



Office Visit: Real Reform, Real Access

The Journal Record

By David Holden, MD

Oct. 21, 2009

With Americans preoccupied with the health care reform debate, the issue of physician shortages will hopefully not fall through the cracks. The issue may prove to be more important than any reform being debated in Congress.

The United States and Oklahoma currently face a physician shortage, which nationally could spike to as much as 160,000, according to the Association of American Medical Colleges. You think sitting in line at your doctor's office can be frustrating – just wait.

Experts point to an aging and growing population, less interest from medical students to go into primary care and concern over malpractice and other factors affecting pay and reimbursement. Pacific Research Institute showed America's legal system, for example, imposes a cost of \$9,800 per family, through defensive medicine costs, attorney fees and travel expenses to find a physician.

Some progress is being made. Just last legislative session, Oklahoma Republicans and Democrats worked together to pass reform. The bill capped noneconomic damages, reformed class-action lawsuits and at the same time, allowed Oklahomans who have truly been wronged to have their day in court. Reducing medical malpractice rates eases the burden employers face when funding their employees' health care costs because health care costs, themselves, ease.

While we wait to see whether the legislation is effective, Oklahoma remains a concern. National studies say rural and poor communities face the largest shortage. Rural Oklahomans experience increased travel time, and some have little or no access to care. Medicare reimbursement for physicians is now so low that many primary care physicians can't pay office overhead in small towns, so they quit or move. Legislators did the right thing earlier this year by funding the Oklahoma State University Medical Center, whose physicians often serve rural and underserved areas.

More work is needed, especially in the Medicare reimbursement formula, which is not addressed in current bills before Congress. Older physicians are retiring early rather than face the hassles, overhead and stress of practice. Many medical students face exuberant debt with less chance to pay it off with current reimbursement schedules. We need programs to encourage minorities to enter medicine and consider incentives for physicians to serve the most-critical areas of our country. At the same time, economic consequences must be taken into account. Reforms meant to increase access to medical care should coincide with economically smart policy. No business wants to enter a region with limited medical access. In today's economic world, Oklahoma must continue to be smart with the laws it passes.

The national health care debate will continue to occupy the minds of Americans. And it should. But remember, unless we start addressing the shortage of physicians and access to care in this country, all the debate in the world will not significantly make Americans healthier.

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