PASADENA STAR-NEWS

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Other medical jobs

Re your newspaper's recent report "Seeking answers to doctor shortage":

As a registered nurse and health care advocate I found the "wringing of hands and gnashing of teeth" amazing considering that our nation has been facing a growing physician and nurse shortage for quite some time now, and you need only look at one of the many other industrialized nations that offer "universal" health care to see that they too have nearly critical physician and nurse shortages.

What I also found lacking was the insight of the experts interviewed by your reporter for this article. Namely the failure of any of your experts to explore the role of the nurse practitioner and physician's assistant — both professions that can and do play a critical role in providing primary health care to our communities.

Does our nation need to improve its physician supply line? Without a doubt! However, we shouldn't overlook how nurse practitioners and physician's assistants fill the very void mentioned in your article.

Nurse practitioners in particular are well placed to manage clinics in many of these underserved areas, and many do precisely that today. Not to mention the growing ranks of the doctor of nursing practice (DNP) and what its niche will ultimately be in our health care system.

In short, if our nation is going to confront and conquer its physician and nurse shortage we need to approach it from all angles, not just from the myopic solutions that were presented in your article.

Geneviève M. Clavreul, RN
Pasadena

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NEWS

Seeking answers to doctor shortage

Diverse proposals aim to ward off coming health care 'disaster'

Second of two parts

By Rebecca Kimitch Staff Writer

A health care "disaster" is brewing in the United States, according to El Monte doctor Ignacio de Artola.

Twenty-five percent of Americans have health problems that dramatically increase their risk of developing heart disease and diabetes. Among Latinos, the rate jumps to 50 percent.

But disaster can be averted if these people get access to regular primary care, according to de Artola, who is director of the Cleaver Family Wellness Clinic in El Monte and a professor at the University of Southern California.

"Already there are not enough doctors to see patients, especially in Latino, African-American and rural communities."
ED HERNANDEZ, assemblyman

Like all things in health care, that is easier said than done.

The federal health care reform approved earlier this year attempts to address half of the equation by providing health insurance to millions of Americans.

The other half is making sure everyone has access to primary care doctors.

So far they don't.

The nation as a whole is suffering a primary care doctor shortage to the tune of 16,000 doctors, according to the U.S. Department of Health and Human Services. By 2025, that shortage will jump to 125,000 doctors, according to the Association of American Medical Colleges (AAMC).

Locally, the shortage is more severe in some economically disadvantaged and minority communities — the very communities that experts say will be hardest hit by chronic diseases like heart disease and diabe-

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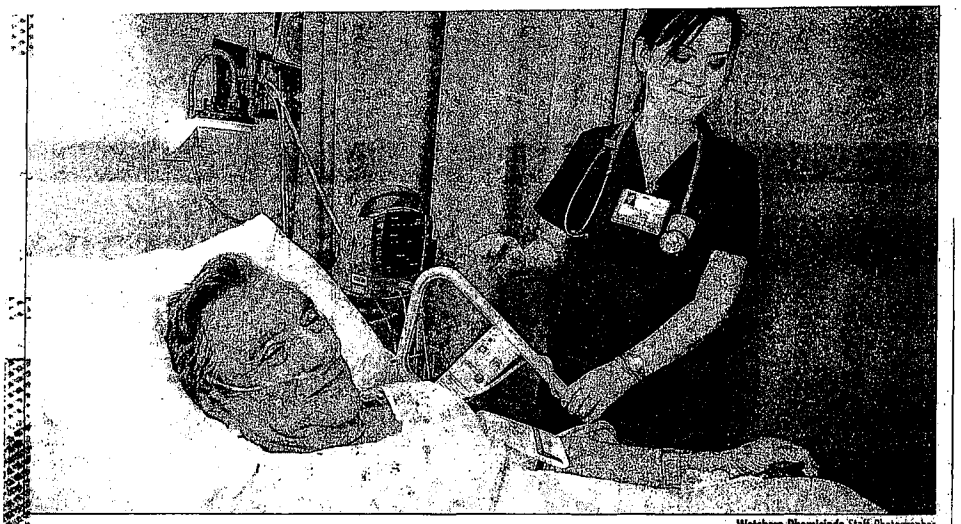

Watchara Phomicinda Staff Photographer

Nursing extern Jennifer Trujillo, 22, a Mt. San Antonio College student, checks the blood pressure of patient Lee Burguan of El Monte at Citrus Valley Hospital Queen of the Valley Campus in West Covina on Thursday.

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tes.

"We are going to have a much bigger problem once everyone is insured. Already there are not enough doctors to see patients, especially in Latino, African-American and rural communities," said Assemblyman Ed Hernandez, who has sponsored legislation to address the shortage on a state level. "What good is it going to do to have health insurance if you don't have access? It is not going to save any money, or improve anyone's health."

While parts of federal health care reform could temporarily exacerbate the shortage, portions could help.

So San Gabriel Valley hospitals, doctors, clinics and long-term care providers are teaming up in an unprecedented partnership to find ways to provide patient care under a new reform paradigm.

"We are all looking at a need to change, transform. It is not going to be business as usual anymore, and that is being driven by this new law ... there is this new sense of urgency to truly transform and find more effective ways to partner," said Allen Miller, vice president of strategic planning and corporate development of Citrus Valley Health Partners.

Diverse solutions have been proposed — from starting a residency program in the San Gabriel Valley to restoring affirmative action policies in University of California schools to developing Kaiser Permanente-like partnerships between doctors and hospitals in the San Gabriel Valley.

"We are looking at health care reform as this freight train coming at us, and we are trying to prepare. We have to become more efficient," said Dr. Cristian Rico, regional medical director of AltaMed clinics.

