



ADDRESSING THE IMPENDING GASTROENTEROLOGIST SHORTAGE

A MEDICUS HEALTHCARE SOLUTIONS WHITE PAPER



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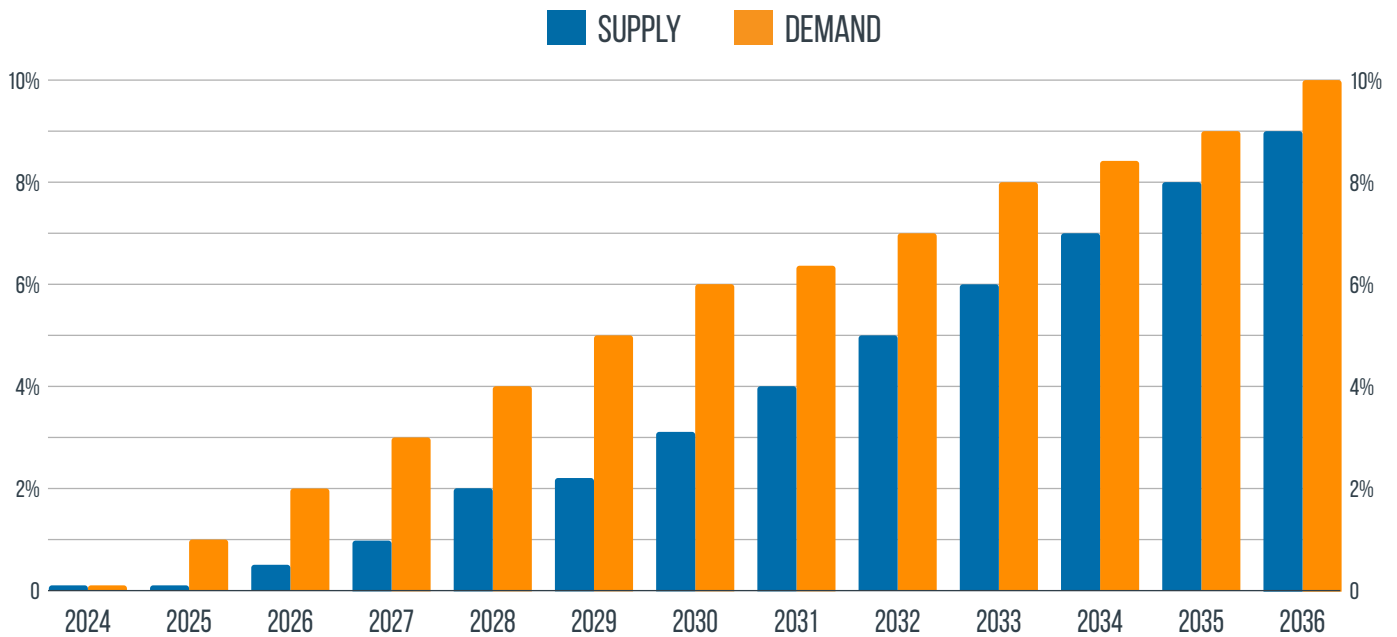
ADDRESSING THE IMPENDING GASTROENTEROLOGIST SHORTAGE

As the demand for healthcare services continues to rise, gastroenterology is set to face some of the highest physician deficits.

Seven out of eleven subspecialties within internal medicine are expected to face physician shortages by 2025. Gastroenterology is anticipated to have the second-largest physician deficit, with a shortage of 1,630 FTEs.

GASTROENTEROLOGIST PROJECTED SHORTAGES

Cumulative Percent Change Over Time 2024 - 2036



As the population grows and ages, the demand for physician specialists is rising. Currently, 64% of physician placements target high-demand specialties, with gastroenterologists among the most sought-after due to their essential role in patient care and health system sustainability.

Gastroenterologists are 1 of 5 specialties that generate hospital revenue averaging

7X THEIR SALARY

The average annual revenue contributed by a gastroenterologist is

\$2.9 MILLION

ANNUAL GI PROCEDURE VOLUMES IN THE U.S.

15 MILLION+
colonoscopies

75 MILLION+
endoscopies

500,000
ERCPS



THE SHIFTING GASTROENTEROLOGY WORKFORCE

There are 18,756 active gastroenterologists in the United States, with over 50% nearing retirement age within the next decade. As a result, the gastroenterology workforce is facing a growing imbalance, with the gap between available gastroenterologists and rising demand for GI services expected to widen in the coming decade.

