WNC needs more primary care providers

Nationwide shortage also prevalent in WNC

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Dr. Elsie Osei-Nkansah examines Cindy Farthing during her prenatal checkup at the MAHEC Family Health Center in Asheville. Osei-Nkansah is a graduate of MAHEC's residency program and will be joining a practice in Arden. / John Fletcher/Jfletcher@citizen-times.com

ASHEVILLE — Dr. Blake Fagan gets plenty of calls from medical practices in the area.

As the director of MAHEC's Family Medicine Residency Program, he hears from hospitals and practices seeking primary care doctors.

"Right now, I know of over 35 jobs in Western North Carolina," Fagan said. "Either hospitals or private practices have contacted me and said, 'Hey, we want one of your graduates.'"

The residency program at Mountain Area Health Education Center, better known as MAHEC, has been successful in keeping its doctors in WNC. But the program doesn't have enough

graduates to fill all the jobs out there, something that has proved also to be a growing challenge nationwide.

New data from the Health Resources and Services Administration shows shortages in primary health care professionals across WNC.

The problem is most severe in Graham and Clay counties. Only Madison County had enough primary care health professionals.

A study done last summer by Mission Health showed the region needs an additional 140 primary care providers. That number is based on the population in the 18-county area and is not just doctors but includes nurse practitioners and physician assistants, said Jill Hoggard Green, president of Mission Hospital.

The demand for primary care is expected to grow as more people gain access to health insurance through the Affordable Care Act. The Association of American Medical Colleges projects the shortage of primary care doctors nationwide will reach almost 30,000 in two years.

There are predictions that "pent-up need" among the newly insured will lead more people into doctors' offices, said Miriam Schwarz, CEO of Western Carolina Medical Society.

"There are a lot of people who don't have insurance who have not visited their physician or medical provider. They have lived with a variety of different medical issues that they've left unaddressed because they could not afford the care to address them," she said.

The primary care doctor "is becoming front and center, kind of the epicenter of the way medicine is going to be organized. The primary care physician is the patient home, and the idea is as much as possible care will be given in the patient home," Schwarz said.

The health consumer organization Families USA estimates nearly 869,000 North Carolinians will be eligible for tax credits to help pay for health insurance under the Affordable Care Act. It's not clear yet how many uninsured will sign up.

Dr. Jeffery Heck, MAHEC president and CEO, also believes the state will eventually expand the Medicaid program, a move that will provide an estimated 500,000 low-income residents with access to health coverage. Republican lawmakers earlier this year rejected the expansion, but the state could revisit it at some point.

North Carolina's aging population will also contribute to the need for primary care doctors.

"We're already the 10th-oldest state in the nation, and Western North Carolina is the oldest region of the state," Heck said.

More doctors

To create the right balance for health care, 40 percent of the physician force should be primary care, said Dr. Tommy Koonce, associate medical director of the UNC Family Medical Center. Right now, that number is only about 20 percent.

"There are several root causes," Koonce said.

One is the large disparity in the way primary care doctors are reimbursed compared to specialists. There's growing recognition that needs to change, he said.

"One way is to pay providers based on how well their patients are rather than how many patients they see," Koonce said.

Heck echoed the need for a change, "so that they (physicians) are paid to provide high-quality, high-value service that is not simply based on fee for service."

MAHEC has been training family medicine doctors since the 1970s. It is one of nine Area Health Education Centers across North Carolina.

Prompted by a shortage of doctors in rural areas, the idea was to move medical education out of academic health centers in the center of the state and into rural areas.

A report from the Association of American Medical Colleges ranked North Carolina 34th for the number of "active patient care primary care physicians" per 100,000 people. That report defines primary care doctors as primarily working in adolescent medicine, family medicine, general practice, internal medicine, internal medicine/pediatrics or pediatrics.

However, Fagan says 90 percent of those in internal medicine go on to subspecialize. More family doctors are needed, he says.

This month, 13 family medicine residents graduate from the three-year residency program at MAHEC. Of that number, 12 plan to practice medicine in Western North Carolina.

Of MAHEC's family medicine graduates, more than 60 percent have stayed in the region.

That includes Dr. Ben Stepp, who is among this year's program graduates.

