



Q & A from Ohio MGMA February Webinar: “Who Will Save Primary Care?”

1. Is there anything else that we can do as medical practice administrators to address these issues?

On a global level, the key to addressing the physician shortage (in primary care and medical specialties) is to remove the current cap on CMS funding of graduate medical education. Practice administrators can advocate for this through the MGMA, which may already be in support of existing legislation calling for a lift on the cap. The Association of American Medical Colleges (AAMC) is pushing hard for this and the MGMA may be supporting its efforts.

The only immediate recourse for individual group practices is to structure the practice in as physician friendly a manner as possible, in order to attract doctors seeking a haven from the challenges of the current medical practice environment. Many of these doctors are opting for hospital employment, locum tenens, administrative work and other alternatives to traditional practice settings. Groups that can offer physicians clinical autonomy while minimizing the reimbursement and management challenges of private practice will be in a relatively favorable position.

2. Do you need to change our philosophy on recruitment of physicians?

I'm not sure what your current philosophy is, but in general I think groups have responded to what is a buyer's market. They must focus on the “primacy of the work place,” creating an environment likely to attract today's physicians (see comments above). They also will need to accommodate the changing work patterns of physicians, embracing part-time doctors, establishing concierge practices where viable, incorporating locum tenens, etc.

3. Should we plan to have more midlevel providers in our practices in the future since we may not need to recruit physicians?

I would not want to suggest that practices will not need to recruit doctors, or that midlevel providers will take the place of doctors. Growing patient morbidity/complexity means doctors must remain at the center of the system. The doctor shortage means physicians must practice to the highest level of their training, conceding routine care to midlevels. The team approach will become more important, but physicians will still be the quarterback of the team.

