Cardiology Workforce Crisis
Shortage or Surplus?

While providing a detailed overview of the demographics of the cardiovascular (CV) specialist community in the U.S. today, the American College of Cardiology (ACC) Workforce Task Force Report relies on limited evidence to support its conclusion that there is a critical and growing shortage of CV specialists in the U.S. (1). In addition, the report did not address dissenting expert opinion and published data indicating that, to the contrary, there may exist now a surplus of physician specialists (including CV specialists) and that this surplus is a major driver of excessive health care spending in the U.S. (2,3).

According to reports from the Dartmouth Atlas of Health Care (4–6):

1. Specialist physicians tend to live and work in areas where they want to live and near where they trained, not in areas of greatest need or highest prevalence of disease.
2. Concentration of specialist physicians varies widely (as much as 300%) across the U.S.
3. Regions of the country with the highest specialist physician concentration have higher health care costs, yet patients have no better health care outcomes than those in regions of lowest concentration.
4. Patients living in the regions of lowest specialty physician concentration self-report the same high level of satisfaction with access to care as patients living in the regions of highest concentration.

These data make a reasonable case that the U.S. would have lower costs without significant impact on quality of care or patient access with a lower overall concentration of specialist physicians.

The ACC Workforce Report also did not address concerns that a large proportion of care provided in the U.S. today represents overuse, and this excess care provides no added value to the patient or to the health system (7). The ACC has acknowledged this concern and has supported efforts to reduce overuse of CV care (8,9). Yet the ACC Workforce Report does not factor in the impact of this reduction into its work force estimation. If these efforts are even partially achieved, U.S. cardiologists may have less impact of this reduction into its work force estimation. If these efforts are even partially achieved, U.S. cardiologists may have less impact of this reduction into its work force estimation.

The American College of Cardiology (ACC) Workforce Workgroup recently published its study of the cardiovascular (CV) workforce (1) and concluded that there is currently a significant shortage of cardiologists that is projected to worsen over the next 2 decades. Our workgroup did not attempt to determine the “right” number of cardiologists because this approach is too conceptual and dependent on assumptions that it may have little enduring applicability to the real situation. Notably, Weiner (2) determined that the health care system would have far too many specialists by 2000, but based his projections on a health maintenance organization staffing model that did not ultimately become the standard for the U.S. Many others (3–5) recently found the opposite, that we have a substantial shortage of specialists (refs).

Our workgroup chose to determine the demand for cardiologists using a market-based approach. We surveyed the employers of cardiologists. Private and academic practices are intimately in touch with the demands for their services in their regions and the limitations of their practices to deliver these services. The ACC and Medaxiom surveyed these employers in 2007 and received responses from 15% of the workforce. Our metric was open positions for cardiologists. Our consultants at the Lewin Group and the Association of American Medical Colleges (AAMC) further analyzed Medicare and commercial insurance data to assess the demand for CV services trends. From the standpoint of the marketplace, there is a significant shortage of 4,286 cardiologists.

Certain demand drivers such as the aging of the baby boomers, the epidemic of obesity, expansion of insurance coverage under reform, and technological advances suggest that these demands will increases over the next decade. Dr. Marine points out recent studies (the Dartmouth Atlas of Health Care in particular) that suggest overuse of CV services in certain regions of the U.S. (6). The ACC strongly supports appropriate use and a focus on quality of care. Inasmuch as the ACC and health care reform can influence appropriate use, we may see some decrease in demand. The ultimate effect of all these drivers can only be viewed in retrospect.