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Hospitals fight to lure primary-care physicians



Residents Jessica Klieger (left) and Leslie Drapiza learn from interim program Director Jennifer Keehbauch on Thursday at Florida Hospital's Center for Family Medicine in Winter Park. (RICARDO RAMIREZ BUXEDA/ORLANDO SENTINEL)

By Marissa Cevallos, Orlando Sentinel
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When Jessica Klieger applied to 100 different residencies as a medical student last year, she had the pick of the litter. Eighty invited her for interviews, and she traveled to 15 to find the one that felt right to her: **Florida Hospital**.

"This is the place I felt I could really grow, be challenged, and be surrounded by faculty members who are supportive," said Klieger, 26, from Pembroke Pines.

It's rare that medical students can handpick their next steppingstone, but in the cash-strapped field of family medicine, residency programs fight to capture the attention of students such as Klieger.

In three years, Klieger will be one of only 77 doctors to graduate from a Florida family-medicine residency. Those programs prepare doctors to treat patients comprehensively, from babies just out of the womb to older patients struggling with end-of-life care. Florida faces the third-largest family-physician shortage in the nation. During the next decade, the state will need 1,200 to 1,800 new

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Although family medicine needs doctors the most of any discipline, the field has the toughest time convincing medical students it's a worthwhile investment. Students with six-figure student loans can instead opt for higher-paying specialties such as cardiology or radiology and earn salaries double to triple that of primary-care physicians.

"A lot of medical students really want to go into primary care," said Tad Fisher, executive vice president of the Florida Academy of Family Physicians, based in **Jacksonville**. "But if you can't make ends meet, you can't sustain yourself."

Looming debt

Family physicians make \$120,000 to \$200,000 a year, and that's still a good living, Fisher said.

"But when they come out with such heavy tuition debt, it makes it difficult for them to see how they can pay their loans back," Fisher said.

Klieger racked up nearly \$300,000 in debt from medical school, which she hopes to pay back within 10 years. Once she graduates, she wants to practice in an underserved area of Florida to qualify for a federal program that would help repay her loans.

Even though studies have shown that the cost of health care goes down in communities with strong primary-care delivery, and the health of the community goes up, Fisher says legislators and insurers have been slow to recognize that value.

Unlike other large states such as Texas that help pay loans for primary-care doctors, Florida doesn't have a loan-forgiveness program. The Florida Academy of Family Physicians has been lobbying the state for years for that funding.

"We're constantly telling medical students that's what we're fighting for," Fisher said.

But there are no signs Florida plans to expand funding that would encourage primary-care physicians.

Health reforms

Medical students also cite the low rate of reimbursement for Medicaid and Medicare services as another reason they avoid family medicine. Though specialists often are reimbursed for performing procedures, primary-care physicians have more difficulty getting paid for time spent talking with patients about their family life, eating and exercise habits, and social problems.

Health-care reform has further complicated how federal programs will reimburse doctors. Though advocates had hoped the bill would create a permanent formula for reimbursing doctors, the law left it up to Congress to renew that funding. That debate stalled in Congress and won't be brought back up for discussion until November. Without action, doctors could face a 20 percent to 22 percent cut in reimbursements.

That could force out of business some primary-care clinics, which have a 1 percent to 3 percent profit margin, according to Fisher.

Some elements of health-care reform may help offset these issues. This week, the government announced that insurers must offer free preventive treatments — such as **diabetes** and cholesterol tests, routine vaccinations and cancer screenings — for any plans starting after Sept. 23. These sorts of tests are commonly performed at primary-care clinics and could help improve their profit margins.

"It's definitely headed in the right direction," Fisher said. "The federal reforms are starting to show some real signs of emphasizing prevention and primary care. We're starting to see an attitudinal change."

In Central Florida, there are signs of that shift. Florida Hospital this month moved its family-medicine residency program from its Orlando hospital to **Winter Park** Memorial. The more intimate environment of Winter Park, which has 330 beds instead of 1,000, is part of the draw to prospective residents.

"It has a more family feel," said Dr. Jennifer Keehbauch, director of the family-medicine residency program. "I think it will attract more doctors to the program."

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