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Nursing Our Way Out of a Doctor Shortage

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Thanks to health care reform, millions of previously uninsured Americans will have policies enabling them to go to the doctor when necessary without financial fear. But it's a bit like giving everyone a plane ticket to fly tomorrow. If the planes are all full, you won't be going anywhere.

There are not a lot of doctors sitting in their offices like the Maytag repairman, playing solitaire and wishing a patient would drop by. Most of them manage to stay plenty busy. Nor is there a tidal wave of young physicians about to roll in to quench this new thirst for medical care.

On the contrary. The Association of American Medical Colleges says that by 2025, the nation could be 150,000 doctors short of the number we need. Meanwhile, the number of med students entering primary care, the area of greatest need, is on the decline.

It's hard to quickly boost the supply of physicians, since the necessary training usually takes at least seven years beyond college. The result, as an AAMC official told *The Wall Street Journal*: "It will probably take 10 years to even make a dent into the number of doctors that we need out there."

That, of course, is assuming that the new health insurance system doesn't drive aspiring or existing doctors out of medicine, which is entirely possible. Regardless, there seems to be no doubt that it will get harder to find someone to treat you, it may cost more and you'll spend two hours in the waiting room instead of one.

Or maybe not. What people with medical problems need is medical care, but you don't always need a physician to get treatment. You might also see a different sort of trained professional -- say, a nurse practitioner, physician's assistant, nurse or physical therapist.

Not every ailment demands Dr. McDreamy, any more than every car trip requires a Lexus. If you have a sore throat, earache or runny nose, you probably don't absolutely require a board-certified internist to conduct an exam and dispense a remedy.

But it may not be up to you to decide who is suited to provide the care you want. Different states have different rules on what these clinicians may do. In many places, a nurse practitioner has to be under the supervision of a doctor. In others, she may not prescribe medicines or use the title "Dr." even if she has a doctorate (as many do).

Medicare typically reimburses nurse practitioners at a lower rate than physicians. In Chicago, an office visit that would bring \$70 to a doctor is worth only \$60 to a nurse practitioner.

But the need for more primary care is forcing a welcome reassessment of these policies. So 28 states are reportedly considering loosening the regulations for nurse practitioners, on the novel theory that any competent professional health care is better than none.

Private enterprise is already responding to what consumers want. Walgreens, for example, has established more than 700 retail health clinics staffed by nurses, nurse practitioners and other non-doctor professionals. CVS has its own version. The number of these facilities is expected to soar in the next few years.

You might fear that this sort of treatment is inferior to what you'd get from your personal doctor. Your doctor might agree. The American Medical Association, reports the Associated Press, warns that "a doctor shortage is no reason to put nurses in charge and endanger patients."

But put your mind at ease. A 2000 study published in the Journal of the American Medical Association found that where nurse practitioners have full latitude to do their jobs, their patients did just as well as patients sent to physicians. Other research confirms that finding, while noting that retail clinics provide their services for far less money than doctors' offices and emergency rooms.

Obviously, if you wake up with crushing pain in your chest or fall out of a second-story window, you'd be well-advised to see a specialist. But for common ailments that are mainly a nuisance, a physician may be a superfluous luxury.

Obama's health care reform rests on the assumption that expanding access demands a bigger government role. But even its supporters should be able to see that sometimes, it helps to get the government out of the way.

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