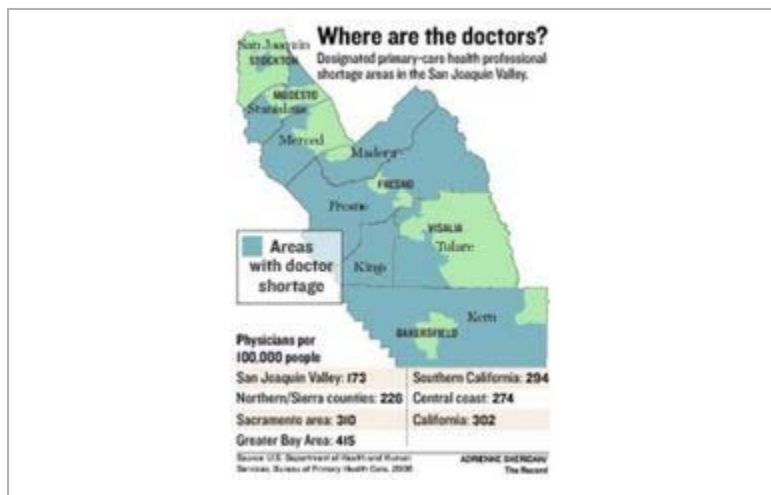


Dire need for doctors

S.J. Valley has lowest physician-to-person ratio in the state

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By **Joe Goldeen**

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STOCKTON - Wilma McGinnes was second in line one morning last week at the county health clinic in French Camp. Two hours after arriving, the middle-aged Stockton woman still had not seen a triage nurse for her pain.

"I know there's a shortage of nurses. I thought they had a walk-in clinic here, but they don't, I guess," McGinnes said, frustrated to the point she was ready to leave the clinic and just go home.

McGinnes, who receives Medi-Cal benefits - government-paid health care for the state's poorest residents - has a regular primary-care physician at the clinic. "You need an appointment to see the doctor, and that takes several months. I can't wait that long," she said.

Frustration, for McGinnes and thousands of others like her, is just one symptom of the chronic shortage of health-care professionals in the Central Valley.

The lack of medical specialists from Stockton to Bakersfield is having a disastrous impact on many high-risk patients, and the region's problems are going to get worse before they get better, according to a new study from the Central Valley Health Policy Institute at California State University, Fresno.

In 2005, there were 43 physician specialists per 100,000 people in the San Joaquin Valley compared with the statewide average of 87 per 100,000 and as many as 122 per 100,000 people in the greater Bay Area, according to the institute's analysis using data from the American Medical Association.

"Our greatest challenge as a primary-care gatekeeper provider to a

growing number of people with little or no access due to funds is recruiting primary-care physicians to meet the community's needs and managing chronic-disease patients' referrals to specialty care when needed," said Mike Kirkpatrick, CEO of Stockton-based Community Medical Centers Inc.

Community Medical Centers, which operates six clinics in San Joaquin County for an underserved population consisting of 60 percent Medi-Cal patients and 30 percent uninsured, was one of eight Federally Qualified Health Clinics participating in the policy institute's survey.

All of the Valley clinics reported difficulty providing referrals to specialists, limiting the ability to provide health care to patients. This delay in care can lead to higher rates of illness and death.

The clinics also reported that access to specialists was difficult for their Medi-Cal and uninsured patients most of the time for all specialties except nephrology, for kidney disorders.

All of the clinics cited low reimbursement rates from Medi-Cal and county indigent-care programs as extremely important in limiting patient access to specialists.

"Federally Qualified Health Clinics are using a number of strategies to decrease the impact of specialist shortages including expansion of funding opportunities, participating in the Health Disparities Collaboratives Program and expanding their use of technology," said Deborah Riordan, health-policy analyst at the Central Valley Health Policy Institute and lead author of the report.

Kirkpatrick agreed with that assessment.

"There is clearly a lack of specialists who are willing to see Medi-Cal patients, and more so those with no insurance. Our diabetic patients require annual eye examinations, but the options for the uninsured are very limited," he said.

Referrals in San Joaquin County for patients needing dermatology, rheumatology, endocrinology, pain management, and psychiatric or other behavioral health services are most difficult, Kirkpatrick explained.

"Most of these referrals for the uninsured are scheduled at San Joaquin General Hospital, but the hospital's resources are also limited. Patients with HIV or hepatitis C are difficult for us to manage without access to infectious-disease specialists, and there are not enough of them in our county," he said.

One primary-care physician from Community Medical Centers recently completed specialty training in dermatology, and Kirkpatrick hopes to be able to provide more advanced training in specialty areas for his physicians.

"We are also beginning to explore the possibility of telemedicine to bring the specialists right into the primary-care site," Kirkpatrick said.

Riordan noted that the most common solution suggested by the Valley clinics to alleviate the shortage was to modify and increase reimbursement rates for specialists.

The San Joaquin Valley needs to be looked at separately from other areas of California if more resources are to be allocated to the region, she said.

"I see the problem getting worse before it gets better. It comes down to money and where it is spent," Riordan said. "I think there is momentum, but it's just slow."

She said the recent study should help to provide direction to policy-makers and will play a critical role in informing health policy-reform decisions in the region.

"One of the issues that comes up for our county is that Medicare reimbursement is lower here than for the urban counties, because they consider us to be a rural county and they consider our costs to be lower here," said Dr. Dale Bishop, medical director at Health Plan of San Joaquin, a county agency providing managed-care services to more than 70,000 residents.

"It plays a part in doctors deciding to come to an area to practice. It's not a major reason, but it's part of the whole picture that's got a lot of components," he said.

The San Joaquin County Medical Society, said Bishop - a past president - has been working with the California Medical Association to push for a higher Medicare reimbursement rate for the county.

"There simply aren't enough doctors, but those here are doing their share. It's a stressed system. Any help we get is to the good."

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