

Projections of the Past, Frameworks for the Future

A time of change in a time of change

Michael J. Dill

Senior Data Analyst, AAMC

2 October 2013



Tomorrow's Doctors. Tomorrow's Cures

Learn

Serve

Lead



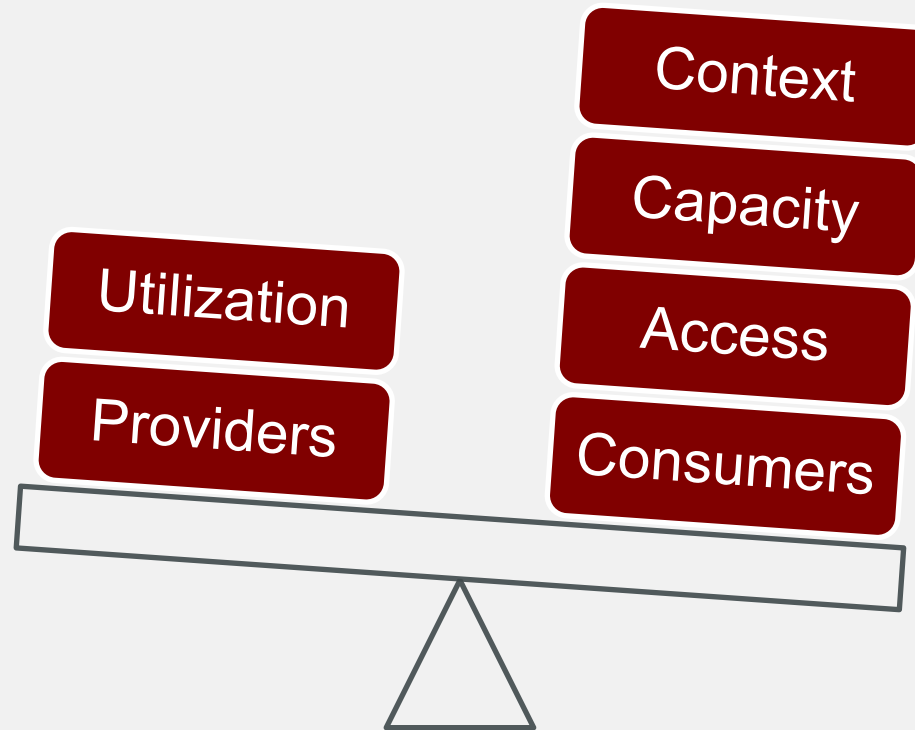
Overview

- Shifting our perspective
- Learning from our work
- Problems with the past
- The future we envision
- New demand framework-in-progress
- New supply framework-in-progress

