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No quick fixes for doctors shortfall

**By Jennifer Ryan, Tribune
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After delivering more than 1,000 babies as a young physician in training, Dr. Clint Leonard could have made last Thursday his last day in a Valley labor and delivery room. Instead, he is setting up his own practice in Gilbert, where it won't be long before the population boom arrives on his doorstep.

Problem is, there aren't enough doctors such as Leonard to serve the crush of people needing health care services in the Valley, and only now is the public beginning to understand the magnitude of the problem, said health care authorities.

"Miscalculated manpower needs in medicine and population growth collided to create the current problem," said Dr. Marc Rosen, president of the Maricopa County Medical Society and an orthopedic surgeon. "The biggest issue we face is growth and the failure to recognize how important the ratio of population to physician is."

The result is an onslaught of people waiting in emergency departments, on surgery schedules and in doctor's offices, where new patients can wait months for an appointment.

There are no easy solutions, medical experts say. Although state lawmakers and the governor have set aside \$7 million to help fund a medical school in downtown Phoenix, and a new osteopathic medical school is planned in Mesa, it will be close to a decade before those graduates will be ready to enter practice. And there's no guarantee they will stay in Arizona.

Residency training programs, which are costly but often lead doctors to stay and practice in Arizona, need to increase. And effective physician recruitment will be paramount in a state where about 90 percent of medical doctors come from somewhere else, according to a physician work force study released last week.

"Right now it seems, from a numbers game, we're behind the rest of the country," said Dr. Michael Grossman, a co-author of the study which found there are far fewer physicians for every 100,000 people in Arizona than the national average.

The real question now is if we can catch up?

NUMBERS GAP

Studies have projected a nationwide physician shortage, but in Arizona, it's been difficult to know exactly how far the medical work force has been falling short, Grossman said.

Studies of the physician supply by Arizona State University and the Arizona Council for Graduate Medical Education were suspended in 1997. And the state's regulatory agencies for allopathic and osteopathic doctors have not kept past licensing records for doctors, making it difficult to pinpoint trends over time, according to the report.

"We have, for the first time ever, a very comprehensive look at what the numbers are," Grossman said.

The numbers show that although the supply of doctors is growing slightly faster than the population, the ratio of patients to doctors may be far too high. It's an imbalance that hospital emergency rooms continue to feel as they struggle to find enough on-call specialists, said John Rivers, president and chief executive officer of the Arizona Hospital and Healthcare Association.

"People are not going to be able to find doctors very easily, and Arizona's ambition to be a leader in biosciences will never get off the ground unless we solve this problem," he said.

The solution, in large part, lies in more graduate medical training, Rivers said.

TRAINING TO STAY

Participants in residency programs, which provide medical school graduates with specialized training, often decide to stay and practice where they were trained.

That was the case for Leonard, who built connections with colleagues, patients and a hospital system that has agreed to help pay for his first year in private practice in Gilbert. In exchange for financial support from Catholic Healthcare West, Leonard must practice in the Gilbert area for at least three years, he said.

"Being here for four years helped me get established in the community," he said. "I got a good support system of friends. That really helped me."

The number of residents in training in the state, however, has dropped from 1,166 in 1996 to 1,076 last year. Some programs, which can be costly and difficult for hospitals to maintain, have closed. By 2004, nearly all of the osteopathic residency programs in the state had closed, although expanded physician training programs at Mayo Clinic Scottsdale helped offset the loss, according to Grossman's report.

Even with residency programs in the state, however, many graduates leave the state. When Dr. David Shafer's residency training program at Maricopa Medical Center in Phoenix ends this week, he will move to Rochester, Minn. for a plastic surgery fellowship not available in Arizona.

"A lot of people have to leave Arizona to get training," he said. "I don't want to leave. I like the big city. I like the weather. The atmosphere is better. But for plastic surgery, there is no further training."

AGING DOCTORS

The need to increase the state's physician work force is driven not only by the growing population, but by aging doctors. Nearly half of Arizona's doctors are age 50 or more, according to Grossman's report.

Keeping them from retiring early could ease the physician shortage in the next several years, but declining reimbursement and pressure on doctors from managed care insurers to see more patients could make that goal difficult, said Rosen, a 55-year-old orthopedic surgeon whose practice is in Glendale.

"Doctors are immigrating to Arizona because they want more of a retirement lifestyle," he said. "You have older doctors wanting to slow down their practices and a crush of patients from HMOs. You get a mismatch of workload and work ethic."

Nonetheless, stepped-up physician recruitment from other states will be key to solving the doctor shortage in Arizona, authorities said.

A telephone call from a recruiter is what led Dr. Housam Alasaly from Philadelphia to an East Valley allergy practice in January 1999.

"What matters the most is how much you like the area," said Alasaly, who lives in Tempe. "I think the weather is no match."

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