Type**

All ▾

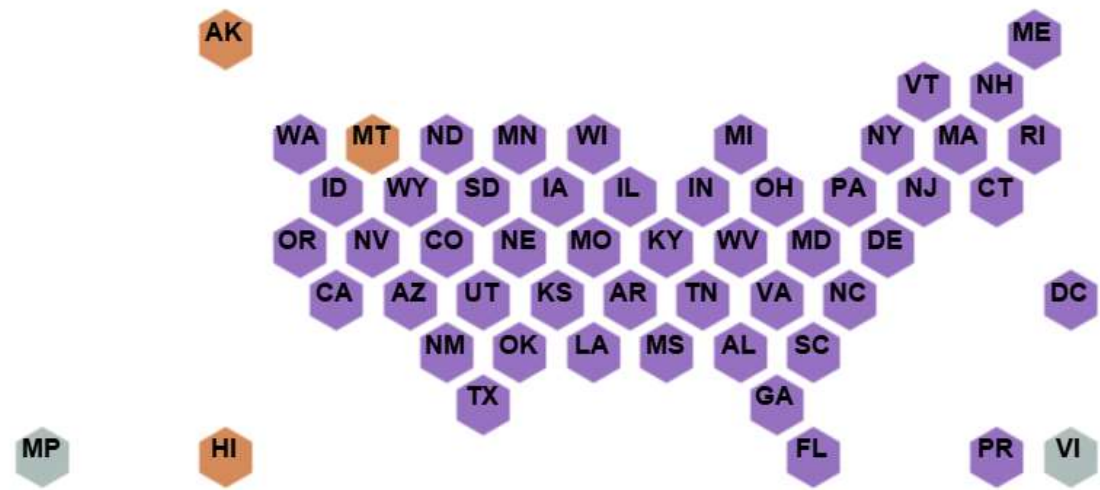
**Graduate Type**

Total ▾

**Percent Change**

- Decrease
- Increase
- Masked

## Percent Change in Total Residents and Fellows, 2017-2022



**U.S. Total Percent Change: ▲ 14.8%**  
**U.S. Median Percent Change: ▲ 14.0%**

\*\*\* denotes values that have been masked due to small cell sizes.  
 Puerto Rico is the only U.S. territory with ACGME-accredited training programs.



Home

AAMC Report on Residents

View Methods

View as Map

Year

- 2022
- 2023

Region

(All)

Time Period

- 5-Year Change
- 10-Year Change

Program Type

All

Graduate Type

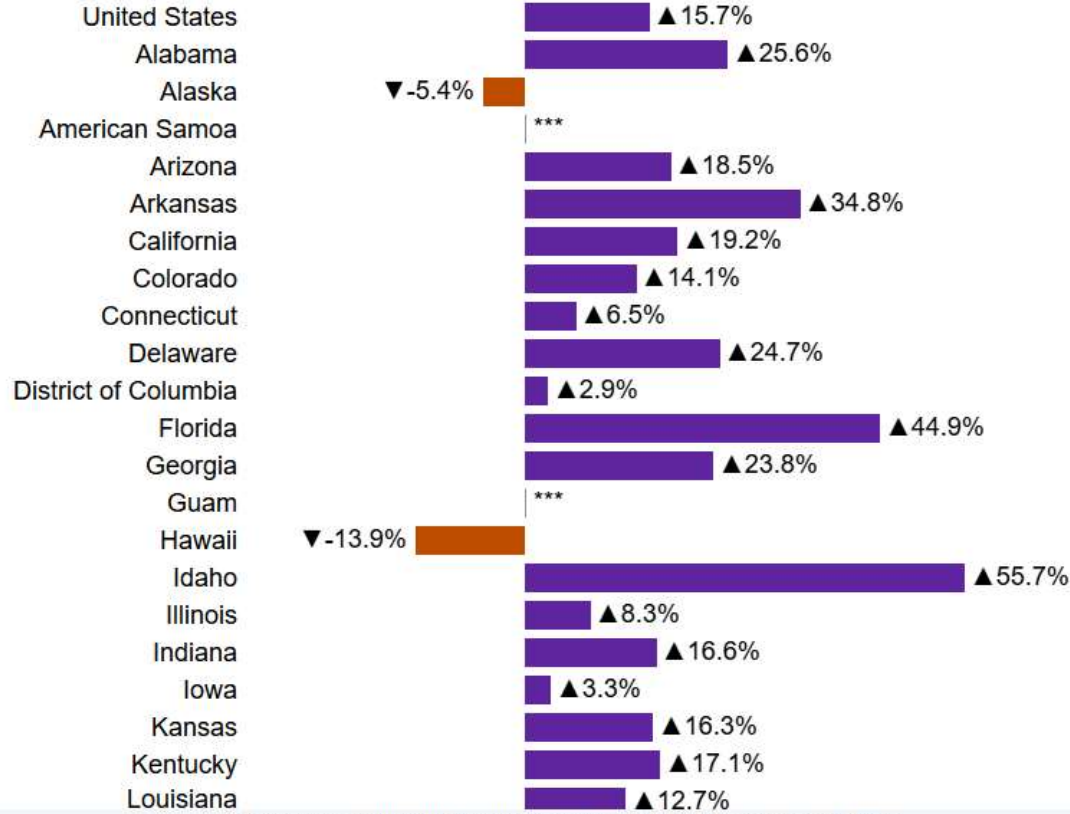
Total

Percent Change

- Decrease
- Increase
- Masked

# 5-Year Change in Total Residents and Fellows, 2017-2022

## State or Territory



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Home

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View Methods

View as Map

Year

- 2022
- 2023

Region

(All) ▾

Time Period

- 5-Year Change
- 10-Year Change

Program Type

All ▾

Graduate Type

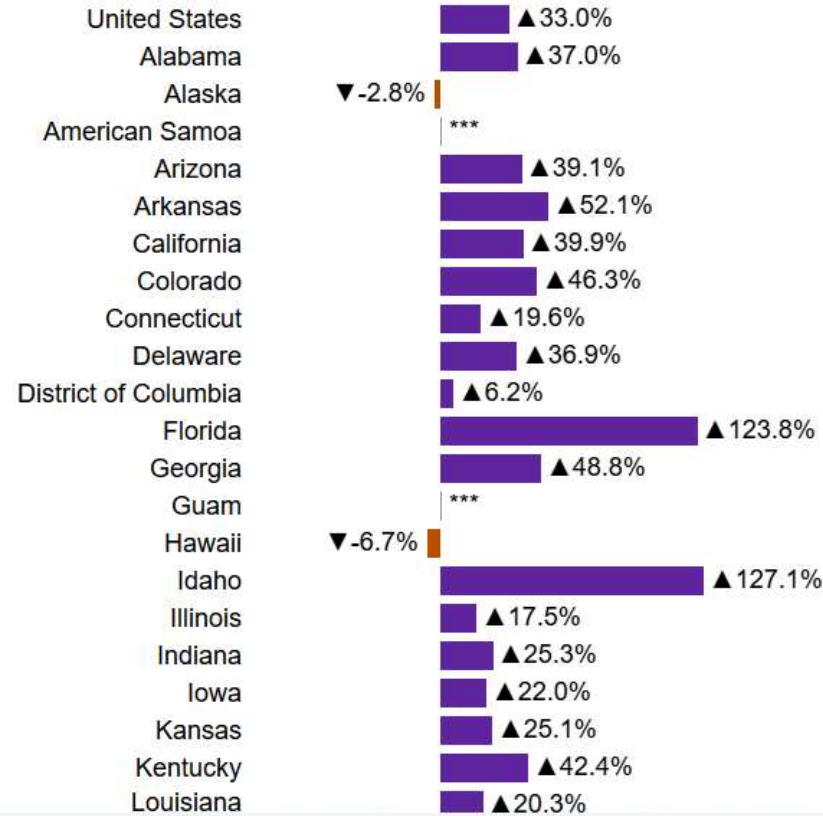
Total ▾

Percent Change

- ▬ Decrease
- ▬ Increase
- ▬ Masked

# 10-Year Change in Total Residents and Fellows, 2012-2022

## State or Territory



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- Home
- AAMC Report on Residents
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- View as Chart

