

**St. Luke's Boise Regional Medical Center and St. Luke's Meridian Medical Center  
Service Area Physician Needs Analysis - Camden Recommendations  
CY 2008 and 2011**

Specialty	CY 2008			Physician Need Per Population	CY 2011		
	Existing FTE Supply <sup>(1)</sup>	Area Physician Need	Net (Need)/ Surplus		Existing FTE Supply <sup>(1)</sup>	Area Physician Need	Net (Need)/ Surplus
<b>Primary Care</b>							
Family Practice	169.4	180.4	(11.0)	3,500.0	166.4	193.8	(27.4)
Internal Medicine	77.7	180.4	(102.7)	3,500.0	76.2	193.8	(117.6)
Pediatrics	50.6	94.2	(43.6)	6,700.0	47.1	101.2	(54.1)
<b>Medical</b>							
Allergy & Immunology	8.0	5.3	2.7	119,000.0	8.0	5.7	2.3
Cardiology	31.0	20.4	10.6	31,000.0	30.0	21.9	8.1
Dermatology	15.0	18.0	(3.0)	35,000.0	14.0	19.4	(5.4)
Endocrinology	7.0	5.3	1.7	119,000.0	7.0	5.7	1.3
Gastroenterology	21.0	17.1	3.9	37,000.0	18.0	18.3	(0.3)
Hematology & Oncology	15.4	23.4	(8.0)	27,000.0	14.0	25.1	(11.1)
Infectious Disease	6.0	5.8	0.2	108,000.0	5.0	6.3	(1.3)
Neonatology	12.0	3.4	8.6	187,000.0	10.0	3.6	6.4
Nephrology	10.1	7.1	3.0	89,000.0	10.0	7.6	2.4
Neurology	16.4	14.3	2.1	44,275.0	14.0	15.3	(1.3)
Physical Medicine & Rehab	27.0	10.5	16.5	60,000.0	25.0	11.3	13.7
Psychiatry	43.7	88.9	(45.2)	7,100.0	39.5	95.5	(56.0)
Pulmonary Disease	22.0	9.3	12.7	68,000.0	22.0	10.0	12.0
Radiation Oncology	9.7	6.9	2.8	91,000.0	8.5	7.5	1.0
Rheumatology	8.0	4.4	3.6	143,000.0	8.0	4.7	3.3
<b>Surgical</b>							
Cardiovascular Surgery	10.0	5.3	4.7	119,000.0	9.0	5.7	3.3
General Surgery	41.0	63.1	(22.1)	10,000.0	40.0	67.8	(27.8)
Neurosurgery	12.0	6.3	5.7	100,000.0	12.0	6.8	5.2
Obstetrics & Gynecology	60.6	63.1	(2.5)	10,000.0	55.2	67.8	(12.7)
Ophthalmology	26.0	30.1	(4.1)	21,000.0	26.0	32.3	(6.3)
Orthopedics	70.0	39.5	30.5	16,000.0	65.0	42.4	22.6
Otorhinolaryngology	13.0	21.0	(8.0)	30,000.0	13.0	22.6	(9.6)
Plastic Surgery	8.4	7.0	1.4	90,000.0	8.0	7.5	0.5
Urology	27.0	21.0	6.0	30,000.0	22.0	22.6	(0.6)
<b>Other</b>	11.0				11.0		
<b>Total Service Area Population</b>	<b>631,408</b>				<b>678,237</b>		

Sources: St. Luke's Boise Regional Medical Center and St. Luke's Meridian Medical Center, AMI Physician Database, and The Camden Group

= indicates need

Note: The Camden Group reviews over 17 sources regarding physician need ratios; GMENAC and Merritt Hawkins are the primary sources. "Other" includes those with an unspecified specialty, wound care & hyperbarics, and oral and maxillofacial surgery; FTEs were assigned and confirmed by St. Luke's Boise Regional Medical Center

(1) Assumes physicians working 100 percent of the time in the area are 1.0 FTE; physicians with multiple offices were assigned a cumulative FTE of 1.0;

physicians age 65 and older and non-MDs were excluded from the supply (unless otherwise noted by St. Luke's).

## New doctors avoiding most-needed, worst-paid field: general practice

By Rita Rubin, USA TODAY  
September 10, 2008

Medical students are shying away from careers in general internal medicine, which could exacerbate the U.S. doctor shortage expected by the time the youngest Baby Boomers head into their senior years, researchers report today.

Only 2% of 1,177 respondents to a survey of students at 11 U.S. medical schools said they planned to pursue careers in general internal medicine, according to the new study.

General internists provide a large portion of care for older and chronically ill patients, the authors write in the *Journal of the American Medical Association*. Yet, the rate of medical students opting for general internal medicine is declining as the number of older adults rises, they write.

According to one estimate, the USA will have 200,000 fewer doctors overall than it needs by 2020, according to the new report. Meanwhile, the number of older Americans is expected to nearly double between 2005 and 2030.

Many medical students are turned off by the thought of caring for chronically ill patients and the amount of paperwork general internists must deal with, says lead author Karen Hauer, a general internist on the faculty of the University of California-San Francisco.

"They rated the intellectual aspects of the field highly, and they rated continuity of care appealing," Hauer says. "When you put the whole package together, it's too hard."

On top of the workload, a "research letter" in the same issue of *JAMA* as Hauer's study ranked internal medicine as one of the lowest-paid medical specialties.

Members of the medical school class of 2007 graduated with an average debt of \$140,000, writes Mark Ebell, a family practice doctor at the University of Georgia.

That's \$5,000 higher than the average starting salary of internists that year, according to Ebell, who didn't separate the more lucrative internal medicine sub-specialties, such as cardiology and gastroenterology, from general internal medicine.

Radiologists topped Ebell's list, with a starting salary of \$350,000, not to mention, Hauer notes, more regular hours than general internists.

Their amount of debt didn't seem to influence their choice of specialty in her survey, Hauer says.

Rather students focused more on quality of life factors such as income and work hours, which did steer them away from general internal medicine.