Funding crunch puts doctor pipeline in jeopardy

By Bonnie Miller Rubin
Chicago Tribune

MARCH 20, 2015, 5:06 AM

Weary mothers with toddlers, weathered laborers and elderly folks hunched over walkers all jostled for position, filling almost every available seat in the nondescript waiting room at the Erie Family Health Center in West Town.

It was a routine Monday afternoon at the clinic, where there are too many patients and not enough doctors.

Funding constraints are putting the doctor pipeline in jeopardy, as the U.S. faces a physician shortage that's expected to grow worse in coming years. This Friday on Match Day — when all physicians-to-be learn where they'll spend a minimum of the next three years in training — Erie can afford only six medical residents instead of its usual eight.

"The doctor shortage is real," said Dr. Diane Wayne, vice dean for education at Northwestern University's Feinberg School of Medicine. What's happening at Erie is an example of the erosion of support for graduate medical education overall, she said. "While they may be the first affected, they certainly won't be the last."

The nation could face a shortage of 46,000 to 90,000 physicians by 2025, according to a report released this month by the Association of American Medical Colleges. Aging baby boomers, a larger pool of insured Americans because of the Affordable Care Act and almost a third of all physicians reaching retirement age in the next decade all contribute to a rapidly rising need.

The federal government provides $15 billion annually — mostly through Medicare — to help fund residencies, crucial on-the-job training for doctors. Despite an increase in demand for doctors, the number of Medicare-supported residencies has not increased since 1997, according to the Centers for Medicare and Medicaid Services.

To address the need for doctors in underprivileged and rural communities, the Teaching Health Center Graduate Medical Education program was established as part of the Affordable Care Act to allocate $230 million over five years to fund residency positions in community-based health settings like the Erie Family Health Center, according to the Department of Health and Human Services. Without an extension, the money is set to run out in October.

The loss of two residents at Erie translates to 3,600 fewer patient visits over the course of their training period, said Dr. Deborah Edberg, director of Erie's family medicine residency program, a partnership with Feinberg School of Medicine and Norwegian American Hospital.

"The situation is extremely dire," Edberg said. "We're just waiting for something to save us."

Erie is one of 60 Teaching Health Center programs across the country and the only such site in Illinois, according to HHS. The clinic treats mostly the working poor, many of whom have not seen a doctor in years. Patients struggle with a constellation of chronic conditions, such as hypertension, asthma, diabetes and heart disease. Although there are other health providers in the city for low-income people, Erie offers patients a wide range of

preventive care with their own doctors, so diseases can be managed before they become crises.

If the clinic didn't exist, patients could end up in emergency rooms, where their problems would be more acute and the tab far more expensive, said Dr. Fitz Mullan, professor of public health policy and pediatrics at George Washington University.

"It's been demonstrated over and over that good community care not only gets better outcomes, but makes good use of taxpayers' money," he said.

The Teaching Health Center program also is an investment in the future, advocates say. More than 90 percent of physicians in the program nationwide are likely to practice in underserved areas when they graduate, compared with less than 25 percent from traditional residency programs, according to a new report co-authored by Mullan.

Even with precarious funding, 80-hour weeks, hefty school loans and more modest earning potential for primary-care doctors compared with specialists, about 980 medical students from around the world applied to Erie's residency program this year. Of that pool, almost 80 candidates came to Chicago for interviews before the list was pared to a mere six, Edberg said. Without a residency, newly minted graduates are unable to practice medicine.

"It was just heartbreaking to make these decisions. We just agonized over who we could keep," Edberg said. It takes about $150,000 a year to train a resident, which goes for a variety of expenses, from salaries to examining rooms.

"Here we've come up with a solution for workforce issues. We have a successful program that virtually guarantees physicians will go into and stay in primary care, working in the most vulnerable areas in the country ... and we're going to allow it to be dismantled."

The Teaching Health Center program in Fresno, Calif., for example, is ending this year, which Mullan called "a mind-bending catastrophe."

"Three years ago we were boldly ramping up, and now we're ramping down," he said. "This is exactly the kind of grooming you want residents to have. But without financial support, these programs will dwindle and die."

When the smaller class of new residents starts at Erie on July 1, it will join the previous residents already in training, including Kaiyti Duffy and Ben Preyss, who earned his MBA while also getting his M.D. at the University of Illinois College of Medicine in Chicago.

Preyss has been drawn to serving those on society's margins, where he feels he can make the most difference, he said.

"Our patients have some of the highest rates of diabetes and high blood pressure," the third-year resident said. "They have such complex needs and such a poor quality of life ... and now we don't even know if the program will exist."

Duffy, too, graduated from the U. of I. College of Medicine in Chicago. A former public health nurse, she didn't enter medical school until age 31, almost a decade later than most of her peers.

In between, she had two children and worked at a community clinic in New York City, training health educators and developing programming for Hispanic and African-American patients. The experience helped shape her path, which may be "financially irresponsible" but offers a richer life, the first-year resident said.

"It was very clear to me that I wanted to serve the urban poor," Duffy said. "It's not just that the needs are higher, but the (doctors) who are drawn to our program have a strong commitment to providing care beyond the physical needs of the body. We are interested in addressing the root causes of health disparities."

She cited a recent Friday evening as an example. While on call at Norwegian, which is staffed by Erie doctors, Duffy treated a 29-year-old HIV-positive drug user who came into the emergency room with an infection.

"She was just lost in every possible way. I spent a long time talking with her — about what led her to be homeless, to lose custody of her kids, just the magnitude of it all," Duffy recalled.

After the patient was admitted to the hospital, Duffy became her primary-care physician and was able to get her into a rehab program.

"That may sound naive, but my being at the hospital was her safety net," Duffy said. "To me, that's worth all the debt. I know that this is exactly what I was born to do."

brubin@tribpub.com

Twitter @bmrubin

Copyright © 2015, Chicago Tribune