

CRITICAL CARE AT THE CROSSROADS:

The Aging of America and the Increased Need for Critical Care Services: An issue brief from The American College of Chest Physicians

A Crisis in Critical Care

The United States faces an unprecedented, and largely unrecognized, crisis in quality critical care services for the sickest patients. Today, there are insufficient numbers of qualified doctors and nurses to provide specialized care in intensive care units (ICU) for critically ill patients – including people who've suffered heart attacks, traumatic injury, shock, burns, or exposure to toxic agents.

Pulmonary/critical care physicians are trained to have the particular skills and knowledge required to diagnose and treat such urgent, life-threatening illnesses within an ICU setting.

While the aging of America's population will only increase the demands for critical care services, current training programs will not produce a sufficient number of qualified physicians to meet projected needs.

If the current trend continues, a severe shortage of these specialists will occur by 2007 and worsen until 2030. This means that in the years ahead, it is unlikely that patients with critical illnesses will receive the care they need.

(JAMA 2000; 248:2762-2770 [Dec. 6, 2002])

Critical Care Specialists: On the Front Lines in Fighting Terrorism

The shortage of trained specialists could also hinder the availability of appropriate medical care in the case of a major disaster, including a terrorist attack. In the event of an attack using chemical or biological agents, or cases in which trauma or burns are widespread, it is imperative that qualified specialists are available to direct the care of victims. Without an expert team to manage triage of incoming cases, emergency departments can become overwhelmed and unable to accommodate new patients – a necessity in times of crisis.

Critical Care Saves Lives and Reduces Health Costs

Studies show that when care is provided or supervised by trained specialists, patient outcomes improve and medical costs are reduced. Data indicate that the presence of a full-time ICU medical director, in partnership with a nurse manager, can dramatically decrease the length of both ICU and hospital stays and prevent patient deaths.

What Should Be Done?

The American College of Chest Physicians, as a member of the Critical Care Workforce Partnership is recommending the following federal initiatives to lawmakers in order to address this crisis:

FEDERAL INITIATIVES

- Increase funding for the graduate medical education (GME) program that provides support for training of residents and fellows. Existing caps on GME positions should be waived specifically for pulmonary and critical care training.
- Increase funding for Title VII health professional training grants.
- Expand loan forgiveness and accelerated deductions of interest on student loans to encourage students to enter medical and nursing programs.
- Increase funding for nursing education programs and loan forgiveness programs under Title VIII of the Public Health Service Act.

OTHER INITIATIVES

- Encourage a review of mandatory overtime practices that might adversely impact nurses and other members of the patient care team.
- Improve working conditions in critical care units to alleviate the high stress environment where "burnout" is pervasive.

Key Facts on Critical Care

- Critical care physicians are trained in a number of specialties, including pulmonary medicine, internal medicine, anesthesiology, surgery, or pediatrics, and most undergo subspecialty training for at least six years beyond medical school. Critical care nurses are also specially trained to respond to life-threatening situations.
- Today, only one out of three critically ill patients is treated by a physician trained in critical care – and yet research shows that when care is provided by trained specialists, it results in fewer deaths, fewer days in the hospital, and lower health costs.
- The US is not producing enough pulmonary or critical care physicians to meet the projected demand from the growth of the over-65 population. By 2007, a shortage of physicians trained to care for the critically ill will be evident...by 2030, it will be severe.

For more information on critical care, please contact us or visit our Web site:
www.chestnet.org

What Is the Critical Care Workforce Partnership?

The Critical Care Workforce Partnership is a coalition of medical organizations that collectively represents more than 100,000 health-care professionals who are specialists in critical care. It includes the American College of Chest Physicians, The American Thoracic Society, The American Association of Critical-Care Nurses, and the Society of Critical Care Medicine.

We have joined forces to help inform policy makers and other key audiences of the complex issues associated with shortages of critical care physicians, nurses, pharmacists, and respiratory therapists specially trained to care for the critically ill.

We share a commitment to improving the availability, quality, and cost-effectiveness of medical care for critically ill patients. We are also working to educate health-care professionals in critical care, to promote effective and safe systems of patient care, and to ensure an adequate workforce of trained critical care professionals.

We are dedicated to maintaining the world's finest system for providing critical care services – for current and future generations of Americans.