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Assuring That There Will Be a Doctor in the House

In "How to Fix the Doctor Shortage" (op-ed, Jan. 5) Darrell G. Kirch prescribes a cure for a non-existent disease. His misdiagnosis of this country's health-care delivery situation reflects a common myth held by both the general public and "policy experts" in the U.S. health-care community. He contends that the U.S. faces a shortage of physicians and in particular primary care physicians (PCP). According to the latest Organization for Economic Cooperation and Development 2009 Health Data Report (data from 2007), the U.S. has somewhat fewer doctors than the mean for other developed nations (243 physicians per 100,000 people versus 313). However, this number is greater than Canada (220) and Japan (210). Furthermore, the U.S. has a greater number of primary care physicians than the average for OECD countries (96 versus 87). There is no overall shortage of doctors within the U.S. and neither is there a shortage of PCPs.

The problem is there is a major maldistribution of both PCPs and specialists between the urban centers and the rural outposts of this country. The Center for Studying Health System Change reported (2001 data) that the number of PCPs in rural areas lagged far behind the urban centers (53 versus 78). A similar pattern was also observed for specialists (54 versus 134).

Dr. Kirch's cure for the mythical doctor shortage is for the government to spend more money to pay to train more PCPs. This sort of government interference and manipulation of the marketplace will simply increase the number of high earners in the workforce who will be forced to figure out a way to generate enough de-

mand to support their generous income levels (current mean for PCPs is about \$200,000 per year according to the American Medical Group Association's 2009 data). Nurse practitioners (NP) and physician assistants (PA) make less than half that amount and are trained to handle the majority of common ailments seen by primary care physicians. If the government (and taxpayers) want to get the biggest bang for the buck in training health-care practitioners, then it needs to support more training slots for NP and PA programs.

So how do we encourage more doctors to go out to the rural areas of this country to practice and live?

Easy: Pay them more.

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