The Critical Care Professional Societies Address the Critical Care Crisis in the United States*

Richard S. Irwin, MD, FCCP; Lynne Marcus, BS; Alvin Lever, MA, FCCP (Hon)

Key words: aging; critical care; manpower shortage; United States

Abbreviations: AACN = American Association of Critical Care Nurses; ACCP = American College of Chest Physicians; ATS = American Thoracic Society; COMPACCS = Committee on Manpower for Pulmonary and Critical Care Societies; FOCCUS = Framing Options for Critical Care in the United States; SCCM = Society of Critical Care Medicine

The four major critical care societies in the United States—the American Association of Critical Care Nurses (AACN), the American College of Chest Physicians (ACCP), the American Thoracic Society (ATS), and the Society of Critical Care Medicine (SCCM)—have united in their efforts to address the manpower shortage of health-care providers who care for the critically ill. This is one of the most pressing issues affecting the future of our aging population and American medicine.

While it has been generally acknowledged and widely appreciated that the shortages in nursing, respiratory care practitioners, and pharmacists have already reached crisis levels, there had been conflicting forecasts of the adequacy of the present and future physician labor market throughout the 1990s.1–4 Because of this, the ACCP, ATS, and SCCM formed the Committee on Manpower for Pulmonary and Critical Care Societies (COMPACCS) in 1995 and commissioned a study with the following goals: (1) determine current patterns of care for the critically ill and patients with pulmonary disease, (2) anticipate how demand for care might change in the future, and (3) project supply based on the current workforce and training. The COMPACCS study,5 published in 2000, has convincingly predicted that the aging of the population of the United States will create a demand for care that will outpace the future supply of critical care medicine specialists, and that the effects of this shortfall in manpower will start to reach crisis proportions after 2007.

Shortly after the COMPACCS study was published, the ACCP, ATS, and SCCM came to the realization that they needed to join forces with the AACN to reverse the manpower shortages and their worsening trends, and that they needed to become actively engaged in trying to help solve the issues within their power. Therefore, in 2001, these four societies, collectively representing > 100,000 health-care professionals, formed the Critical Care Workforce Partnership that promptly set out to accomplish two goals. The first was to analyze the current models of how critical care medicine was being delivered in the United States and what the four societies could do together to help alleviate the pressures that the manpower shortages were creating for their patients and their members. The results of this analysis and recommendations for action are the subject of the FOCCUS (Framing Options for Critical Care in the United States) Task Force report in this issue (see page 1514).

The second goal was to develop strategies to work with public policy makers to make short-term and long-term changes at the federal level that would favorably impact the reduced critical care provider workforce. The results of this effort are the subject of the report by Ewart and colleagues in this issue entitled “The Critical Care Medicine Crisis: A Call For Federal Action” (see page 1518). During the writing of this white paper, the ACCP, on behalf of the Critical Care Workforce Partnership, had the opportunity to consult with members of Congress...
and share with them the results of the COMPACCS study as well as early drafts of the white paper. Shortly afterwards, the US Senate passed the FY 03 Appropriations Bill. In that legislation, the Senate made clear that it appreciated that there was an impending crisis in health care due to manpower shortages in critical care specialists and requested that the Department of Health and Human Services, through the work of the Health Resources Services Administration, address this issue. The legislative history accompanying the FY 03 Appropriations Bill for the Department of Health and Human Services states:

... the Committee remains concerned about the widening gap between the size of the nation’s aging baby boom population and the number of pulmonary/critical care physicians. Given the current funding trends for graduate medical education, we can expect a severe shortage of these specialists by 2007. The Committee therefore urges the Administrator [Health Resources and Services Administration] to consult with the American College of Chest Physicians and the members of the Critical Care Workforce Partnership to develop a comprehensive action plan to address this pending crisis.6

The reports of the FOCCUS task force group and the white paper from the critical care professional societies were the first initiatives of the Critical Care Workforce Partnership, and they offer potential solutions to manpower shortages in critical care. The recommendations of the FOCCUS group address what the critical care societies can do, while the white paper is a call for federal action. These reports provide us with hope that the manpower shortage crisis can be avoided. They not only present sensible recommendations for viable solutions but also demonstrate that the four major critical care professional societies are willing and able to work together on common goals. The AACN, ACCP, ATS, and SCCM are committed to moving forward with the recommendations and the action items in the white paper. In addition, they have met to prioritize the establishment of task forces to develop implementation strategies for the four FOCCUS recommendations.

REFERENCES
3 Cooper RA. Perspectives on the physician workforce to the year 2000. JAMA 1995; 274:1534–1543
5 Angus DC, Kelley MA, Schmitz RJ, et al. Current and projected workforce requirements for care of the critically ill and patients with pulmonary disease: can we meet the requirements of an aging population? JAMA 2000; 284:2762–2770
6 107th Cong, Senate Rep No. 107–216 (2002), 48