

## Rochester region lacks primary care doctors

*Chris Swingle, Staff writer*

When Dr. Waseem Ghazoly died unexpectedly at age 45, his three physician colleagues in Pittsford expected to cover his 1,800 patients only temporarily.

But the office hasn't been able to recruit a replacement because of an ongoing shortage of primary care physicians. Seventeen months after Ghazoly's fatal heart attack, his office and exam rooms remain empty at Elmwood Medical Associates.

The full practice still hopes to fill the position but has no solution in sight, said Dr. Stephen Meloni.

Only about half of the primary care practices in this nine-county region are taking new adult patients, down from about 65 percent a year or two ago, said Dr. Martin Lustick, medical director for Excellus BlueCross BlueShield. He doesn't see a crisis yet, but many physicians locally and nationally are approaching retirement age and aren't being replaced.

Few medical students are going into primary care because of its lower pay and insurance headaches compared with procedure-oriented specialties. Already, many patients are finding longer waits to get an appointment.

Studies find that the more primary care doctors per capita, the higher the quality and the lower the cost of care, said Lustick. "A strong primary care component in your delivery system is the cornerstone of a good health care system."

Patients with primary care doctors are more likely to receive recommended screenings and care, more likely to have better health outcomes and less likely to seek care in emergency rooms, even after accounting for differences linked to income, education and race.

The nine-county Finger Lakes region, which includes Rochester, has about 1,000 primary care physicians, which amounts to one full-time internist, family doctor or pediatrician for every 1,234 people, a slightly better ratio than the state average, according to the 2007 New York Physician Workforce Profile by the State University of New York at Albany. That supply may be sufficient overall, but the average hides the shortages.

The shortage is most acute in parts of Rochester, eastern Ontario County and all of Wayne, Genesee and Orleans counties. Those areas are considered primary care shortage areas because they have only one primary care physician for 3,500 or more residents. The federal government's goal is one primary care doctor for every 2,000 residents.



Dr. Stephen Meloni of Pittsford cares for Peggy O'Neil Midgley of Penfield, who was the patient of a colleague. When that physician died and a replacement could not be found, doctors in the practice made changes to take on the bigger workload.

But even areas not officially deficient report challenges.

## **Consequences serious**

In communities where there aren't enough physicians to meet the demand, some patients end up with no regular doctor and skip care. Or they may have to sign up with a doctor farther from home or not of the gender or experience level they would prefer. Some patients have a doctor listed on their insurance card but discover long waits to get in or must instead see another clinician in the office. Or they end up going to the emergency room for faster but much costlier service.

As an urgent care doctor at Lifetime Health Medical Group's AfterHours program, Dr. Richard Dudrak II daily finds himself needing to educate patients, for example teaching patients with asthma how to use a spacer with their rescue inhaler to increase the amount of medication that gets to their lungs. Dudrak attributes the lack of patient knowledge to so many primary care practices being full and so many primary care doctors being rushed.

Timely medical visits can save lives, said Dr. Richard Gangemi, senior vice president of academic and medical affairs at Rochester General Health System. A 2005 analysis of multiple studies concluded that adding one primary care physician per 10,000 population reduced deaths by 5 percent.

President Barack Obama's recent federal budget proposal included \$634 billion toward creating universal health coverage, which would require even more primary care physicians.

Other recent trends suggest an increasing need for physicians locally while shortages persist:

- Nearly half of primary care physicians in the region expect to retire within 10 years and many can't recruit replacements.
- Only 2 percent of medical students nationwide are going into primary care, down from 20 percent in 2000 and 60 percent 30 years ago. Fewer doctors of all types are staying in New York state after completing training.
- More patients who get evening and weekend care at AfterHours, which is open to the public, have no primary care physician, said Dudrak, its medical director. There were 2,874 such visits in 2008 at the AfterHours sites in Rochester, Greece and Brighton, which amounted to 9 percent of visits, up from 6 percent in 2006.

Westside Health Services in Rochester had to turn away thousands of long-standing patients in 2007 after it lost too many doctors and couldn't replace them.

"It was awful," said Michele Hannagan, director of clinical operations for the federally funded Woodward facility on Genesee Street and the Brown Square practice on Lake Avenue, which serve people with private insurance, government insurance and no insurance.

In January the center filled part of one doctor position and invited some patients back. Physician assistants have filled some clinician gaps but require oversight by physicians.

