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Doctors try to treat physician attrition

By ALAN BAVLEY
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At age 51, David Wilt calls himself “the young one” at his medical office.

Wilt’s colleagues are in their 50s and 60s. Retirement is on their minds.

And that could mean big trouble for Kansas City area patients in need of a doctor.

The area’s physician population is rapidly aging, and many practices are having a hard time recruiting young doctors.

It is a predicament that puts the area at a serious disadvantage just as experts are predicting a national shortage of physicians that will grow steadily in the years ahead.

While the supply of physicians roughly meets demand now, by 2025 the nation could be short from 124,000 to 159,000 physicians, according to different scenarios.

For the average person, fewer doctors could mean longer waits for appointments and higher charges. For people with chronic illnesses, it could mean less regular care.

It could force more people with preventable or easily treatable illnesses to line up at already crowded hospital emergency rooms for the chance to see a doctor.

“I think Kansas City is going to be woefully in the hole in the next 10 years,” Wilt said.

“I do not see, across the board, physicians willing to work into their 60s and 70s. Most want to retire earlier. It’s too much work. It’s too much stress.”

Wilt is a member of a large internal medicine practice based at Research Medical Center that has been wining and dining and offering jobs to newly minted physicians. But it has been losing those doctors to competitors in southern Texas, Colorado and California.

Wilt holds up two fingers: “Lifestyle and money,” he said. “They can make more money (elsewhere) and still have a better lifestyle.”

Most area doctors — 59 percent, according to a new survey by the Metropolitan Medical Society of Greater Kansas City — agree that it is very difficult to recruit doctors to Kansas City.

The area, they say, has a hard time competing with the sun and fun that the coasts can offer young doctors.

Even more harmful to recruiting: Insurance companies and Medicare pay area doctors less than they do doctors in other parts of the U.S., or even in nearby cities such as Topeka and Springfield.

The low pay started hurting recruitment about a decade ago, said Stephen Reintjes, a neurosurgeon and president of the Metropolitan Medical Society.

“It seems like the pipeline was fuller and recruiting was easier before,” he said.

Now the area is left with many physicians who are nearing the end of their careers and few younger ones to take up the slack.

About 40 percent of the area’s physicians say they are highly likely to retire in the next 10 years, including about 20 percent in the next five years, according to the medical society’s survey.

That is about 1,200 doctors who will need to be replaced over the next decade just to keep the numbers constant.

Reintjes has been meeting with doctors at area hospitals. What he sees only underscores the urgency of the situation.

At every hospital he visits, Reintjes finds a sea of heads with “gray hair, or no hair. You don’t see young guys out

there at these meetings.”

The medical society also is meeting with students from area medical schools to try to persuade them to stick around after they graduate.

Despite financial incentives and special training programs, Kansas and Missouri have poor records of retaining medical school graduates.

“We are a net exporter of students,” said Heidi Chumley, senior associate dean of the University of Kansas Medical Center. “Maybe mountains or an ocean would help.”

Bruce Henson practiced endocrinology in Kansas City for 25 years. He said he saw the medical staff at the hospital where he worked “withering” as young doctors failed to take the place of aging doctors who retired.

“All of a sudden, everyone’s in his 40s, then his 50s, then you’re thinking, ‘Who’s going to take care of me when I’m older?’ ” Henson said.

A large medical practice based in Duluth, Minn., snapped up Henson last year. Significantly higher pay means he no longer works 12-hour days.

“I’m certainly making no less, and I work a lot less. I get paid vacation and a lot of benefits,” Henson said. “I don’t need to drive myself into an early grave.”

Henson’s financial prospects also were helped because physicians in his specialty are hard to find.

“In order to recruit an endocrinologist they had to pay a premium salary,” he said.

Heart specialists, cancer specialists, obstetricians, child psychiatrists, general surgeons and primary care doctors are in short supply nationwide, or soon will be, said Edward Salsberg, director of the Center for Workforce Studies at the Association of American Medical Colleges.

They are part of the first wave of the physician shortage that Salsberg’s organization expects to worsen over the next two decades.

The shortage likely will mean physicians will be able to command higher incomes, Salsberg said.

Eventually, the kind of bidding wars for doctors that the Kansas City area already is losing could become common.

“As the shortage becomes more severe, communities will be bidding up the price” of physicians, Salsberg said. “It will pose real problems for poor people in poor communities.”

The approaching physician shortage is rooted in decisions made a quarter-century ago.

In the early 1980s, planners were predicting large surpluses of physicians, Salsberg said. Those concerns brought an end to expanding medical school enrollments.

But the predictions were based on faulty assumptions. Planners thought that managed care would continue to grow. Tightly managed care, it was assumed, would reduce the need for additional doctors by limiting patient access to care.

Instead, the public rebelled against those health plans.

Planners also didn’t adequately take into account the aging of the baby boom generation, which will need more medical care, or the aging of the doctors themselves.

Although the doctor shortage will affect virtually every medical specialty, the most critical deficiencies may be among primary care doctors.

These family physicians, pediatricians and internal medicine doctors provide much of the nation’s preventive care, take care of many patients with chronic illnesses, and help guide patients through the complicated health care system.

The number of medical school graduates entering primary care specialties has dropped by half in the last decade.

The reason, experts say, is that primary care physicians are at the bottom of the pay scale. That makes their jobs less attractive to medical students who come out of school burdened with \$125,000 or more in debt.

The dwindling supply of primary care doctors will mean that patients who can’t afford higher-priced specialists will have fewer opportunities to see a doctor, said Ted Epperly, president of the Leawood-based American Academy of Family Physicians.

“They’ll utilize emergency rooms for non-emergencies,” Epperly said. “They’ll live sicker and die younger.”

The shortage also could complicate health care reform plans, which often rely on primary care doctors to expand access to care.

“It would be like giving everybody free bus passes and only having one bus,” Epperly said.

The Association of American Medical Colleges is calling for a 30 percent increase in medical school enrollment and for expanded residency programs to train more medical school graduates.

But even a best-case scenario of enlarged residency programs will reduce the doctor shortage by only 43 percent by 2025, leaving the country 70,000 doctors short.

In the short term, nurse practitioners and physician assistants, who work under doctors’ guidance, probably will provide more of the nation’s basic health care, experts say.

More doctors from other countries may be recruited, although critics say it is unfair to hire away doctors from third-world countries with far greater health care needs than the U.S.

In Kansas City, the Metropolitan Medical Society will try to draw more doctors to the area through a new Web site, kcmednet.org.

Hospitals and medical practices will be able to post want ads, and doctors and medical students will be able to put up their resumes. The site also will feature information promoting the advantages of living in the area.

Eventually, the site will be expanded to link doctors to opportunities to participate in clinical research studies.

Wilt is eager for any help he can get, not just to fill the empty offices of his medical practice, but for his own well-being, too.

“I’m going to need a doctor someday — hopefully, younger than me,” he said.

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