Health care overhaul will exacerbate doctor shortage

Jerry Komar - Collingswood, N.J.

USA TODAY's article "Doctor shortage: Primary care losing its prestige" correctly points out that the number of U.S. medical school students going into primary care has dropped nearly 52% since 1997. In addition, it shows that almost 140,000 primary care physicians will be needed in the next 10 years. Today, we have a doctor-to-patient ratio of about 400-to-1 (Cover story, News, Tuesday).

The story highlights the flaws of the health care reform proposals coming from members of Congress. Namely, how can we effectively serve an additional 47 million (needed to achieve universal coverage) if we don't even have enough physicians to serve our current population?

If enacted, this overhaul legislation would inevitably lead to rationing, long lines and longer waits for doctor appointments.

For these reasons alone, the health care proposals coming down from Congress must be defeated.

PAs can help fill gap

Stephen Hanson, president, American Academy of Physician Assistants - Bakersfield, Calif.

Doctor shortages threaten the viability of every health care reform option on the table (Cover story, “Doctor shortage: Primary care losing its prestige,” August 18), yet physician assistants (PAs) continue to get short shrift as we debate possible solutions.

Discussions about the cost and time it takes to produce physicians are distracting at a time when solutions should be sought. PAs can provide 80 to 90 percent of the services offered by physicians at the same level of care and are able to enter the medical system much more quickly. PA education programs produce close to 6,000 graduates each year — five times more than family medicine programs — building a medical workforce that can help to fill critical gaps in care.

If Congress is serious about its health care goals, we need more PAs to deliver primary care to America. We need health care legislation that removes barriers to PA care and increases funding for PA education.

Offer incentives

David M. Biondi, Osteopathic physician - Princeton, N.J.

The article "Doctor shortage: Primary care losing its prestige" reports that doctors pursuing
family medicine often are told, "You're too smart to be in primary care." This comment should be of concern to us all.

Why is primary care medicine, which has a unique and vital role in the delivery of medical services, not commonly recognized as a specialty in its own right?

Primary care physicians need knowledge that spans many, if not all, medical specialties. It should be the smart medical student who is encouraged to pursue it.

The medical profession and our society need to find a way to encourage and recognize the value that primary care physicians provide to the welfare of their patients and communities.

Policymakers need to find a way to encourage more physicians to pursue primary care by supporting appropriate reimbursement of services, as well as funding grants or tuition subsidy programs for physicians who choose to practice primary care medicine, especially in underserved communities.

Posted at 12:10 AM/ET, August 21, 2009
The 50 Best Jobs in America

Great pay and superior growth prospects. Work that’s meaningful. Those are some of the qualities that we looked for.

Robert Wooten
Physician Assistant
FORSYTH MEDICAL CENTER
58, WINSTON-SALEM, N.C.

WHY HE LOVES THE JOB: “You can do all sorts of things as a physician assistant—I’ve worked in family practice, public health, and now emergency medicine. I enjoy the interaction with people and helping them get better.”

Physician Assistant

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Midlevel Providers Fill Primary Care Doctors’ Shoes

August 27, 2010 · 4:20 PM ET
Heard on All Things Considered

JULIE ROVNER

Third of a three-part series

Increasingly, the doctor is not in when it comes to delivering primary care. But the nurse practitioner or physician assistant is often taking the doctor's place.

"We are ideally suited for it. And it's so cost-effective compared to any other form of medical provider," says Jim Love, a physician assistant from rural Pittsfield, Maine. "We need to be educating a lot more of us."

Michael McDonald, the primary care physician who supervises Love from 25 miles up the road in Dexter, Maine, agrees.

"You're going to see more nurse practitioners and physician assistants taking care of our primary care needs. That's going to be the reality of it," says McDonald, whose community health center, Sebasticook Family Doctors, counts among its providers MDs, doctors of osteopathy, nurse practitioners and physician assistants.