**Year**

2022

2023

**Region**

(All) ▾

**Time Period**

5-Year Change

10-Year Change

**Program Type**

Primary Care ▾

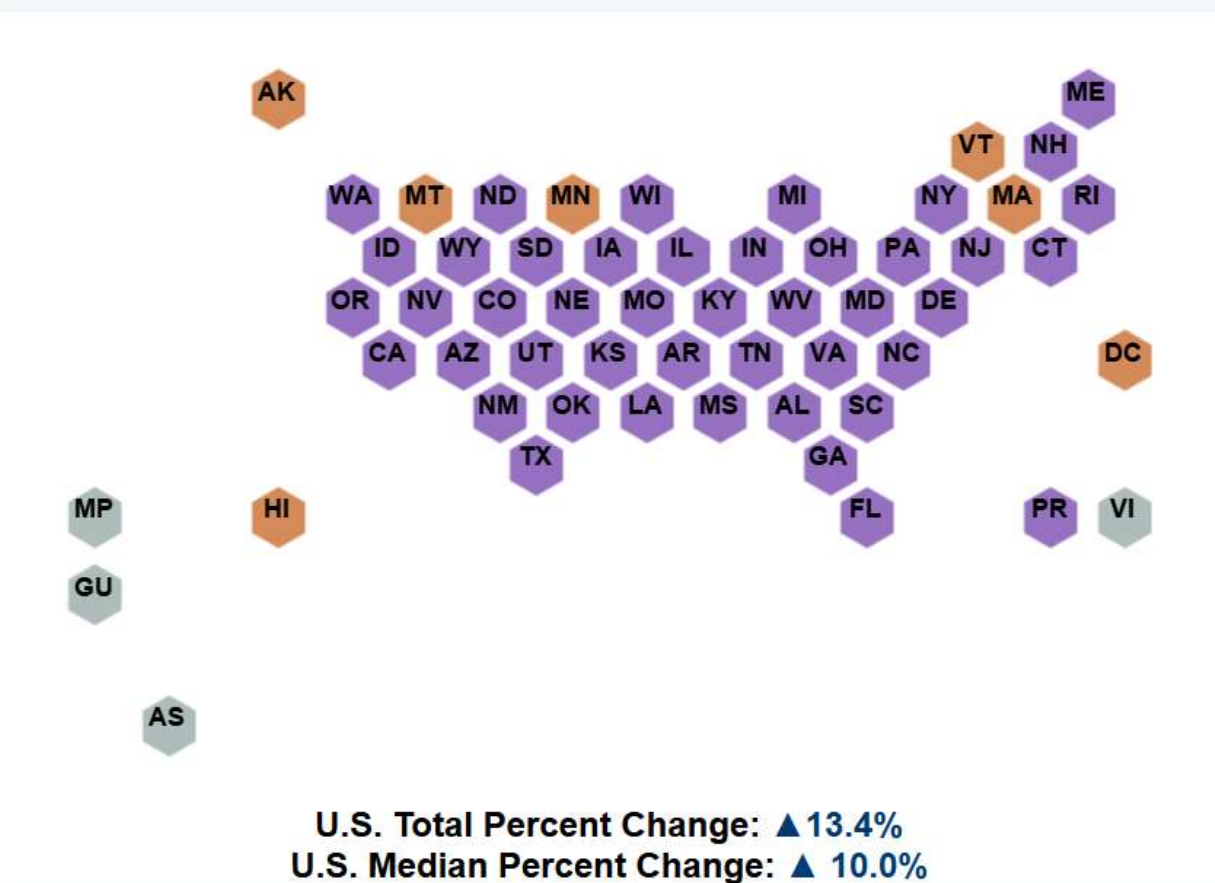
**Graduate Type**

Total ▾

**Percent Change**

- Decrease
- Increase
- Masked

## Percent Change in Total Primary Care Residents and Fellows, 2017-2022



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Home

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Year

- 2022
- 2023

Region

(All)

Time Period

- 5-Year Change
- 10-Year Change

Program Type

Specialty Care

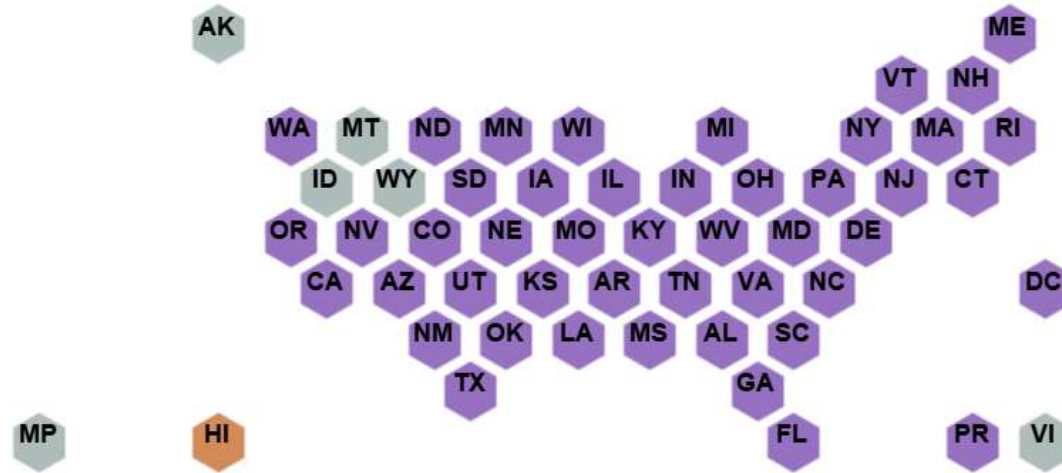
Graduate Type

Total

Percent Change

- Decrease
- Increase
- Masked

# Percent Change in Total Specialty Care Residents and Fellows, 2012-2022



**U.S. Total Percent Change: ▲ 33.5%**  
**U.S. Median Percent Change: ▲ 29.3%**

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Home

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View Methods

View as Map

Year

- 2022
- 2023

Region

(All) ▾

Time Period

- 5-Year Change
- 10-Year Change

Program Type

Specialty Care ▾

Graduate Type

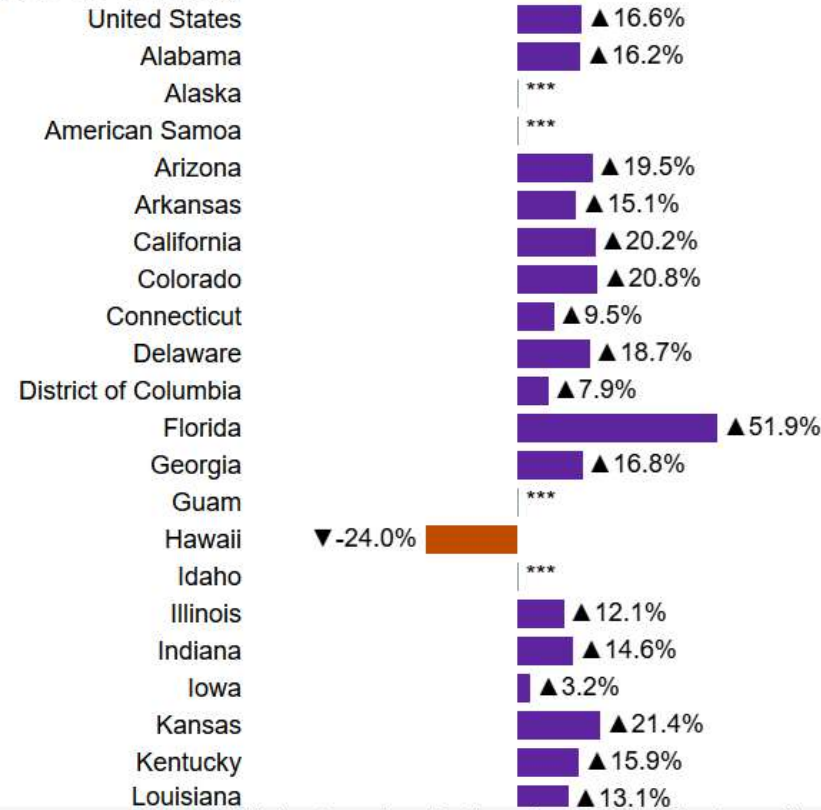
Total ▾

Percent Change

- Decrease
- Increase
- Masked

# 5-Year Change in Total Specialty Care Residents and Fellows, 2017-2022

## State or Territory



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Home

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View Methods

View as Map

Year

- 2022
- 2023

Region

(All) ▾

Time Period

- 5-Year Change
- 10-Year Change

Program Type

Specialty Care ▾

Graduate Type

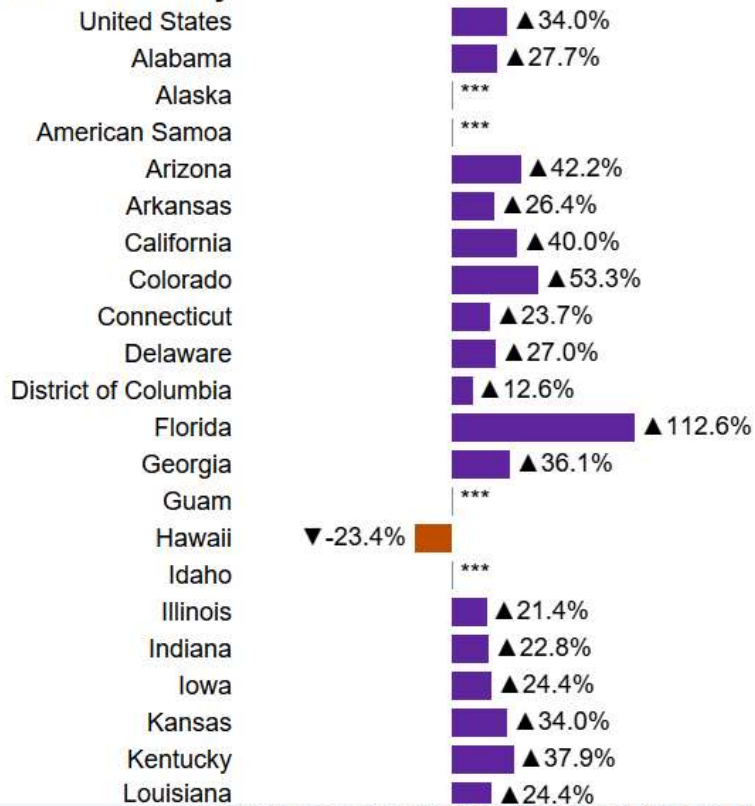
Total ▾

Percent Change

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# 10-Year Change in Total Specialty Care Residents and Fellows, 2012-2022

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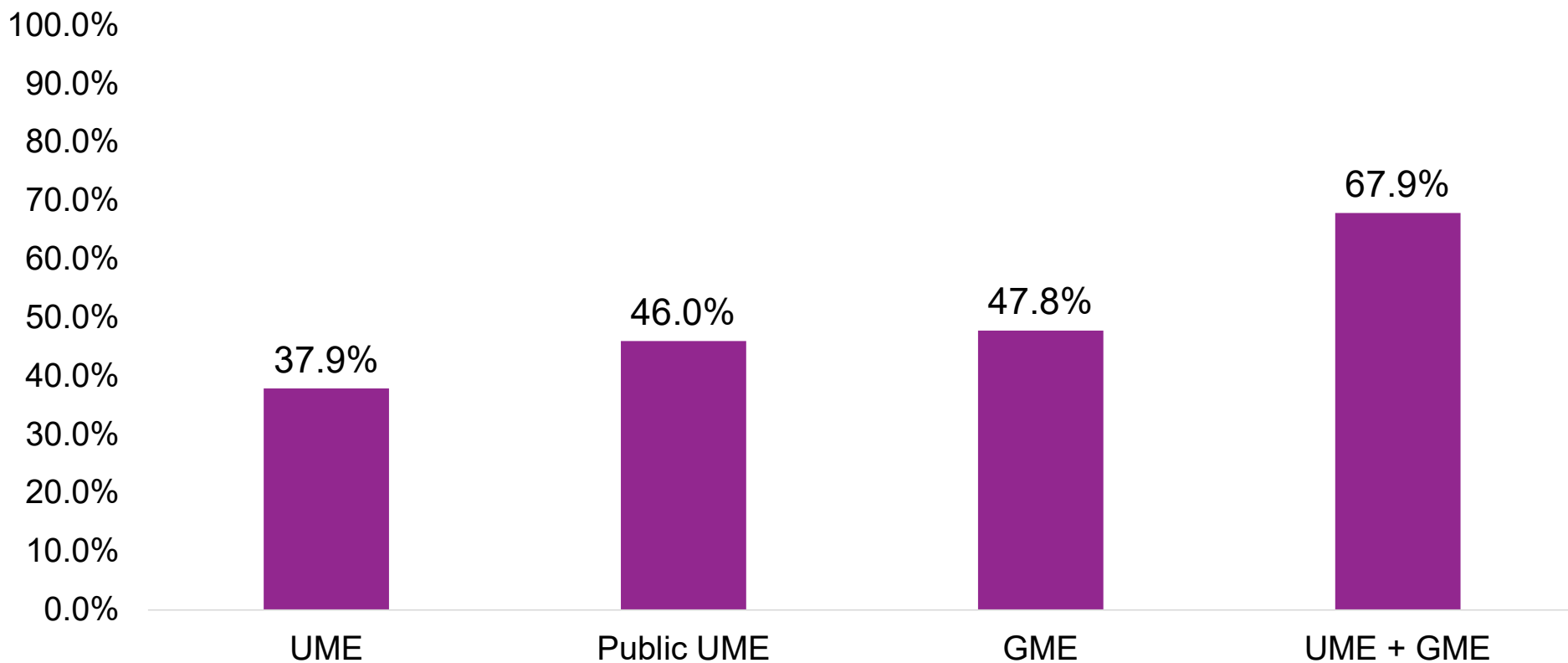
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# State-Level Retention, 2022



