

Dilemmas of the shortage of cardiovascular surgeons



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Abstract

The United States is facing a shortage of cardiothoracic surgeons within the next 10 years, which could diminish quality of care if non-board-certified physicians expand their role in cardiothoracic surgery or if patients must delay appropriate care because of a shortage of well-trained surgeons. Even as the burden of cardiovascular disease in the United States is increasing as the population grows and ages, the number of active cardiothoracic surgeons has fallen for the first time in 20 years (Martin et al., 2009) With complete elimination of coronary artery bypass grafting, there is a projected shortfall of cardiothoracic surgeons because the active supply is projected to decrease 21% over the same time period as a result of retirement and declining entrants. Education and choice of career has also led to this shortage. Through this paper several peer reviewed journals were gathered and referred too, *Fundamentals of Health Care Administration* written by Shelly C. Safian was also used to explain the future problem with the shortage of cardiovascular surgeons and the important it is for health care administrators.

Dilemmas of the Shortage of Cardiovascular Surgeons

Introduction

Over the past year's technology has helped improve many health care conditions such as diabetes, cancer, infertility, and many more. Technology has also impacted the way we treat cardiovascular conditions. Although there has been tremendous improvement, cardiovascular disease (CVD) continues to rise and become the leading cause of deaths. Cardiovascular

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disease, currently accounts for more than one third of deaths in the United States, and is likely to remain the leading cause of mortality and morbidity for the elderly. Those numbers will double between now and 2030. To make matters worse the United State will face a shortage in Cardiovascular surgeons. Newly trained vascular surgeons are not entering the workforce in adequate numbers to meet the increased demand presented by the nation's aging population, even with the improvements projected. There is a large percentage of vascular surgeons currently practicing who are expected to retire in the next decade, with estimates reaching 35% to 45% (Martin et al., 2009). With the retirement of the baby boomer generations health care complications will emerge. As this population ages, their risk for cardiovascular increases. This is due to the fact that as we age, the blood vessels do as well. They become less flexible, making it harder for blood to move through them easily. Cardiovascular disease is also a major cause of disability, limiting the activity and eroding the quality of life of millions of older people which can lead to an earlier retirement. Through this paper, I analyzed several peer reviewed journals gather from the Sacramento State library data base to support the reason why a shortage of cardiovascular surgeons will create a colossal dilemma in the United states. I analyzed the baby boomers impact to this issue as well as the reason why medical student might not want to specialize in cardiovascular disease and the importance it is to be aware of this issue for health care administrators.

Martin and her colleagues examined several reports in regards to health and the baby boomers. One particular report by the Institute of Medicine on the future of disability in America suggested that despite medical improvements,

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the numbers of adults with disabilities will likely swell in the coming years as the large Baby Boom generation retires (Martin et al., 2009). There is much impact in why there will be a high need for specialized cardiovascular surgeons in the next few years. One acumen are the baby boomers, which is first reason for this future cardiovascular surgeon shortage. Baby boomers are those who were born between 1946 and 1964. The baby boomer generation makes up a substantial portion of the world's population, especially in developed nations such as the United States. It represents nearly 20% of the American population today (Martin et al., 2009). As the largest generational group in United States history, until the millennial generation slightly surpassed them, baby boomers have had and continue to have a significant impact on the economy both positively and negatively in some areas of our health care system. The first of the baby boomer generation became eligible to retire in 2012. The remaining have retired since then or will retire in the next couple of years. This may be great news for them but not so great for our health care system. For starters, it is no surprise that as we age and continue to age the risk factor for many diseases increases. With a pool of diseases that can come as we age cardiovascular disease is one of the top ones. According to Ravi Dhingra, Instructor of Medicine, Dartmouth Medical School, Section of Cardiology, Heart and Vascular Center cardiovascular diseases is the number one cause of death worldwide (Dhingra et al., 2011). Ravi Dhingra and her colleague's analysis several collected data by other professional in the study and this field relating to the correlation between age and cardiovascular diseases. They concluded that age is a high-risk factor of developing CVD and it is largely explained by the presence or absence of traditional CVD risk factors.

