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Health crisis unites rivals

By **DR. VITO GRASSO AND RONDA KOTELCHUCK**

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Democrats and Republicans marching in lockstep? Doctors and insurance companies singing the same tune? Gov. David Paterson and New York hospitals reading from the same script?

Yes, the need for primary care reform has recently brought together some strange bedfellows.

But perhaps these odd couples shouldn't come as such a surprise. Recent reports out of Washington, D.C., and Massachusetts have shown that 1) staggering physician shortages in primary care threaten to short-circuit national healthcare reform and 2) escalating emergency room rates -- caused in part by a lack of primary care physicians -- are hindering the Bay State's universal coverage efforts.

And herein lies a major lesson for New York and other states looking to overhaul their health care systems: Unless we continue to augment primary care, other long-term and overarching reforms will likely be delayed or unreachable altogether.

In Washington, where health care reform tends to bring about the sharpest of partisan division, the inequity of low reimbursement rates for primary care doctors -- and the resulting dearth of medical school graduates choosing to practice family medicine -- is unifying politicians of all stripes.

Primary care physicians are grossly underpaid compared with many specialists," Sen. Max Baucus, D-Mont., recently said.

"The work force shortage is reaching crisis proportions," added Sen. Orrin Hatch, R-Utah.

In Massachusetts -- perhaps the best case study in reform given its efforts to provide every resident with health insurance -- another odd pair, doctors and insurance companies, are pushing for primary care reimbursement reform.

"The most important way to change patterns of care is to change payments and encourage primary care physicians and the health system to treat conditions early," said Andrew Dreyfus, a senior vice president at Blue Cross and Blue Shield of Massachusetts.

"We have to pay primary care doctors what they're worth and increase the network for primary care from doctors and other providers," Dr. Peter Smulowitz, a Massachusetts emergency room physician, said.

In New York, Paterson and the Healthcare Education Project (a partnership between the Greater New York Hospital Association and Local 1199 SEIU) just went through a bruising battle over a controversial budget. However, here again, there was at least one area of agreement.

The governor and the Health Department pinned much of their reform on augmenting New York's primary care system. One of the television ads from the Healthcare Education Project criticizing the governor's budget even took time to point out that the project supported the expansion of primary care.

So why the sudden bonhomie among usual opponents? Perhaps because the facts showing massive underinvestment in primary care -- and the resulting negative impacts -- are simply indisputable.

A 2008 University of Missouri study predicted that the United States could face a shortfall of 44,000 primary care doctors by 2025.

In Massachusetts, emergency rooms are bursting at the seams even as the state tries to reroute patients with non-emergency conditions to primary care facilities. The number of ER visits increased by 7 percent from 2005 to 2007, resulting in a 17 percent increased costs.

Despite significant primary care reforms in New York over the last two years -- including the Doctors Across New York Program, which provides loan forgiveness to graduating medical students who choose to practice family medicine in high-need areas -- primary care physicians are still grossly undercompensated.

As a result, only 17 of 62 counties have the standard 50 percent of their physicians involved in primary care, and seven counties have more than 2,000 patients per single primary care provider.

The problems are varied, but the solution is simple. Whether it's on a statewide or national level, we must create a more hospitable environment in which primary care doctors can operate. An increase in graduating medical students returning to an earlier generation's first choice in the medical field -- family medicine -- can start reducing the number of costly ER visits for unnecessary conditions and lead to the kind of comprehensive care that will result in better health outcomes.

As evidenced by the words of our elected officials and those in the health care field, there is a rarely seen consensus about the need to fix our broken primary care system.

We must not let that consensus go to waste.

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