Stepp, who is originally from Hendersonville, will join the Swain Medical Center in Bryson City in August.

"I think it (primary care) is probably the most challenging thing you can do," he said. "You are taking care of pediatrics, adults. … It's a huge field."

But those going into family medicine fall far behind specialists when it comes to pay.

"The pay is much less. It's somewhere between one-third to half as much as the subspecialty-trained physician," Heck said.

Stepp said primary care also doesn't tend to get the respect as some specialties.

"I think sometimes the environment at a big academic center, there's not as much respect for primary care, especially family medicine," he said. "I think there are less incentives to go into primary care right now. And the way our medical education is set up, I don't think it guides people to a primary care focus in general."

Another graduate of MAHEC's family medicine residency is Dr. Elsie Osei-Nkansah, who grew up in Ghana.

Osei-Nkansah moved to the U.S. at age 16 and went to high school in Knoxville, Tenn. She got her medical degree from East Tennessee State University.

Eventually she wants to go back to Africa, but for now she's joining Vista Family Practice in Arden.

Osei-Nkansah said she decided on family practice because it will serve her well when she returns to her home country. Family physicians have to know at least a little about a lot of things, she said.

"Your first patient might be a newborn, and then you see a 90-year-old woman and then a pregnant woman," she said.

Not every doctor is comfortable treating that wide range of patients, she said.

Rural communities

Despite the efforts of programs like MAHEC, rural communities still struggle to find doctors.

"Nationally, 20 percent of the population lives in rural areas. Nine percent of physicians live in rural areas," Heck said. "The latest survey of graduates from U.S. medical schools is only 3 percent plan to practice in a rural area."

Gale Roller, coordinator of medical staff recruitment and development for Rutherford Regional Medical Center, has been recruiting doctors for 16 years.

He said between the hospital and two local practices, Rutherford County has been looking for seven primary care physicians.

Many times perceptions about a rural area may make a doctor stay away, he said.

But "If I can convince a doctor to come to town to visit, I've got a great chance to get them to come to work here," he said.

The bigger issue is the lack of candidates.

"I think the challenges now have greatly increased partly because you just have fewer candidates," he said. "More of them are wanting to specialize."

The long hours, "hassles of fighting with managed care, shrinking reimbursements, high student loans," all contribute to doctors choosing to specialize, he said.

And these days many hospitals don't have the resources to offer incentives like loan assistance to bring in new doctors as they once did, he said.

"Now hospitals have a shrinking bottom line and can't do that," Roller said.

Ultimately, this lack of primary care doctors is leaving some patients with longer waits to see a doctor.

Roller gave the example of his daughter who didn't have a primary care doctor and tried to make an appointment at a Forest City practice. She was told it would be four weeks before they could get her in the door.

The overall lack of primary care means people aren't getting "that rigorous, ongoing focus on health promotion and prevention," Green said.

"If I don't have primary care today, and I'm uninsured, and I don't have the resources to access care, I am likely to wait to get care until I am very sick," she said.

Mission has been actively recruiting primary care doctors and is working on partnerships in rural communities.

"The data is really clear," Heck said. "In regions where you have more primary care physicians, you have better health outcomes at a lower cost."

Heck said getting doctors for rural areas begins with recruiting medical students from those areas.

"Getting the right people into medical school with the right background and having a strong presence of the campus of the primary care specialties, that's really critical," he said.

Medical students from rural areas are more likely to practice in a rural area, Heck said.

"If you get someone from New York City, and they go to (UNC) Chapel Hill, the chance they are going to go to Graham County is almost zero," Fagan said.

And Heck said residency programs like MAHEC's need more slots.

Schwarz said it's important that doctors in rural areas "are plugged into resources" and don't feel isolated. "Those doctors in rural areas need to feel they have a support system," she said.

Another issue is medical school debt. It takes much longer to pay that off for those going into primary care, Koonce said.

The federal health care law attempts to address the anticipated shortage by including incentives to bolster the primary care workforce and boost training opportunities for physicians' assistants and nurse practitioners.

It offers financial assistance to support doctors in underserved areas and increases the level of Medicaid reimbursements for those practicing primary care.