

My View

Medical schools can thwart physician shortage

By Alma Littles

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In 1989, I returned to my hometown of Quincy as a newly trained family physician, committed to providing quality primary care to a population that needed it. My motivation started before I ever went to medical school, watching my own father succumb to his second heart attack when I was 14 years old, and seeing a number of other relatives and community members die from diseases that should have been preventable.

It saddens me that access to timely primary care seems to be worsening.

Multiple studies have demonstrated that a strong primary-care base that focuses on preventive and public health care is critical to the overall health of a community and ultimately a nation. Now that the election is over and it appears that some type of reform will continue in our health-care system, I hope that 20 years from now we can look at this as the beginning of a simplified but improved approach to access to quality health care for all Floridians.

According to a new study by the Annals of Family Medicine, the country will need 52,000 more primary-care physicians by 2025 to account for population growth and aging and to cover preventive-care provisions of the Affordable Care Act (ACA). At present, the nation's M.D. programs produce around 16,000 new graduates each year, but only a fraction of those become physicians who will practice primary care (family medicine, internal medicine, pediatrics and, depending on whom you ask, obstetrics-gynecology).

Most of the new demand will be a result of population growth and aging, according to the study, which says new patients added to health insurance rolls through the ACA will create a demand for about 8,000 of those new physicians. The study projects office visits to primary-care physicians will grow from 462 million in 2008 to 565 million in 2025.

So where will all the primary-care physicians come from?

The Florida Legislature demonstrated great foresight when it created the Florida State University College of Medicine in 2000, with a direct goal of training physicians to meet the needs of patients in Florida. Recognizing the state's growing geriatric population and the number of patients in rural areas, legislators also focused on training students to meet the primary-care needs of those groups.

Among other things, the FSU med school has created robust outreach programs to recruit more students who are most likely to choose primary-care specialties or to practice in rural communities. This summer, 52 more of our graduates completed residency training and are now practicing medicine. Seventy-five percent of those who have returned to Florida are doing primary care (many

in rural communities of the Panhandle), proving that medical schools can and should take steps to influence the types of doctors they produce in order to meet the state's needs.

While we celebrate these early successes, we recognize that the numbers of residency training positions in the state and country need to keep pace if we are to provide the primary-care physicians that Florida's patients will need.

Otherwise, patients will continue to inappropriately use emergency rooms for primary care and will continue to delay care, necessitating more technically advanced, expensive services in the later stages of disease and illness. And, sadly, the problems I encountered when I returned home to practice medicine more than 20 years ago will remain.

Many patients already experience difficulty finding a primary-care physician. More residency training programs need to be developed, and we must train physicians to work in teams in structures like Patient-Centered Medical Homes. That way, we can ensure that patients don't further delay care by waiting even longer for appointments — and that other 14-year-olds won't see their fathers die too soon from preventable diseases.

Alma Little is senior associate dean for medical education and academic affairs at the Florida State University College of Medicine. For more information, email info@med.fsu.edu.