

Northcoast Crisis
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While I was at the Eureka Internal medicine lab the other day, I talked to a patient there who had just finished his 12 week of course of Sovaldi and ribavirin for his chronic Hepatitis C. He mentioned to me that he had been getting his monitoring labs, *but he didn't have a primary care provider* to look at those labs. His practitioner had gone somewhere else, and he was struggling to find a physician. He's been taking powerful drugs that require periodic monitoring, and there is really nobody to monitor his status. That's just crazy.

I was over at the Medical Society office at about the same time, and I saw that yet one more local practice is having to discharge a number of patients due to the loss of one or more of their practitioners. This makes at least three practices that have had to discharge patients in the past several months. I did a rough "back of the envelope" calculation, and arrived at the conclusion that, countywide, at least 2400 people have lost their healthcare practitioner in the past six to eight months. 2400 people who used to have a practitioner are now having to scramble to find one.

The loss of primary care practitioners from this area has gone from being alarming to becoming a true crisis. Recruiters continue to recruit cardiologists and anesthesiologists—we now have 6 full time cardiologists and 19 anesthesiologists in our small county—but no one can find a new primary care doctor. The wait times to get in to those physicians that are taking new patients are ever lengthening. People are frustrated, and I've talked to a number of people who are seriously considering relocating to other areas, just because of our diminishing healthcare resources. The crisis has reached the point to where I feel that the economic viability of our North Coast communities is being threatened. No doctors, net loss of population as people emigrate in search of better healthcare resources.

According to moneycrashers.com,¹ availability of good healthcare is one of the top 14 indicators of what people look at when deciding to relocate. If we wish to improve the economic status of our community: attract new businesses; increase tourism; and have a stable productive populace; it is imperative that we find other avenues to recruit both primary care and specialist practitioners to our area. Practices have been actively recruiting for years, yet we continue to lose both primary care and, except for cardiology and anesthesiology, specialist physicians. We need to come up with something creative since what we've been doing has, obviously, not been working, as more and more primary care practices are having to discharge patients.

Medical practice in this area is up against many competing imperatives from the outside: our relatively low wages, but a high cost of living, few of the amenities of big cities, and geographic isolation, to name a few. This is a countywide problem, so we must solve it in a countywide manner. Medical practice is not a zero-sum game where a new physician going to the Open Door System is a loss for Redwood Family Practice, for example. We are all in this together.

Therefore, I propose that we all band together with representatives of County government to form a "Physician Recruiting Task Force" (or some such bland name) that would recruit for *all* of the practices: small practices such as Redwood Family Practice and Eureka Family Practice as well as large practices like The Open Door System and St Jo's HMS.

According to the American Association of Medical Colleges (AAMC), this country will have a 70,000 primary care physician shortage by 2025.² What can we do to stand out, to make

sure we can have our small, isolated area grab a piece of this diminishing resource? If we have a single entity represent our *entire* two county area: our recreational opportunities, our arts and culture and food, all of our practice opportunities, and not be too focused on presenting one particular medical practice in a good light, we just might be able to grab a few new physicians.

In order to stand out from the crowd, we could have our “recruiter” make *personal* appearances at Family Medicine or General Internal Medicine Residency Programs to sell the Northcoast. Our “recruiter” should ideally be a local resident, and should have some working *medical* experience from practicing up here. A retired or semi-retired local physician would fit the bill.

He/she would have all the information about all the practices that wish to recruit, not just any one specific practice. Hook the residents on our area, and then let them decide which type of practice they wish to settle on: hospital affiliated, FQHC, private practice, 95-210, etc. Residents get plenty of junk mail, both electronic and snail mail, from recruiters, most of which winds up in the recycling bin. If we can have someone go the extra mile to make personal appearances and answer questions on the fly, it may help mitigate against our perceived deficiencies.

Since the amount of debt that physicians in training are accumulating is astronomical, our recruiter would come armed with the full range of loan repayment or loan forgiveness programs open to our prospective recruits. This can be a valuable recruiting strategy.

Financing such a venture could be problematic. Therefore, I also propose that all of the practices that are currently recruiting, contribute one-half of their recruiting budget to this effort. We should also be able to get funds from the county, and possibly some grant money to finance this thing. This will not cost our medical practices more than they’re already spending on recruiting, but now, with a countywide effort, we can take advantage of economies of scale, and mount a much larger effort than one single practice can currently muster. Since the only truly non-partisan agency involved is the Medical Society, it can be the one to coordinate information and the recruiting effort.

If we wish to continue to deliver good medical care to the people of Humboldt and Del Norte Counties then it’s time for us to recognize the severity of this crisis. It’s time to think creatively enough to arrive at a strategy that will perform better than what we’ve been doing for the past several years. Otherwise, we all may have to drive to Santa Rosa or Redding to receive our medical care.

Sources

1. David Quilty “Where Should I Live? 14 Important Factors When Deciding the Best Place to Live” *Money Crashers: Your guide to Financial Fitness*
<http://www.moneycrashers.com/where-should-i-live-decide-best-places/>
2. The Impact of Health Care Reform on the Future Supply and Demand for Physicians Updated Projections Through 2025
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