18,756 ACTIVE GASTROENTEROLOGISTS IN THE UNITED STATES

17,147 ADULT GASTROENTEROLOGISTS

1,609 PEDIATRIC GASTROENTEROLOGISTS

AGING POPULATION



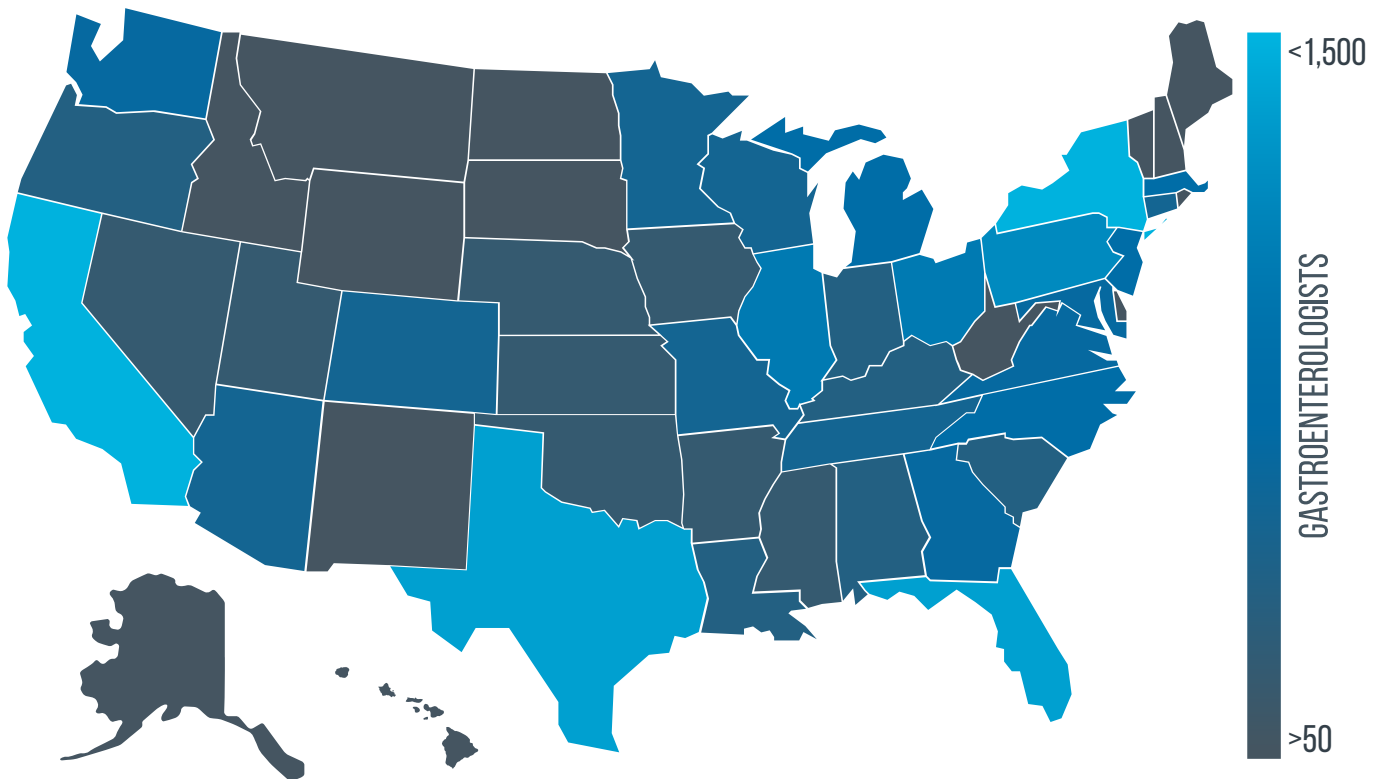
Over 50% of gastroenterologists are aged 55 or older.

3% JOB GROWTH



The U.S. Bureau of Labor Statistics projects 3% annual job growth in gastroenterology between 2023 and 2033.

DISTRIBUTION OF GASTROENTEROLOGISTS ACROSS THE UNITED STATES



As the disparity continues to widen, it will become vital for healthcare leaders to explore strategic staffing strategies to address potential gaps in coverage.



FACTORS BEHIND THE GROWING GASTROENTEROLOGIST SHORTAGE

An Aging Population

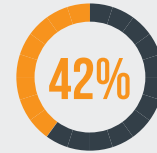
An aging population continues to be the driving force behind the increasing demands for care, particularly in specialized fields such as gastroenterology.



40% of patients seeking care from gastroenterologists are 60+.



20% of Americans will be over 65 by 2030.



