

COMMENTARY

Frederick: Who'll be there to care for me?

Dr. Kurt Frederick, LOCAL CONTRIBUTOR

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An elderly Medicare patient tottered into my exam room clutching a grocery bag of medicine bottles. She was new to my practice so we began reviewing her health history from a thick sheaf of records that appeared from her daughter's purse.

I plunged into the morass — the numerous specialists she'd seen, a number of emergency room visits and hospital stays, duplicate medicines (many expired) from different doctors. As I waded into her medical chaos trying to create some semblance of cohesion and direction for her care, I wondered whether there would be anyone to care for me when I am in need.

Our health care delivery system is broken, and it's failing us in almost every way. We have record numbers of uninsured people, sky-high insurance premiums and escalating medical costs that can be ruinous for those who fall ill. The care we get from our over-specialized medical community is fragmented and poorly coordinated, fraught with costly duplication of services and unnecessary interventions. Amid the confusion, the one sector of medicine with the capability of mending this fractured system is disappearing — the primary care doctor.

To better understand the implications of losing primary care physicians, let's compare the demand for medical services to a multi-tiered wedding cake.

Most health problems that people wake up with — sore throat, headache and the sprained ankle from yesterday's pickup basketball game — are the purview of primary care doctors. These are the doctors most likely to manage chronic issues like diabetes and high blood pressure, and to coordinate care through the complex medical system. More acutely serious problems requiring specialty care like bone fracture, cancer and heart attacks occur with less frequency, rarer conditions such as complex brain tumors even less so.

Accordingly, the makeup of our medical community ought to parallel that frequency, with the majority of physicians providing primary care — the base of the cake — and relatively fewer specialists and subspecialists. This recipe gains particular importance as more baby boomers age. Other developed nations have such a physician distribution and enjoy better health outcomes at a lower cost.

But the reality is that the supply of physicians is an inverted wedding cake. The bottom layer, primary care, is shrinking and will likely continue shrinking. A recent nationwide poll conducted by the Physicians Foundation found that nearly half of primary care doctors were contemplating retirement or limiting practice in the next three years.

Even more disturbing is the fact that fewer medical school graduates are choosing primary care. A 2008 study in the *Journal of the American Medical Association* found that only 2 percent of medical school graduates chose to study general internal medicine. The number of U.S. medical school graduates choosing to become family physicians has dropped more than 50 percent over the last decade.

The downstream effects are particularly hard on rural communities and the elderly. Attempts to expand Medicaid and CHIP to more families and children are laudable, but if there are no available doctors to see them, then the emergency room will remain their "clinic" of choice, costing Texas taxpayers even more.

Such a scenario recently played itself out in Massachusetts, whose landmark law in 2006 required health insurance for all state residents. That state suddenly got a lesson in supply and demand as most of the newly covered individuals could not find a primary care doctor to take advantage of their new health insurance.

So any solution to the health care crisis must help flip the inverted wedding cake of physician distribution back to its proper orientation.

One small but significant step to help build our ranks would be to help medical students pay off accumulated school debt with education subsidies if they pledge to perform primary care in medically underserved health professional shortage areas.

The task of reforming our health care system is daunting.

However, any system that doesn't have well-trained primary care physicians at its base is doomed to fail.

The elderly lady and her daughter left happy. I hadn't done much more than clarify, coordinate and reduce the number of pill bottles by half. But she left with the confidence that somebody knew the whole story and would help her make sense of it all.

Frederick is a family physician in Austin and a member of the Texas Academy of Family Physicians.

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