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Shortage of New Heart Surgeons Predicted

With population aging and heart disease on the rise, fewer heart surgeons in training brings fears about quality and access

Washington, D.C., August 6, 2002 – In a [study released today](#), health experts warn that the number of heart surgeons entering training is unlikely to be sufficient to replace those who will retire. This finding is particularly worrisome given that the number of Americans who will most likely need heart surgery, those aged 60 and over, will increase by 13 million over the next 10 years. The shortage of surgeons could lead to delays in care for patients needing surgery, as well as worsened quality.

Data released last month by the National Residency Matching Program, the national program that matches medical school graduates with residency training programs, indicate that fewer new doctors are applying for residency in cardiothoracic surgery. This decline, coupled with the projected rate of retirement of cardiothoracic surgeons over the next 10-12 years, has the potential to create significant access problems in the near future, according to the Society of Thoracic Surgeons (STS), which analyzed the data.

For residency programs beginning next year, the National Residency Matching Program has reported that 21 out of 144 positions offered in cardiothoracic surgery have not been filled.

“While there are other factors, prominent in the minds of young physicians considering cardiothoracic surgery are the sharp reductions made by Medicare in the allowed fees for these procedures, which are difficult and time-consuming,” according to Kevin Accola, M.D., a cardiac surgeon from Orlando, Florida who chairs the STS’ Workforce on Health Policy.

“We also cover the salaries and costs of advanced practice nurses and physician assistants who work with us in the hospital,” Accola said, “but the Medicare program refuses to

recognize these costs as practice expense, meaning we lose money on the staff we provide. We can't maintain quality outcomes without the trained staff Medicare refuses to pay for.”

The Society of Thoracic Surgeons suggests that a continuing erosion of Medicare payment for the costs that they incur – especially for skilled staff who assist them in the hospital – has contributed to fewer physicians choosing this demanding specialty and may also compromise quality and even patient safety. The effect of these Medicare decisions is magnified by the fact that over 70% of private payors follow the Medicare Fee Schedule as the basis for their physician reimbursement. Other factors including marked increases in professional liability insurance expenses are likely contributing to the declining numbers of applicants.

Speaking on behalf of the American College of Surgeons, Thomas R. Russell, M.D., FACS, Executive Director, said that the College shares the Society of Thoracic Surgeons' concerns about the future of cardiothoracic surgery and the potential impact on future heart patients in this country. Dr. Russell added that “the same kinds of problems that are besetting cardiothoracic surgeons are having a negative impact on surgeons in all specialties, and the potential impact on access to quality care for surgical patients of the future could be devastating if something is not done to correct the situation. The College will continue its efforts to work with all parties concerned to achieve positive resolution to these serious problems.”

The study also found:

- The number of cardiothoracic surgical training positions has been constant over the last ten years at approximately 140 positions offered annually. However, according to newly released information from the National Resident Matching Program, the number of applicants for these programs dropped from 197 in 1993 to only 145 in 2002. Equally notable, the number of graduates of U.S. medical schools applying for these positions dropped from 161 in 1993 to only 107 in 2002.
- The number of new medical school graduates choosing to train in general surgery has also fallen sharply, leaving 58 positions unfilled in the 2002 match and 199 (almost 20 percent of all training positions) filled by graduates of non-U.S. medical schools. Since general surgery training precedes residency in cardiothoracic surgery, the pool of applicants for heart and lung surgery programs will be even smaller in the future.
- With the impending growth of the Medicare-aged population, the significant increase in heart disease with advancing age, and with it the need for advanced treatment such as coronary bypass surgery, the need for these therapies is expected to increase. Data from the 1.5 million case STS database indicates that heart

surgeons are now treating older patients and others with more complicated conditions, such as diabetes. The Society notes that in another ten years there will be almost 13 million more Americans 60 or older—the segment of our population where heart disease becomes a major cause of death.

- Residency training to become a cardiothoracic surgeon requires a minimum of seven years, and more commonly nine to ten years, after medical school, and surgeons frequently enter practice in their mid-30's with young families, large educational loans to repay, and the prospect of 60 to 80 hour weeks, with many evenings and weekends on call for emergency procedures.

In addition to unreimbursed practice expenses, cardiothoracic surgeons (and many other specialists) are facing exorbitant increases in the costs of professional liability – in some states, to over \$100,000 per year. These cost increases, coupled with past cuts in reimbursement, have the potential to create additional incentives for early retirements. The long period of post-medical school training required for expertise in this field means there will be no way to replace retiring surgeons quickly.

The Society of Thoracic Surgeons represents the surgeons who provide heart, lung, esophageal, and other chest surgery. Approximately 180,000 open-heart surgeries were provided to Medicare beneficiaries in 2000 alone.

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