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Age is a well-known traditional risk factor, which is generally considered to be non-modifiable for obvious reasons. Through their data and risk scores it was a clear conclusion that older age, as assessed by the risk scores, is associated with greater risk of developing CVD. Also, it is intuitive that if age is an independent risk factor for developing CVD, the lifetime risk of CVD for an individual would continue to increase with age (Dhingra et al., 2011). To add Linda G.

Baby boomers are not the only ones to include in this dilemma. All Americans are part of this issue. In fact, the average life expectancy in America today is higher than in any other period in history. Not only is the population aging faster but people are also living longer due to technology, medicine, innovations, etc. According to Kim Elmore, data showed that the number of people 65 years and older rose from 8% to 12% of the total population between 1950 and 2000. What is more alarming is that that figure will increase to 20% by 2025 and is likely to continue to rise over the years (Elmore et al., 2010). This means that by 2025 there will be a more than 20% of the population 65 years and older. This is problematic because with a shortage of cardiovascular surgeons, people would not receive the care necessary on time either due to the fact that these physicians would not have the specialty to do so or because there is not enough surgeon to help ease this matter.

As noted the United States population is aging, increasing health care issues for these individuals. As stated above Cardiovascular disease is the number one leading cause of deaths. With a future shortage of cardiovascular surgeons, this will be problematic not only to health care administrators but to <https://assignbuster.com/dilemmas-of-the-shortage-of-cardiovascular-surgeons/>

hospitals and patients as well. Patients with cardiovascular diseases will not receive proper care or treatment. Atul Grover and his colleague tested several scenarios in which the supply of cardiovascular surgeons would fall below needed standards. Using a simulation model, they projected that the future supply of cardiothoracic surgeons under alternative assumptions about the number of new fellows trained each year would fall. The supply of cardiothoracic surgeons fell under all tested scenarios, and by 2030, there will be a nearly 100% growth in the number of Americans over the age of 65 years old (Grover & Niecko, 2013). These findings alone suggest that the supply of cardiothoracic surgeons will fail to meet the demands of an expanding and aging United States population at current training levels despite major changes in cardiovascular care.

Cardiothoracic surgeons are particularly important in the care of patients with cardiovascular disease and lung disease. There is now substantial concern about the future supply of cardiothoracic surgeons because half of the active workforce are 55 years of age and nearing retirement. Yet shortage of cardiovascular surgeons is emerging in the next couple of years. The real is why such shortage is emerging? To examine that, research was conducted and throughout several articles I found multiple of reasons leading to this answer. Attitudes of medical students and trainees are changing. Lifestyle and time for family is important to men and women in training and clearly has an effect on their career choice and type of practice. For several years now, women have comprised roughly 50% or more of graduating medical student classes, yet a mere 13.7% make up our current class of 2-yearvascular surgeryfellows. Although improvement has

been seen, where 22% of residents are women, the United States still ranks far below national standards (Reed et al., 2010).

Any effort to expand the cardiothoracic surgery workforce for 2020 would need to begin today because cardiothoracic surgeons undergo a longer period of training than any other specialty. The average of 8.3 years of training after medical school includes 5 years or more of general surgery training and 2 to 3 years of cardiothoracic training (Reed et al., 2010).

After examining the United States population including the baby boomers and one of multiple factors why Medical students may not want to specialize in cardiovascular health, it is necessary to ask why may this be important to health care administrators. To start cardiovascular disease in older Americans imposes a huge burden in terms of mortality and healthcare costs. Once again in light of the projected growth of the population of older adults over the next several decades, the societal burden attributable to cardiovascular will continue to rise. Ali Yazdanyar, DO, Post-Doctoral Scholar and Anne B. Newman, MD MPH, Professor of Epidemiology and Medicine Director explained why cardiovascular disease would be a burden to the United States in the next couple of years. Through his findings, he found that cardiovascular accounted for 6.2 million hospital discharges in 2006, more than any other disease category which is I must point out that its alarming (Yazdanyar et al., 2019). In regards to cost, he concluded that in 2009, the cost of cardiovascular and stroke, including direct and indirect costs, is expected to exceed \$475 billion, making CVD the most expensive disease category in the U. S. The direct cost included hospital, nursing home, professional fees, drugs and other costs, which will total more than \$313

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billion dollars. As for the indirect cost, this included costs arising from disability and loss of productivity, which will approach \$161.5 billion (Yazdanyar et al., 2019).