We are shifting our perspective

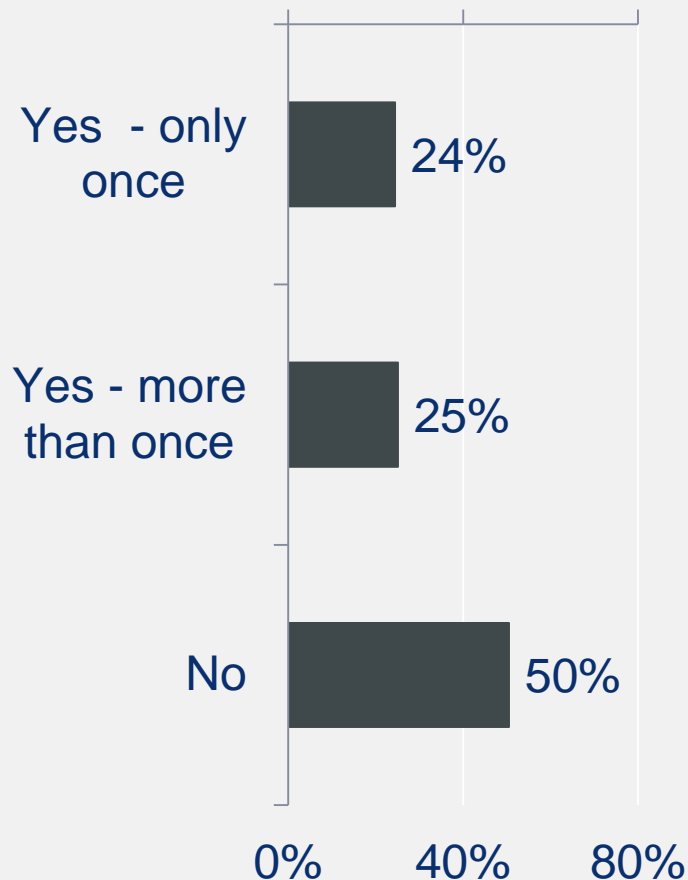
Then

Now

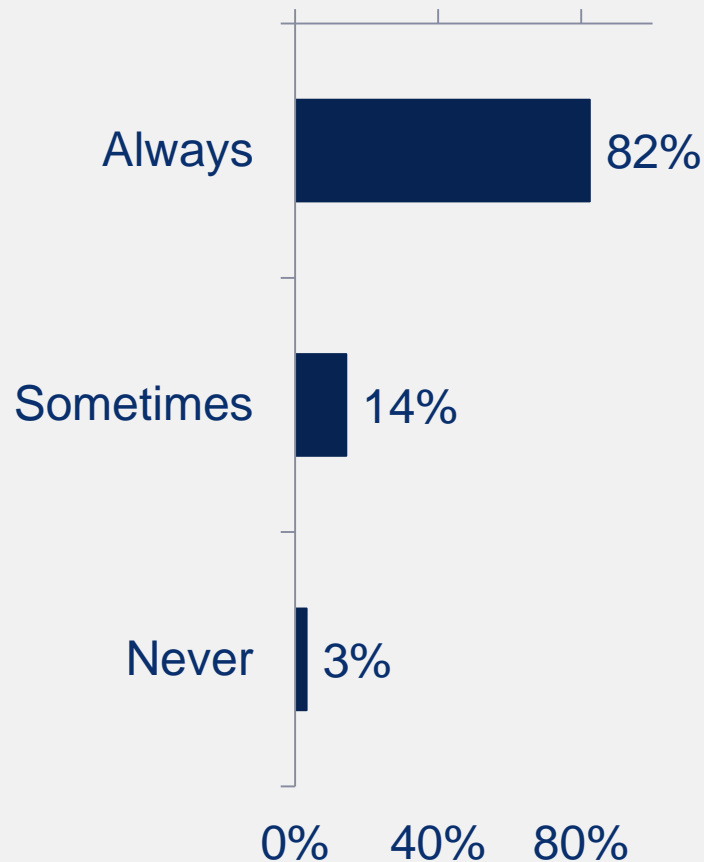


Most Americans can get care when they need it

Needed care?



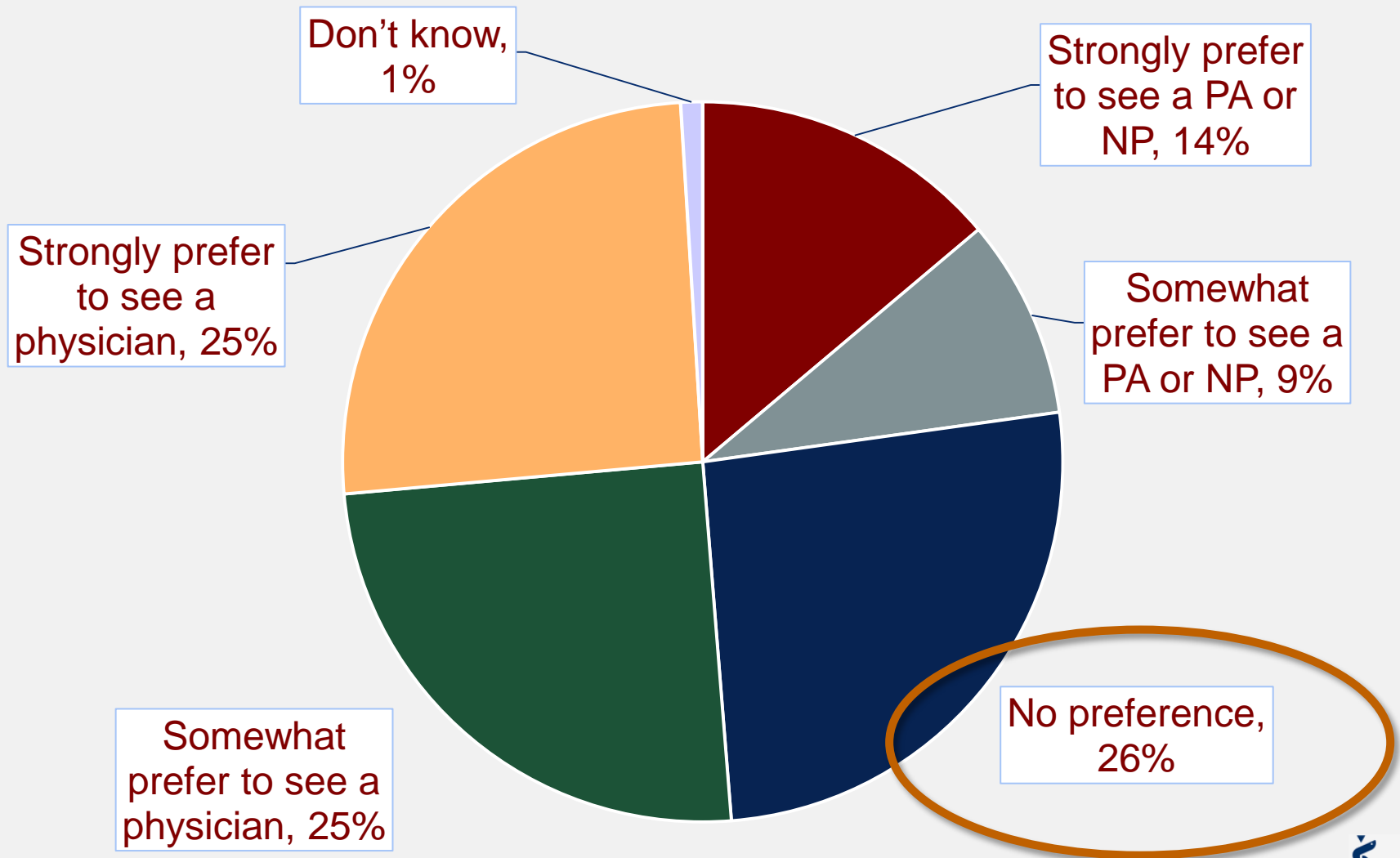
Able to get care when needed?



