

Doctor shortage to hit Chicago's poorer neighborhoods harder, study finds

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Some of Chicago's poorest neighborhoods are expected to see the greatest demand for additional primary care doctors in 2014, as the Affordable Care Act boosts the number of newly insured patients seeking medical services, a new study has found.

Englewood, with a median income of \$34,000, for example, will see demand for [primary care](#) physicians grow by about 10 percent—the largest expected increase in 12 local areas examined in the study published last week by the journal *Health Affairs*.

Conversely, Streeterville, with a median income of almost \$72,000, will see only a 0.5 percent rise in demand for doctors.

Nationwide, at least 7 million Americans live in areas where demand for additional primary care doctors will jump by more than 10 percent, according to Elbert Huang, MD, associate professor of medicine at the University of Chicago Medicine, and co-author Howard Finegold, an analyst in the Department of Health and Human Services' Office of the Assistant Secretary for Planning and Evaluation.

The study forecasts that 29 million people will get health insurance for the first time in 2014 under the [health care law](#), resulting in 26 million additional [doctor visits](#) per year. That, in turn, will require 7,200 more primary care providers, including doctors, nurse practitioners and physician assistants, at a time when the numbers of these practitioners are falling.

"You might be able to dramatically reduce the number of people who are uninsured, but it does not ensure there's a provider waiting for you once you get that [insurance card](#)," said Huang, director of the Center for Translational and Policy Research of [Chronic Diseases](#). He also served as a senior adviser in 2010 for the Office of the Assistant Secretary for Planning and Evaluation at HHS working on implementing the ACA.

It's long been known the country faces a shortage of primary care physicians, as falling government [insurance reimbursement](#) rates, among other reasons, has helped to drive prospective doctors into other specialty areas.

In an unrelated study of more than 1,000 first-year medical students, Shalini Reddy, MD, associate professor of medicine and director of student professional development programs at the Pritzker School of Medicine, and colleagues found that only a quarter of students said they would choose a primary care specialty if they had to select a field now.

This is discouraging, as the number of people who ultimately choose a career in primary care after residency is lower, she said.

Complete results of the study, the brainchild of a student intending to go into primary care, will be presented at the Association of American Medical Colleges' 9th Annual Physician Workforce Research Conference in May.

Huang's report found the expected rise in demand for primary care physicians will hit different parts of the country harder than others.

For Chicago, the report notes that areas expected to see the greatest demand for primary care doctors share several factors: They have fewer providers per 100,000 population, lower median incomes and higher proportions of blacks and Hispanics.

"The places that don't have enough primary care physicians now are the places where people are under-insured or uninsured," said Kohar Jones, MD, director of Community Health and Service Learning at Pritzker, in response to the study. "So places that already have shortages of primary care physicians are the places where the changes of the ACA would be most likely to bring more people into the system, driving up demand."

The Huang study quantifies the number of primary care doctors that will be needed and seeks to encourage a dialogue on "the need to promote policies that encourage more primary care providers and community health centers to practice in areas with the greatest expected need for services."

The [Affordable Care](#) Act attempts to expand the primary care workforce by incentivizing doctors or future doctors to choose it as a specialty, such as a funding boost to the National Health Service Corps, a federal program that offers financial assistance to support primary care doctors in medically underserved areas. In addition, the law calls for an increase in the level of Medicaid reimbursements to doctors who practice primary care, which includes family practice, internal medicine and pediatrics.

The University of Chicago Medicine has several independent programs to encourage students to enter primary care specialties and mentor them along the way.

The Community Health Scholarship Track, a four-year curriculum, provides students with opportunities for community-engaged scholarship.

The medical education program allows first-year students to shadow community physicians while they learn clinical skills. The Summer Service Partnership for rising second-year students teaches skills in team leadership and community engagement. The fourth-year service-learning

elective known as SERVE (Service, Education, Reflection, Volunteerism Elective), co-directed by Reddy and Jones, provides training and support for service-minded students to connect with the community in meaningful ways.

While around 30 percent of graduating medical students around the country plan to practice in an underserved community, more than 40 percent of Pritzker graduates do so.

The Pritzker School of Medicine, in partnership with the Urban Health Initiative, also has several initiatives to encourage and support practicing primary care doctors.

The Repayment for Education to Alumni in Community Health (REACH) provides four years of financial support to graduates of Pritzker who complete a residency in primary care or other much-needed specialties and then return to practice medicine at a federally qualified health center or a community hospital on the South Side of Chicago.

Another program attracts top physicians to practice on the South Side, while maintaining an academic affiliation at UChicago Medicine and serving as mentors to medical students.

"These programs are giving students the confidence and the mentorship needed to enter primary care," Jones said. "We have unique imperatives at the University of Chicago Medicine to think creatively about how to strengthen primary care and to strengthen the training and mentorship of future [primary care physicians](#)."

Historically, physicians have made up for lower [reimbursement rates](#) by shortening individual visits and seeing more patients. In the case of primary care doctors, the number of practices that use [nurse](#)

[practitioners](#) and physician assistants to shoulder some of the responsibilities of treating additional patients may increase, Huang noted.

"Beyond that, there's no way we can grow enough doctors in that short of time to accommodate this dramatic increase," he added. "There is a market opportunity to be a primary care service provider; it's just that we need people to realize that and take advantage of it."

Provided by University of Chicago Medical Center

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