George Miller, Joshua T. Cohen and Charles Roehrig deliberated the cost effectiveness spending of cardiovascular disease. They we traced the history of spending on cardiovascular disease treatment, prevention, and research since 1996 and questioned whether the money was spent well. In order to fully answer this question, they link the previously reported spending data with data from the Cost-Effectiveness Analysis Registry maintained by Tufts Medical Center. The Registry is a nationally and internationally known and respected resource containing detailed, standardized information on more than 2,800 published cost-effectiveness analyses evaluating a wide range of medical and health interventions (Miller et al., 2009). Through their findings, the money was spent but more money was needed. Findings also suggests that further data was needed to be contributed in order to determined whether the money was well spent in cardiovascular diseases. This is where health care administrators take into play. As we have learned from taking HLSC 153 at the University of Sacramento State with professor Charl Mattheus, cost is something that health care administrator have to be aware of in order to have a fully functional facility.

Chapter three of *Fundamentals of Health Care Administration* by Shelly C. Safian, devotes an entire chapter on Financing and provision of care. In this chapter Safian states that a facility must maintain economic stability to ensure that health care administrators can financially support staff and the patients (Safian, 2014). No matter the size of the facility, wheatear it is <https://assignbuster.com/dilemmas-of-the-shortage-of-cardiovascular-surgeons/>

indicial household or a mega hospital corporation, financial stability is all about the balance of the same things. Those things include revenue and expenditure. As the responsibility of health care administrators it is important to be able to oversee the financial well being of the organization. Safian also mentions that in every business there is a potential for a financial leakage. In other words, small amount of money gets wastes. Large organization can lose single dollars, those single dollars add up quickly and result in thousands of dollars. Health care administrator need to be aware of this waste and more importantly of how cardiovascular shortage can impact the hospitals budget. In order to add more and emphasize why this issue is important to health care administrators further research was needed. I came across a peer reviewed journal written by Gabriel Chodick, Avi Porath, Hillel Alapi, Tal Sella, Shira Flash, Francis wood and Varda Shalev about direct medical cost and cardio vascular disease. In their method, they used direct medical costs and calculated the amount for each member in 2006. They also used multiple linear regression models to evaluate the overall costs of many chronic conditions and among cardiovascular disease. Their result concluded that cardiovascular disease in on the top of spending.

Cardiovascular diseases accounted for 9.5% of the total direct medical costs in men, and 5.9% in women (Chodick et al., 2009). The findings also indicate that Cardiovascular disease imposes a considerable economic burden on public healthcare services.

Conclusion

To conclude, the United States will face a shortage of cardiothoracic surgeons within the next 10 years, which will diminish quality of care. <https://assignbuster.com/dilemmas-of-the-shortage-of-cardiovascular-surgeons/>

Patients will not receive the care needed as a result from not having a shortage of well-trained surgeons. Baby boomers represent 20% of the American population and most have retired since 2012. They have left their professionals behind. As they age, health care complication increase. Due to the fact that they make up 20% of the population, that increases cardiovascular risk by 20% due to their age (Martin et al., 2009). Attitudes of medical students and trainees are changing. The interning in specializing on cardiovascular professionals has diminish because lifestyle and time for family is important to both men and women. Long period of time in training has had a clear effect on their career choice and type of practice they decide to take a part of. I suggest a possibility to provide incentives for older vascular surgeons to delay retirement, perhaps with a lowered workload, freedom from being on call, and other benefits. All these factors are important to health care professional in order to maintain a financial balance for their facility. Further research and suggestions is needed in order to solve this dilemma. Open invitation to all those who wish to add and participate in this topic.

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