Barriers to care are not distributed evenly

- Uninsured, Medicaid
- Low income
- Rural (but...)
- Race/ethnicity

Americans are open to different primary care provider types



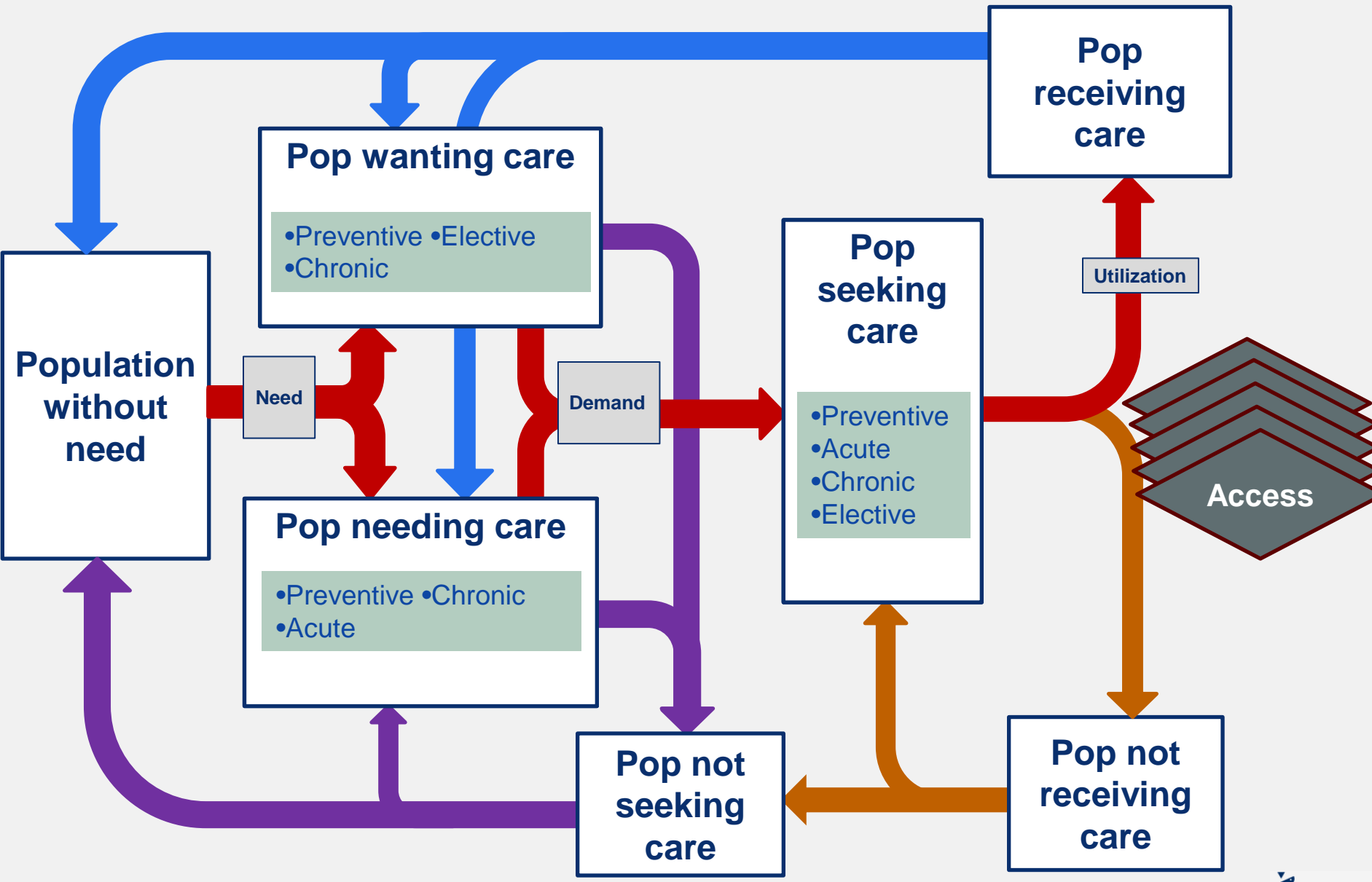
What We (Used To) Do

- Projections
