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Today's Health for the Empowered Woman

THE IMPENDING DOCTOR SHORTAGE

I am going to deviate from the usual “information and advice” format of this column to educate the readers about the most certain impending doctor shortage, especially here in New York. Much has been written most recently about this problem as if it were a startling revelation. As former chair of the Legislative Committee for the American Congress of Obstetricians and Gynecologists and now Vice Chair for New York, I have spent the last ten years addressing this problem to legislators in Albany and Washington and met with absolute resistance to the concept that a disaster in access to medical care was on the horizon. With the advent of “Obama care” officially known as the Patient Protection and Affordable Care Act (PPACA) it has been projected that 30 million previously uninsured people will now be seeking health care and that there will not be enough physicians especially in primary care specialties to take care of all of them. However, the problem is much more complex than what appears on the surface. I will try to explain how this impacts my specialty as New York already has seven counties with no obstetricians, overworked doctors in counties that are considered “underserved”, and an exodus of doctors from New York to other more favorable states. New York is unique in that doctors here pay the highest malpractice rates in the country; New York trains the most residents but they do not stay to practice here; New York is ranked very low as business friendly; cost of utilities is astronomical; taxes are high. In our underserved communities Medicare, Medicaid and Managed Care Plans are the chief payors. Frequently and especially in primary care specialties they reimburse less than what a procedure costs to perform when taking into account malpractice insurance, the cost of running an office and paying staff. Most physicians would agree that if all they saw were Medicare and Medicaid patients they would be forced to close their practices within a year, not to mention that the regulatory climate that stems from these programs is insurmountable. Part of the legislation written into “Obama care” (remember, no one in government read it before they voted it in?) was the enactment of the Independent Payment Advisory Board (IPAB) that designates fifteen people that will determine what is paid for and what isn't under Medicare—they have no medical credentials and do not have accountability to Congress or even to the President. In addition the Sustained Growth Formula which determines Medicare reimbursement is set for a 27% cut in physician fees which will force most doctors to not accept Medicare. I brought this up to Senator Schumer's staff in Washington last year but nothing came of it. So what happens to Ob-Gyn? In the absence of medical malpractice reform (thwarted by the trial bar and legislators who just happen to work for some of the biggest law firms) we have the four “R”s happening here. Doctors are Relocating and going to states with a more favorable environment; Retiring early; Restructuring their practices to avoid high risk procedures; and cannot Recruit young physicians. These residents coming out of training have on average 150,000 dollars in medical school debt and do not see how the situation in New York is going to help them to ever get ahead. The “Doctors Across New York” program

that will fund up to fifty thousand a year to offset loans to physicians who practice in underserved areas is well intentioned but when asked these young doctors will tell you that that amount does not offset the high malpractice rates (as high as 200,000/year in Long Island). Many of these young people are newly married and their spouses cannot find jobs in our state –another disincentive to coming here. Slowly there has begun a shift to “midlevel providers”. These are nurse midwives (who can now practice without a collaborative agreement with a physician) and nurse practitioners. They are all wonderfully trained and compassionate people but cannot take the place of trained physicians. Midwives cannot perform c-sections, nurses cannot perform appendectomies, etc. Astoundingly California is poised to pass a law that would allow nurses to perform abortions. One is compelled to ask: what happens when a major complication such as bleeding occurs? So, the future is here. Fewer doctors supervising midlevel providers and the end of private practice almost a certainty. Doctors fresh out of training are looking to be employed by hospitals to avoid having to run a business; less red tape and shorter working hours. The disadvantage to patients: no one person looking out for them and a much different doctor-patient relationship that will end with the end of the shift. The practice of medicine is noble. I would not have chosen to do anything else with my life. However, when bureaucrats get involved with issues about which they have no understanding the patients ultimately will suffer. I will be spending the last two weeks of April in Washington advocating on behalf of women’s health care. There are so many issues right now and I am hoping to educate our elected representatives. I am not so naïve to think that great changes can be made in such a dysfunctional system but I am going to try. As I have said before, “our mothers, wives, daughters and granddaughters deserve no less.”