42% of physician demand will be driven by people 65+ by 2034.

THIS DEMOGRAPHIC SHIFT NOT ONLY HEIGHTENS THE DEMAND FOR HEALTHCARE BUT ALSO IMPACTS THE GI WORKFORCE AS A GROWING NUMBER OF PHYSICIANS APPROACH RETIREMENT.



1/3 of physicians are projected to retire in the next decade.



Nearly half of current gastroenterologists will retire in the next two decades.

Now and in the years ahead, it will become critical for healthcare facilities to anticipate and adjust staffing strategies for gastroenterology services to account for the aging population.

Increased GI Demand

Demand for gastroenterologists is rising, driven by an aging population and updated screening guidelines due to increasing colorectal cancer cases in younger individuals.



SCREENING AGES

The recommended screening age for colorectal cancer has been **lowered from 50 to 45.**



19 MILLION PATIENTS

An **additional 19 million patients** now require screening due to the lowered age.



CANCER RATES

Colon and rectal cancer rates are anticipated to **increase 8% among men, and 7% among women** in 2024.

As healthcare continues to see a rise in young adults with colorectal cancer, it will become increasingly important to expand both the size and number of GI fellowship programs to meet the growing demands for care.



Limited Number of GI Fellowship Positions

The increasing demand for gastroenterology services, driven by the aging population and evolving healthcare needs, presents a significant challenge when it comes to training and replenishing the workforce. Despite a 99.7% fill rate in the 2024 Gastroenterology Fellowship Match, many interested in the specialty did not match due to a limited number of positions.

As the demand for GI care rises, more fellowship positions must be added to help maintain an adequate number of gastroenterologists.

2024 GASTROENTEROLOGY FELLOWSHIP MATCH RESULTS:

239 programs in the United States

690 positions offered

1,064 total applicants

688 applicants matched

35.34% applicants did not match

Persistent Burnout

Persistent burnout in the GI workforce continues, with gastroenterologists among the top ten most burnout specialties in 2024. As a result, many are considering early retirement or leaving the field entirely.

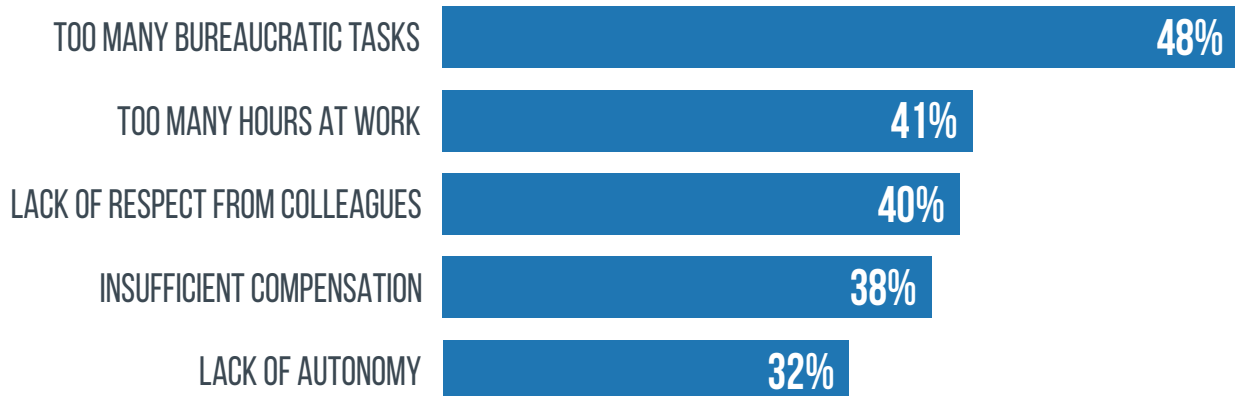


50% of gastroenterologists reported being burnt out in 2024.



55% reported they would take less pay for better work-life balance.

FACTORS CONTRIBUTING TO PHYSICIAN BURNOUT



As the demand for GI services continues to grow, it is essential for healthcare organizations to prioritize and implement effective burnout mitigation strategies to safeguard physician retention and ensure the sustainability of the workforce.



GASTROENTEROLOGY TRENDS

How Rising Costs Are Reshaping Gastroenterology

Rising procedure costs—including equipment, staffing, and other overhead expenses—are making it more difficult for gastroenterologists to maintain independent practices. Consequently, many gastroenterologists are either leaving the field or seeking employment with larger health systems to offset these financial pressures and secure better reimbursement rates.

