Is There a Doctor in the House?

A family physician shortage is bringing major changes to the way medical care is dispensed. Here's what you need to know to protect yourself.

Dr. Marc Leavey, above, an internist, says it's becoming more common to find nurse practitioners replacing retiring doctors in busy private practices these days.

BY CHARLOTTE LIBOV

R. MARC LEAVEY HAS always assumed that when he retired he would be replaced in his practice by a young doctor, just as he had taken the place of an older physician when he started working in internal medicine 35 years ago.

But as he nears the end of his distinguished career, it is not a medical student who is learning the ropes from him as he treats patients — it is a nurse practitioner.

Welcome to America's doctor shortage.

"Historically, you used to go to your family doctor, who was an internist or primary-care physician, and they were in charge of your medical care. But now other healthcare professionals are providing this care. It's a huge change," Leavey, a Lutherville, Md., internist tells Newsmax.

LOOMING CRISIS

It's only one of the manifestations wrought by the deepening shortage of doctors. In 2010, the United States was short 13,700 physicians. This will grow to 62,900 by 2025, and reach full-blown crisis proportions — a shortage of 130,000 — by 2025, the American Association of Medical Colleges says.

There are three main reasons for the accelerating shortage. First, the rapidly aging baby boomer population needs more services. Second, Obamacare is expected to bring an influx of 49 million patients who, newly covered by insurance, will seek medical care. And third, private insurers and government reimbursement is diminishing.

"There is a huge exodus of doctors leaving the field. The older doctors are dedicated to their patients, but the drop in reimbursement is very frustrating, so they are retiring or leaving the country to practice medicine," says Chauncey Crandall, M.D., director of the preventative cardiology and clinical services at the Palm Beach Cardiovascular Clinic in Jupiter, Fla.
Here are some ways the crisis is already being felt:

- A growing number of doctors are not accepting insurance, taking only patients who pay them directly.

- Some doctors have taken to scheduling group appointments with up to a dozen patients at once who have the same condition.

- Doctors are converting to “concierge” practices. This means they charge annual retainers (they average $1,500 per year, per patient) to guarantee access.

The most obvious change is the transition from the traditional medical system, in which patients always saw a doctor, to practices in which physician’s assistants or nurse practitioners do the bulk of the work, says Reid Blackwelder, M.D., president-elect of the American Academy of Family Physicians.

This is not necessarily a problem, as long as the physician remains accessible, Dr. Blackwelder says.

Physician assistants and nurse practitioners are generally well qualified. “But some patients feel they truly haven’t had a visit unless the physician is involved, even if it’s just walking in to say hello,” says Blackwelder.

**BLEEDING CASH**

Increasingly, patients must pay serious money if they wish to see a doctor instead of a health professional with less training.

At SignatureMD, a company that converts traditional physician practices to concierge plans, doctors treat both concierge and non-concierge patients, but the difference is physician access.

“If you don’t join the concierge program, you’ll probably see a nurse practitioner 4 out of 5 times and the doctor once,” notes Matthew Jacobson, the firm’s founder and CEO. Concordia patients always get to see a doctor.

This trend distresses Steven Smithwick, 78, whose father, renowned surgeon Reginald Smithwick, helped President Harry Truman rebuild the VA hospital system.

“I had the wonderful opportunity to grow up in a family that was wrapped up in medicine. Now, doctors are moving out and are being replaced by physician’s assistants and patients are not getting the care they used to,” says Smithwick of Stuart, Fla., who opted to join a concierge plan.

Such a reaction on the part of older patients like Smithwick doesn’t surprise Leavely, who notes: “When you’re young and healthy, you don’t mind seeing someone else, but when you enter your 50s and 60s, suddenly you are middle-aged and you’re facing important health issues.

“Continuity of care becomes important, and you want the reassurance that comes from seeing someone who knew you when you were young.”

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**COPING WITH THE SHORTAGE**

Patients in many parts of the country are already having a difficult time finding a general practitioner. With Obamacare patients flooding the system and family doctors retiring in droves, it’s only going to get worse in the coming decade. Here’s how you can protect yourself:

- **Don’t wait until you’re sick to find a family doctor.**

  Asking a trusted friend for a recommendation is the best way to do this, says Dr. Leavely.

- **If your insurance company forces you to change doctors, don’t automatically assume you’ll have to move to a new practice.** “Many times, another physician within the same group will take your insurance,” Leavely says.

- **If possible, choose a doctor within a large academic medical center where there is still a relatively large pool of staff to provide the doctor’s office with support.**

- **Stay healthy! Make lifestyle changes to prevent chronic problems like high blood pressure, diabetes, and heart disease.**

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