

## Health care reform: Influx of newly insured may overwhelm Utah docs

State is strapped for doctors; newly insured may not get to see one right away.

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[Health care reform](#), if it succeeds, may result in thousands more Utahns getting health insurance.

But in a state already strapped for [doctors](#), it doesn't mean they will get to see a [physician](#) right away. A sudden influx of the newly insured, experts warn, could overwhelm a system already stretched too thin.

By one consumer health advocacy group's estimate, an additional 195,000 state residents could be insured by 2013 if the America's Affordable Health Choices Act of 2009 is signed into law. Six years later, that number could be as high as 313,000.

What's more, many of the newly insured will have gone without basic primary care for years, and will have more serious problems than those already in the system, said David Squire, executive director of the Utah [Medical Education Council](#) (UMEC).

"Their needs will be greater than the [average] person's," he said.

The state's shortage of physicians could ultimately impede successful health reform, said Elizabeth Garbe, coverage initiatives director for the [Utah Health Policy Project](#).

"In the end," she said, "you can hand everyone an insurance card today, but that doesn't mean they're going to be able to see a doctor tomorrow."

Take Massachusetts, for example.

Under [Gov. Mitt Romney](#), the state passed [landmark](#) legislation in 2006 that overhauled its health care system to achieve nearly universal coverage. To date, more than half of the state's 650,000 uninsured now have a health plan. But in Boston, people wait longer than those in other major metropolitan areas to be seen by a doctor.

It takes an average 63 days to see a family physician for a routine physical, a recent report by physician search and consulting firm Merritt Hawkins & Associates showed. To get a "well-woman" appointment with an obstetrician-gynecologist? Seven days longer.

And this is in Massachusetts, the report points out, which has the highest physician-to-population [ratio](#) of any state in the U.S.

"I think that [Massachusetts] is a pretty good laboratory for what we'd see in the nation if we were to move to some sort of national health care reform," Squire said.

Even before Congress signs off on any legislation, Utah is faced with having to recruit up to 270 physicians every year to hit the right mix of doctors and patients, a 2006 UMEC study says. And that was

before the University of Utah's [School of Medicine](#) announced it's going to graduate fewer students. This year the U. shrank its slots to 82 from 102 after it took a 35 percent cut -- \$12.5 million -- in state and federal funding.

### Gaining health coverage

An estimated 195,000 more Utahns would gain health insurance by 2013 under the America's Affordable Health Choice Act of 2009. Only Idaho and Wyoming would add fewer to the insured list among neighboring states.

STATE	NUMBER GAINING COVERAGE	
	2013	2019
Arizona	614,000	988,000
Colorado	405,000	651,000
Idaho	109,000	175,000
Nevada	233,000	375,000
New Mexico	220,000	353,000
<b>Utah</b>	<b>195,000</b>	<b>313,000</b>
Wyoming	37,000	59,000

Source: Families USA

The Salt Lake Tribune

The state's primary care field could be especially hard hit.

Both state and national health reforms are placing a new emphasis on preventive care and the "medical home," an approach to providing care that facilitates a partnership between patients and their doctors. At the same time, however, a combination of high students loans, low reimbursement and long work hours is reducing the ranks of Utah's family medicine doctors, pediatricians and general internists.

"We're already feeling the priority being placed on primary care doctors," said Bette Vierra, executive director of the Association for Utah Community Health (AUCH.) "There have been doctors recruited right away [from us] by larger systems paying double."

One benchmark of an adequate work force is a ratio of 1,500 people to one primary care doctor. When that is exceeded, hospitalizations for illnesses that could have been prevented by timely care begin to increase, according to a study by the Robert Graham Center in Washington, D.C.

In Utah, 27 of 29 counties have population-to-doctor ratios that either exceed that -- or, as is the case in [Daggett County](#), do not have any primary care doctors at all, according to Utah Department of Health data.

" Payment is a driver," said Julie Day, medical director of quality for the U.'s community clinics. "But I think the workload has become overwhelming in primary care. Part of that is related to the administrative burden. The quality of life within the job itself needs to change."

Marc Babitz, director of the Health Department's Division of Health Systems Improvement, said a dearth of studies show primary care can lead to better health outcomes at a lower cost. Absent an adequate physician work force, however, the savings won't be realized.

"What we're going to do is have a lot of people accessing high-cost care," he said.

Part of the solution may be to better utilize nurse practitioners and physician assistants, Babitz said.

Ultimately, however, national health reform is going to have to tackle the way doctors are compensated -- and provide more incentives for [medical students](#) to go into primary care.

In his address to the American Medical Association in June, President Barack Obama said the federal government will make a "substantial investment" in the National Health Service Corps, helping primary care doctors pay back student loans if they work in underserved areas, such as some of Utah's rural counties.

Community health centers, which are also being looked at to help anchor primary care practices in communities, hope it works.

As part of their Access For All America plan, the federally qualified centers are striving to reach 30 million patients by 2015 -- in Utah, about 404,000. To meet that goal, however, an estimated 422 physicians will have to be recruited to the state, according a report by the National Association of Community Health Centers, the Robert Graham Center and the George Washington [University School of Public Health and Health Services](#).

"We're going to be part of the solution," said Kevin McCulley, AUCH's data analyst and emergency preparedness coordinator. "But I think there are other players that are going to be involved in creating the primary care infrastructure."