

# PITTSBURGH TRIBUNE-REVIEW

## Lawmakers seek ways to keep young physicians in Pa.

By Robin Acton  
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Dr. Kris Gopal worries about the future of medicine in Pennsylvania.

As he watches the number of licensed physicians drop every year, he fears a day when there will not be enough of them to meet the state's medical needs. Gopal, president of the Allegheny County Medical Society and a surgeon for 30 years, wonders what will happen as the aging baby boomer generation's health care demands increase.

"Pennsylvania really is going to see a health care shortage," Gopal said. "A lot of the physicians now are 55 and older. In 10 years, who's going to take care of everyone in Pennsylvania?"

Even as the number of doctors nationwide increased overall, Pennsylvania experienced a dramatic loss of physicians in the last two decades that is leaving its residents underserved in many areas, according to the Pennsylvania Medical Society's report "The State of Medicine in Pennsylvania -- 2005."

The decline in numbers coincides with a graying of the existing workforce and a period in which medical malpractice insurance rates climbed and third-party reimbursement rates for Medicare and Medicaid dropped, the society found.

The state Department of Health this past year reported a significant decline in licensed physicians from 2002 to 2004, when the number of physicians eligible for the two-year license renewal went from 54,409 to 50,991. From that group, 2004 renewals totaled just 43,972, according to the department.

In 1998, there were 36,500 physicians in Pennsylvania with Medicare identification numbers that permit them to bill for Medicare services, the medical society reported. That number had dropped to 32,000 by 2004.

"Now, it's at 26,328. That's the lowest number I've seen," said Chuck Moran, a spokesman for the Pennsylvania Medical Society.

Although it is no secret that Pennsylvania loses physicians every year, no one knows exactly where they are going, Moran said. The agency does not track departing doctors. Moran said he has heard only anecdotally that they are relocating, cutting back to part-time hours or retiring early.

While the American Medical Association does not track doctors' movement between states, it maintains a master file of data with school, residency and licensure information for physicians.

The data is being analyzed for a study conducted by the Association of American Medical Colleges' Center for Workforce Studies. The director, Edward Salsberg, said the ongoing study's purpose is to track the geographic distribution of physicians to identify the nation's underserved areas.

"The West and the South have been growing in the past 30 years, and we've seen a lot of migration of physicians to those areas," Salsberg said.

Salsberg said that although he has not completed a specific analysis on Pennsylvania, he believes the state follows national trends for retention of its medical school graduates. About 35 percent of the graduates from the state's six accredited medical schools remain here to practice medicine, while the national average is only slightly higher at 39 percent, he said.

"It's not out of line with the rest of the nation," he said.

However, the Pennsylvania Medical Society's report portrays the situation as much worse, noting that fewer resident physicians -- doctors in training and looking for permanent jobs -- are staying here. In 2004, just 7.8 percent of the residents set up practice in Pennsylvania, down from 50.5 percent in 1994, the society indicated.

Research suggests that Pennsylvania is not unique in its need for doctors. Last year, the American Medical Association listed the state among 17 facing a medical liability crisis that is causing patients to lose access to care.

Michigan, New York, Florida, Arizona and other states also report physician shortages in various areas, including primary care, according to the American Association of Family Practitioners. The organization found that Nevada, Arizona and Florida are among the states facing the greatest need for family physicians by 2020.

Gopal, who practices at several hospitals, including Jefferson Regional Medical Center, UPMC South Side and Mon Valley Hospital, said he's seen friends head to North Carolina and other states that are more profitable. But he's also found that some of his older colleagues are simply calling it quits, which suggests that advancing age of the current physician workforce might be a critical factor in the decline.

A 2006 health department report, based on a 2004 mandatory survey linked to physician licensing, pegged the average age of Pennsylvania's practicing physicians at just older than 48 years, with 8.2 percent listed as 65 or older and 11.3 percent under 35 years old. Most of the state's practicing physicians, 45.6 percent, are between 35 and 49, the survey showed.

"We don't have young physicians anymore," Gopal said. "They're in debt -- some as much as \$200,000 -- when they get out of school. Young physicians are looking for a better chance to practice somewhere they can make money."

Nationally, Salsberg added, one out of three physicians is 55 or older.

"There are definitely a growing number of older physicians, with a large cohort nearing retirement age. And because Pennsylvania is one of the more established states, you'll see more retirements," he said.

State Rep. John Shapiro, a Montgomery County Democrat, this past week introduced legislation to help curb the state's decline in physicians, calling it "a crisis that needs to be addressed now." He introduced a bill that would forgive doctors 10 percent of their medical loans each year if they agree to practice in Pennsylvania for a decade.

Dr. Adam Gordon, a professor at the University of Pittsburgh Medical School and president-elect of the Allegheny County Medical Society, said the organization welcomes the proposal as a means to lessen medical graduates' financial burden and retain doctors.

"In Pennsylvania, we have some of the best medical schools and residency programs. However, on an economic basis alone, other geographic areas have less costs to start or join a practice and reimburse more," Gordon said. "If we consider physician practices like another service industry, the commonwealth is not an economically attractive environment."

Nevertheless, Dr. Heather Stock, a first-year internal medicine resident at PinnacleHealth in Harrisburg, plans to stay in Pennsylvania and work as a primary care provider in an underserved, urban area.

"It's just something I've always wanted to do," she said.

Stock, 26, a graduate of the Pennsylvania State University College of Medicine, said she favors Shapiro's proposal as a way to alleviate her medical school debt of \$180,000. However, she doubts that many other young physicians would embrace it because of the length of the commitment and because physicians who leave before the 10-year time period would be required to pay the money back with interest and penalties.

"I don't think that enough people are going to go for it in time to stop the shortages predicted for 2010," she said. "I think there's going to have to be additional legislation to stop the shortage."

Some states -- including California and Texas -- have seen increased applications for medical licenses after revamping their medical liability laws, the American Medical Association has reported.

Gopal explained that physicians in high-risk specialties find other states much more attractive than Pennsylvania because the cost of medical malpractice insurance is much higher here. He said his annual premium is about \$35,000 because he specializes in colorectal surgery that is not considered high-risk.

"But if you're in a high-risk specialty, like gynecology, or orthopedics, or cardiology, it's usually \$50,000 to \$70,000. And if you have had cases with complications that ended in malpractice suits, it goes much higher," Gopal said. "I've seen it as high as \$135,000."

The Texas Department of Insurance reported that insurance premiums have dropped significantly since 2003, when noneconomic medical malpractice damages were capped at \$250,000. For many physicians, annual premiums were reduced by some 20 percent, with some high-risk specialties now paying about \$30,000, according to the department.

By 2004, just a year after the reform measures were implemented, Texas realized a 5 percent increase in the number of its practicing physicians, the department found.

Reimbursement levels for Medicare and Medicaid, which often are based on geographic area rather than actual costs under formulas set by the government, are lower here than other states, according to the medical society's report. The problem is compounded because the number of uninsured has increased, which often results in a "sicker, more costly patient" seeking medical treatment.

"For no obvious reasons, other states -- like North Carolina, Montana, Idaho -- get higher reimbursements," Gopal said.

Although some physicians are skeptical as to whether a loan forgiveness program is enough to stem the tide of departures from Pennsylvania, Gordon believes it may help to persuade some young doctors to stay.

"In particular, I am hopeful that this can help recruit physicians to rural and medically underserved areas, where physicians are sorely needed," he said.

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