Home

AAMC FACTS

AAMC Report on Residents

View Methods

View as Chart

Year

2022

2023

Region

(All) ▾

Retention Type

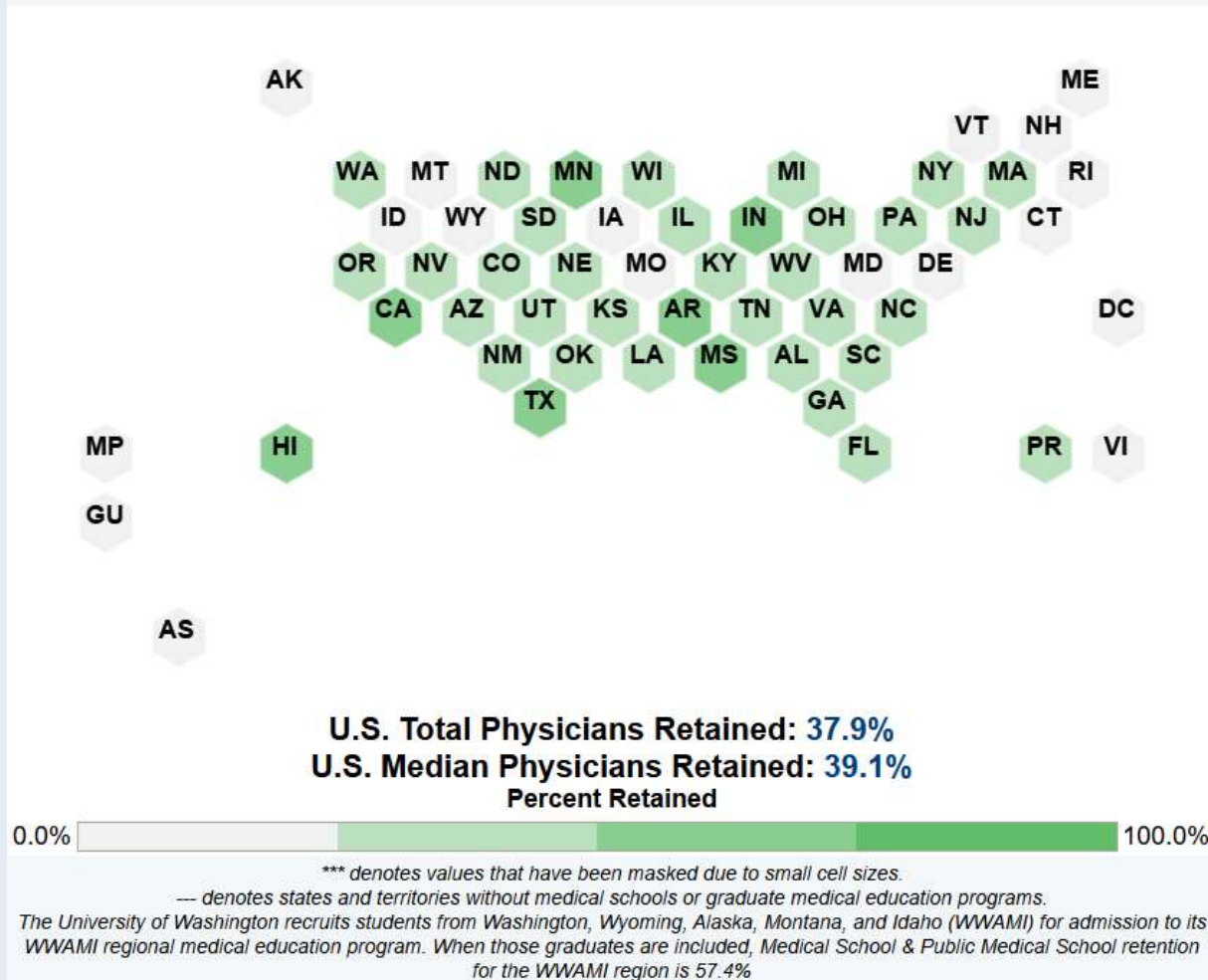
Medical School

Public Medical School

Graduate Medical E...

Medical School and...

# Physicians Retained from Medical School, 2022





Home

AAMC FACTS

AAMC Report on Residents

View Methods

View as Map

Year

2022

2023

Region Set

(All) ▾

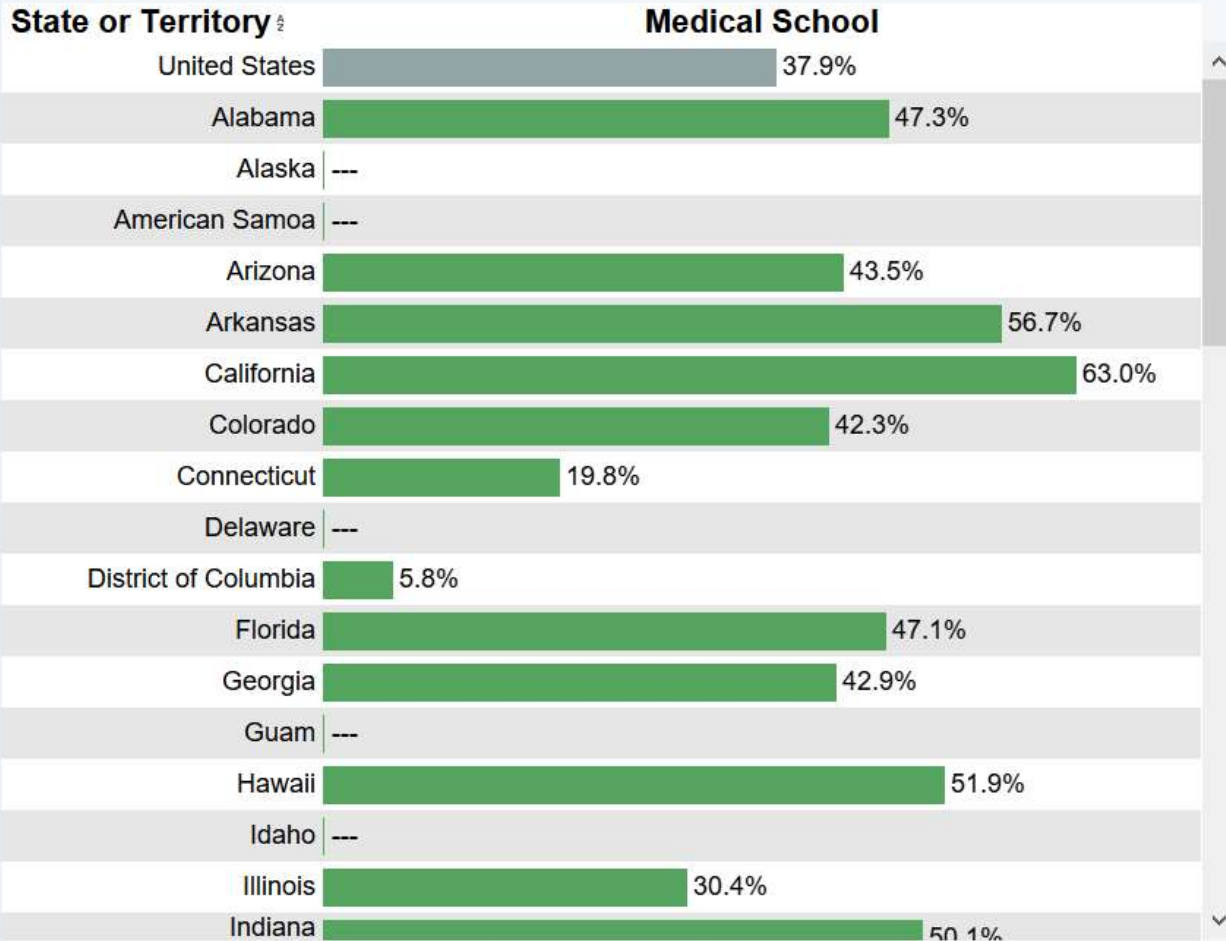
State or Territory

(All) ▾

Retention Type

- Medical School
- Public Medical School
- Graduate Medical E...
- Medical School and...

# Physicians Retained from Medical School, 2022



\*\*\* denotes values that have been masked due to small cell sizes.  
 --- denotes states and territories without medical schools or graduate medical education programs.





