VIEWPOINT

We can do this

F or a few seconds, I held my breath. Primary Care Physician Workforce Expansion Advisory Task Force Chair Jeremy Springer, M.D., was running participants through a brief questionnaire MMA staff put together at last month’s Primary Care Physician Workforce Summit. He had just asked: “Would you encourage your child to become a primary care physician?” and I wasn’t sure how my colleagues would answer.

I have been hearing from many in family medicine, my field, that being a primary care physician is not what it’s cracked up to be. The hours are too long, the time with patients too short, the administrative burdens too many, the pay too low. These and other factors contribute to a high rate of burnout among primary care physicians, and they are making my colleagues question whether they would advise young docs, be it their own offspring or not, to follow their career path.

I know how I answered; I quickly voted “Yes!” I find great joy working with my patients, seeing them regularly whether it’s for a yearly physical or the occasional illness. I think it’s a great field and eagerly encourage medical students to pursue it. But how would my colleagues respond? Springer paused a few seconds before revealing the results, adding to my anxiety. Fortunately, 55 percent agreed with me and answered yes; this happened to be the exact percentage of primary care physicians in the crowd. (I hope they all voted yes.)

I’m encouraged by this. We all know that the primary care physician shortage is a huge concern. We need enough physicians to serve the people who will gain access to health care coverage as a result of the Affordable Care Act. With enough doctors, we can help patients avoid expensive chronic conditions, which will lead to a healthier Minnesota.

But expanding the primary care physician workforce is not going to be easy. The physicians at the summit said two major barriers stand in our way—lower income compared with other specialties (57 percent of respondents chose this) and the negative perception of primary care (22 percent).

So how are we going to do it? Those who responded to our questions said we should work to address negative perceptions of primary care among medical students, advocate for an increase in primary care residency slots and work to improve primary care income.

Another option for resolving the projected shortage is expanding the roles of physician assistants and advanced practice registered nurses. I’ve written before on the MMA’s position concerning mid-level providers’ scope of practice. For the safety of the patient, we favor physician-led team-based care. Clearly, attendees at our summit are more open to PAs and APRNs taking on more duties. Nearly all agreed they have an important role in meeting the demand for primary care services.

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