

Physician shortage hits Dayton

Number of medical students entering primary care down 50 percent

Dayton Business Journal - by [Mary Beth Lehman](#) DBJ Staff Reporter



James E. Mahan - DBJ

Dr. Theodore Wymyslo checks patient Kevin Jones as medical student Jennifer Tomich observes at the Berry Family Health Center at Miami Valley Hospital.

Dayton-area experts are worried a shrinking number of primary care physicians in the area could leave residents without proper medical care.

Dayton is being affected by a national shortage of primary care physicians in family and internal medicine leading to declining health outcomes and higher costs as fewer physicians are asked to do more with less.

The number of graduating medical school students entering primary care and internal medicine across the country has dropped by 50 percent between 1997 and 2005, while the number of patients needing care continued to rise because of the aging population, according to a recent report from the American College of Physicians.

As a result, the United States is expected to experience a shortage of 35,000 to 44,000 adult primary care physicians by 2025. The report concluded that a lack of access to primary care physicians leads to worse health outcomes and higher costs for everyone. One statistic included in the report showed an increase of one primary care physician resulted in 1.44 fewer premature deaths per 10,000 people.

Dr. Margaret Dunn, president and chief executive officer of [Wright State Physicians](#), said recently the Dayton region is hundreds of family physicians short of where it needs to be, leaving the region in a position wherein more people are seeking primary care help from emergency rooms or self-referring to specialists, leading to higher costs and duplication of care.

“We could stand to have another 200 family physicians in the area,” she said. “But they’re not going to just appear anytime soon.”

Local experts remain worried the Dayton area could continue to be affected by the shortage making it more difficult for patients to get appointments with family doctors.

“The Miami Valley isn’t immune to what is happening nationally,” said Chip Washienko, director of business development for [Kettering Medical Center](#). “There are fewer medical school students choosing to go into primary care, because as a general rule, the primary care physicians make less, they have higher overhead and they spend a lot of hours on paperwork and phone calls.”

As a result of the strain, fewer medical school graduates are going into the field, Washienko said, and doctors in the field are deciding to leave early.

Approximately 21 percent of physicians board certified in internal medicine in the 1990s have left the field, compared to a 5 percent departure rate for subspecialties, according to the American College of Physicians' report.

The problem is there are not enough new doctors in the pipeline to replace them, Washienko added, leading many experts to believe the physician shortage will continue until a new solution or shift in health care can put a stop to it.

"My crystal ball is broken, but I have a feeling we are in the midst of a shortage of primary care physicians that's not going to get better," said Dr. Howard Part, dean of [Wright State University's Boonshoft School of Medicine](#).

Part predicted the shortage will continue to get worse before it gets better, leading to a greater need for new ideas and new technology allowing fewer physicians to do more with less.

At [Premier Health Partners](#), Dr. Theodore Wymyslo, a primary care physician, is drumming up support for bringing a patient-centered medical home project to Dayton, which would ideally work to relieve strain and additional overhead for primary care physicians.

In the model, endorsed in November by the American Medical Association, patients see a primary physician who is responsible for providing for health care needs and arranging care with other qualified professionals. The doctor also presides over a team of nurses, assistants and pharmacists who work with the patient, and all care is coordinated through the use of electronic registries to assure that patients get the indicated care when and where they are supposed to.

For the project to take off, Wymyslo said it would require up to \$20 million in capital and a shift in the way primary care is funded. Reimbursement would need to be supplemented with monthly premiums from insurance companies added to traditional reimbursement to cover the additional costs of more labor from support staff.

A supporter of the project, Part said he believed such new ideas and technology would be necessary to spread the work of fewer physicians across a growing population, but it wouldn't work to fix the physician shortage problem locally.

Still, Wymyslo believes a total shift in the way care is delivered is the only thing that can be done to keep the system afloat.

"I'm trying to see if we cannot substantively change health care," Wymyslo said. "If we can create airplanes in Dayton, I do think we have the capacity to reinvent health care, so why couldn't we get the whole community behind this?"