

The Demise on the Horizon

I typically do not dwell in the past but allow me to recall one of my first consults as a young internist. A local family practice physician asked me to manage a patient in the ICU. The patient was admitted directly from the ER and he called me to see the patient that night. When I arrived I was surprised to see the family physician was there to assure his patient that he was involved. I later came to know this physician quite well in addition to the other family physicians in his group. I was impressed with their knowledge, their compassion and their patients' loyalty to them. As time went on these doctors have retired and I had the fortune of having many of these patients seeing me and I am following them to this day.

Many things however have changed since then. I am no longer going to the hospital; hospitalists now care for these patients in the hospital during the most critical time of their health care. We have gone through endless gyrations of payment methodologies, prior authorizations, advancement of specialty services, formularies, paperwork, specialty lists, etc. I have continued to be their primary care physician helping guide them through the complexity of the health care system as well as through their own issues and concerns.

Primary care has changed much over the last 22 years. The changes pale in comparison to what appears to be in store for primary care in the near future. There is a crisis looming in primary care. The aging of the baby boomers with increased chronic health concerns is coupled with a marked decrease in the number of primary care physicians now and those choosing primary care in their training. 35 % of current physicians are age 55 or older and looking towards retirement. Many physicians are practicing less than full time for a variety of reasons.

In 2006, 41% of family practice residency slots were filled, for a total of 1,132 positions compared to 1997 where 72% and 2,340 positions were filled. The number of internists selecting primary care has plummeted. They are going to specialist training or many now going directly to hospitalist work. Anecdotally, I was informed recently that of the two major internal medicine residency programs locally, none of the graduates are choosing primary care.

Clearly one of the major reasons for this is the disparity in potential incomes for physicians in practice. Medical students are going in to practice with a median debt of \$120,000 - \$160,000 with many more greater than \$200k.

This coupled with dissatisfaction with current care models, some physicians are transitioning to Concierge Care. I seem to be getting weekly mailings from MDVIP to have me sign up with this trend. While there are positives here for physicians and a

select few patients, this model will not address the public health needs of the majority of the population.

Where will these patients go? One only has to look at our emergency rooms to find a big part of the answer. In addition the retail store clinics, staffed by primarily mid-level providers, are gaining traction with the number now exceeding 1,000 in the US. More urgent care clinics are being built. While these entities provide needed services this does nothing to support the chronic disease state management necessary with our aging society.

There are clear data indicating a direct relationship to cost and quality of health care and availability of primary care physicians. Studies have been done to demonstrate this both domestically and abroad. In a time where health care reform is retaking the limelight, policy makers would be well advised to study these trends and the impact that will be seen with the demise of primary care.

As I am getting older I am increasingly concerned about who will be there for my family and I as we age. One model being promoted that has promise is the Advanced Medical Home or Patient Centered Medical Home. The concept is being tested in several areas where in addition to physicians one has pharmacists, nurses, therapists, social services provided in one setting. A great concept; however, the business person in me says, "Show me the numbers!" As the ACP position papers outline, a major policy change has to occur in order to make these models financially viable.

The American College of Physicians, American College of Physician Executives, contributors to *JAMA*, and the *New England Journal of Medicine* have written extensively about the primary care physician shortage and their policy recommendations. A few references for those that are interested:

The Impending Collapse of Primary Care Medicine and Its Implications for the State of the Nation's Health Care:

A Report from the American College of Physicians

January 30, 2006

HOW IS A SHORTAGE OF PRIMARY CARE PHYSICIANS AFFECTING THE QUALITY AND COST OF MEDICAL CARE?

A Comprehensive Evidence Review

American College of Physicians

A White Paper

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As always share your thoughts and insight at briveland@mcmsonline.com.

I need to go hug my granddaughter now, see you next month.

Brian R. Riveland, M.D.
President

"Many people die with their music still in them. Why is this so? Too often it is because they are always getting ready to live. Before they know it, time runs out"

Oliver Wendell Holmes



Lion Fish 12/2005