

# Southeastern Urology Crisis: Addressing the Shortage of Urologists in South Carolina



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## Introduction

The shortage of urologists in South Carolina has created a critical gap in patient care due to a dwindling supply of available urologists. The current predicament we find ourselves in is rooted in the fact that per the AUA, 30% of the urology workforce is >65 years old<sup>[1]</sup>. This disparity between the number of practitioners and the patient load has significant implications for patient outcomes, including delayed diagnoses, prolonged treatment timelines, and increased healthcare costs.

## Urologists vs. Patient Load in South Carolina

There are **4.1** practicing urologists per 100,000 South Carolinians as of the 2023 AUA Census. The national average is **4.25** urologists per 100,000 Americans.<sup>[2]</sup> Although South Carolina is not among the most underserved states in terms of overall numbers, the geographic distribution of urologists is disproportionately concentrated in urban centers, leaving many rural areas with limited access to urologic care. As illustrated in Figure 1, this challenge is not unique to urology, as other medical specialties also struggle to adequately serve the needs of rural populations.

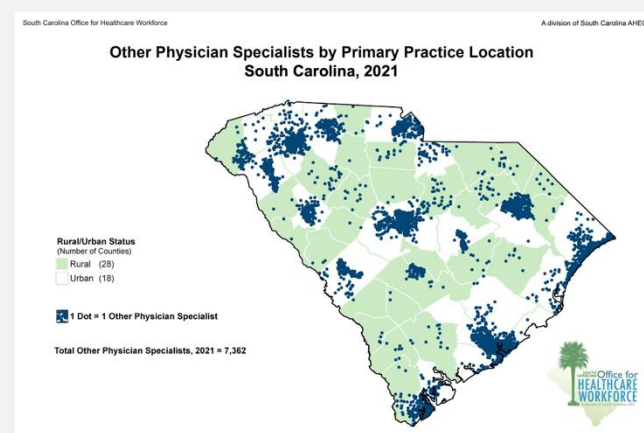


Figure 1. Physician Specialists by Primary Practice Location

## Implications for Patient Outcomes

High patient loads lead to delayed care for conditions like elevated PSA levels, kidney stones, and bladder cancer. Studies have shown that greater than 6-month delays for intermediate and high-risk prostate cancer are associated with worse oncological outcomes, including higher rates of biochemical recurrence and adverse pathological features.<sup>[3-4]</sup>

For kidney stones, especially those causing obstruction and infection, studies show that delayed treatment significantly increases the risk of mortality. Delaying care for obstructing stones that are causing urinary tract infections increases the odds of death by 29%.<sup>[5]</sup>

Delays in definitive stone surgery are associated with increased complexity of subsequent surgical interventions.<sup>[6]</sup>

Delaying treatment of bladder cancer, especially muscle-invasive bladder cancer, is associated with worse survival outcomes. Radical cystectomy delays beyond 12 weeks from diagnosis or completion of neoadjuvant chemotherapy result in higher mortality and shorter progression-free survival.<sup>[7-9]</sup>

## Potential Solutions to Increase Urologists in South Carolina

### Increase Residency Training Opportunities

There are currently only 3 residency positions in South Carolina per year. There has been some headway made to increase the number of all residency positions. The Resident Physician Shortage Reduction Act of 2021 aims to increase the number of Graduate Medical Education (GME) residency slots by 14,000 over the next seven years while directing half of the newly available positions to training in shortage specialties, such as urology. This national initiative is a good start, but we believe there must be advocacy to ensure that urology residency spots are among the newly implemented positions.

### Hospital Partnerships

Hospitals can address the critical shortage of urologists while gaining significant benefits by establishing residency programs. Per CMS, these programs are financially supported by Medicare GME funding, which offsets costs through Direct and Indirect Medical Education payments. Residents provide cost-effective labor, improve operational efficiency, and enhance patient care while freeing attending physicians for complex cases. Residency programs also bolster hospital reputation, attract more patients, and create a sustainable pipeline of skilled physicians, as many residents stay in the communities where they train. By investing in residency programs, hospitals can improve healthcare access, strengthen their workforce, and secure long-term financial and operational gains.

## Advocate with Policymakers

Our team is meeting with a former state congressman to discuss the urology shortage in our state. We plan to discuss specific legislative initiatives to increase residency funding, incentives for training urologists who plan to stay in the state, and incentives for retention of urologists. We plan to discuss The Resident Physician Shortage Reduction Act and steps to ensure that some of these GME residency slots are allotted to urology positions.

## Utilize Telehealth and Advanced Practice Providers

Another option to reduce the workload on our current physicians while addressing some of the rural health care disparities is to setup a telehealth system that could even be interstate in nature. This could allow for some of the simpler issues to be handled by remote physicians or advanced practice providers, whether in- or out-of-state. This would increase available appointments for patients waiting on more time-sensitive procedures.

## Conclusion

The urology workforce crisis in South Carolina requires immediate attention and collaboration among healthcare providers, policymakers, and communities. By increasing residency opportunities, advocating for policy changes, and creating incentives for retention, we can address this critical issue and improve patient outcomes statewide.

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