

# Primary Care Match Data Show Continued Drop

BY MARY ELLEN SCHNEIDER

Medical student interest in primary care continues its gradual slip, according to the latest data from the National Resident Match Program.

In the 2009 resident match, the percentage of U.S. medical school seniors choosing residencies in family medicine and internal medicine dropped slightly. Family medicine experienced a small increase in U.S. seniors matching to its residency programs last year, but dropped back down this year. For internal medicine, this is the third consecutive year in which interest has dipped among graduates of U.S. medical schools.

This year, 2,535 family medicine residencies were offered, 101 fewer than last year. A total of 91.2% of offered residencies were filled, with 42.2% filled by U.S. medical graduates. Last year, 90.6% of total positions were filled, with 43.9% going to U.S. medical graduates.

Internal medicine residency programs experienced a similar trend, with a slightly higher overall match rate compared with last year, but with fewer U.S. medical students choosing the field.

This year, 4,922 internal medicine residencies were offered and 98.6% were filled. Of those, 53.5% were filled by U.S. medical graduates. Last year, 97.8% of the 4,858 total positions were filled, with 54.8% filled by U.S. medical graduates.

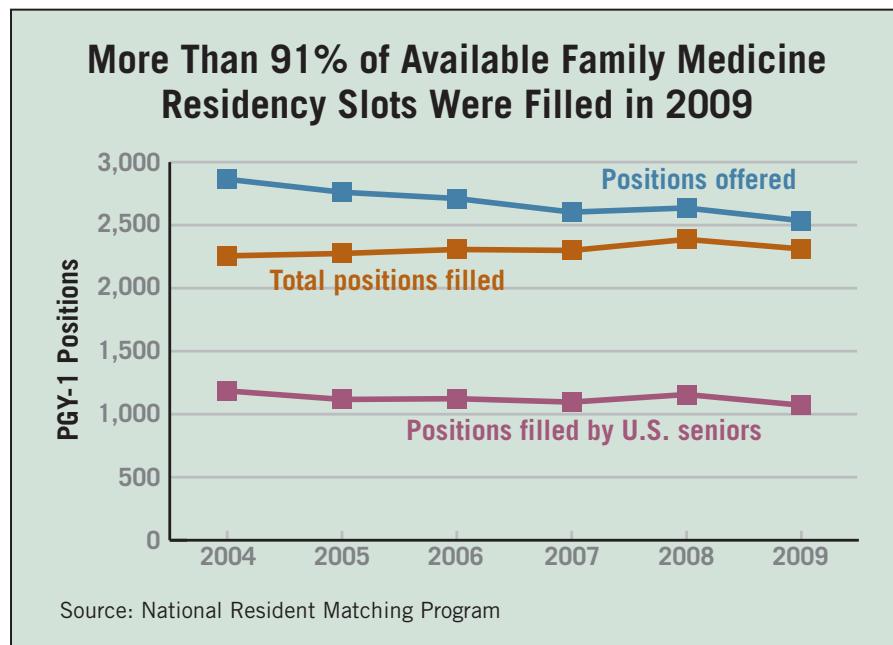
In raw numbers, that means only 2,632 U.S. seniors matched to an internal medicine

residency program this year, compared with 3,884 in 1985, according to the American College of Physicians. The decline is compounded, the ACP said, because currently only 20%-25% of internal medicine residents ultimately choose to practice general internal medicine, compared with more than 50% in 1998.

The results are "disappointing," said Dr. Ted Epperly, president of the American Academy of Family Physicians. The news comes at a time when the United States needs a more robust primary care workforce, but those physicians aren't coming through the medical school pipeline, he said. However, Dr. Epperly said he remains optimistic because he continues to see medical school students expressing interest and enthusiasm in primary care, even if those students aren't currently following through by entering family

medicine residencies. The residency match numbers are likely to improve in the future, Dr. Epperly said, if lawmakers and groups like AAFP are successful at making changes to the health care system, including increased reimbursement for primary care services and relief from the high medical student debt burden.

"We are witnessing a generational shift from medical careers that specialize in preventive care, diagnostic evaluation, and long-term treatment of complex and chronic diseases, to specialties and subspecialties that provide specific procedures or a very limited focus of care," said Dr. Steven E. Weinberger, senior



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vice president for medical education and publishing at the ACP.