Home

AAMC FACTS

AAMC Report on Residents

View Methods

View as Chart

Year

2022

2023

Region

(All) ▾

Retention Type

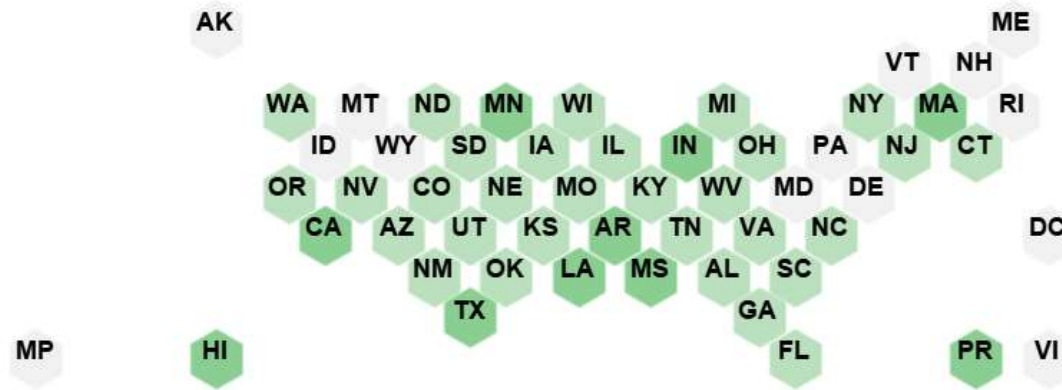
Medical School

Public Medical School

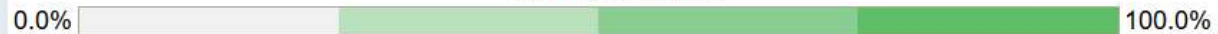
Graduate Medical E...

Medical School and...

# Physicians Retained from Public Medical School, 2022



**U.S. Total Physicians Retained: 46.0%**  
**U.S. Median Physicians Retained: 44.0%**  
 Percent Retained



\*\*\* denotes values that have been masked due to small cell sizes.

— denotes states and territories without medical schools or graduate medical education programs.

The University of Washington recruits students from Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI) for admission to its WWAMI regional medical education program. When those graduates are included, Medical School & Public Medical School retention for the WWAMI region is 57.4%



Home

AAMC FACTS

AAMC Report on Residents

View Methods

View as Chart

Year

- 2022
- 2023

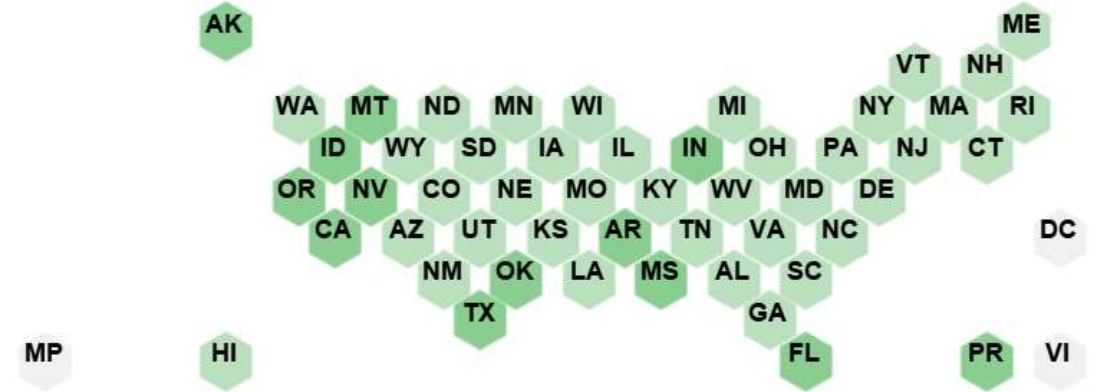
Region

(All)

Retention Type

- Medical School
- Public Medical School
- Graduate Medical E...
- Medical School and...

# Physicians Retained from Graduate Medical Education, 2022



**U.S. Total Physicians Retained: 47.8%**  
**U.S. Median Physicians Retained: 45.0%**  
 Percent Retained



\*\*\* denotes values that have been masked due to small cell sizes.  
 --- denotes states and territories without medical schools or graduate medical education programs.  
 The University of Washington recruits students from Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI) for admission to its WWAMI regional medical education program. When those graduates are included, Medical School & Public Medical School retention for the WWAMI region is 57.4%



Home

AAMC FACTS

AAMC Report on Residents

View Methods

View as Chart

Year

2022

2023

Region

(All) ▾

Retention Type

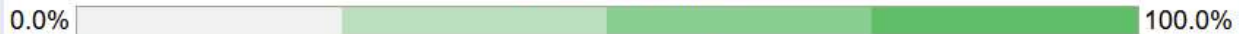
- Medical School
- Public Medical School
- Graduate Medical E...
- Medical School and...

# Physicians Retained from Medical School and Graduate Medical Education, 2022



**U.S. Total Physicians Retained: 67.9%**  
**U.S. Median Physicians Retained: 69.7%**

Percent Retained



\*\*\* denotes values that have been masked due to small cell sizes.

--- denotes states and territories without medical schools or graduate medical education programs.

The University of Washington recruits students from Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI) for admission to its WWAMI regional medical education program. When those graduates are included, Medical School & Public Medical School retention for the WWAMI region is 57.4%





Home

AAMC FACTS

AAMC Report on Residents

View Methods

View as Map

Year

2022

2023

Region Set

(All) ▾

State or Territory

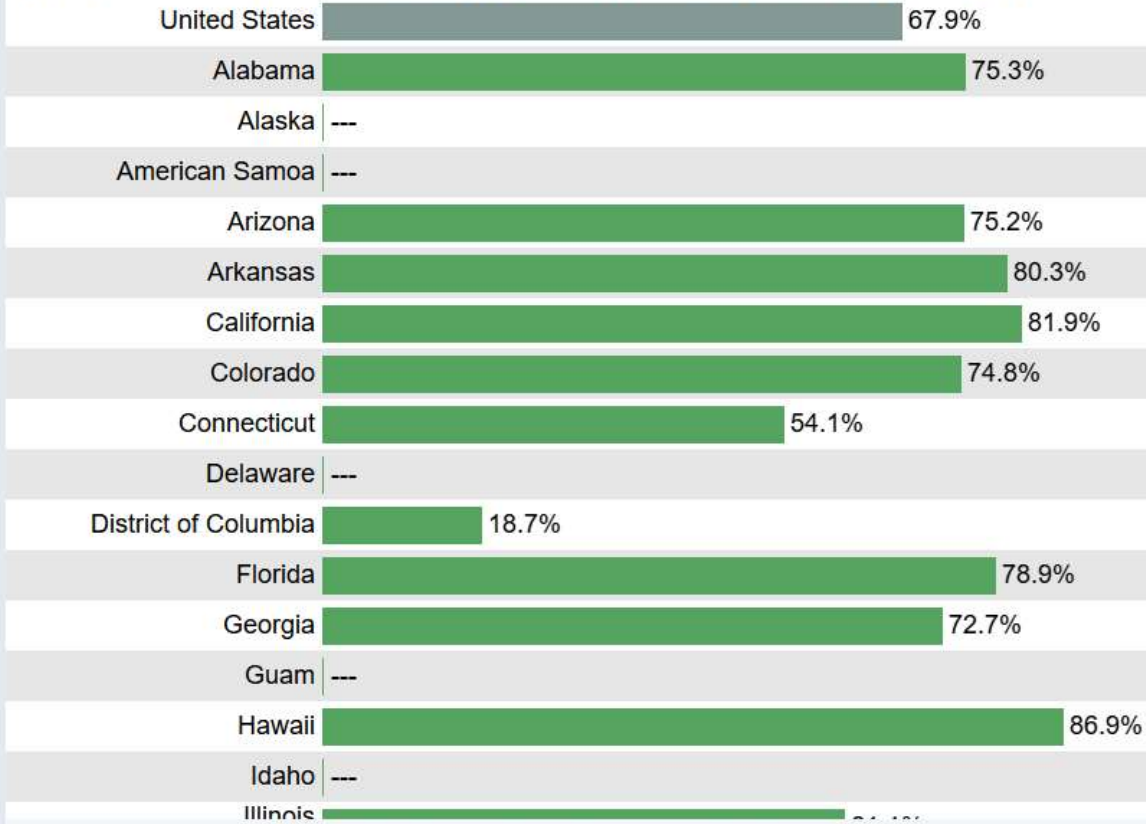
(All) ▾

Retention Type

- Medical School
- Public Medical School
- Graduate Medical E...
- Medical School and...

## Physicians Retained from Medical School and Graduate Medical Education, 2022

State or Territory <sup>⌵</sup> Medical School and Graduate Medical Education



\*\*\* denotes values that have been masked due to small cell sizes.

--- denotes states and territories without medical schools or graduate medical education programs.



*How many physicians are there in the United States?  
What is the distribution by location, specialty, or characteristic (e.g., sex)?  
How does this distribution differ between states?*

Explore data by location, specialty, and characteristics of interest below:



A vertical menu of navigation options. The menu items are: "Back" (teal background), "Physician Retention" (dark blue background), "Top States Where Physicians Completed GME by Practice State" (dark blue background), and "Top Physician Practice States by GME Completion State" (dark blue background). Two blue arrows point to the last two items from the left.

- Back
- Physician Retention
- Top States Where Physicians Completed GME by Practice State
- Top Physician Practice States by GME Completion State

Home

View Methods

AAMC Report on Residents

Year

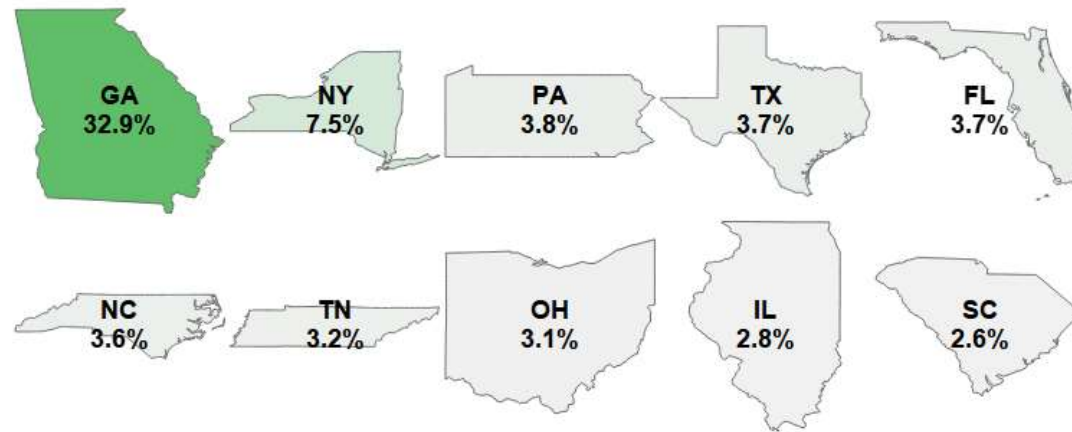
2022

2023

Select a State or Territory

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Colum...
- Florida
- Georgia
- Hawaii

## Top 10 States Where Georgia Physicians Completed Graduate Medical Education 2022



\*\*\* denotes values that have been masked due to small cell sizes.

