New Physicians, the Affordable Care Act, and the Changing Practice of Medicine

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The passage of the Affordable Care Act (ACA) in March 2010 signaled a dramatic moment for the US health care system. Featuring expanded health coverage for millions of individuals, insurance reforms, and a commitment to testing numerous approaches to improving the delivery of medical care, the ACA affects nearly every aspect of the practice of medicine. These changes raise the question: how do physicians in general and the next generation of physicians in particular—young physicians, residents, and medical students—view the ACA?

Several key features of the law designed to improve the access to and quality of the US health care system could also improve the quality of life and job satisfaction for physicians.1 First, the ACA will expand insurance coverage to more than 30 million currently uninsured US residents. Furthermore, all US residents with health insurance will have guaranteed coverage of essential health benefits, as opposed to the past of patchwork coverage with numerous exclusions and high rates of underinsurance. Together, these provisions offer physicians the opportunity to improve health care for vulnerable populations, reduce long-standing racial and ethnic disparities in health, and practice medicine without worrying about whether patients will be able to pay for needed care.

Beyond its major gains in coverage and access, the ACA also brings a renewed focus on integrated redesigned delivery of health care for the purpose of improving quality. It accomplishes this through supporting delivery system innovations such as the accountable care organization, in which the goal is quality of care instead of sheer volume (as under a fee-for-service model), and the patient-centered medical home, which emphasizes taking care of each patient as a whole person through a system of teamwork and collaboration. Both will support integrated collaborative patient care as opposed to the often fragmented nature of current medical practice.

The ACA also creates incentives for primary care, in response to the declining number of physicians in this field relative to the increasing numbers of higher-paid specialists. Beginning in 2011, primary care physicians received a 10% pay increase for their care of Medicare patients. In 2013 and 2014, state Medicaid programs will be required to reimburse primary care physicians at rates equal to those of Medicare.

Surveys of practicing physicians present a mixed picture of support for the ACA, but also show that younger physicians are more supportive of the law. One survey of 501 physicians showed that 44% felt that the ACA was “a good start,” 44% described it as “a step in the wrong direction,” and 12% were undecided.2 Another survey of 2958 physicians showed that 58% thought the ACA would negatively affect patients, and 42% said it would be neutral or positive.3 The quality of both surveys was suboptimal, with one using a nonrandom sample2 and the other with a random sample but only a 3% response rate.2 Setting aside the methodological shortcomings of these surveys, it is easy to imagine why physicians in practice who have presumably adopted approaches that enable them to succeed in the current environment might be ambivalent about the unknown effects of the ACA. For this reason, it may be instructive to focus on the attitudes and behaviors of the physicians of tomorrow—young physicians and medical students.

In contrast to the more evenly divided results among all physicians, one of these surveys found that 47% of physicians younger than 40 years (n=140) described the ACA as a good start, while only 36% opposed the law.2 Students are even more optimistic about the health law. An anonymous survey of 1232 students at 10 US medical schools showed that 68% thought the ACA would expand health care access, whereas 26% were undecided, and 7% said it would not expand access. Overall, 59% supported the ACA, 15% supported repealing the law, and 26% were undecided. In fact, one-third of those supporting repeal of the ACA did so because they felt the law did not go far enough to reform the health care system.4

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Although these surveys suggest that young physicians and medical students are generally supportive of the ACA, it is possible that the law could be dissuading future students from entering the field of medicine in the first place. However, results from the Association of American Medical Colleges indicate that applications to medical schools have increased since the passage of the ACA. After several years of flat application rates, both the overall number of medical school applicants and the number of first-time applicants increased significantly, with new applications up 2.6% from 2010 to 2011, and 5.1% from 2009 to 2011 (31,062 in 2009, 31,832 in 2010, 32,654 in 2011). Although numerous factors affect medical school applications, in particular the economy, these admissions data suggest that the ACA most likely has not dissuaded students from pursuing careers in medicine and may in fact have increased student interest in medicine.

Similarly, data from the National Resident Matching Program show that the number of US medical graduates entering residency (as opposed to pursuing nonclinical careers in research, industry, or other fields) has increased from 14,992 in 2010 to 15,588 in 2011, the largest 1-year increase in more than 10 years. Given the incentives in the ACA to promote primary care practice, another important question is whether an increasing percentage of graduating US medical students will pursue specialty training in family medicine, internal medicine, or pediatrics. With only 1 full year of match data available following passage of the ACA, it is difficult to derive clear conclusions. However, as compared with 2009 (1 year before passage of the law), the combined percentage of graduating US medical students entering a primary care field in 2011 increased from 40.0% to 41.8% (5830 out of 14,566 residents in 2009, 6515 out of 15,588 residents in 2011), a 2-year increase that followed more than a decade of decline. The greatest increase occurred in family medicine, with a 21% increase (from 1071 residents in 2009 to 1301 residents in 2011).

Overall, a consistent pattern emerges from surveys, medical school applications, and residency match statistics, suggesting that young and future physicians are responding positively to the ACA. The number of applicants to medical schools, number of new residents, and proportion of residents entering primary care specialties are all increasing. Surveys indicate that the majority of medical students and young physicians support the ACA. Although any major change in a system as vast and complicated as health care creates significant uncertainty for those who have practiced within it for years, there is nonetheless reason for optimism about the future of US medicine. The Affordable Care Act takes enormous steps in strengthening the US health care system and offers the promise of greater access, reduced disparities, and higher quality care for all US residents. The available evidence suggests that the next generation of physicians is ready to take part in this critical venture to define the future of medicine.

REFERENCES