

Seeking a cure for central-city physician shortage

Doctors, patients, health care and community officials struggle with law of supply and demand

By Julie Sneider

In 1987, Dr. Robert Purtell started looking for an associate to join his busy family practice at North 34th Street and West Wisconsin Avenue in Milwaukee.

Seven years later, he's still looking. Although Purtell says he's not yet thinking of retirement, he needs an associate now so that someone will be there in the future to take care of his patients. He describes his practice as "very full, very enjoyable and medically challenging."

And because he's been practicing in the area for a long time — since 1963 — he has a good payer mix: About half of his patients are covered by Medicare and Medicaid; most of the rest are covered by commercial and private insurance, and health maintenance organizations (HMOs). He has a few patients with no insurance.

Extreme shortage

Still, without some assistance, Purtell probably won't find that associate. His office is in one of six city of Milwaukee ZIP codes that the Milwaukee County Medical Society says is facing an extreme shortage of private practice physicians. Those ZIP codes — 53204, 53205, 53206, 53208, 53212 and 53216 — represent much of the central city.

According to the Madison-based Wisconsin Primary Health Care Association, there is 1 primary care physician for every 3,917 people on Milwaukee's near south side; 1 for every 9,295 in the Capitol Drive area east of Sherman Boulevard; 1 for every 3,348 in the north side area; and 1 for every 3,428 on the near west side.



JOHN ROBERTS

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The federal government recommends a ratio of one primary care physician to 1,500 people.

In addition, many of the patients in those areas are poor, uninsured or covered by government programs that don't reimburse physicians what it costs them to treat people.

Many patients in those areas also are more likely to have high-risk medical conditions and practice behaviors that put them at high risk. They also may need social workers, nutritionists, alcohol and drug abuse counselors, language translators, and other social services to help them improve their health.

Most private practice physicians in the

central city can't afford to have all those services right in their offices.

Opting for safety

Facing those factors, many of today's new physicians opt for private practice in the suburbs or go to work as salaried employees with hospitals, health care systems or health maintenance organizations.

"We're seeing an increasing number of recent resident graduates who are uncertain or confused over the future of medical care in the community," said Purtell, past president of the county Medical Society. "So they're opting for safety."

Under a new project, the Medical Society is trying to help private practice physi-

cians like Purtell bring other doctors into the area.

In February, the association of 2,400 physicians founded the Neighborhood Health Care Coalition, a group of health care and related organizations and associations whose goal will be to overcome the economic, social and political barriers to opening and maintaining a private physicians practice in the central city.

The Medical Society recently applied for a \$98,000 grant from the Robert Wood Johnson Foundation to pay for a full-time project manager and part-time secretary to run the Neighborhood Health Care Coalition.

The grant is part of the Princeton, N.J.-based foundation's "Reach Out Physicians Initiative," which calls on medical societies to organize coalitions to identify and dismantle barriers to medical practice in underserved areas.

Even if it doesn't get the grant, the Medical Society will continue the coalition. The idea for the project stems from a 1991 Medical Society report which concluded that having more private practice physicians in the central city would improve the health status of the area's residents.

Stopping the flow

The Neighborhood Health Care Coalition is the latest of several efforts by various organizations and associations to address the exodus of physicians from the central city.

• Late last year, Milwaukee Economic Development Corp. launched a program with lending institutions to help central-city minority physicians get low-cost

loans of up to \$50,000 to help them buy medical practices or upgrade medical equipment. So far, about four physicians have taken advantage of the program.

- Area hospitals that draw patients from the central city are stepping up physician recruitment efforts.

- And two years ago, Columbia Hospital and the Medical College of Wisconsin's family practice residency program opened Columbia Family Care Center at 210 W. Capitol Drive. The center, which receives about 15,000 patient visits per year, is staffed by Medical College faculty and resident physicians.

Without the heavy subsidies the center gets from the Medical College and Columbia, it could not survive on its own, said Dr. Russell Robertson, the center's director. About 65 percent of the center's patients are on public assistance.

Both St. Joseph's Hospital and Sinai Samaritan Medical Center say they've been helping physicians locate in underserved areas, either in private practices or at community health centers.

Lend a hand, money

St. Joseph's Hospital, for example, bought and renovated an abandoned grocery store at North 53rd and West Burlington streets to keep internist Dennis Laurencin from moving his private practice out of the area.

