

Doctor shortage on horizon?

Written by Elizabeth Barrett
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Local primary-care physicians in 50s, 60s

Small-town doctors are growing older.

They are also in short supply throughout Nebraska and the nation, a trend that is expected to worsen under the Affordable Care Act.

Requiring health insurance, coupled with expanding Medicaid, is expected to strain the physician workforce, most noticeably primary-care physicians.

A recent University of Nebraska Medical Center study, co-authored by Dr. Jim Stimpson, director of the Center for Health Policy, shows the number of primary-care physicians in Nebraska at 1,410. Stimpson notes that 1,685 are needed by 2014 (see box).

Gothenburg could be bucking the scarcity trend today but not forever.

Dr. Jay Matzke, Gothenburg Memorial Hospital chief-of-staff, said the community has enough doctors and physician assistants now but in 10 years, retirement for several physicians is likely to come knocking at the door.

Primary-care physicians see patients with common medical problems. They are usually doctors but can be a physician assistant or a nurse practitioner.

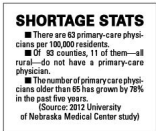
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Four local doctors are in their 50s and 60s and three PAs are younger.

As these physicians begin to retire, Stimpson said the overall shortage throughout the state will grow.



To keep enough doctors in Gothenburg, Matzke said hospital and medical staff need to focus attention on recruiting young men and women from small communities while they're in medical school or in residencies.

“They get the culture (of a small town),” he said.

Although other small towns are competing with each other for doctors, Matzke said Gothenburg has some recruitment advantages.

Situated halfway between Denver and Omaha, along Interstate 80, means easy access to big-city cultural or sporting events.

A progressive community, a new state-of-the-art doctor's clinic and the installation of electronic medical records within the year are more pluses.

“Our hospital is cutting edge and the administration supports primary-care doctors and provides us the tools we need,” he said. “We provide good medicine for a small town.”

Another benefit is that people generally pay their bills in Gothenburg, Matzke said.

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“We have a successful farming community and our banks are not afraid to loan money,” he said.

One incentive, offered through a state program, was helpful to local physician assistant Amy Mahar.

By practicing in a rural community, in a county that showed a need for doctors, Mahar received assistance in paying off student loans.

But whatever Gothenburg has to offer may not entice doctors or physician assistants from larger cities like Lincoln or Omaha who are used to more big-city amenities.

“For kids raised in Gretna or Fremont, we’re 30 miles away from a Walmart,” he said.

In addition, many doctors shy away from the workload.

For example, Matzke said specialty doctors don’t have call on weekends or evenings when primary-care physicians make hospital rounds and take care of emergencies.

When he practiced in Omaha, Matzke said he took call every 13th night and weekend compared to every fifth night and weekend in Gothenburg.



JAY MATZKE

Another drawback for some physicians is that repercussions from a medical mistake can harm a doctor’s reputation more easily in a small town where people know each other.

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Nonetheless, Matzke said cases such as those involving negligence or drug abuse should be in the spotlight.

“We hate to make mistakes but we do the best we can,” he said.

Matzke pointed out that the number of primary-care physicians in the nation peaked in 1992-93 when Bill and Hillary Clinton campaigned for health care reform. When Clinton was elected president, they continued attempts to control the costs of medical care.

“Primary care was not going to see the drops in income specialists were going to see,” he explained. “As a result, there was a spike in the number of students going into primary care.”

But the system was not revamped. As a result, he said physicians and specialists who perform procedures are paid better than primary-care doctors.

“Specialists do procedures and, rightly or wrongly, they are paid a lot more,” Matzke said. “So once again, fewer and fewer students are choosing primary care.”

Matzke, who’s practiced primary-care medicine for 30 years, said he’d be bored to tears in a speciality practice.

“I like the variety,” he said.

As a primary-care physician, he might treat someone with a broken leg one hour and the next, provide medical care to a patient suffering from heart failure.

Matzke also finds pleasure in the atmosphere.

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“It’s like going to work and spending the day with your friends,” Matzke said. “I enjoy relationships.”