- Ratios & utilization
- Aggregated
- ***Data driven***

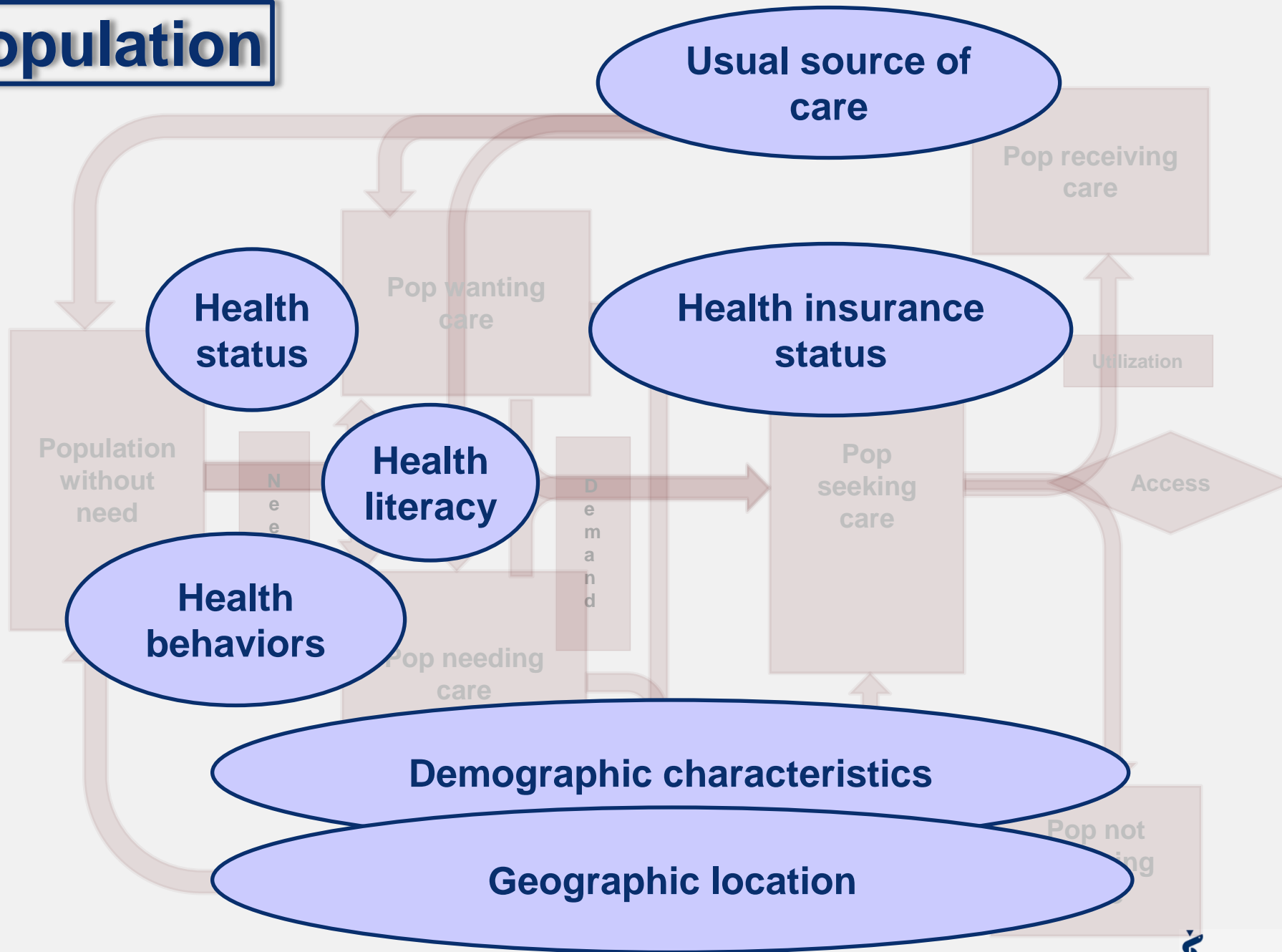
What We (Are Starting To) Do

- Models
- Speak in plurals
- See health care as local
- Think in systems
- Develop learning tools (not numbers)
- ***Drive data collection***

