

New health care plan calls for 40,000 new doctors

By [Susan Abram](#), Staff Writer

[@sabramLA](#) on Twitter

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Dr. Reed Wilson talks to a patient in his Beverly Hills office June 20, 2013. Wilson is a primary care physician who is trying to keep his practice afloat amid changes coming because of the affordable care act. (Andy Holzman/Los Angeles Daily News)

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Dr. Reed Wilson operates his private practice in a city famous for its extravagance and nip/tuck reputation.

But despite his Beverly Hills, 90210 address and his proximity to specialists who use scalpels and Botox to break the spell of aging, Wilson and other primary care physicians from Los Angeles and beyond are fighting to preserve the heart of their profession. It is a challenge in today's health care landscape for primary care doctors, Wilson and other say.

They are traditionally the first in line to treat a patient and their numbers are declining.

"When we look out at our patients, we wonder who's going to care for them," said Wilson, president of the 200 member group Private Practice Doctors, which helps to support those who run their own business.

"Young people don't want to go into primary care," he said. "Our system rewards those for doing procedures, not thought process."

The nation needs at least 40,000 new primary care doctors in the next seven years to fill in what some say is an anticipated shortage of physicians

ready to care for the newly insured under the Affordable Care Act. Primary physicians are those who specialize in family medicine, are internists, or pediatric care.

In California, 42 of the state's 58 counties have less than 60 to 80 primary care physicians per 100,000 population, according to a report released last year by the Association of American Medical Colleges.

Of all active physicians in the state, 67 percent reported being non-primary care physicians.

About 25 percent of medical school graduates go into primary care, and most of those end up working for large health systems, Wilson and others say.

Wilson's practice is by no means in an underserved area, but there are swaths of neighborhoods across Los Angeles and San Bernardino counties, from Avalon to Willmington, Big Bear to Victorville, where there is only one full time primary care physician for thousands of people. In addition, these same people may be part of the swelling number of retiring Baby Boomers who will likely need more medical attention as they age.

In the western part of Long Beach, for example, there are 22 full time primary care doctors for 121,507 people, according to figures provided by the Office of Statewide Health Planning & Development. At least 15 more doctors are needed to meet federal standards.

In the western side of South Central Los Angeles, the situation is even more dire: there are only two full time primary doctors for 93,991 people. At least 28 primary care physicians are needed.

The 51,330 residents who live within the 310 square miles of the Adelanto/Phelan/Pinion Hills and Victorville Northwest area, are served by five primary care doctors. They need a dozen more.

Seeking solutions

Solutions proposed to help bolster primary care come from differing viewpoints.

The California Medical Association wants to build more medical schools and expand opportunities for young doctors.

"Obviously, this is a longer term solution, but creating additional medical schools, like the one set to open in U.C. Riverside in August of this year will help to increase the number of physicians coming into the pipeline," said Molly Weedn, spokeswoman for the California Medical Association.

The group also wants to expand the Steve Thompson Loan Repayment Program. Physicians receive up to \$105,000 in medical education repayment funds in exchange for a commitment to practice in an underserved area.

"Many students are deterred from entering medical school because of the costs incurred while in school- this program not



Dr. Reed Wilson sees patient Bernadine Steinbaum in his Beverly Hills office June 20, 2013. (Andy Holzman/Los Angeles Daily News)

only encourages students to become physicians, but also helps place them in underserved communities," Weedn said.

Dr. Jo Marie Reilly, an Associate Professor of Clinical Family Medicine at the Keck School of Medicine at USC, said that while schools and more funding will help, those who train physicians need to step up and encourage students to consider and stay in primary care.

At USC, 31 percent of this year's Keck School graduates planned to go into primary care. That is 10 less students than last year.

"One of the reasons it's a challenge in USC, is exposure," Reilly said. "Students don't have role models. Not all specialists speak favorable of primary care. They aren't as well paid."

To alleviate that, Reilly used money from a federal grant to start a primary care speciality program at USC, which includes matching students with physician mentors at community clinics.

"I think that medical education really needs to allocate more resources to the training of primary care," said Reilly, who also cares for patients at California Hospital in Los Angeles.

"That's one of our challenges at USC."

But Sen. Ed Hernandez, D-West Covina, chairman of the state Senate Health Committee, said he has a quicker solution.

A practicing optometrist, Hernandez authored three bills that would expand the ability of nurse practitioners and other professionals such as pharmacists and optometrists to help treat patients with primary care. All three bills have passed the Senate and are waiting to heard in the Assembly.

Hernandez said nurse practitioners' work would be limited to what they're already qualified to do.

"The system we have now is pretty much strained, with the individuals who are uninsured or underinsured use the system emergency room," Hernandez said. "Now we're going to have this influx of patients and the capacity issue hasn't been addressed."

The Inland Empire, San Bernardino and Bakersfield areas all need more primary care, he added.

Hernandez said his bills have been met with contention from physicians and the CMA opposes the bills, saying it would create a fragmented or two-tiered health care system.

Physicians such as Wilson agree.

"Physicians are aghast," he said of the bills. "I've worked with nurse practitioners and for handling a cold, they're great. I have nothing against nurse practitioners under a physician's supervision."

But he said a primary care physician is trained to diagnose almost everything. In one morning, he said, he examined patients for heart disease, urinary obstruction, chest pain, rectal bleeding, high blood pressure, and a leaky heart valve.

He said physicians will return to primary care if they are rewarded beyond the satisfaction of helping people. That means higher reimbursement rates from Medi-Cal, assistance in maintaining private practices and other incentives. The average debt a medical student will have is \$170,000.

In 2000, at least 60 percent of physicians owned their own practice. By next year it will be 30 percent., Wilson said.

"I love taking care of patients. I'm in an area where I can take time with my patients. But how do you get the best and brightest if you don't reward them?"

Physician shortages across the region

The map above indicates the extent of the shortage of physicians in different parts of Los Angeles and San Bernardino counties -- the larger the indicator, the greater the shortage. Click on each point for data about the coverage area, including population, number of physicians and a comparative chart. *Source: Health Resources and Services Administration; staff graphic*