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Wanted: More family doctors

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If a New Yorker has health insurance but nowhere to use it, is it any better than not having health insurance at all?

That may read like a trick question. But New Yorkers may soon discover the answer if Congress enacts health care legislation that reforms the coverage side of the equation by adding hundreds of thousands of people to health insurance rolls here, but ignores the access side by failing to reform our system for delivering care.

If more New Yorkers are insured, more New Yorkers will schedule appointments with primary care doctors. That ostensibly is a good thing because more primary care reduces health care costs in the long run, provides improved health outcomes and reduces health care disparities.

But one key ingredient for providing that primary care would be lacking: primary care doctors.

Medical experts largely agree that 50 percent of doctors should practice primary care. But regions across New York already are far below that threshold and face dire primary care shortages before a single additional person receives an insurance card. According to the Center for Health Workforce Studies at the University of Albany:

Fewer than a third of Albany County physicians are generalists.

The North Country has a mere 66 primary care doctors for every 100,000 people, or one physician for every 1,515 people.

In New York City, the number of specialty doctors increased at a rate of more than twice that of primary care doctors from 2003-2007.

For an idea of what New Yorkers can expect when an avalanche of newly insured residents appear, we need only look to one of our neighbors.

Massachusetts has received deserved praise for its efforts to offer near-universal coverage for its residents. But having not adequately bolstered its primary care physician supply to deal with an influx of new patients, the result has been predictable:

Wait times for appointments with primary care doctors have exploded. In Boston, the reported average wait for a visit is more than two months.

Shut out of their primary care doctor's office for ear infections, belly aches and other minor ailments, residents go to the one place where they can get guaranteed care, the emergency room.

This forced choice results in higher costs, episodic treatment and even more overcrowded emergency room conditions. New York and states across the nation can expect the same.

Some of the legislation winding its way through Washington has attempted to remedy this problem by trying to redistribute unfilled residency positions to teaching hospitals that have demonstrated a willingness to offer more primary care residencies or offering small payments to primary care physicians.

Actions like these, while potentially helpful in the long run, simply will not solve the root problem of why medical school students are not choosing to become the next Marcus Welby, M.D.

Medical students can incur up to \$200,000 in debt by the time they graduate. Meanwhile, primary care doctors earn, on average, less than half of what specialists make a year.

Do the math, and it's not surprising that 70 percent of medical schools graduates choose specialty care and that the country is headed for an expected shortage of 40,000 family doctors by 2020, according to the American Academy of Family Physicians. The only way Congress can start to reverse this trend and ensure access to primary care is to engage in real reform of reimbursement rates to allow primary care doctors some sort of parity with their specialist counterparts.

Otherwise, many New Yorkers will soon have to contend with swamped emergency rooms, months-long waits for appointments with primary care practitioners and episodic care that will not adequately treat what ails them.

And an insurance card won't seem like the elixir it could and should be.

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