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Primary Health Care Needs Fixing Before Universal Care Can Work

By BENJAMIN BREWER, M.D.

Who will take care of the estimated 47 million uninsured Americans if they get health coverage promised by politicians?

Few people seem concerned about whether the supply of primary care doctors is up to the task. But they should be.

Even without health-care reform, the demand for family physicians is expected to surge by 2020, when the nation will need 140,000 family physicians, according to the American Academy of Family Physician's 2006 Physician Workforce Report. That's a 40% increase over the 100,000 family doctors at work in 2006.

Low payments to primary care doctors are discouraging those of us in practice and are dissuading new doctors from entering the field. Medicare's proposed 0.5% fee increase to family doctors like me for the remainder of 2008 is well below inflation. None of my office expenses will rise less than 0.5% this year.

To me, universal coverage looks like an empty promise. Just nationalizing health insurance by declaring Medicare for all isn't going to get the job done. Medical insurance coverage without a doctor to see is another big health problem -- not a

An expanded insurance program based on Medicare or state Medicaid, another stingy payer, will prompt many doctors to opt out if they can. If doctors are forced to participate in a program with fees lower than their cost of doing business, I expect primary care doctors in private practices like mine will close up shop.

Once displaced, they'll probably work in ERs, continuing to provide high-cost care for diseases that a properly designed and financed health system would have prevented or nipped earlier and more cheaply.

Massachusetts, the state with mandated insurance coverage most like Sen. Hillary Clinton's health plan, has suffered a painful shortage of family doctors the last two years. More people signed up than predicted and higher costs have led to premium increases. It's apparent to me there is no increased access to care with this plan in many areas and no cost savings have materialized.

That tells me that physicians in any universal coverage program will have to weigh the personal and financial risk of an access crunch. When a bad outcome arises, I

expect lawyers will come after the overburdened primary care docs instead of the politicians who promised more than could be delivered.

We won't see better health outcomes or any cost savings from improvements in quality unless there are broadly trained primary care doctors available and willing to practice where they're needed. Some would advocate using nurse practitioners or physician assistants to fill this role, but I don't see that working as well. A family doctor's set of skills is much broader. In this case, you get what you pay for.

If we add large numbers of patients to the underfunded, understaffed primary care system we have now, things won't improve. That approach will look good on TV for 15 minutes and then health care as most Americans experience it will continue to stink, just more expensively.

Until we adequately fund primary care, we're not going to get the health system Americans expect.

Right now the U.S. is graduating about half the family physicians we'll need in the coming years, and the government proposes to cut funding to train more. The 2009 federal budget would abolish funding for training programs under Title VII of the Public Health Service Act, including Section 747 of the act, which provides the only federal grants for training primary care physicians.

To fill the primary care gap, we could flood the U.S. with foreign trained doctors. In fact, we're pretty much already doing that in our training programs. Fifty-six percent of doctors starting family medicine residencies this summer are foreign graduates. Foreign grads practice mainly in larger cities so that doesn't help overall distribution of doctors to smaller communities.

Only 65 more U.S. medical students chose family medicine for their residency this year than last year for a total of 1,172. (See a chart on the primary care trends here.) Compared with the bleak decline of the last 10 years, a 2% increase in family practice residents is cause for celebration among family doctors. "We're extremely pleased with this year's match," said AAFP President Jim King, M.D., of Selmer, Tenn.

Still, I would be happier if every one of those doctors had a sustainable practice to grow into. The fact is that costs are too high for an economically viable practice in many areas. Payments from the government and large insurance companies don't adequately cover expenses and the burden of educational debt. The cost of malpractice insurance to practice the full range of primary care medicine, including obstetrics, is untenable for most.

How can anyone rationally expect to build up the nation's health on that crumbling foundation?

Family physicians could meet the needs of the uninsured, the underinsured and the baby boomers, but not without some fundamental changes in the way they are paid.

Due to his schedule and the volume of email he receives, Dr. Brewer may not be able to respond to all reader email. He does participate in his forum, where readers are urged to post. His email address is thedoctorsoffice@wsj.com.

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About The Doctor's Office

The Doctor's Office is a first-hand online column about the issues, challenges and rewards facing physicians today. The column is written by Benjamin Brewer, a doctor with a family practice in the rural village of Forrest, Ill., 100 miles south of Chicago. The column runs every-other Tuesday.

Dr. Brewer, 40 years old, grew up in Normal, Ill., where he attended Illinois State University. He received his M.D. from the Southern Illinois University School of Medicine in 1994. After working at a medical center, he established his own practice in 1998. Dr. Brewer lives in Gibson City with his wife Kim, and their four young children.

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