

How family physicians can heal health care in America

By Zach Hagadone
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In his address to Congress last month, President Barack Obama made it clear that he sees health care reform as a necessary step toward righting the economy.

Insurance premiums have grown four times faster than wages over the last decade, and medical costs now cause a bankruptcy in America every 30 seconds, he said. Those bankruptcies could put 1.5 million Americans at risk for losing their homes, threaten more small business closures, lead to more corporations shipping jobs

overseas and swell the ranks of the uninsured.

Boise doctor Ted Epperly agrees with the dire picture painted by Obama, and, as president of the American Academy of Family Physicians,



Ted Epperly

he's been shuttling back and forth to Washington, D.C. to advocate for reforms that lower cost, increase quality and get more primary care doctors working in the system. He spoke to the president on March 5, and told him getting the family doc back in the picture can heal the system.

"The problem is that we've got a real distorted balance of health care in the country," he said in an interview with the *Idaho Business Review*. "...It pays specialists more for what they do – the high-end procedures – and it pays for high volume. It doesn't pay for high-end outcomes, it doesn't pay for prevention. ... Health isn't what gets paid for, what gets paid for is sickness."

Studies released last summer show that Idaho's patient-to-doctor ratio ranks near the bottom – about 140 doctors for every 100,000 residents. Epperly's vision is to make the family doctor a central part of the system again. It's a movement toward what's called "patient-centered medical



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A key part of health care reform in the U.S. is increasing the number of primary care doctors, as opposed to specialists. Such is the view of American Academy of Family Physicians President Ted Epperly, a Boise doctor.

homes," and Neva Santos, executive director of the Idaho Academy of Family Physicians, said it can ultimately reduce costs for both patients and providers – improving the system as a whole.

"If you have a wart on the back of your hand, for instance, and you go to your family physician and have it zapped off it's going to cost you a tenth of what it would if you went to a dermatologist," she said. "...If you have a primary care doctor taking

care of you, then you have somebody who's sort of helping you navigate the health care system and taking care of the whole patient, rather than looking at just one part of the patient."

"It's an investment on the front-end of health care," Epperly said. "If you want a healthier country, then you pay to maintain health and you dial down payment on the back-end for overvalued high-end procedures."

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Med-school students see more money in high-end procedures

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“What gets paid pennies on the dollar is to keep your blood pressure or diabetes under control,” he added. “We need to incent those sorts of things and not incent having Lasik eye surgery.”

The problem: “Payment,” he said. “Follow the dollars. If you ever want to figure out anything in health care it’s all about the dollar flow.”

And the first dollars to flow in that system come from medical students, who often graduate with between \$150,000 and \$300,000 of debt, he said. Recognizing they can make between three and five times more providing high-end procedures like medical imaging and surgery as they can doing checkups and freezing off warts, a generation of med students has opted out of family practice and into high-priced clinics and hospitals.

“If you step outside of our country and look at others, what you find is that they’ve got better health care outcomes at lower costs than we do,” Epperly said. “They’ve got a balanced primary care workforce – about 50-50. In our country it’s 70-30, specialists to primary care. If you look at the last decade in medical graduates it’s 90-10.”

The first step toward reaching that balance is simply providing more incentive for patients to see primary care physicians, Epperly said. That may include things like reducing insurance co-pays for meeting long-term wellness goals, or providing more sup-

port for primary care visits through federal programs like the State Children’s Health Insurance Program and Medicaid.

Another area that needs fixing is the cost of medical education, Epperly said. Students wishing to go to med school – especially in rural states like Idaho – should be offered scholarship for pursuing primary care. Those coming out of med school with crushing debt loads should be offered loan repayment programs in exchange for working in underserved areas. Primarily though, Idaho needs more medical residency programs to attract new doctors.

“If we have no residency program for them to go into... then we become a net exporter of medical students on the day they graduate,” said Epperly, who is also director and CEO of the Family Medicine Residency of Idaho, one of two residency programs in the state that focus on primary care.

“What we need are residency programs that are net importers of medical students,” he said. “And if we had other residency program types we could import them in all sorts of areas we need. ...

“What gets incented gets done,” he added. “If the model is paying for those things [that encourage primary care], then those things will improve. If those things aren’t paid for in that system then they won’t get done. If there’s a change in where the emphasis is placed in the system then we’ll start to change that system a lot.”