GASTROENTEROLOGY IS AMONG 13 SPECIALTIES THAT SAW DECLINING REIMBURSEMENT RATES DESPITE HIGHER VOLUMES.

-58%

Independent Medicare-billing gastroenterologists **dropped by 58%** between 2019 and 2022.

-33%

Between 2007 and 2022, average GI reimbursements **fell by 7% (unadjusted) and 33% (adjusted).**

-38%

Colonoscopy and biopsy reimbursements **decreased by 38%** from 2007 to 2022.

As procedure costs rise and reimbursement rates decline, the trend away from independent practice is expected to persist.

How Outpatient Care is Leading the Future of GI Care

Many gastroenterologists are opting to focus solely on outpatient care due to the difficulties of managing both inpatient and outpatient responsibilities.

As a result, the GI hospitalist model is gaining traction, providing a strategic solution that allows outpatient GI physicians to focus on performing a higher volume of procedures without disruptions while simultaneously enhancing financial performance.

THE INPATIENT & OUTPATIENT HYBRID APPROACH CAN:



DISRUPT SCHEDULES



INTENSIFY BURNOUT



ADVERSELY IMPACT PRACTICE PRODUCTIVITY



“We’re seeing a growing need for inpatient gastroenterology coverage, reflecting broader shifts in how hospitals approach GI care. Ensuring continuous coverage has become critical, not only for maintaining seamless patient care but also for supporting overall operational efficiency in an increasingly complex healthcare environment.”

- Steve Gable, Vice President of Client Services



STRATEGIES FOR OVERCOMING THE GASTROENTEROLOGIST SHORTAGE

Implementing GI Hospitalist Models

By strategically incorporating a specialized GI hospitalist model, hospitals can ensure patients receive timely and expert care for gastrointestinal services.

BENEFITS OF A GI HOSPITALIST MODEL:

With GI hospitalists overseeing inpatient gastroenterology cases, hospitals can optimize their resource allocation, resulting in both cost-effectiveness and streamlined care delivery.



IMPROVED
PATIENT CARE



ENHANCED
EFFICIENCY



INCREASED PROVIDER
AVAILABILITY



COST
SAVINGS



REDUCED
BURNOUT RATES

A GI hospitalist model streamlines inpatient gastroenterology care, optimizing resources and reducing costs. These specialists also enhance revenue generation by billing for their services, driving measurable financial growth for hospitals.

Artificial Intelligence (AI)

Through the strategic implementation of AI technology, gastroenterology departments can enhance the accuracy and speed of diagnosis and treatment for patients.

BENEFITS OF AI IN GASTROENTEROLOGY:

- Enhanced diagnosis & treatment
- Increased efficiency in workflows
- Reduced administrative burdens
- Mitigate burnout

By integrating AI technology, hospitals can also significantly improve billing and revenue generation, as AI reduces errors and increases the accuracy of charge capture, contributing to the institution's financial growth.

AI IN ENDOSCOPIC ANALYSIS:

AI-assisted analysis of endoscopic images helps streamline care delivery in healthcare facilities, improving resource utilization and making patient care more cost-effective.



STREAMLINED CARE DELIVERY



BETTER RESOURCE UTILIZATION



COST-EFFECTIVE PATIENT CARE



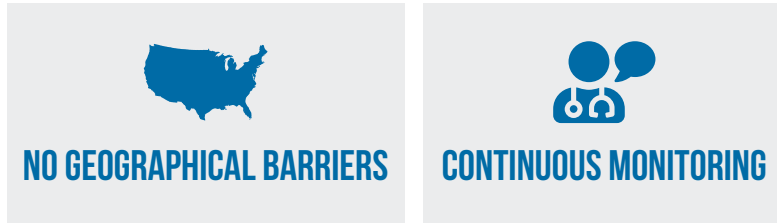
While AI has advanced gastroenterology, it will never replace the expertise of gastroenterologists. Together, AI and human intelligence enhance healthcare's efficiency and effectiveness.



Telemedicine

In gastroenterology, diagnoses range from minor issues to severe conditions requiring ongoing care. Telemedicine makes managing these conditions easier and less time-consuming for both patients and gastroenterologists.

With the implementation of telemedicine, patients are no longer limited to geographical barriers, enabling them to access qualified gastroenterologists nationwide.



Gastroenterology has the third-highest telemedicine adoption rate of specialties that manage chronic illness.