Puerto Rico is the only U.S. territory with ACGME-accredited training programs.



Home

AAMC Report on Residents

View Methods

Year

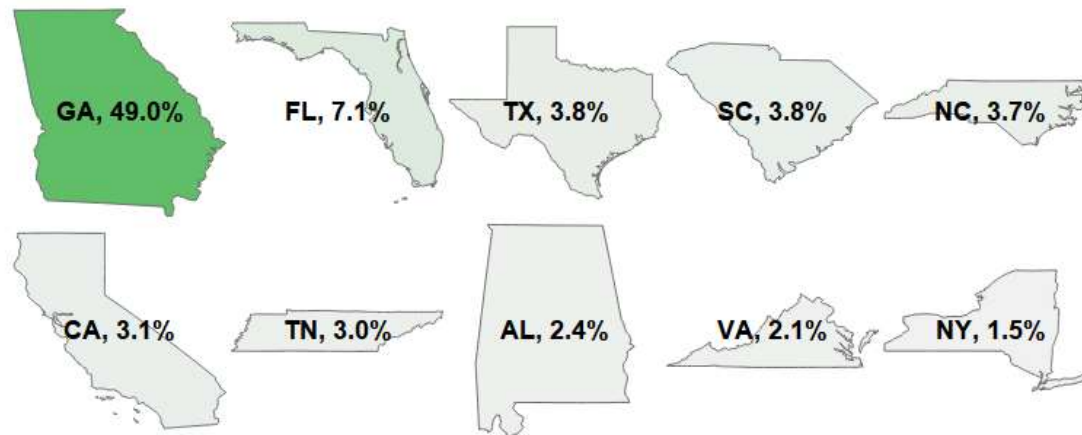
2022

2023

Select a State or Territory

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Colum...
- Florida
- Georgia
- Hawaii

# Top 10 Practice States for Physicians who Completed Graduate Medical Education in Georgia 2022



\*\*\* denotes values that have been masked due to small cell sizes.  
Puerto Rico is the only U.S. territory with ACGME-accredited training programs.



