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FYI in reference to Guam Bill 112-36

1 message

J. T. Landstrom, MD <[REDACTED]> Tue, Aug 3, 2021 at 10:42 AM
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Another reason Bill 112-36 should not be passed from American Journal of Surgery 7/22/2021.

Highlights

- Surgeon shortages were identified for nine specialties in 2030 and eight specialties in 2050.
- Clinical productivity would need to increase by 7–61% additional RVUs to overcome shortages.
- General surgery may have the worst deficit with a gap of over 25,000 surgeons by 2050 if trends are not addressed.

Abstract

Background

We aimed to predict practicing surgeon workforce size across ten specialties to provide an up-to-date, national perspective on future surgical workforce shortages or surpluses.

Methods

Twenty-one years of AMA Masterfile data (1997–2017) were used to predict surgeons practicing from 2030–2050. Published ratios of surgeons/100,000 population were used to estimate the number of surgeons needed. MGMA median wRVU/surgeon by specialty (2017) was used to determine wRVU demand and capacity based on projected and needed number of surgeons.

Results

By 2030, surgeon shortages across nine specialties: Cardiothoracic, Otolaryngology, General Surgery, Obstetrics-Gynecology, Ophthalmology, Orthopedics, Plastics, Urology, and Vascular, are estimated to increase clinical workload by 10–50% additional wRVU. By 2050, shortages in eight specialties are estimated to increase clinical workload by 7–61% additional wRVU.

Conclusions

If historical trends continue, a majority of surgical specialties are estimated to experience workforce deficits, increasing clinical demands substantially.