## **First call**

At Elmwood Medical Associates, Meloni and his colleagues made several changes to accommodate the late Ghazoly's patients. They created more office time by stopping hospital rounds, turning care for their inpatients over to hospital-employed hospitalists, doctors who exclusively handle inpatient care. Patients are encouraged to use AfterHours and the independent Eastside Urgent Medical Care as needed.

Meloni, a resident of Pittsford, sometimes works longer days than before. The wait to see him for a complete physical has grown from three months to six months. But he believes that patient care hasn't suffered.

Peggy O'Neil Midgley, 60, of Pittsford, had been seen by Meloni a couple of times before her doctor, Ghazoly, died, so she didn't feel like she was starting from scratch. She considers the relationship important to taking care of her health and any problems that come up.

"The primary care physician is the first person I would contact," she said.

### **Causes of the shortage**

The reasons for the shortage of primary care physicians are varied. Doctors-in-training are instead attracted to medical specialties that pay better, especially after racking up \$150,000 or more in debt to attend a private medical school. Medical students, interns and residents also sense primary care physicians' growing job dissatisfaction as insurance regulations and paperwork interfere with time with patients, said Dr. Marc Berliant, chief of the general medicine division at University of Rochester Medical School since January. He is trying to attract more doctors to primary care.

When Berliant went into practice in 1981, primary care was considered one of the best choices because of the diagnostic challenges and the long-term relationships with patients. But in the past five to 10 years, the job has become more frustrating, he said. People are living longer with complex conditions, but physicians are paid for face-to-face patient time, not for coordinating care.

Dr. David Breen, who sees children and adults in Geneseo and Dansville, Livingston County, has tried to recruit a physician partner for five years. About 10 candidates have rejected the rural location, frigid winters and relatively low payment rates from insurers.

"It's grown more and more difficult to make a living seeing patients," said Breen.

Dr. Harneet Rikki Kohli is bucking the trend. She thought of becoming a gastroenterologist, but concluded that she would prefer fewer procedures and more time communicating with patients.

"I really like seeing my patients, on and off, beginning to end of a problem," said Kohli, a Baltimore native who went to medical school in India, completed her residency at Unity Health System and in January started seeing patients as a primary care doctor with Lifetime Health Medical Group in Perinton.

Her sister is a physician in Virginia, where physician pay is about twice as high but the cost of living is also much higher. Kohli, who lives in Victor, likes the Rochester area and expects a good quality of life here.

### **Solving the problem**

Among the efforts to increase the supply of primary care physicians locally are higher payments to doctors, loan forgiveness programs and promoting the Rochester region.

Medicare raised primary care rates in 2007. Excellus followed in 2008, granting primary care physicians a 15 percent increase.

On Jan. 1, the Medicaid reimbursement fee for a 30-minute doctor visit in New York state was raised from \$30 to \$57, according to the state Department of Health. Also effective Jan. 1, doctors get 10 percent extra for Medicaid-funded visits in health professional shortage areas or after hours.

Dr. Richard F. Daines, New York State's health commissioner, said another key is to encourage young people to go into health care professions, including primary care, and to help them get to medical school. Some programs cover medical school tuition, plus provide a state stipend for living expenses, for minority students who meet certain criteria.

Federal and state efforts also offer financial help, such as medical school loan forgiveness, for physicians who work in underserved areas. New York's new Doctors Across New York loan repayment and physician practice support program is scheduled to make its first awards this month.

Employers such as Unity Health System and University of Rochester Medical Center offer thousands of dollars to help employees buy homes in the city of Rochester.

Several physicians said more money would help. But attracting doctors to primary care also will require reforming insurance rules, paperwork and other requirements.

Scattered efforts in the U.S. are piloting a "medical home" model. Daines said this model encourages medical practices in which every patient knows his or her doctor by name, patients are engaged in managing their own disease, a physician is on-call 24 hours and electronic record systems alert clinicians to call in the patient for preventive treatment.

Lustick agreed that the current system of paying doctors only for face-to-face encounters is antiquated and doesn't support the important time physicians spend reviewing lab results and coordinating care. But a new approach hasn't yet been instituted locally.

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## **Additional Facts – Who's who?**

**Primary care physicians** are generalists who help patients stay healthy and diagnose health problems. Family/general practitioners, internists and pediatricians are all primary care physicians. Some entities, including the federal government, also include obstetricians/gynecologists.

**Mid-level providers** are not included in the data cited here. Nurse practitioners and physician assistants are estimated to account for one-third of the primary care work force in New York state, but there is no reliable data on their location and practice characteristics.