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Print Page

Close Window

Doctor shortage

No easy solution, but these steps should help in the long run

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(Peter Dunlap-Shohl)

The report from the Alaska Physician Supply Task Force is blunt: "Alaska has a shortage of physicians. ... The shortage is very likely to worsen over the next 20 years as the state's population increases and ages."

It would take another 375 doctors -- a 28 percent increase, right now -- to deliver Alaskans the same level of care as in the Lower 48. In rural Alaska, doctors are already scarce; one in six positions goes unfilled.

While the shortage is not yet a crisis, according to the task force, it does leave patients scrambling to find doctors and drives up recruitment costs for hospitals and health centers.

Alaska's doctor shortage was a long time developing, and it will take a long time to fix. There is no instant solution. Simply raising pay rates for doctors, as a free-market economist might suggest, won't work. Alaskans already spend about 40 percent more on medical care than Lower 48 residents, and there is still a doctor shortage.

To fix it, we don't have to wait for global warming to turn Alaska into a more hospitable destination for doctors. We don't have to invest tens of millions of dollars to start a medical school here (although the task force suggested that would be a wonderful idea). Some relatively modest, practical steps should eventually help, according to the task force.

Alaskans are guaranteed 10 slots a year at the University of Washington's highly acclaimed medical school through a tuition-reduction arrangement known as WWAMI. Students have an incentive to set up shop in Alaska when they graduate; otherwise they have to pay back their tuition savings.

The report says Alaska should find the funding needed to add 20 slots to the WWAMI program. Since the medical students spend their first year doing course work here at the University of Alaska Anchorage, UAA would need some more money as well to handle them.

Students who don't enter the highly competitive WWAMI program should be able to get state loans to cover the high cost of medical school. To encourage them to return to Alaska, the state could forgive a portion for each year the new doctors practice in Alaska.

Another way to attract doctors is to expand on-the-job training slots in Alaska for third- and fourth-year medical students. Alaska hospitals offer training in some medical specialties, which helps encourage doctors to settle here. States typically help hospitals underwrite these medical training slots; Alaska should see how it can most cost-effectively invest in this area.

If there were a huge pool of doctors nationwide, Alaska would have an easier time of it. But there's a squeeze across the country, in part because years ago medical schools thought they saw a doctor glut coming and capped the production of new physicians. At the same time, other changes helped make medicine less attractive as a career -- the long, demanding hours, combined with constant

pressure to control costs and administrative hassles from private insurers, HMOs and government.

So Alaska will have a tough time getting all the physicians we need in the coming years. If state leaders will follow the task force's recommendations, though, the job will be more manageable.

BOTTOM LINE: There's hope for dealing with Alaska's doctor shortage, but progress won't be quick.

Who's up, who's down

Down - Sarah Palin camp: Hey, who's runnin' the Belle of Wasilla's campaign? Those GOP "issues" ads are stealin' the spotlight.

Down - Tony Knowles camp: Twice and would-be future gov's team makes ads hot issue. They'll be gone soon. Then what?

Down - Republican Governors Association ads: Oh, they don't tell anybody how to vote, oh no. You folks are lame. You have no shame. Stay out of the game.

Neutral - Andrew Halcro: Talks straight. Takes heat. Has honesty, intelligence, decency. Even has a running mate. Hasn't got a chance.

Down - SAD Alaskans: October light is short. Our mascot is Eeyore.

Up - PFD Alaskans: Hey, \$1,106.96 is better than light therapy. Smile, Pooh.

Up - Weed warriors: Begone, purple loosestrife! Keep Alaska's streams safe for fish and fireweed. No heyday for the May Day! Long live black spruce!

Up - Heating fuel donors: Villages say no to Citgo and Chavez; fishing companies and others fill gap. Which leads us to ...

Down - Oil companies: Exxon, BP, Conoco Phillips: You knew Bush Alaskans were over a barrel. So where were you? Counting those record profits?

Down - Pacific salmon farms: Just as we thought -- lousy with sea lice, infecting their betters. Real salmon can't be farmed, Jack. Spawn wild, swim free.

Up - Flag football players: No scholarships in it? Too bad, but the gals love the game and they're playin' for keeps.

[Print Page](#)

[Close Window](#)

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Print Page

Close Window

Congressional field hearing explores doctor shortage in Alaska

By RACHEL D'ORO, Associated Press Writer

(Published: February 20, 2007)

ANCHORAGE, Alaska (AP) - Alaska's ongoing shortage of primary care physicians will worsen without drastic measures, doctors and other experts said Tuesday at a congressional field hearing to explore a dilemma spreading in rural areas of an aging nation.

In Alaska, the problem is most acute in rural areas and for Medicare patients increasingly rejected because of severe cuts in reimbursement rates, according to testimony at the half-day hearing. Speakers also noted a trend of young doctors, saddled by exorbitant school debts, being lured by specialty practices that are more lucrative than primary care fields.

Most of the state's 670,000 residents live in areas connected by roads, but scores of residents in outlying communities must travel for some health care services, said Karleen Jackson, commissioner of the state Health and Social Services Department.

"The shortage of physicians in Alaska - particularly in our rural and frontier areas - must be addressed within the context of our larger health care system challenges," Jackson said.

Alaska, with no medical university and little in-state training opportunities for new doctors, is among the most challenged in access to health care, said Ross Tanner, president-elect of the Alaska State Medical Association.

The state currently faces a 30 percent doctor shortage, and has only one residency program to train no more than a dozen students. Additionally, recruitment costs are as high as \$200,000 to attract a single doctor.

"The current physician work force environment in Alaska is in crisis," Tanner said. "This is particularly true when taken in the context that Alaska needs to recruit physicians from other parts of the country at a time when a nationwide shortage of physicians is projected to be from 80,000 to 200,000 - truly alarming numbers."

Compounding the problem, the expected shortage coincides with an aging population. In two decades one out of five Americans will be at least 65 years old, said U.S. Sen. Lisa Murkowski, R-Alaska, who coordinated the hearing. Alaska is not only among states grappling with a lack of doctors, it also has one of the fastest growing elder populations in the nation.

That has illuminated another festering problem: low Medicare reimbursements.

"Recent federal reductions in Alaskan Medicare reimbursement rates have been so severe that physicians report reimbursement rates are only 40 percent of the actual cost of treating patients," Murkowski said. "Losing money by accepting Medicare patients has meant that many, many physicians have stopped accepting Medicare patients entirely. My office hears from seniors who call physician after physician, but can't find a doctor who will accept them."

Wayne Westberg, a 68-year-old Anchorage resident, said he is still working full time as a drilling contractor. But through no choice of his own, Medicare has replaced his regular insurance for primary medical coverage - if he could find a doctor to take him as a patient.

"Virtually, nobody is taking any new Medicare patients," he said during a public comment session. "It's a bureaucratic hassle trying to collect for Medicare."

Murkowski recently reintroduced legislation she said attempts to offer some solutions to the rural divide of health care.

The proposed Rural Physicians Relief Act would give doctors a \$1,000 tax credit for each month they provide primary health care in designated rural parts of the country. Doctors with a high percentage of patients from so-called frontier areas also would be eligible for the incentive.

"We recognize it's just one aspect of a fix," Murkowski said after the hearing.

Among other possible solutions suggested by speakers Tuesday: Reform the Medicare payment system to realistically reflect physician costs, create programs to help students deal with medical school debts and lift caps on government funded residency positions.

[Print Page](#)[Close Window](#)

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