



THE LANCASTER MEDICAL MANPOWER & EDUCATION STUDY COMMISSION (LMM&ESC)

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THE PROBLEM

Because of the progressive aging and growth of the U.S. population, the current national shortage of physicians is expected to swell to at least 100,000 by the year 2025,¹ and perhaps much higher. The supply of Family Practitioners from our exceptional FP Residency Program should mitigate any scarcity of FPs that occurs as a reflection of the national shortage, but a more disconcerting problem is the prospective shortage of specialists. Some specialties here have already experienced difficulties recruiting the number and quality they require. A Medical Manpower Study commissioned by Lancaster General confirms these concerns. On August 16, 2007, the Board of Trustees passed a Resolution expressing its concern about our ability to fulfill LG's mission to assure adequate access to health care services. The Resolution authorized formation of a Commission to study the local supply of physicians and the feasibility of measures to improve that supply.

The Commission must bring considered and thoughtful judgment to these complex issues, and I am flattered and excited that Tom Beeman and the Board have asked me to serve as its Chairman. I will also continue as Editor-in-Chief of the Journal of Lancaster General Hospital.

THE CHALLENGE

In every sense of the word, this project is crucial to the continued health of our community. In thinking about how we will attract and retain the requisite physicians, we must seek answers from a menu of options that reflects both short-term and long-term perspectives.

A short term solution might involve nothing more than improving our recruiting techniques, but it might also mean initiating affiliations with neighboring medical schools and residencies, so that a wider circle of physicians would be exposed to the advantages of living in this area and practicing at Lancaster General Hospital. We all recognize that a medical school cannot predict the specialties chosen by its graduates, nor where they will

practice, but that residents are more likely to practice where they complete their training.

A truly long term view that looks forward not just years, but decades, requires us to consider the role not only of specialty training programs (whether independent or affiliated), but also of a new or affiliated medical school. If we fulfill our charge from the Board of Trustees, this institution's leaders in 20 or 30 years will look back and see that we considered every option that would help address the looming shortage of physicians. This shortage seems certain to be intensified by the growth and aging of the U.S. population, and by changes in our health care system that make medicine a less attractive career.²

Yet, even though this project is unavoidable, it assuredly has no pre-determined outcome. Yet, we recognize its potential to stimulate misconceptions and apprehension among our Medical Staff, and we've taken a number of steps to minimize that potential. Here's how the project will be conducted.

THE PROCESS

We began by selecting a name for the Commission that signals several crucial aspects of the study. The Lancaster Medical Manpower & Education Study Commission will consider the needs of *Lancaster*, not just Lancaster General. The first step has been an assessment of *Manpower* needs, after which we are studying how to meet those needs. (I confess that I harbored some concern about the word *Manpower*, but have been assured by the many female members of the Commission that *Manpower* is too well accepted as a noun to arouse concern about gender bias.) Finally, our study of *medical education* is unrestricted; new programs, if any, may be graduate or undergraduate, and they can be independent or affiliated with other institutions.

The LMMESC includes 16 community leaders who represent a variety of business, professional, educational,

and government constituencies.* There are another 11 members from Lancaster General: President and CEO Tom Beeman; Executive V.P. Jan Bergen and Senior V.P. Susan Wynne; Lancaster College President Mary Grace Simcox; and 5 physicians – Deb Riley, Roy Small, Paul Kettl, Holmes Morton, and me. By June, 2008, the LMM&ESC will have met four times to review the study’s plan and objectives, to discuss its progress, and to review and approve its findings and recommendations.

In addition, Lancaster General has engaged Tripp-Umbach (T-U), a consulting firm based in Pittsburgh that is a national leader in this field. They will lead the interviews, and carry out the economic assessments, analyses, and formulations needed to assess the advisability and feasibility of the various educational options. Interviews have already been carried out with the members of the Commission, and will be continued with other community leaders, and most important of all, with many members of the medical staff. We have met with the Deans and their staff from nearby medical schools to assess their interest in various forms of collaboration. Finally, we are conducting site visits to voluntary hospitals with resources and capabilities similar to ours, to learn why they have either initiated or declined to initiate activities in medical education.

Dr. Richard “Buz” Cooper, Professor of Medicine at the University of Pennsylvania, is also a consultant to the Commission. For much of the 1990s he stood virtually alone in opposing the conventional wisdom that forecast a glut of physicians, but his projections of a growing deficit are now widely (though not universally) accepted as prescient, notably by the AAMC.³ Two of his nationally recognized studies are cited below.

REFERENCES

1. Cooper RA, et al. Economic and Demographic Trends Signal an Impending Physician Shortage. *Health Affairs* 2002;1(Jan/Feb):140-154. <http://content.healthaffairs.org/cgi/content/full/21/1/140>
2. Cooper RA. Medical Schools and Their Applicants: An Analysis. *Health Affairs* 2003;4:71-84. <http://content.healthaffairs.org/cgi/content/full/22/4/71>

* Non-LG Members of the LMM&ESC (affiliation): Gibson E. Armstrong (State Senator); Thomas Baldrige (Lancaster Chamber of Commerce); Eric Buck (PHC); Rev. Louis A. Butcher, Jr. (Bright Side Baptist Church); John A. Fry (F&M); Michael Fiaschetti (Highmark Blue Shield); J. Richard Gray (Mayor of Lancaster); Arthur Mann, Sr. (Donsco, Inc., Hourglass Foundation); Charles “Monty” Milner (Hope Hosiery); Vilas Prabhu, PhD (Millersville U.); Arthur Morris (Lancaster County Convention Authority); John M. Porter, Jr. (Ephrata Hospital); Craig A. Roda (Fulton Bank); William Shaughnessy (Wilbur Chocolate, retired); John O. Shirk, Esq. (Barley, Snider); Michael P. Sturla (State Representative).

Throughout our study a Steering Committee, comprised of the 7 Commission members from the LGH administration and medical staff, and the two T-U consultants, Paul Umbach and Ha Pham, meets monthly to discuss, debate, monitor, and direct the progress of the study. In addition, an LGH WorkGroup on Physician Recruitment and Retention meets monthly and reports to the Steering Committee.

On January 9, 2008, I initiated the process of informing the medical staff about these activities by speaking at length at a regular meeting of the Medical Staff, where many penetrating questions were asked, and (I hope) answered satisfactorily. This article is another step in the process of disseminating information. During the coming Summer and Fall, after more complete information has been gathered and analyzed, the study’s findings and recommendations will be discussed in detail with the medical staff at LGH.

THE OUTCOME

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We do not know what the outcome of our study will be, and await input from the discussions during the coming year. In addition to individual interviews and surveys of the Medical Staff, which will weigh heavily on the deliberations of the Commission, there will be updates at Medical Staff meetings, which I will attend to answer questions, and to explain where we are in the process.

Deb Riley, President of the Medical Staff, is a member of the Commission, and welcomes your feedback.

Stay tuned!