

FELINE FINE: The Fisher Cats, New Hampshire's Manchester-based minor league baseball team, chose the Children's Hospital at Dartmouth as their "primary charity" for the 2005 season. The Cats hoped to raise \$50,000 for CHaD.



THEN & NOW

A reminder of the pace of change, and of timeless truths, from the Fall 1990 issue of *DARTMOUTH MEDICINE*:

"In 1990," wrote Dr. John Kitzhaber, "Americans will spend \$650 billion on health care. Yet 19 countries have lower infant mortality rates and 26 have better cardiovascular statistics." The cause of the discrepancies, said Kitzhaber, "is not a lack of money, but rather some fatal, systemic flaws in the American health-care system."



Kitzhaber, a 1969 Dartmouth graduate who was then president of the Oregon senate and later the state's governor, went on to explain his efforts to reform Oregon's medical payment system. Today, the National Coalition on Health Care estimates U.S. health-care expenditures at \$1.8 trillion.

Goodman heads pediatric workforce initiative

Professional societies quite regularly promulgate policy statements on various weighty subjects. But rarely in those statements do societies go against the prevailing winds of their profession.

For months, the Association of American Medical Colleges has been pushing a 15% increase in medical school enrollments and residency positions by 2015 in order to prevent a physician shortage that the group says is likely. However, the American Academy of Pediatrics (AAP) argues, in a recent report and policy statement, that the current pediatrician workforce is adequate. The AAP recommends maintaining, not increasing, current numbers of U.S. medical students and pediatric residency positions.

"The academy is now the first specialty society to come out and say that we should not be increasing physician training rates in this country," notes Dr. David Goodman, a DMS pediatrician. He was the lead author of the report, which was published in the journal *Pediatrics*.

Resources: Goodman has been studying physician workforce issues for more than 10 years at Dartmouth's Center for the Evaluative Clinical Sciences (CECS) and as a member of the AAP's Committee on Pediatric Workforce. "There are lots of things that can improve children's health and well-being, he says. "So the caution here is that one should not promote workforce policies that can be expensive

and essentially divert resources from other policy initiatives that are known to improve children's health."

The bottom line, he adds, is that turning out "more physicians is very expensive."

If current trends continue, the per capita supply of both pediatricians and physicians in general will grow over the next 15 to 20 years, says Goodman. "The evidence," he continues, "is stronger and stronger that [the health of a population] is not sensitive to physician supply, once you get beyond a supply that everyone would agree is very low." In fact, several CECS studies have shown that regions with more physicians per capita have poorer health outcomes than regions with fewer physicians.

Distribution, not overall supply, is the problem, according to Goodman and the AAP. Since pediatricians, and physicians in general, tend to concentrate around areas with wealth, many rural and poorer communities are underserved.

To address this disparity, the AAP recommends admitting more medical students from underserved communities (because they have been shown to be more likely to return to those areas after their training); expanding the National Health Service Corps; and exploring the use of tax credits and other financial incentives for physicians who serve communities in need. Increasing the ethnic diversity of the pediatric workforce so it is more representative of the na-

tion's population is also a key part of the AAP's agenda.

Among the other findings of the workforce committee was that women now make up 50% of all pediatricians—welcome news for adolescent females, who overwhelmingly prefer female providers. Although many female physicians work part-time, "the supply of pediatricians is growing so vigorously [that the profession] can easily accommodate more part-time practice," says Goodman.

Principles: Overall, Goodman was pleasantly surprised by the policy statements. "It's easy for a committee like this to either consciously or unconsciously develop statements that are best for pediatricians," he says. "It was just great to see this committee really stick to its principles that policy should be not necessarily what's best for pediatricians, but what's best for children."

JENNIFER DURGIN



Dartmouth pediatrician Goodman was the lead author of a national report.

JOSEPH MEHLING