Match Day data show that interest continues to be strong in those specialties that have a heavy procedural focus, such as dermatology, neurologic surgery, orthopedic surgery, and otolaryngology. For example, all 28 dermatology residencies offered this year were filled, with 27 going to U.S. medical school graduates. Last year, 86.7% of 30 dermatology positions were filled by U.S. medical graduates.

Overall, this was the largest Match Day in history, with 29,890 participants, up 1,153 from last year and up more than 4,500 positions from 5 years ago, according to the National Resident Match Pro-

gram (NRMP). The increase included 400 more U.S. medical school seniors and 570 more international medical graduates. In addition, more students with osteopathic degrees participated in this year's match, as did more physicians who had graduated from medical school prior to this year.

"We saw an across-the-board increase in match applicants this year, particularly among U.S. medical school seniors," said Mona M. Signer, NRMP executive director. "This is likely the result of medical school expansion across the nation in anticipation of a future physician shortage. Existing medical schools have increased their class sizes and new medical schools are in development." ■

## Excise Tax to Rise This Month

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19.8% in 2007, "is one of the seminal public health achievements in our time," he said. "If you look at the past 50 years there has been a remarkably straight line of decline of about 0.5% per year."

Even over the decade covered by the new CDC report, smoking rates showed a meaningful drop from a median rate of 22.9% in 1998 to the 19.8% rate in 2007, a fall of about 3% (MMWR 2009;58:221-6). "Going from 23% to 20% for the whole U.S. population is very significant," Dr. Fiore said.

"Every downward reduction is a positive achievement," said Dr. Alan Blum, professor of family medicine at the University of Alabama, Tuscaloosa, and director of the Center for the Study of Tobacco and Society.

But physicians interviewed cautioned that the rate must be lowered even more. "We cannot be complacent," Dr. Blum said. "Physicians need to be on the front lines working with every patient who smokes and their family."

The new CDC statistics also highlighted the shortcomings of efforts against smoking. In 2000, the U.S. Department of Health and Human Services set American health goals for the upcoming decade in Healthy People 2010.

One goal was to have a national smoking prevalence rate of 12%. The 2007 rate of 19.8% shows that the goal will not be met.

"The Healthy People 2010 goal was ambitious, and rightly so. The progress [on smoking rates] is encouraging, but slower than it should be. The fact that some states are approaching [the Healthy People 2010 goal] shows that the target was reasonable," said Dr. Steven A. Schroeder, professor of health and health care at the University of California, San

Francisco, and director of the UCSF Smoking Cessation Leadership Center.

In 2007, the only states or territories at or close to the 2010 goal were Utah (11.7%), Puerto Rico (12.2%), and the U.S. Virgin Islands (8.7%). But California, with a 2007 rate of 14.3% compared with a rate of 19.2% in 1998, showed a trend that may bring it close to the goal when the 2010 numbers are tallied.

The April rise in the federal excise tax will likely be a powerful boost toward maintaining the downward momentum. Cigarette smoking is very price-sensitive despite being addictive, Dr. Fiore noted. The added \$0.62 in tax per pack may lead to quitting by more than 1.15 million

adult smokers and may prevent about 1.45 million youths from starting to smoke, according to an estimate calculated by Frank J. Chaloupka,

Ph.D., professor of economics at the University of Illinois at Chicago.

In addition to cost, four other factors have also helped drive smoking rates down, Dr. Fiore said:

- The increase in smoke-free ordinances that has led to a "de-normalization" of smoking;
- The increased recognition of the adverse health effects of smoking, including the danger from second-hand smoke;
- State-sponsored initiatives against smoking, although as the CDC report noted funding for these programs was cut by 28% during 2002-2005 (and yet smoking rates fell during this period despite reduced spending by states on tobacco prevention and cessation programs); and
- Development over the past 12 years of an evidence base for which medical treatments are effective in helping people quit.

Another finding of the CDC's report is additional documentation of the remarkable regional variation in smoking rates in the United States, from the lowest state rates in 2007 of 11.7% in Utah and 14.3% in California to the highest rates of 28.3% in Kentucky and 27.0% in West Virginia, a two-fold spread.

"Part of the regional differences reflect class differences; smoking is concentrated among those who are poor and have less education," Dr. Schroeder said. Political factors also are at work, he added. States with high smoking rates also generally have governments that have maintained low tobacco taxes and have failed to pass laws mandating cleaner indoor air. ■