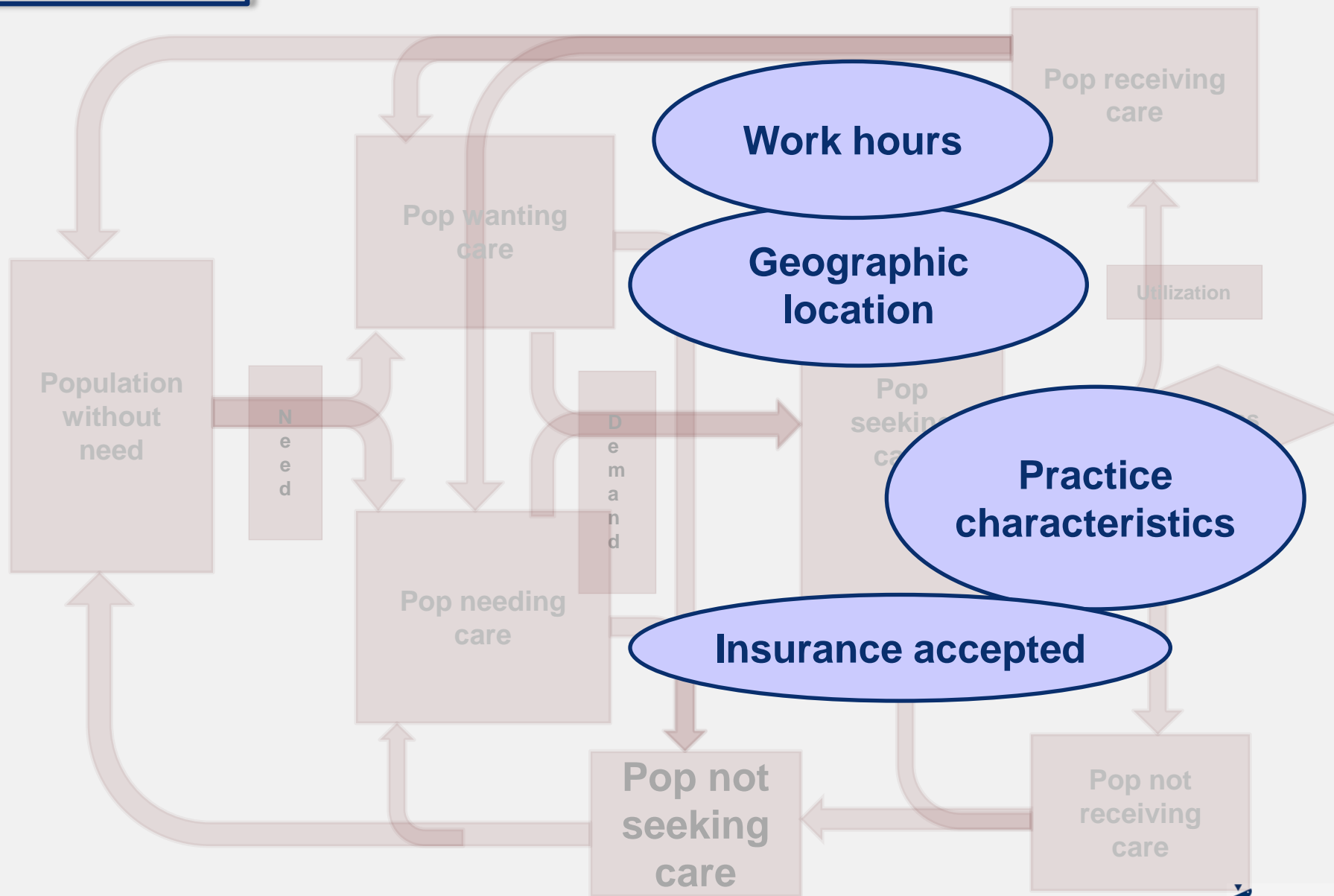
Modeling Health Care Need, Demand & Utilization