Laurencin's practice had outgrown its office just a few blocks away, but he couldn't afford to renovate available space nearby. He approached St. Joseph's, where he refers most of his patients, and the hospital agreed to spend about \$500,000 renovating and equipping the former grocery store to meet Laurencin's specifications. He now rents the facility from the hospital.

In addition, the hospital loaned money to Laurencin's practice so he could hire an additional physician. The loan will be forgiven after several years if the physician stays in the area.

Had St. Joe's not helped him out, Laurencin said he would have moved out of the area.

"That would have been a problem for many of my patients (who live in the central city)," he said.

The physician shortage is a "real concern" to Covenant Healthcare System Inc., the Milwaukee-based hospital system St. Joe's is a part of, said John Neuberger, vice president of physician development for Covenant.

"This is our community; we can't ignore them," Neuberger said.

Community health centers

Among the biggest recruiters of physicians to underserved areas are community health centers, such as Sixteenth St. Community Health Center on the city's near south side. The 25-year-old center re-

cently was cited by the Clinton administration as a model for providing quality, cost-effective care to a needy population.

The center, which has an annual budget of \$4 million and recently completed a 21,000-square-foot expansion, has a staff of more than 50 physicians, community health workers, nutritionists, social service staff, health educators and administrators. It hired its first full-time physician in 1981, and now has 10.

Funding sources are the state and federal government, grants and private donors. Most of its patients are uninsured or are covered by Medicaid. About 70 percent are Hispanic; 12 percent are Hmong or Laotian. Many are poor.

Community health centers like Sixteenth St. Community will be the main source of primary care for central city residents in the future, said John Bartkowski, executive director of the center.

"If we had seven more of these community health centers in Milwaukee, we could care for all of Milwaukee's uninsured," he said.

Sixteenth St. offers other social and related services. Primary care physicians who want to work in underserved areas with medically high-risk populations find that attractive, Bartkowski said.

And although physicians there could make more money in a suburban private practice, the center's board is committed to offering physicians competitive salaries.

Turning a profit

One for-profit company is targeting the central city for its managed health care business. Genesis HealthCare Inc., a for-profit independent physicians association and managed care organization, owns and operates four small clinics in Milwaukee.

The first to open — IndoChinese Family Medical Center on North 35th and West Burnham streets — has provided care to Laotian and Hmong patients for the past three years. The newest clinic, Community Family Medical Center, opened last month at North 49th Street and West Fond du Lac Avenue.

Karl Rajani, president and chief executive officer of Genesis, says many physicians complain that they can't make it in the central city because government reimbursements are too low. But he said Genesis turns a profit by providing services under the state Medicaid-HMO initiative.

The initiative requires most Milwaukee County residents who receive Medicaid benefits to sign up with HMOs. Genesis contracts with three HMOs to provide health care services to Medicaid recipients.

Genesis aims to remain profitable by doing business on a "capitation" basis. It receives from the HMOs a set amount of money per patient per month. It's up to Genesis to make sure patient care doesn't

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exceed its capitated rate. Ultimately, Rajani would like to develop Genesis into its own HMO.

In the neighborhood

City of Milwaukee health commissioner Paul Nannis is encouraged by efforts to bring physicians into the city's underserved areas, especially if those physicians reflect the community's culture and ethnic makeup.

But there never will be enough physicians to treat patients in their own central city neighborhoods, he said.

Given that, more attention should be focused on improving access to preventive health care, such as child immunizations and prenatal care, in central city neighborhoods.

Without that close-by access, the more likely residents are to put off medical care until they are seriously ill. And then

they're more likely to wind up in more costly health care settings: hospital emergency rooms.

"It's difficult to encourage parents to get preventive care from a provider who's really inaccessible," Nannis said.

Nannis would like to see a series of nurse-managed clinics throughout underserved areas that would provide basic preventive care and other services. For example, a nurse would be on hand to provide child immunizations and well-baby care, and could answer patients' questions about where to go for referrals or how to use an HMO.

"It's a way to help bring in basic preventive services, most of which don't need to be provided by a physician," Nannis said. "Let's use nurses, nurse practitioners and physician assistants to build systems of preventive care."