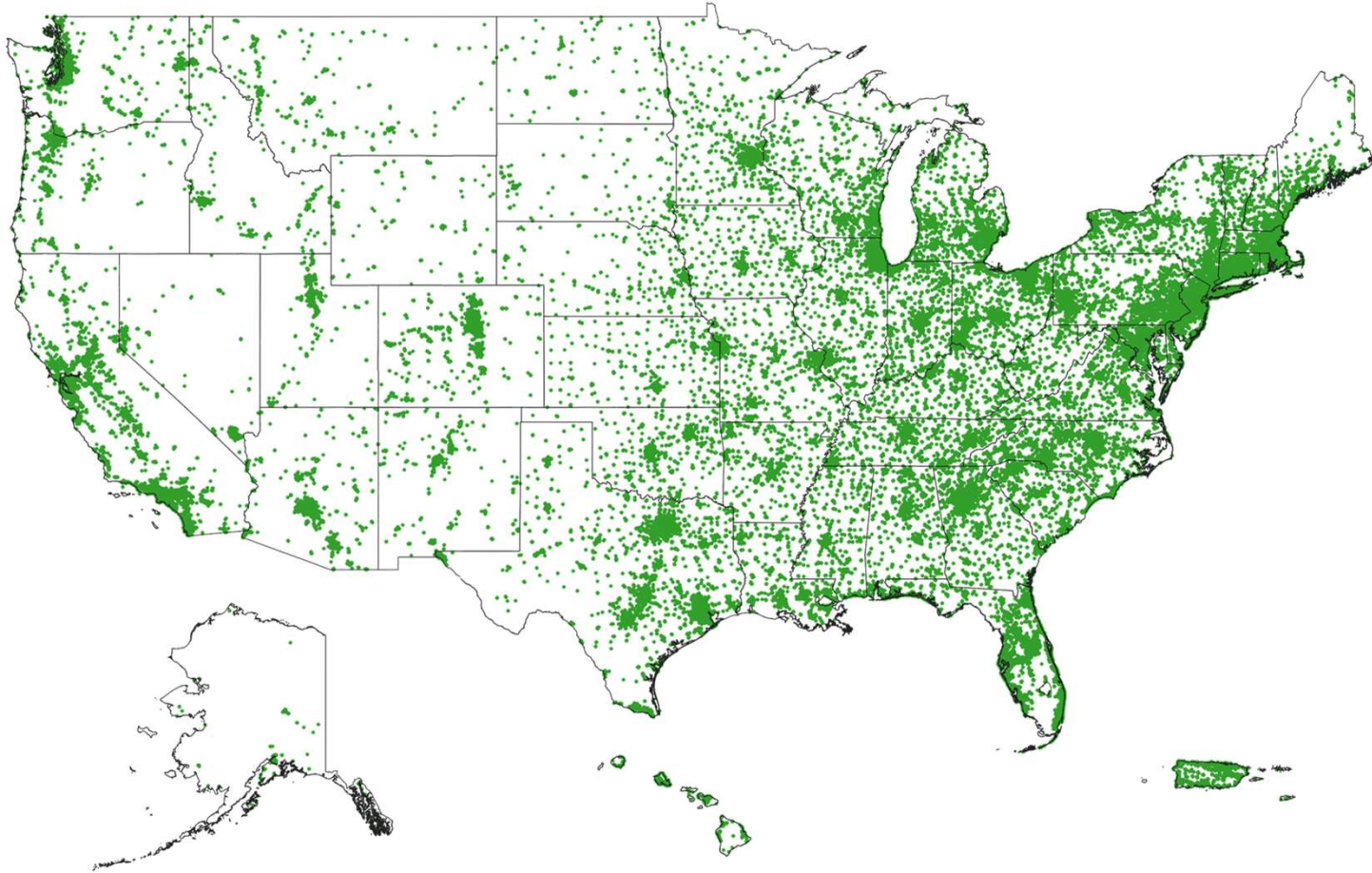




**Location is critical to access**

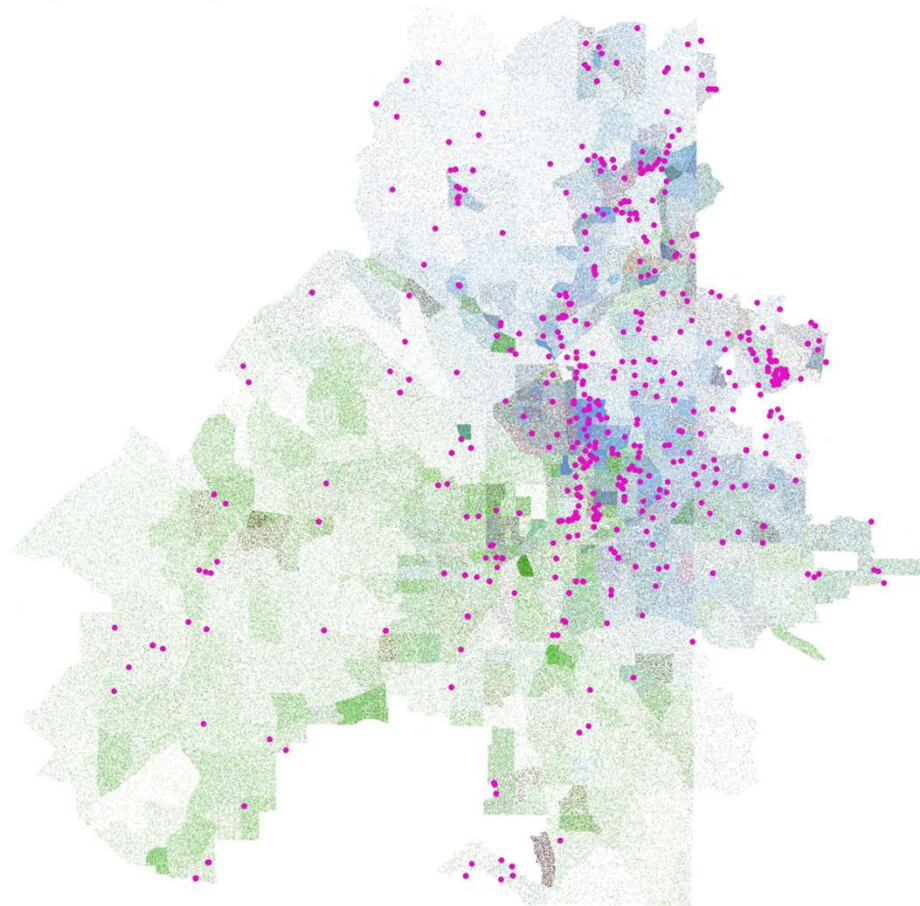


# Physicians' Locations in 2022





# Physician practice location and population race, Atlanta, GA, 2022



● All Active Physicians

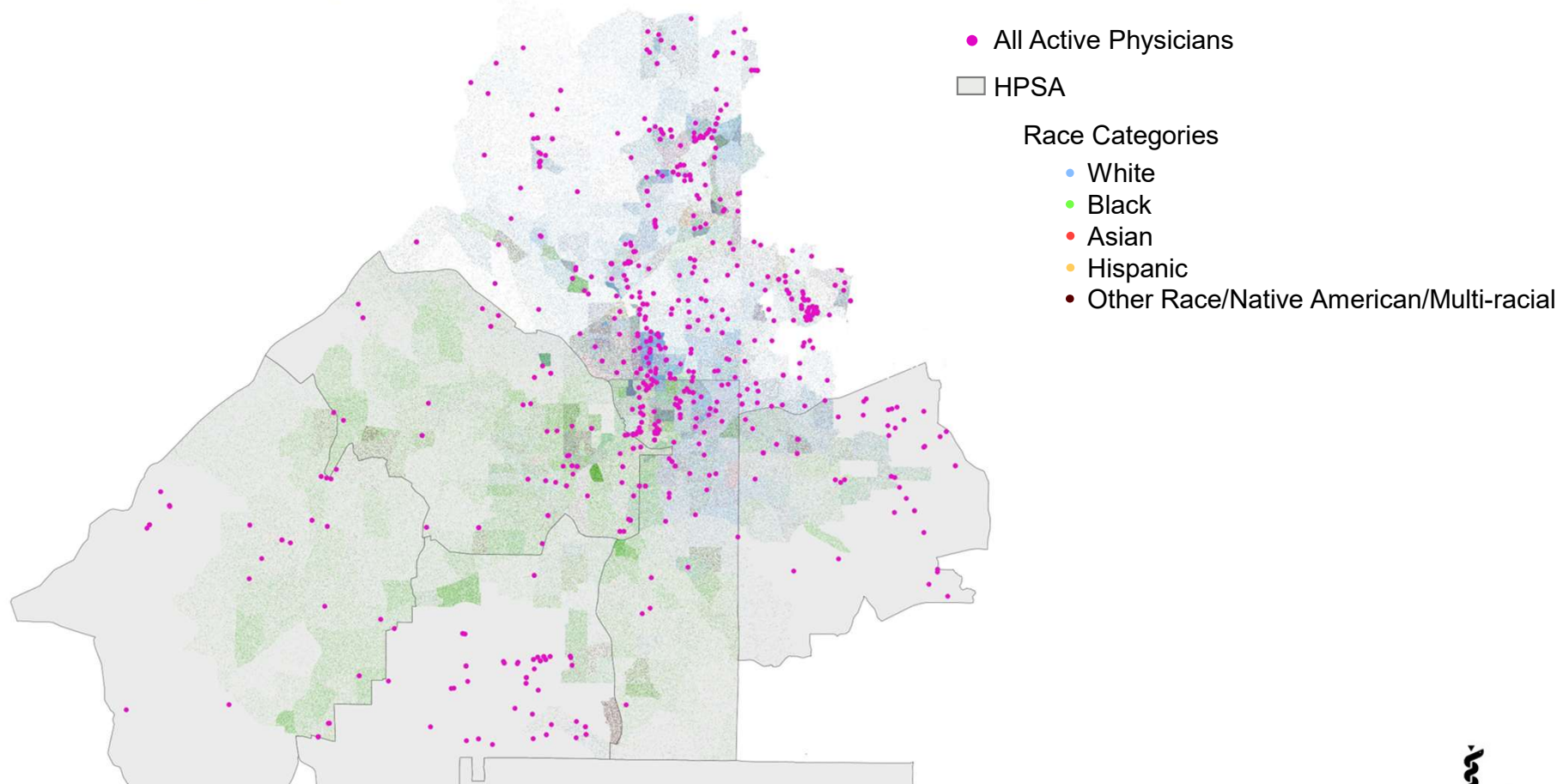
### Race Categories

- White
- Black
- Asian
- Hispanic
- Other Race/Native American/Multi-racial





# Physician practice location and population race, Atlanta, GA, 2022



Source: Physician's race data from Censusreporter.org; Physicians' location data from AMA PPD as of December 31, 2022.

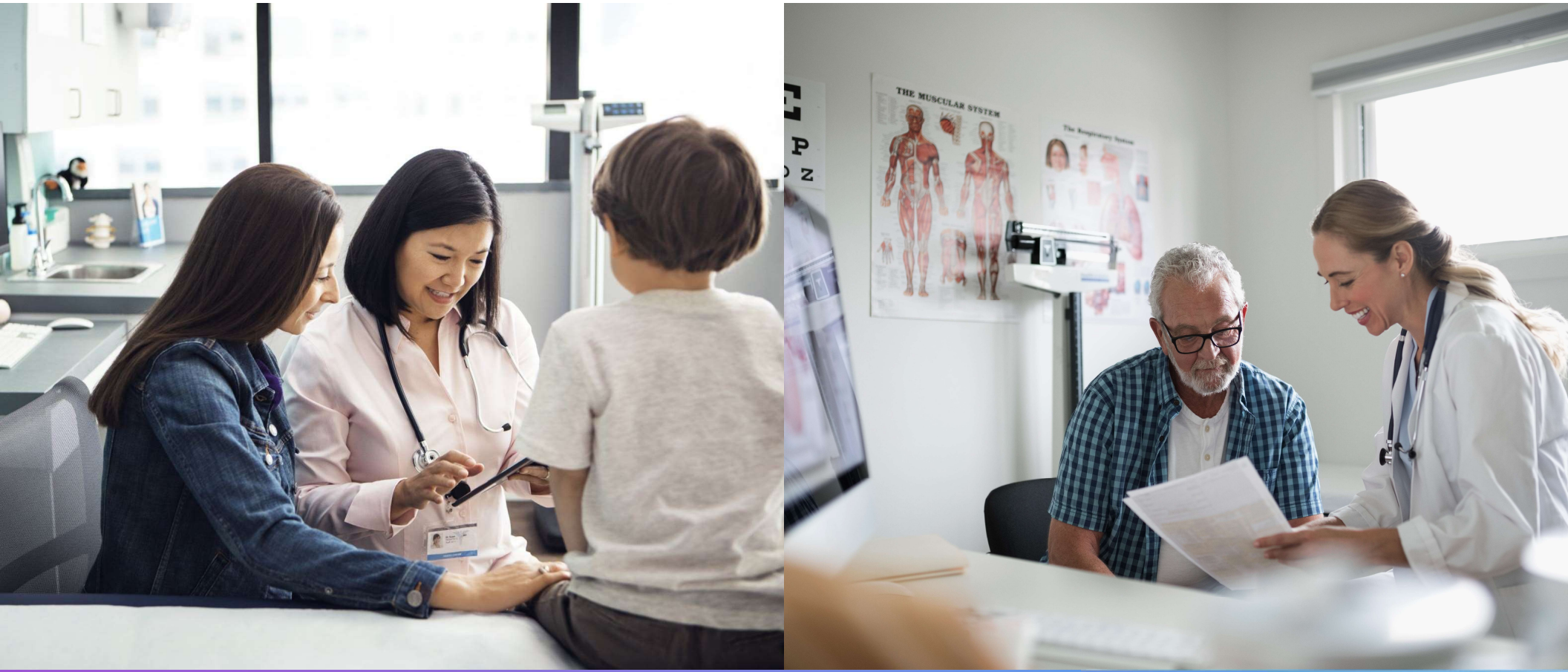


## Black Representation in the Primary Care Physician Workforce and Its Association With Population Life Expectancy and Mortality Rates in the US

[This research](#) assesses county-level Black PCP workforce representation and its association with mortality-related outcomes in the US.



Greater Black primary care physician workforce representation associated with higher life expectancy for Black individuals, lower all-cause Black mortality, and lower Black-White mortality rate disparities