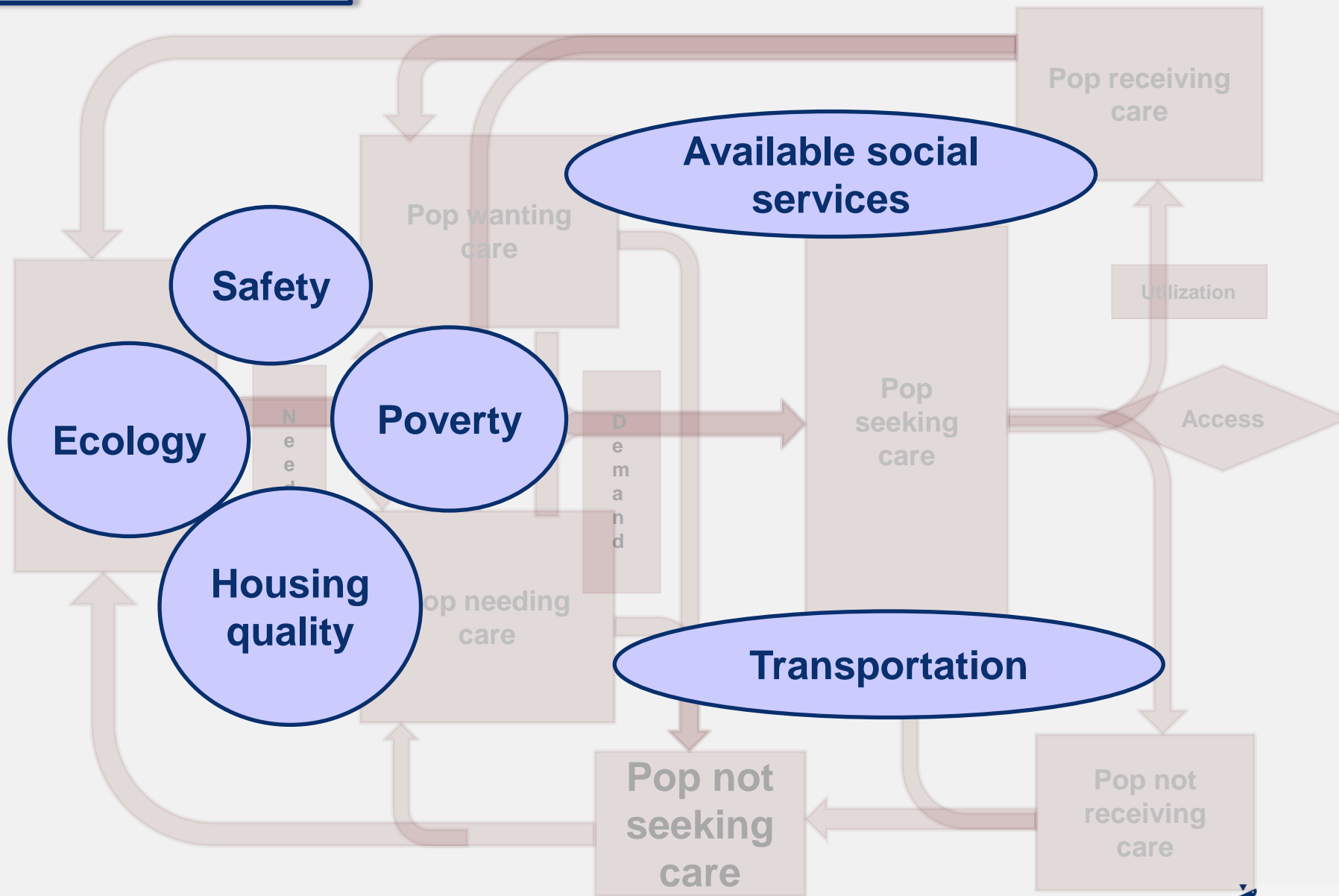
Population



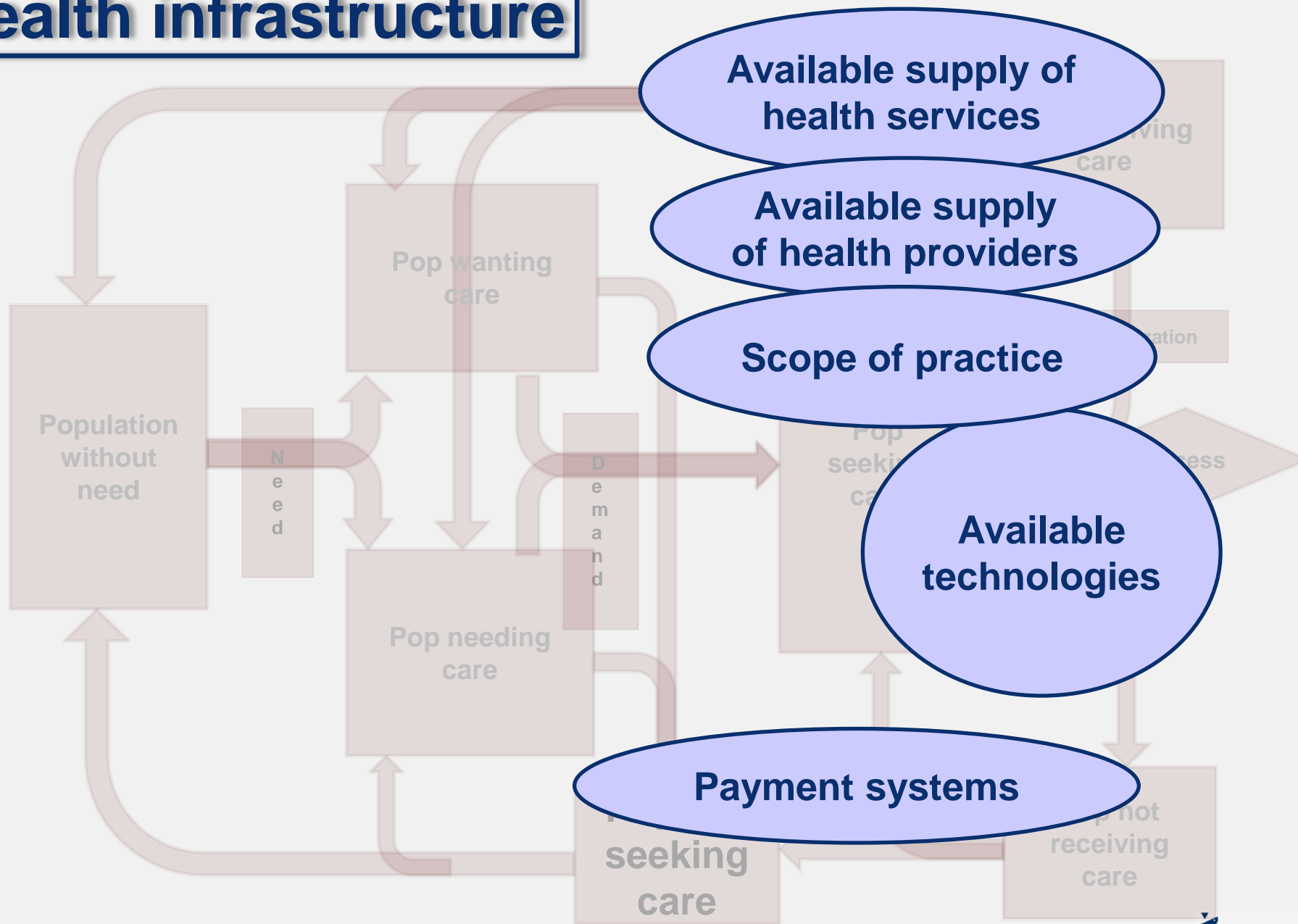
Providers



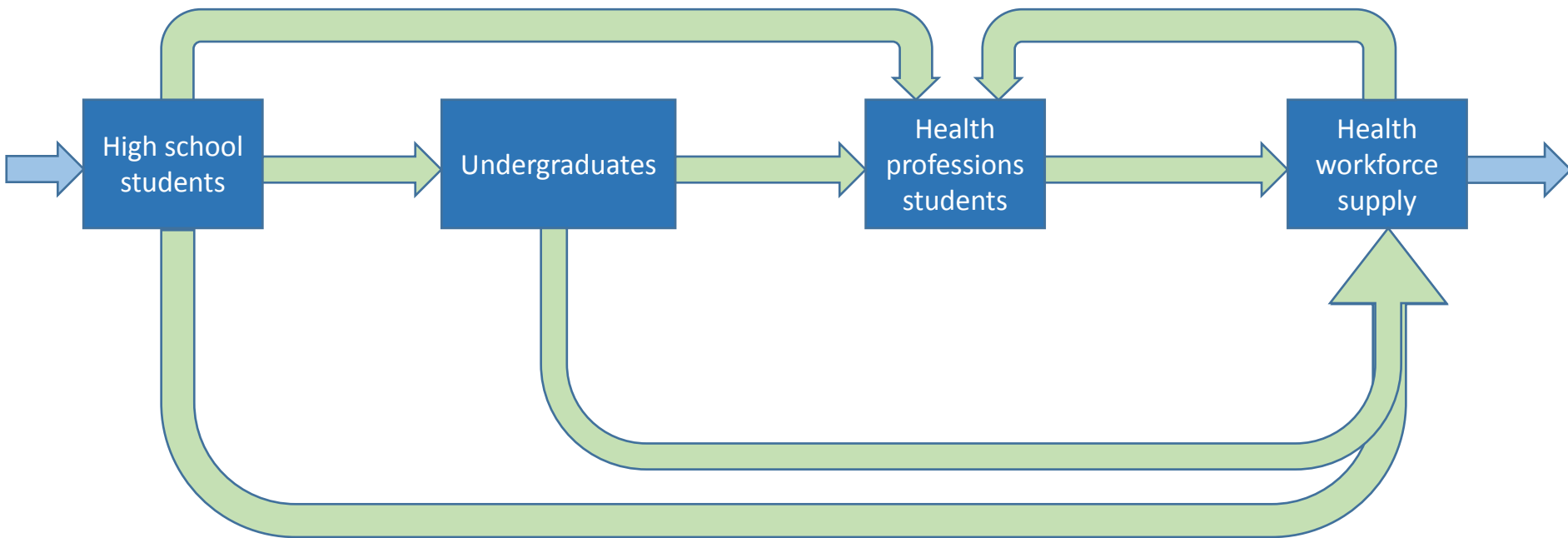
Environment



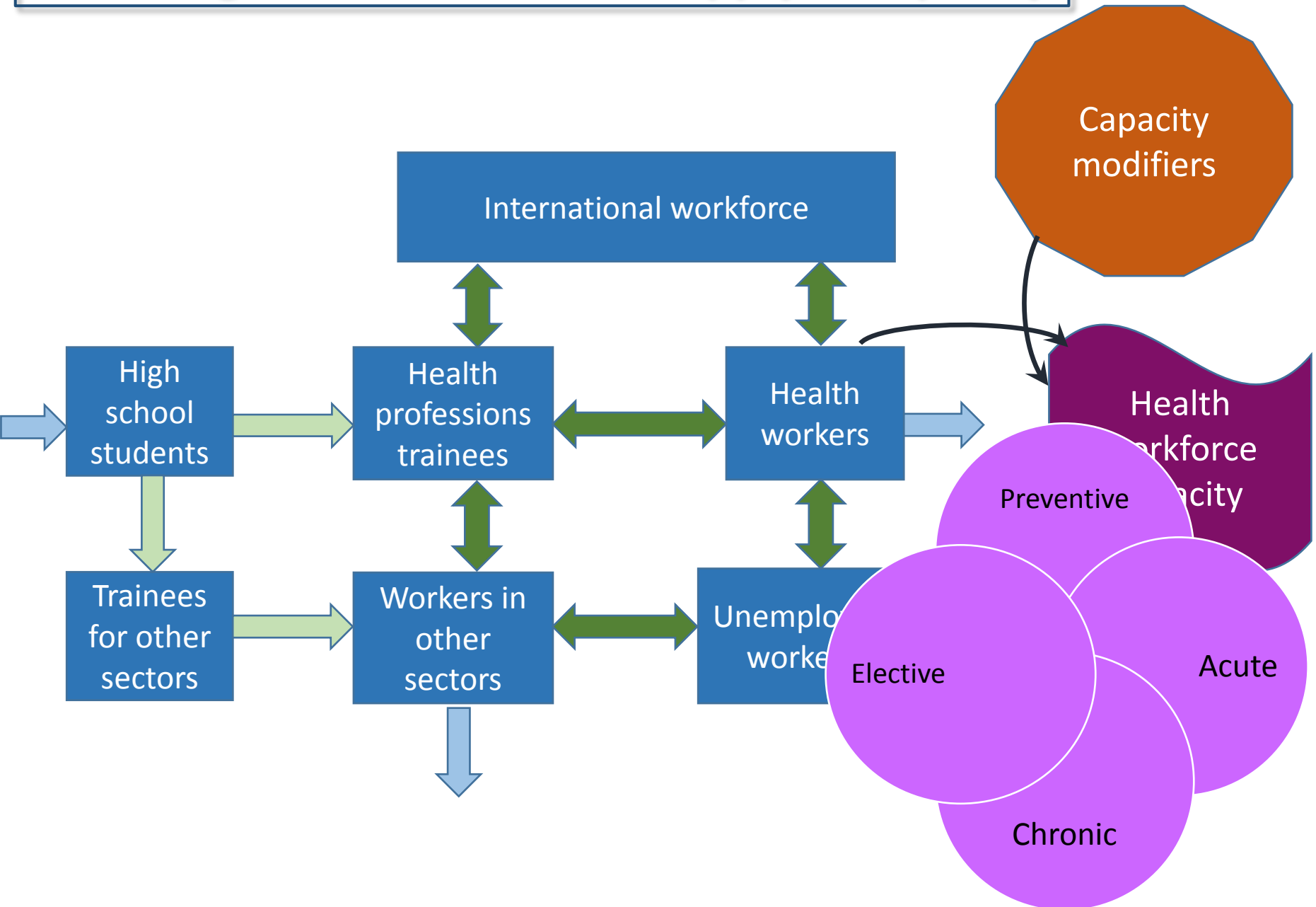
Health infrastructure



Modeling Health Workforce Supply



Modeling Health Workforce Supply & Capacity



Questions for you

- What do you think of our approach?
Better? Worse? Jury is still out?
- Are we thinking about demand and supply
in the right way?
- Can you see this approach being useful?
To whom? How?
- What problems do you see with this
approach?

mdill@aamc.org



Tomorrow's Doctors, Tomorrow's Cures

Learn

Serve

Lead

Association of
American Medical Colleges



Population

- Interest in health professions
- Social environment
- SES
- Experiences with health care system
- Perceived earnings potential
- Demographic characteristics
- Geographic location
- Desire for better outcomes/higher quality



Providers

- Hours
- Practice characteristics
- Academic performance
- Demographic characteristics
- Work preferences
- Geographic location
- Desire for better outcomes/higher quality
- Cultural competence



Environment

- Poverty
- Housing quality
- Transportation infrastructure
- Primary & secondary school quality



Health Infrastructure

- Existing supply of health providers
- Existing supply of health services
- Relative appeal of other professions
- Perceived career growth potential
- Scope of practice regulations
- Models of care
- Available technologies
- Payment systems
- Profitability of (new) services
- Desire for better outcomes/higher quality
- Technology (advances)



Economics

- Retirement pressures
- Economic environment
- Earnings potential
- Job opportunities



Health professions education infrastructure

- Existing supply of health providers
- Existing supply of health services
- Education funding
- Incentive programs (e.g., loan repayment)
- Supply of health professions training programs
- Promotion of health professions track & careers
- Mentors
- Cost of education
- Culture & curriculum