Unlike physicians in primary care, the number of physician assistants and nurse practitioners are on the rise. According to the American Academy of Physician Assistants, there were 74,100 physician assistants in practice in 2008, the most recent census available. It’s projected to be the second-fastest-growing health profession, after home health aides, in the coming decade. As of 2010, there are 135,000 practicing nurse practitioners, according to the American Academy of Nurse Practitioners, with an additional 8,000 being added to the ranks each year.

And nowhere are they needed more than in rural areas. According to the policy journal Health Affairs, 21 percent of the nation's population lives in rural America, but only 10 percent of the doctors practice there.

That's abundantly clear to Love, who's been practicing in Pittsfield — population around 4,200 — for more than 20 years.

A Typical Day

His day starts early — around 5 a.m. — when he gets up to tend to his dog, Nikita, and three cats. His wife has already left for her job at the nearby hospital.
Around 6 a.m., he hops on his recumbent bike for the 10-minute ride across town to Sebasti’s clinic up the hill, stopping to show his visitors the town’s resident loon pair that’s nesting at the foot of the local dam. Ever the caregiver, Love is worried because no eggs have hatched yet and it’s pretty late in the season. "A chick — it’s going to be hard to get raised and get out of here in time before cold weather," he says.

By the time he gets himself situated in his office it’s about 6:30 a.m. He fires up the clinic’s electronic medical record and sees what’s already shaping up to be a busy day.

"So far today, we're booked for 22 patients, and the phone line hasn't opened up yet," he says.

One of the things that’s making Love busier than usual this day is that the doctor who used to share this branch of Sebasti’s Family Doctors with him quit the week before. So, many of that doctor’s patients are now becoming his patients instead.

And most don’t seem to mind that he’s not, technically, a doctor.

"I think he’s better than any medical doctor I’ve been to," says patient Robert Marshman, who’s from nearby Exeter, Maine. "And I’ve said that to everybody I’ve talked to."

A Different Path

Love, who’s 62, did originally plan to become a doctor. But he couldn’t get into medical school out of college. He worked for several years as a registered nurse instead. When he decided to go back to school in the mid 1970s, he was urged to go to medical school. But even then, he was put off by the financial commitment — particularly since he had a wife and young child.

"It simply was not — in that stage of my life — feasible," he says. "I didn’t have the money."

So he became a physician assistant instead. Physician assistants get training that’s similar to what doctors get, just less of it. The average PA program lasts just over two years. And most states allow physician assistants — and nurse practitioners — to practice independently, write prescriptions and do many of the things doctors do.

In fact, one of the things that makes Love so good at his job is that he knows what his limits are. "I’m experienced and I’m confident, all that kind of good stuff," he says. But, "I’m not an internist. And I tell my patients that. ... I just don’t bring the same sophistication that a really skilled internist [does], and I shouldn’t. I couldn’t."

Advantages Of Physician Assistants

Michael McDonald, Love’s physician supervisor, says that’s one of the things that have made him so comfortable working not just with Love but with the other physician assistants and nurse practitioners in his practice.
"They know their boundaries; they know when to say when," he says. "All the midlevels I deal with in this organization know exactly when they feel uncomfortable with a situation" and need to turn to one of the practice's doctors for help or advice.

But meanwhile, having the extra practitioners helps the practice serve some 8,000 patients over 20 towns in four counties in central Maine. "It works out well," McDonald says. "It helps our patients get access to care and provide good quality medicine."

One big advantage, says McDonald, is that it's been easier to recruit midlevel practitioners to the practice than doctors.

"It's been very difficult to get M.D.'s to come to the area," McDonald says. "And if they do, they don't stay for very long, and they leave. All of our nurse practitioners and PAs have been here almost since the beginning, since we've started."

Love, in fact, has lived in Pittsfield since 1986. And he says he has no intention of leaving. At least not until he retires. There's this sailboat he built that he'd like to spend more time with.

But, at least for now, he's content to just have sailing-themed pictures decorating his office. "I really am dedicated to this practice," he says. "And taking care of the people we take care of. I really want this to succeed."