Training for care

The doctor shortage begins with a deficit of space at medical schools and in residency programs to produce the necessary number of primary care doctors.

For decades, physicians' organizations warned of a surplus of doctors and encouraged policies to avoid a glut. Then in 2002, the AAMC reversed that long-standing view with the statement: "It now appears that those predictions may be in error."

The AAMC quickly set a goal of increasing the number of medical school graduates by 30 percent by 2015. But even that ambitious goal will not close the gap, considering increased demand and a large number of doctors retiring.

Despite significant population growth, in California the number of medical school graduates hasn't increased in 15 years. California has 17 medical school slots per 100,000 people, compared with 30 per 100,000 in the rest of the nation, according to Dr. Richard Olds, founding dean of the new medical school at UC Riverside.

That school, slated to open in 2012, is part of the state's solution to addressing the shortage. In addition, the University of California has plans to expand enrollment in its five existing medical schools, and is developing a new medical school at UC Merced.

Once medical students complete their schooling, they need hospitals to perform their residencies. And where doctors do their residencies can be a deciding factor in where they stay to practice medicine. But the San Gabriel Valley has no residency programs. Previous federal policies aimed at avoiding a doctor surplus made establishing a program difficult, experts say.

Health care reform appears to have changed that, Miller said.

So the local partnership of hospitals, doctors and clinics is working to establish a residency program in the San Gabriel Valley.

"There are now opportunities that there weren't before," Miller said.

Diversity desired

Addressing the primary care doctor shortage in the San Gabriel Valley isn't just about producing more doctors, it's also about the type of doctors produced.

More culturally sensitive doctors, particularly Latinos, who are willing to work not only in primary care, but also with underserved populations, are needed, according to experts. And if the current deficit is any indication, that is a tall order to fill, they say.

Producing one might produce the other. Ethnic physicians are more likely to serve in underserved areas than their white counterparts, and more likely to work in primary care, according to a study by the UCSF Health Workforce Center.

Still, decades of efforts to increase diversity among doctors have produced few results. Only 5 percent of doctors in Los Angeles County are Latino, though 47 percent of the population is Latino.

"Giving the changing demographics in California, we would have to fill the entire medical school enrollments with people who are committed to the Latino community in order to begin to match the growth there," said Lawrence Doyle, executive director of UCLA's Program in Medical Education.

The PRIME programs are one effort by the UC system to train future physicians to work in underserved communities. UC is expanding the programs from an estimated 200 students this year to 300 within two years. Still, they represent only a fraction of all UC medical students.

Universities and hospitals are also placing hope in pipeline programs aimed at attracting students from diverse backgrounds into the medical profession when they are young, and providing appropriate guidance through medical school and their residencies, such as that at Charles R. Drew University in South Los Angeles.

Citrus Valley Health Partners has developed its own program to attract students in the San Gabriel Valley. College students and mid-career adults are introduced to health professions by working as volunteers at Citrus Valley hospitals. The hope is that, when they complete their schooling, they will stay to provide care in the community, whether it is as a doctor, nurse or technician.

And that program, too, is working, according to leaders.

"This is where I learned I want to be in nurse, so it is where I will stay. It's where I want to be for the rest of my life," said program participant Tanya Su, 28, a Rowland Heights resident.

Forcing diversity

A handful of programs aimed at increasing diversity and inspiring people into primary care can't alone produce the necessary sea change to meet the shortage and close health care disparities, according to Olds.

Increasing the number and diversity of doctors willing to work in primary care in disadvantaged communities will take medical schools fundamentally reforming the way they evaluate applicants in the highly competitive selection process, according to Olds.

Instead of focusing exclusively on test scores and grades, medical schools need to consider students who show the highest likelihood of working in the neediest sectors, Olds said.

And that is precisely what he said he will do at Riverside's new medical school — a policy that Olds said will help the San Gabriel Valley.

Only about one out of every five qualified applicants is accepted into a California medical school, Olds said.

"The question is, among the five Californians, are we picking the right one?" Olds asked. "I would argue that if you want an outcome of someone working in Riverside, maybe we don't want the kid with the best MCAT score. Given our mission, do we want someone from San Francisco, or do we want someone from Riverside?"

But Olds admits his proposal is "a pretty radical idea." He is hoping UC Riverside will serve as a model to others.

And Doyle says since UC's are partially funded by the state, they should pay attention.

"Given that we are paid for in part by the state of California, part of our obligation is to create physicians that serve the people of the state," Doyle said.

Assemblyman Hernandez wants deans to more than just chose to change their admittance policies. He is floating an idea to reform Proposition 209, the initiative passed by voters in 1996 outlawing affirmative action policies in public institutions.

Hernandez has sponsored legislation that would authorize the University of California and California State University to consider "race, gender, ethnicity, national origin, geographic origin and household income" in undergraduate and graduate admissions, until 2020.

Money talks

While efforts to increase diversity among doctors will help the shortage, the best answer is to pay more for doctors to deliver primary care, and pay more for them to deliver it in underserved communities, according to de Artola.

"I don't want to be negative about humanity, but my experience, after 50-something years, is that people respond to money," he said.

Primary care doctors sometimes earn half or one-third what some surgeons and specialists do. For example, according to a 2009 physician compensation survey by the American Medical Group Association, internal medicine doctors in the Western United States earn $215,000 annually, while cardiac and thoracic surgeons earn $570,000.

That disparity is even worse in underserved communities, where a disproportionate amount of people are on Medi-Cal, whose reimbursement rates are notoriously low.

rebecca.kimitch@sgvn.com
626-962-8811, ext. 2105