

Initiative aims to attract primary care doctors to Rochester area



Written by

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An initiative launched by Excellus BlueCross BlueShield, four local hospitals and a network of community health centers is intended to attract more primary care doctors for adults.

The initiative will recruit doctors in family and internal medicine by providing about \$600,000 annually for each of the next four years to help pay off their debt from educational loans.

A minimum of 20 primary care physicians will be helped by this program by 2015, although the actual number is expected to be higher.

Most of the \$2.4 million needed for this initiative will come from a surcharge on the hospital bills that Excellus pays for its policyholders. The surcharge, which is not paid by the patient, is estimated to be about \$20 for a billing and will go into a

fund used for the program.

The surcharge will begin next year.

Backers of the initiative say that it will be cost-effective, attracting primary care doctors who will end up holding down medical costs and provide care in some city neighborhoods and rural areas.

Such savings, they say, should outweigh any concerns that the costs in Excellus policies might increase to cover the surcharge. **The initiative has the backing of the Rochester Business Alliance.**

"It will help guarantee access to primary care over the next decade," said Dr. Wallace Johnson, director of the Center for Primary Care at the University of Rochester Medical Center.

Primary needs

Primary care doctors in internal and family medicine are typically the physicians that adults see on a regular basis and are

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important in preventive care and in maintaining the health of their patients. Proper care can avoid more costly hospital visits. If necessary, these primary care doctors refer patients to specialists.

Bryan Hetherington, chief counsel for the local Empire Justice Center that provides legal services for low-income people, said that the initiative makes good policy sense.

"This is a smart move. You are going to pay less for care and it will be patient-centered," said Hetherington about the importance of attracting more primary care doctors.

Currently, about 600 of the 2,800 doctors in Monroe and the neighboring counties are primary care physicians in family or internal medicine, said Dr. Martin Lustick, senior vice president and corporate medical director for Excellus.

That 600 number has stayed stable for the past three years, but about half of these doctors practice half time or less.

"Although we don't have a crisis, we are going in the wrong direction," said Lustick.

Deb Peartree, spokeswoman for the recently formed Rochester Integrated Health Network, said the shortage of primary care doctors is apparent in parts of Rochester.

"It's hard to find a doctor in some neighborhoods," said Peartree, whose group represents local health centers and

hospitals and is concerned with providing accessible and quality care to low-income residents.

Recruitment lures

Medical school graduates, according to Lustick, on average complete their schooling with a debt of about \$150,000.

While primary care doctors are well-paid, they make significantly less than specialists, said Johnson. He noted that during their first years in practice, it's not unusual for doctors to have loan repayments of several thousand dollars a month.

The initiative is intended to attract doctors who have completed their resident training and are about to go into practice.

Doctors who receive funds from the initiative must use the money for repayment of their educational loans and commit to four years of primary care practice in Monroe or adjoining counties.

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Joining Excellus in this initiative are Highland, Strong Memorial, Unity and Rochester General hospitals, as well as the Rochester Integrated Health Network.

Each of the four hospitals will contribute \$30,000 a year to the initiative so that the total raised from the surcharge is \$480,000 annually. Lustick estimates that a surcharge in the range of \$20 a patient — paid by Excellus — will raise the necessary funds.

The four hospitals and the Integrated Health Network will each get \$120,000 a year to give to primary care doctors they recruit.

Each of these five institutions will decide how many recruits should get a part of the \$120,000 and don't have to recruit the doctors for their hospitals.

"The idea is to boost the total number of primary care doctors" said Johnson, noting that doctors already in primary care won't be eligible.

Strong and Highland hospitals, added Johnson, are both likely to divvy up their \$120,000 shares among two or three recruits.

Primary care doctors, said Johnson, are most needed in private practices that don't have guaranteed salaries.

Other communities around the nation, said Johnson, have also launched initiatives to attract primary care doctors.

But he knows of no other community that has seen the major insurer work closely with the major hospitals on such an initiative.

"It forces the health care system to push the envelope in getting primary care doctors to underserved areas," Johnson said.

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