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SPEAKING OUT

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REWORKING ROCHESTER: HEALTH

Remedy Rochester shortage of doctors tending to primary care



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GUEST ESSAYIST

Recently, a survey by the Healthcare Association of New York State and the Medical Society of the State of New York of 11 hospitals in the Rochester area reported a frightening fact: We have 119 fewer doctors than we need. More worrying, but a trend seen across the state and country, is that nearly 90 percent of this shortage comprises primary care doctors. These are the doctors you will see most during your lifetime. They are the foundation for our health care infrastructure. And they are under serious duress.

According to the HANYS study, the shortages likely are caused by poor reimbursements by government payers and private insurers, and the overall shaky condition of our state's economy. But with HANYS reporting that the entire state is short 804 primary care physicians, the Rochester area represents a full eighth of the state's shortage of this critical group of doctors.

With this news, we are far



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from close to the recommendation of the Commission on Healthcare Facilities in the 21st Century that all New Yorkers should have a primary care "home."

This should sound an alarm for lawmakers, health care policy experts and all Rochester residents. Not only do primary care physicians form the foundation for our health care system, if we are to reduce costs and New York's bloated spending, we'll have to rely on the savings of preventive and primary care.

Furthermore, much of our primary care work force is approaching retirement, which will further exacerbate the physician shortage. In recent years, few graduates of the University of Rochester Internal Medicine Residency Program have entered primary care practice, instead choosing subspecialty fellowships or hospitalist careers.

Reasons for this disturbing trend include poor reimbursement, high levels of debt and low job satisfaction among primary care mentors with whom

residents work during training.

Among the solutions that could help reverse these negative trends and provide a necessary lifeline to primary care medicine are:

- Changing reimbursement rates to recognize the value of the traditional primary care office visit and the time spent on managing patient health between visits and among specialty providers and ancillary services.

- Improving patient access to preventive health education in doctors' offices that would dramatically improve health care while decreasing the time constraints felt by physicians during office visits.

- Giving grants for primary care physician practices to improve information technology and more meaningful and effective loan forgiveness and/or payback programs to assist new physicians going into primary care practices.

State and federal legislators are discussing and in some cases implementing health care reforms to address the problems of rising numbers of uninsured citizens, high costs of care and below-average outcomes that plague the current system. None of these plans will succeed without ensuring a strong, vibrant primary care base. □

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