1. ENDOCRINOLOGY
2. UROLOGY
- 3. GASTROENTEROLOGY**
4. RHEUMATOLOGY
5. NEUROLOGY
6. OTOLARYNGOLOGY
7. NEPHROLOGY
8. CARDIOLOGY
9. DERMATOLOGY
10. PULMONOLOGY

Gastroenterology Locum Tenens

As healthcare facilities confront unforeseen provider turnover, increasing attrition rates, and a growing number of GI retirements, locum tenens emerge as a critical solution for maintaining seamless GI care. By incorporating gastroenterology locum tenens, healthcare facilities can ensure uninterrupted care, effectively manage surges in patient demand, and offer essential relief to their permanent gastroenterologists.

THE MEDICUS TRANSITION PROGRAM

As the demand for gastroenterologists continues to heighten, many hospitals and healthcare facilities are looking for solutions to ensure they are fully staffed and able to meet increasing patient demands. The Medicus Transition Program is a strategically designed project-based staffing solution that helps hospitals, groups, and health systems achieve physician and advanced practitioner workforce stabilization. Whether a facility is contending with unexpected provider turnover, increased patient demand, or is looking to implement a GI Hospitalist Model, Medicus interim providers step in to bridge the gap, bringing stability and reliability.

- ✓ ENSURE UNINTERRUPTED ACCESS TO GI CARE.
- ✓ EFFECTIVELY MANAGE INCREASES IN GASTROINTESTINAL CARE.
- ✓ MITIGATE BURNOUT AMONG PERMANENT GASTROENTEROLOGISTS.
- ✓ FILL STAFFING GAPS QUICKLY AND EFFICIENTLY WHILE SIMULTANEOUSLY CONTROLLING COSTS.



CASE STUDY:

FROM OUTSOURCED TO EMPLOYED: HOW MEDICUS HELPED LAUNCH GI HOSPITALIST PROGRAMS ACROSS THREE ILLINOIS HOSPITALS

An Illinois health system encountered GI staffing disruptions when its outsourced group announced plans to stop covering inpatient services at three hospitals, with full withdrawal from two. Upon receiving this news, health system leadership decided to establish its own employed GI hospitalist program across all three hospitals. However, leadership faced challenges in recruiting the necessary number of high-quality gastroenterologists within the required timeframe.

Learn how Medicus helped deliver a team of qualified locum tenens to ensure uninterrupted access to GI care in the [case study](#).

To learn more about the Medicus Transition Program, [click here](#).



medicus CASE STUDY
healthcare solutions

Illinois | Outsourced to Employed | Gastroenterology

THE MEDICUS TRANSITION PROGRAM
Your bridge to physician and advanced practitioner workforce stabilization.

One company, accountable for all your interim staffing solutions. Medicus Healthcare Solutions' comprehensive projects simplify provider staffing for hospitals, physician groups, and other medical facilities. If you are facing unexpected provider turnover, increases in patient volumes, moving from an outsourced to an employed provider program, opening or expanding a facility – Medicus can provide stability and reliability.

CLIENT SCENARIO
An Illinois health system encountered GI staffing disruptions when its outsourced group announced plans to stop covering inpatient services at three hospitals, with full withdrawal from two. Upon receiving this news, health system leadership decided to establish its own employed GI hospitalist program across all three hospitals. However, leadership faced challenges in recruiting the necessary number of high-quality gastroenterologists within the required timeframe.

CLIENT SCENARIO

- OUTSOURCED GI GROUP TERMINATED COVERAGE.
- ESTABLISH AN EMPLOYED GI HOSPITALIST PROGRAM AT 3 HOSPITALS.
- IMMEDIATE NEED TO RECRUIT QUALITY GASTROENTEROLOGISTS.

KEY CHALLENGES

- The health system was left vulnerable when the outsourced physician group announced it would no longer cover inpatient services at three hospitals, with a full withdrawal at two locations. This created an urgent need to find a replacement solution to maintain continuous GI care.
- Leadership aimed to establish an employed GI hospitalist program but encountered difficulties in recruiting the required number of physicians within the required timeframe.

THE GOAL

Implement an employed GI hospitalist program to stabilize staffing and ensure consistent delivery of inpatient services.

IN CONCLUSION

The field of gastroenterology will be seeing a growing shortage of gastroenterologists in the years ahead, exacerbated by factors such as an aging population, surges in patient demand, provider burnout, and more. To ensure the delivery of exceptional GI care, it is imperative to embrace key strategies such as telemedicine and AI, as well as adopting creative staffing solutions such as locum tenens to bridge the growing gaps in coverage. By implementing and utilizing these vital resources, hospitals and other healthcare facilities can work to better navigate the growing gastroenterologist shortage.