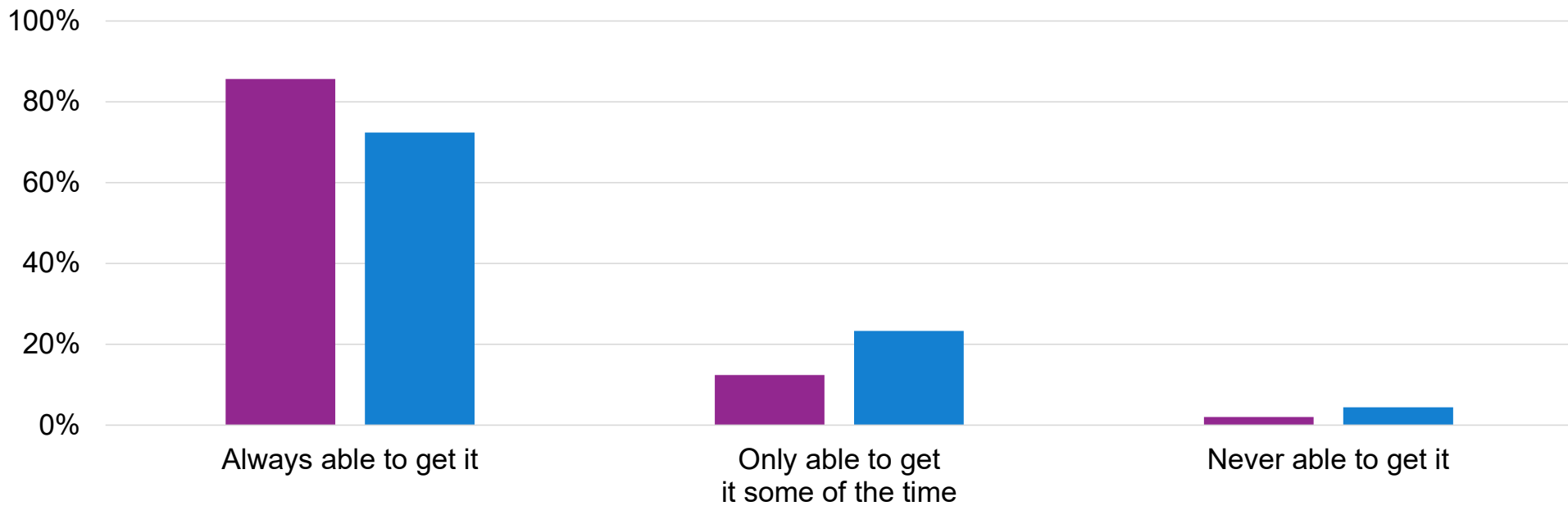
Communication is critical to access



# Language and access

Percent reporting ability to get medical care, by language of survey

■ English ■ Spanish

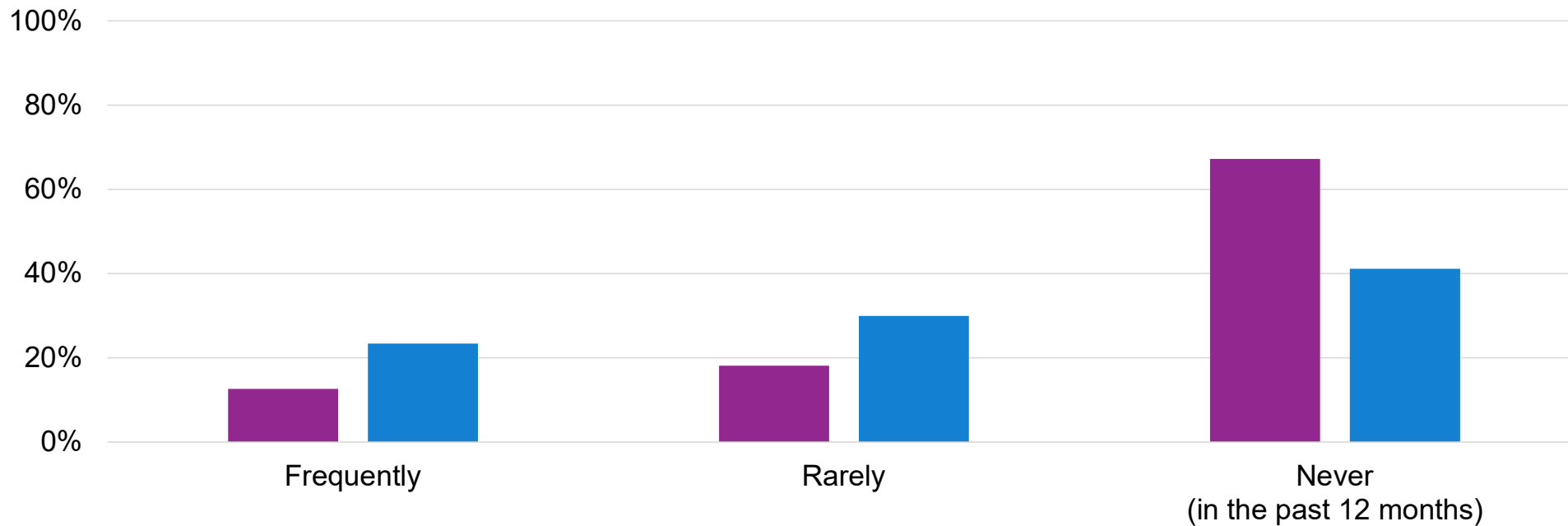




# Language and access

**Percent experiencing language barriers when trying to get care in last 12 months**

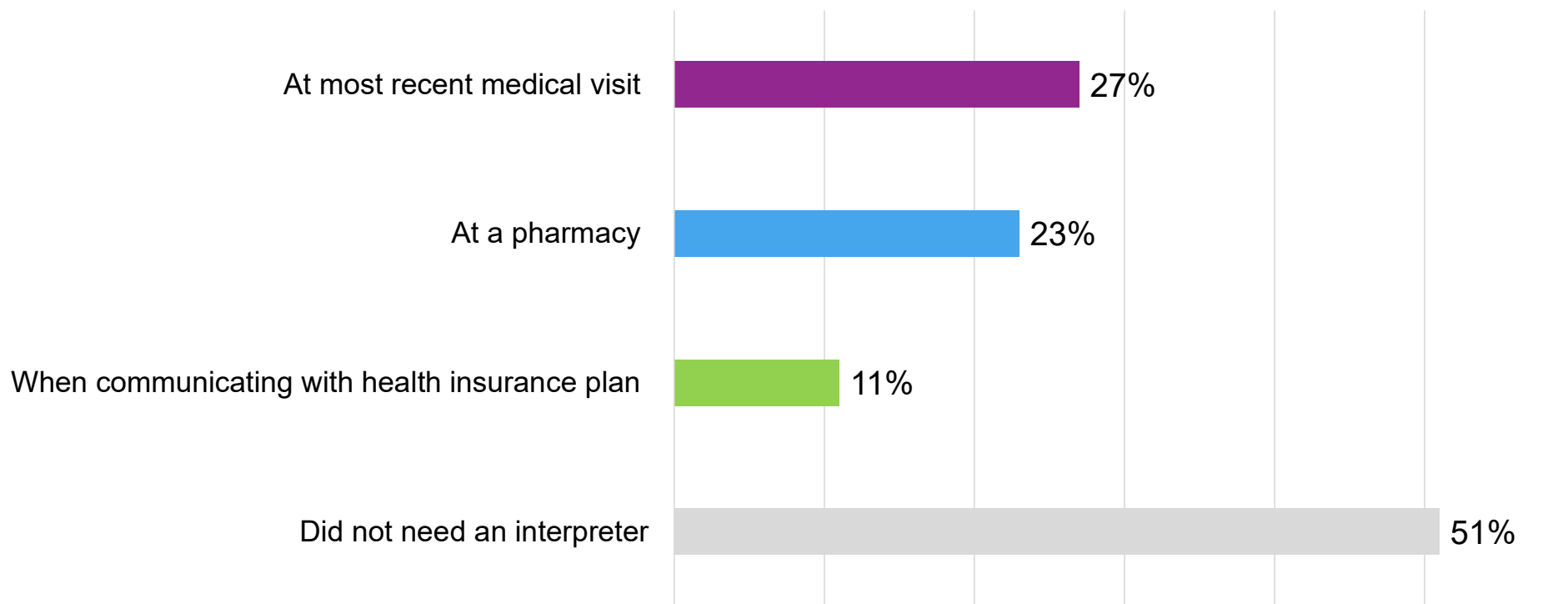
■ English ■ Spanish





# Interpreters are needed in many contexts

Percent Spanish language survey respondents reporting needing an interpreter...





# Language is another aspect of diversity related to place

## Language Profile of the US Physician Workforce: a Descriptive Study from a National Physician Survey



J Gen Intern Med 2022;37(4):1098-101  
DOI: 10.1007/s11606-022-07938-y  
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### INTRODUCTION

More than 67 million US persons (22%) speak a non-English language at home.<sup>1</sup> Physician-patient language concordance increases high-quality, equitable care for patients with non-English language preferences.<sup>2</sup> In 2020, 62% of US medical residency applicants reported an advanced level or higher in at least one non-English language.<sup>3</sup> However, inconsistent language assessment and documentation make it difficult to evaluate practicing physicians' language skills or determine whether healthcare encounters are language-concordant.<sup>4</sup> Moreover, the lack of physician language data limits the success of federal initiatives for language-appropriate healthcare, such as Title VI of the 1964 Civil Rights Act and Healthy People 2030.

This study examines the language profile of the US physician workforce and the characteristics of multilingual physicians—those who speak one or more languages besides English.

### METHODS

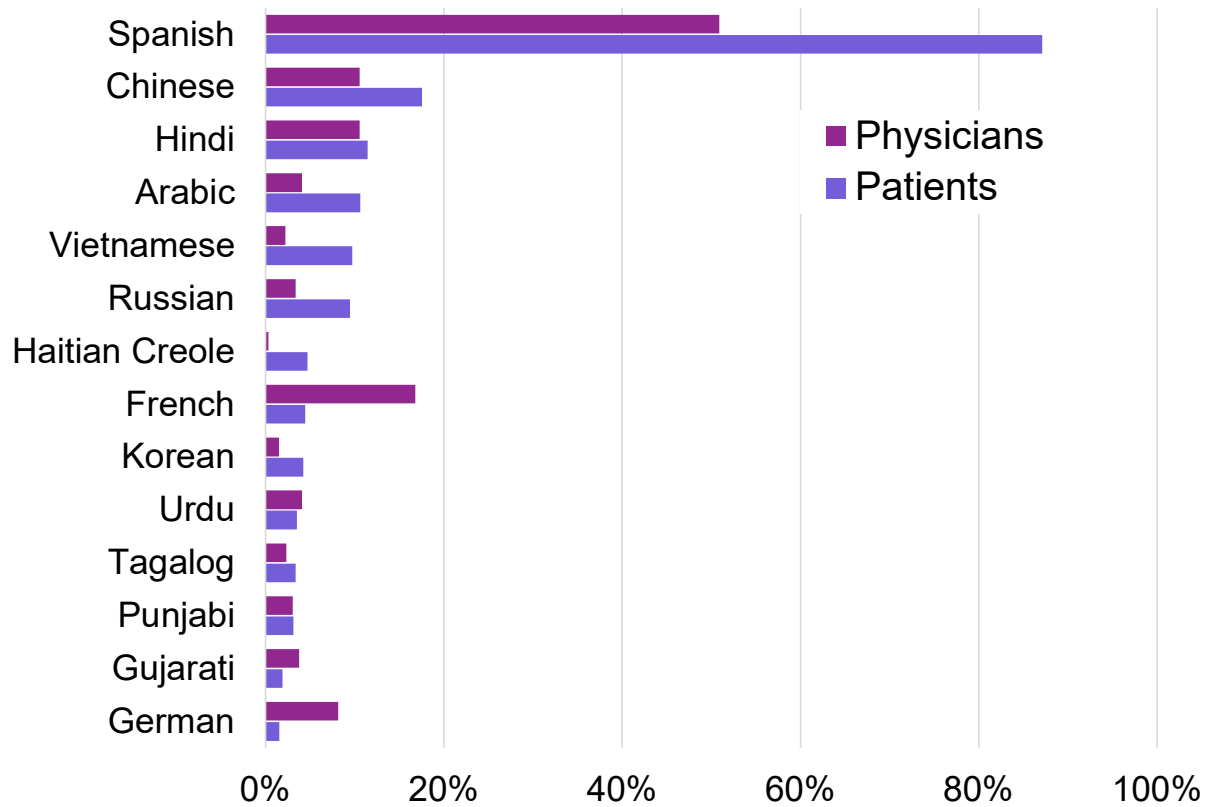
We analyzed data from the Association of American Medical College's 2019 National Sample Survey of Physicians ( $n=6000$ ).<sup>5</sup> Except for international medical graduates (IMGs,

tests to assess differences in prevalence rates. We determined significance using  $\alpha=0.05$  and conducted analyses in SAS version 9.4.

### RESULTS

Overall, 39.7% of physicians reported speaking a language besides English. Among multilingual physicians, 37.3% reported frequently using a non-English language with patients (Table 1). Compared to English-only respondents, multilingual physicians were more likely to originate from urban settings (42.2% vs. 21.2%,  $P<0.001$ ) and identify as Latinx (7.8% vs. 1.1%,  $P<0.001$ ), Asian (39.2% vs. 11.6%,  $P<0.001$ ), or Other race/ethnicity (5.1% vs. 1.9%,  $P<0.001$ ). They were also more likely to identify as women (trans- or cis-; 37.5% vs. 33.3%,  $P=0.001$ ), be IMGs (43.0% vs. 7.6%,  $P<0.001$ ), and practice in medical specialties (19.4% vs. 14.9%,  $P<0.001$ ).

