

IN DEPTHA3

# U.S. FACES DOCTOR SHORTAGE; SOME SEE A CRISIS

JANET LAVELLE • U-T

Primary care is expected to be hit especially hard

In San Diego and around the country, July is a pivotal month for doctors in training.

New medical school graduates are eagerly starting hospital residency programs to gain real-world training in specialties from internal medicine to pediatrics. Residency graduates are happily moving on, entering the workforce or continuing their education in fellowships that will lead to more lucrative subspecialties.

What track the residents will take, and how many can be trained each year, will have a deep and lasting effect — not just for each trainee, but also for the future of American medicine.

Experts said the country faces a looming shortage as baby boomer doctors age, with nearly a third of physicians expected to retire in the next decade. Federal health-care reforms will hasten the shortage as millions of people get health insurance and regular medical care for the first time.

At the same time, too few are being trained as doctors. While medical schools are slowly expanding, residency training programs face limited expansion because their revenue comes in large part from Medicare, which capped much of its funding at 1996 levels.

The shortage is expected to be acute for doctors in primary care — family medicine, pediatrics or internal medicine — who will serve as the gateway to medical care under federal reforms. By 2020, a shortage of more than 91,000 doctors is expected nationwide, with half just in primary care.

"I would label this a crisis," said Dr. Atul Grover, chief advocacy officer for the Association of American Medical Colleges. "In the next five to 10 years,

SEE **DOCTORS** • A2

---

# DOCTORS • Medical school debt often influences career path

FROM A1

if we don't increase Medicare funding for these (residency) programs, we're going to have a real crisis of access to medical care in this country."

All of that served as a backdrop in San Diego this summer, as 127 students graduated as doctors from the UCSD School of Medicine last month and scattered to join residency programs across the country. Meanwhile, dozens of newly minted M.D.s started residency programs at UCSD Medical Center and Rady Children's Hospital, several Scripps hospitals, Kaiser Permanente and the San Diego Naval Medical Center.

Those trainees generally come burdened with debt — the median medical school debt is \$160,000 — and look forward to earning a modest stipend during their three- or four-year residency. Trainees said the debt often influences whether they do primary care — with its comparatively low pay, long hours and high stress — or a post-residency, three-year fellowship to train for a highly paid subspecialty.

In conversation, few seem to have factored in the nation's increasing need for primary care doctors.

"One of the big challenges is the economic reality that trainees face," said Dr. Dustin Lillie, director of UCSD's Family Medicine Residency Program. "A lot of prospective students are discouraged just by having those huge medical school debt loads and unsure how they'll pay that off."

Even medical students who choose a primary care residency still may continue into a fellowship. That's especially the case in internal medicine, often the launching pad into highly paid subspecialties such as gastroenterology or oncology. This year, just two of the 25 graduates from UCSD's Internal Medicine Residency Program will do primary care, program director Dr. Elaine Muchmore said.

Typically, 60 percent of the program's graduates enter a subspecialty fellowship and nearly all of the rest become hospitalists — physicians who work solely in a hospital setting.

"I think the last couple of years, there has been more interest in the medical school and with incoming entrants in primary care," Muchmore said. "But earning potential is a major factor in not choosing primary care."

Surveys show those in a primary care family practice can expect a starting salary of \$175,000 a year, compared to \$330,000 for gastroenterology or \$400,000 for orthopedic surgery. For Dr. Katie Sagrero, who finished her family medicine residency June 30, paying off her \$260,000 medical school debt was a major factor in her plans. Sagrero is leaving San Diego to work at the One World Community Health Center in Nebraska, rather than pursue an academic medical position at UCSD.

She will be caring for Somali refugees, Latinos, American Indians and other traditionally underserved groups.

Sagrero, 29, will be one of 8,000 clinicians in the National Health Service Corps, a federal program that repays medical school debt for primary care doctors working in underserved areas. The corps repays up to \$170,000 in loans for a five-year commitment.

"If more premedical and medical students were aware of these loan repayment options, I really think there would be less fear about entering primary care," Sagrero said. "I really think primary care, and especially family medicine, is a really rewarding field. There is something very special about taking care of the whole family that is hard to quantify."

Dr. Lauge Farnaes and his wife, Dr. Nicole Coufal, took a different path to finance their education. The couple, in their early 30s, entered the UCSD Pediatrics Residency Program this month after each earned a combined M.D. and Ph.D. through the UCSD School of Medicine's highly competitive, federally funded Medical Scientist Training Program. The program covers all educational expenses for students studying both medicine and biomedical research.

Although Farnaes and Coufal are in a pediatrics residency, they may end up practicing primary care medicine only part time or not at all. The medical scientist program is designed to train academic physicians who split their time among research, teaching and clinical care.

"Starting with no medical school debt is really awesome," said Coufal.

There's always been "tension" about whether medical schools should push students in a particular direction based on national projections that could be inaccurate, said Dr. Jess Mandel, associate dean for undergraduate medical education at the UCSD School of Medicine.

UCSD revamped its curriculum last year so incoming students are teamed with primary care doctors and participate in clinical care throughout medical school, he said. The change was made to improve instruction, but could result in more students pursuing primary care, he said.

"We think the change in curriculum will give students a deeper understanding and experience in primary care," Mandel said.

For Dr. Elisa Ng, it was her experience with two patients that determined her future. Ng is one of the two UCSD Internal Medicine Residency Program graduates going into primary care. She will begin working at San Diego's Kaiser Permanente in September.

Ng originally planned a fellowship in hematology/ oncology. But throughout her three-year residency, she worked every week at an outpatient clinic at the Veterans Affairs hospital in La Jolla. There, she got to know a chronically ill patient who often would come just to talk, especially about his 101-year-old father, a World War II veteran. She was touched to become part of his life and be able to comfort him when the father died in January.

She also became close to a patient with chronic obstructive pulmonary disease who continued to come to the La Jolla clinic to see her even after his family moved him to their Palmdale home.

"I would be on the phone every couple of weeks to check in on him," Ng said. "I thought, that's what primarycare is all about. I realized that's what I want to do the rest of my life."

[janet.lavelle@uniontrib.com](mailto:janet.lavelle@uniontrib.com)