

# JUST RAISE RATES? NOT SO FAST

Medicare, Medicaid govern what short-handed primary care doctors can charge

**JANET LAVELLE** • U-T

If a shortage of primary care physicians is coming and demand for their services is growing, why can't those doctors raise their rates to earn salaries on par with other specialists?

It's not that simple, said Phil Miller, spokesman for Merritt Hawkins, a national physician recruitment firm. As with most things medical, Medicare and Medicaid essentially run the show. Whatever rates the federal programs pay also govern what private insurers will pay.

And rates for primary care physician services are lower. Recognizing the problem, Medicare raised those reimbursements by 10 percent last year.

That's not enough, Miller said.

"Costs keep going up, but you can't raise your fees. All you can do is see more patients and work harder," he said. "From a financial perspective, it still doesn't make sense to be a primary care doctor." It's a dilemma, said Dr. Lauge Farnaes, a first-year pediatric resident at the University of California San Diego. "If I ever become a primary care physician, I would never open my own practice" because of staff costs, complex insurance billings and low payments, he said.

"The reality is, you get paid \$70 to see a patient but you have to hire a secretary and two billing people," he said. "That means you have eight minutes for each patient, so you end up being incredibly grateful when one doesn't show up. People go into primary care because they love it, they like talking to people. But you can't do that anymore."

Primary care doctors work some of the longest hours with some of the most challenging cases but aren't paid accordingly, especially if they treat indigent patients, said Dr. Stanley Amundson, director of Scripps Mercy Hospital's Internal Medicine Residency Program.

When a patient comes in sick and malnourished, "we're the ones who are supposed to find them food," he said. "The cardiologist doesn't do that."