The top five physician non-English languages were Spanish (35.5% of all reported languages), Hindi (17.1%), French (10.2%), Chinese (Mandarin, 8.0%), and Russian (5.7%) (Fig. 1). However, Spanish (59.3%), Vietnamese (41.5%), Chinese (Cantonese, 41.2%), Korean (39.5%), Japanese (33.0%), and Polish (31.3%) were the only languages used frequently with patients by at least 30% of physicians who reported speaking them. Physicians reporting frequent non-English language use were more likely to identify as Latinx (15.8% vs. 3.0%,  $P<0.01$ ) and practice in primary care (39.8% vs. 32.0%,  $P<0.01$ ).



Outline

Projections

Access

Burnout



# Burnout Update

## Physician burnout rate drops below 50% for first time in 4 years

Jul 2, 2024

“For 2023, 48.2% of physicians reported experiencing at least one symptom of burnout”

# Health related social needs are important, but how does that work relate to physician burnout?

JAMA Network Open



HR25K = Health-Related Social Needs  
 AIAAN = American Indian and Alaska Nat  
 B/AA = Black/African American  
 NHPI = Native Hawaiian and Pacific Islander  
 Midest = Middle Eastern and North African

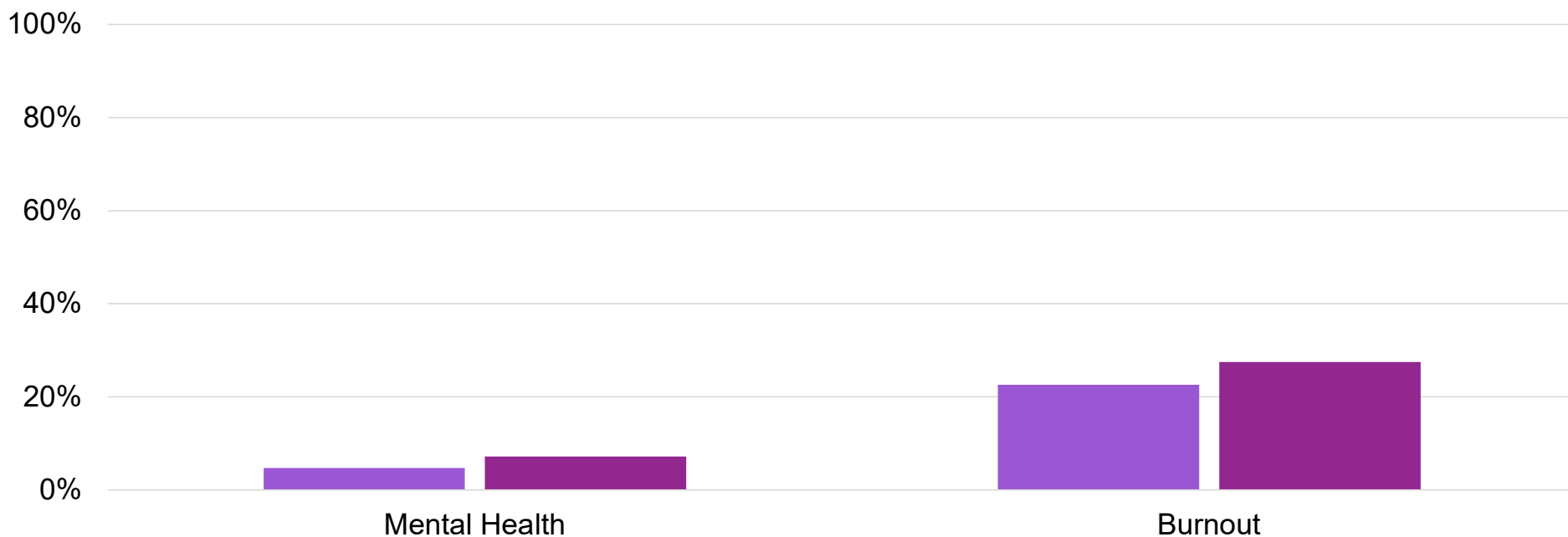
Source: AAMC, National Sample Survey of Physicians, 2022.



# Mental health, burnout and decreases in practice hours

**Percent reporting reasons for temporarily decreasing clinical practice hours (to part-time and/or pausing completely)**

■ Physicians With Disabilities    ■ Physicians without Disabilities

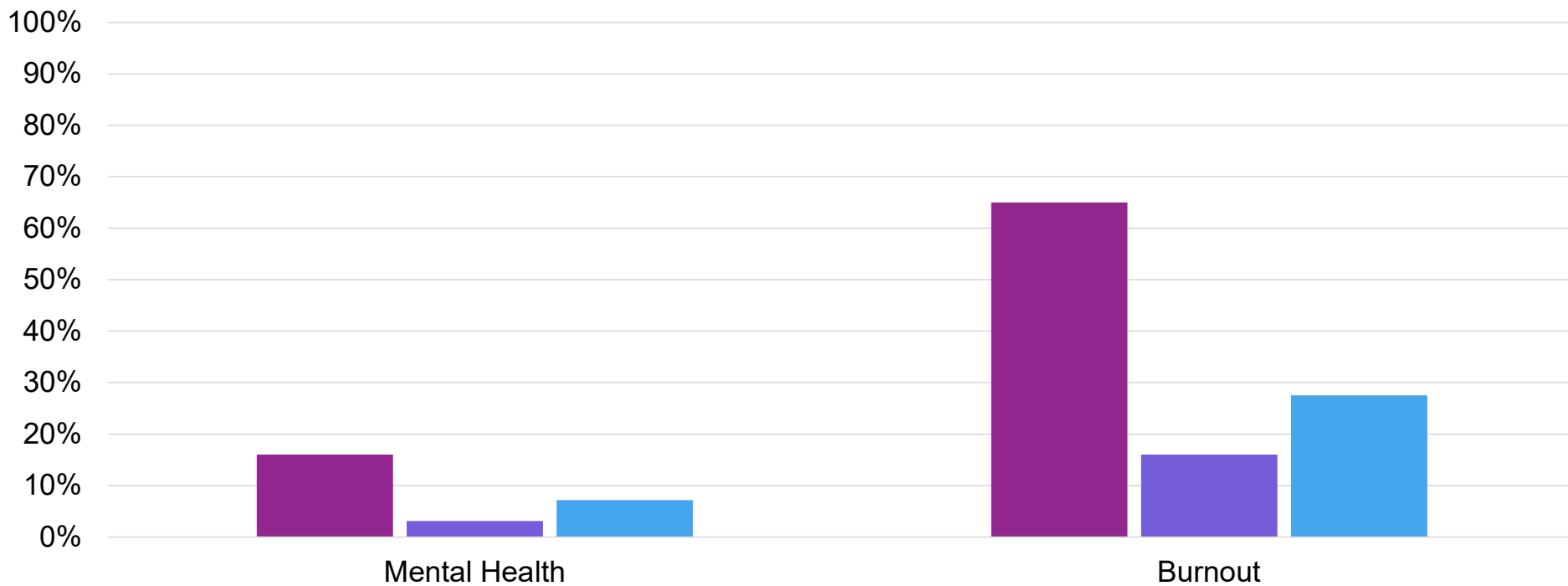




# Mental health, burnout and decreases in practice hours

## Percent Reporting

■ Accomodation Not Provided   ■ Accomodation Provided   ■ Physicians without Disabilities







## Breaking News...

“Positive working conditions were associated with less burnout and better mental health.”

## What works?

- Remember what we learned from physicians with disabilities
- Organizational change > individual change
  - Provide support
  - Earn trust
- Prioritize psychological health and stress *prevention*
- Reduce and eventually eliminate harassment
- Include in decision-making
- Adequate staffing

Outline

Projections

Access

Burnout



## What did he say?

Physician workforce  
shortages

Physician shortages  
greatest in specialty  
care

Need PAs and NPs to  
help address shortages,  
but also need more  
physicians

Access will continue to  
deteriorate if we do not  
address shortages

Place plays a role in  
access, as does  
communication

Physicians are still  
burnt out, but we can  
help

**AAMC's Workforce Studies team continues to do amazing work!**

So much  
research,  
so little  
time...

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**Research Letter** | Equity, Diversity, and Inclusion

May 9, 2024

### Burnout Among Physicians With Disabilities

Lisa M. Meeks, PhD<sup>1,2</sup>; Sarah S. Conrad, MS<sup>3</sup>; Zakia Nouri, MA<sup>3</sup>; [et al.](#)

[Author Affiliations](#) | [Article Information](#)

*JAMA Netw Open.* 2024;7(5):e2410701. doi:10.1001/jamanetworkopen.2024.10701

JOURNAL ARTICLE

### Physicians working with physician assistants and nurse practitioners: perceived effects on clinical practice

Xiaochu Hu, Bettie Coplan, Hilary Barnes, Noël Smith, Alison Essary, Michael Dill

[Author Notes](#)

*Health Affairs Scholar*, Volume 2, Issue 6, June 2024, qxae070, <https://doi.org/10.1093/haschl/qxae070>

Published: 25 June 2024 [Article history](#)

JOURNAL ARTICLE

### Re-evaluation of the methodology for estimating the US specialty physician workforce

W Stephen Black-Schaffer, David J Gross, Zakia Nouri, Aidan DeLisle, Michael Dill, Jason Y Park, James M Crawford, Michael B Cohen, Rebecca L Johnson, Donald S Karcher

[Show more](#)

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*Health Affairs Scholar*, Volume 2, Issue 4, April 2024, qxae033, <https://doi.org/10.1093/haschl/qxae033>

Published: 19 March 2024 [Article history](#)

JOURNAL ARTICLE

### Who participates in value-based care models? Physician characteristics and implications for value-based care

Debra R Winberg, Matthew C Baker, Xiaochu Hu, Keith A Horvath

*Health Affairs Scholar*, Volume 2, Issue 8, August 2024, qxae087, <https://doi.org/10.1093/haschl/qxae087>

Published: 16 July 2024 [Article history](#)



[aamc.org/workforce](https://aamc.org/workforce)





# Want to stay up to date on Projections 2.0?

