Education Leaders Focus on Reform

The health care industry in both the United States and the NIS is going through a difficult transition--one requiring a downsizing in the physician workforce and a shift to primary care practice.

Leading health professional educators from the US and NIS met during the conference to discuss the difficulty in reducing the physician workforce, which they estimate to be two-thirds above the needed level in the Republic of Georgia and the United States. Attendees also cited overspecialization of the physician workforce, which is as high as 60 percent in both the US and Uzbekistan.

"This is a problem that is going to get worse before it gets better," said Clifton Gaus, ScD, administrator of the Agency for Health Care Policy and Research (AHCPR) in the Department of Health and Human Services in Washington, DC. Gaus encouraged participants to take advantage of this "unique opportunity to search for agreeable solutions to a common problem."

The large and rising number of physicians throughout the US and NIS may have some negative consequences for health care, attendees agreed. For example, speaker Neal Vanselow, MD, professor of medicine at Tulane University School of Medicine in New Orleans, Louisiana and co-chair of the US Institute of Medicine Committee on the US Physician Supply, believes the physician oversupply may prompt a decline in the quality of services offered by highly specialized physicians, because "doctors performing only one operation a week are not likely to be as skilled as those physicians performing more operations per week." At the same time, however, there are more rural areas in the US without a practicing physician than in the 1980s, when the physician supply was lower, Vanselow said.

One possible solution offered by a 1996 US Institute of Medicine study for "rightsizing the physician workforce" is a reduction in medical school enrollment levels by 25 percent, along with a reallocation of the $6 billion annually spent by the federal government for residency training programs toward funding of hospitals serving indigent populations, said Vanselow.

Similar efforts are being made in Tajikistan, said Alamkhon Akhmedov, PhD, Tajik minister of public health, where physician incentive problems arising from continued low salaries and a physician oversupply are placing great demands on the national health budget, which has declined from 4 to 2 percent of the country's budget since 1990. As a first step, in January 1996, Akhmedov closed two of the three state medical schools and dramatically reduced the volume of medical student matriculation, from 1,200 students in 1994 to 350 students per year in 1996.

In Russia, the problem is not the quantity of trained medical personnel, but quality, said Igor Denisov, MD, PhD, deputy rector at the Sechenov Medical Academy in Moscow. Although medical students traditionally have only one year of postgraduate training before practicing medicine, Denisov is introducing a four-year postgraduate residency program at Sechenov to improve the quality of physician training and, ultimately, the quality of care. Another concern facing Russia is an overspecialization of physicians, said Denisov. "Only 10 percent of the patient population requires specialized medical assistance," he said, as opposed to the approximate 90 percent needing non-specialized, primary care. Yet, because 75 percent of national health care spending goes to specialists, there is an unequal proportion of specialists to primary care physicians. "Until this funding pattern shifts, we will continue to see waste of valuable resources," he said.

Wasteful practices are also a concern in Kyrgyzstan, said Tulegan Chubakov, MD, PhD, director of the Republican Center for Continuing Education of Medical and Pharmaceutical Professionals

in Bishkek. During the Soviet era, in Kyrgyzstan and throughout the NIS, citizens were assigned to an average of four specialized physicians at a polyclinic in theer districts, which, Chubakov noted, "is very expensive and wasteful" because there is little continuity of care. Chubakov is implementing a new curriculum to retrain specialized physicians as primary care practitioners. Two physicians from the Institute of Oncology and Radiology in Bishkek traveled to partner institution University of Kansas to participate in an extensive four-month primary care training program starting last November.

Khamid Karimov, MD, co-sponsor of the forum and rector of the Second Tashkent State Medical Institute (TASHMI II), Tashkent, Uzbekistan, is also expanding the scope and length of medical education at his medical school (see article below) which he hopes will improve physician skills and increase the quantity of primary care physicians. The expanded medical education program at TASHMI II also calls for a limit on the number of medical students to reduce the nation's 50 percent oversupply of physicians, and a need to integrate nursing education into medical schools rather than offering segregated training.

Galina Perfiljeva, PhD, dean of the Higher Nursing Education Faculty at Sechenov Medical Academy in Moscow, Russia, agreed that greater integration is needed between physicians and nurses to "promote a sense of teamwork and a common vision for the future of health care... because the issue of physician oversupply is an issue affecting the entire health care workforce."

And in Kazakstan, "more and more highly skilled physicians are leaving the workforce due to low salaries, placing growing demands on the nation's nursing workforce," said Kalkaman Ayapov, MD, director of the Almaty Medical College. This, he said, is "why we must emphasize a team effort" to solve the physician oversupply problem.

The participants identified many different alternatives for improving the health care workforce in their respective countries, including greater emphasis on primary care, quality of services and teamwork among hospital staff. Identifying common problems was an important first step, the deans agreed, for targeting key issues to be addressed at a future NIS conference on the health care workforce, which is planned for spring 1997. And although there are no universal or easy solutions to the workforce problem, "we [all] agree that change is needed and required," said moderator and independent health consultant Gary Filerman, PhD.