THE CHANGING FACE OF PRIMARY CARE

It's not news that our healthcare system needs fixing. Changes are coming, and it may be wise to cultivate an open mind about your office visit of the not-too-distant future.

By Janet Carlson

How far would you travel to see your primary care doctor? Within the decade, because of a decline in the number of medical school graduates choosing primary care as their practice, you could be facing a much longer drive, an extremely long wait for an appointment, or both. You could be seeing the nurse practitioner or physician assistant instead of your doctor.

Add to this the greater need for more physicians due to population increase, people living longer and needing more care as they age, and 32 million more people covered under the 2010 Affordable Care Act, and the picture comes into grim focus: demand dramatically exceeding supply. By 2020, there could be a 29 percent increase in workload on U.S. primary care physicians. Medical professionals, educators, think tanks, and lawmakers have in recent years been sounding the call and pressing hard for strategic response to the threatened shortage of family physicians, general practitioners, and internal medicine doctors.

But the Robert Wood Johnson Foundation rejects the shortage notion in its primary care workforce study of July 2011: "Data do not support the suggestion that the United States is currently experiencing or facing an imminent shortage of primary care providers; numbers of physicians, nurse practitioners, and physician assistants have grown in recent years relative to the general population."

No matter how the statistics are interpreted, your experience visiting the doctor's office come 2020 is slated to change.

How serious a shortage?

The Health Resources and Services Administration (HRSA), a federal agency, estimates that 17,722 more doctors are already needed in shortage areas. The Association of American Medical Colleges research indicates that another 45,000 adult care general practitioners may be needed by 2025. Viewed another way, we may face a 20 to 27 percent shortage of primary care doctors in the next decade.

Why the shortage?

"Collectively, we've put a premium on specialist care," says Glen Stream, M.D., President of the American Academy of Family Physicians. For patients, there are downsides, even dangers, to approaching healthcare via what he calls the silos

of specialty care. "If you see your cardiologist, pulmonologist, orthopedist, and other specialists, who's caring for the whole person? Who's coordinating all your medications? The best of our medicine is truly a marvel, but take two steps back and ask, 'What's the best way for me to stay healthy over my lifetime?' The answer is to have a relationship with a primary care physician." Relying on that relationship also puts less cost burden on the system because preventive care often spares specialist co-pays and costly diagnostic tests such as MRIs.

"Too often, graduates who'd be interested in primary care make a financial decision to be specialists," Dr. Stream says. Paying off educational loans is more daunting for the general practitioner (who also tends to work longer hours). The average specialist earns twice what a generalist does — some estimate up to four times as much. Over a doctor's career lifetime, one tally reported that this adds up to a $3.5 million difference.

What's to be done about the shortage?

A recent policy analysis from the non-profit, non-partisan National Institute for Health Care Reform (NIHCR) in Michigan states, "Most efforts to improve access to primary care services center on increasing the supply of practitioners through training, educational loan forgiveness, scholarships, and higher pay rate," but adds that "a meaningful increase in practitioners will take decades."

The Johnson report points to the availability of other primary care practitioners — Nurse Practitioners (NPs) and Physician Assistants (PAs) — and concludes, "Research indicates the quality of care provided by NPs is comparable to that of physicians."

The NIHCR reports two steps that would produce quicker results: changing the way practitioners are paid to foster productivity through team-based care and recruiting more advanced-practice nurses, thus broadening the scope-of-practice laws that govern what tasks they're allowed to perform and to what extent they may work independently. These laws vary widely state by state, and changing them is acknowledged to be "a highly politicized process and has generated considerable controversy."

Are they qualified to do the work of a doctor? Controversy swirls here. Jan Towers, Ph.D., Director of Health Policy for the

American Academy of Nurse Practitioners, says, "There are artificial barriers for nurse practitioners, so we can't practice to our full scope." Dr. Stream insists it's not a turf battle or a respect issue. "It's a matter of best patient care. The issue is the 50-year-old male who hasn't been seen before and who comes in with chest or abdominal pain. The evaluation of someone never seen before with this acute problem is the greatest challenge of medicine. This is where the physician is better suited."

Team-based care is one heralded solution. It's the inspiration behind the Medical-Home Model that has been tested in recent years and centers on a physician-led team composed of doctor, nurse practitioner, and physician assistant. "In this model, physicians are there to consult with nurse practitioners and PAs when they need help," Dr. Stream says. "But honestly, I'm as likely to go ask *them* a question."

The "patient-centered" Medical-Home Model extends beyond the notion of the building where medical professionals work; it reaches into your home. The practice calls you to do a follow-up after a visit or hospitalization. "They check, for example, on whether you're taking your meds," says Dr. Tim Thompson, retired family physician in Vermont, whose practice in Lyndonville served as one of the first test sites for the Medical-Home Model. "And if you're not, they find out why – maybe you have no transportation – and they fix that." And of course, the Medical-Home coordinates your care with specialists. Stream likens the model to the traditional country-doctor experience "combined with the best of new technology, including email and electronic medical records."

Perhaps the ideal scenario of the future will foster this practitioner-patient relationship above all else. As Thompson says, "Being a doctor is a delightful thing to do with your time – being in a room with the patient and having that intimate interaction, that's getting lost because doctors are having to be entrepreneurs, and their minds are pitched in the wrong direction now. We need a more supportive environment to help doctors learn how to be in that room with the patient. It's an ennobling profession."

As the old saw goes among doctors, "Listen to your patients, they'll tell you what's wrong with them." ■