

# What's Crazy about Primary Care in Rhode Island

By Michael Fine

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Last week, a dear friend, whom I've known since she was a child and who is now pushing forty, shared some troubling news. Her family doctor had left, and they were struggling to find a new one. This predicament wasn't just affecting the adults in their household; it also concerned their nine-year-old daughter, whom they planned to sign up at an adolescent clinic when she turned ten. In the meantime, they were resorting to urgent care for her healthcare needs.

That's crazy. Kids need their own doctor. Everyone does.

Why is it so essential to have a family doctor physician you trust? The answer is straightforward. Everyone needs a healthcare advocate who knows them, their family and their community, who understands healthcare and medicine, and can guide you when you're sick and help you prevent avoidable diseases and early death when you are well. In a world filled with confusing medical information and profit-driven interests, having someone you can rely on to provide honest advice is crucial.

Studies consistently show that places with more primary care physicians per 10,000 people have longer life expectancies, lower mortality rates from cancer and heart disease, reduced infant mortality, and lower healthcare costs. The evidence is clear: the quality of your relationship with your healthcare clinician matters, as it significantly influences your health and well-being.

So, why is it becoming increasingly difficult to find a doctor in Rhode Island? The answer is simple: we are not training enough doctors in general, and especially not enough primary care physicians. Of the approximately 22,000 doctors trained in the United States each year, only about 20 percent choose primary care. In addition, we are facing a massive wave of retirements, with 10,000 to 20,000 primary care physicians retiring each year. In 2021 alone, 28,000 retired due to the challenges of the pandemic. That's extremely troubling in a nation that is only training about 22,000 new physicians altogether -- and 5,000 new primary care physicians a year.

In Rhode Island, the situation is better than in other places but is also dire. In 2018, we had only 905 primary care physicians, and 44 percent of them were over fifty-five, indicating that many would likely retire within the next decade. Our medical residencies have been unable to bridge this gap, producing only a handful of new primary care clinicians each year. If we follow the guideline that every thousand Rhode Islanders should have access to a primary care clinician, we are short over a hundred primary care clinicians. But we may be short more: we may be short by as many as 1,200 primary care clinicians if we need one provider for every 500 residents, which is what some experts now think.

(While the United States trains approximately 36,000 nurse practitioners annually, only a small percentage choose primary care. The same goes for physician assistants, with just 17 percent opting for primary care. The numbers simply do not add up to meet our primary care needs.)

Brown University's Warren Alpert Medical School, the only medical school in Rhode Island, enrolls 150 medical students each year. In 2023, only eleven of them chose family medicine, the most likely path to a primary care career. But the majority of these medical students are not native Rhode Islanders, which further exacerbates the problem. Likely only six to ten of each medical school class went to high school in Rhode Island, even though there are over a hundred medical school applicants from Rhode Island each year. And there is nothing we do now at the policy level to help our medical school applicants go to medical school here and stay here to practice in our communities after training. The same is true for nurse practitioner and PAs students.

But we can change.

First, Brown University could reserve fifty percent of its medical school class for Rhode Islanders who commit to practicing primary care in the state. To incentivize this commitment, these students should receive free tuition, with those pursuing non-primary care specialties paying significantly higher tuition. This approach would not burden specialists, as most have the earning potential to offset the increased tuition costs.

Or Rhode Island could establish a public medical school dedicated to primary care, with every student we train graduating with an obligation to practice for five or ten years in our communities. While that may require a substantial initial investment, the potential long-term savings in healthcare costs are significant. Investing \$100 to \$300 million in a primary care medical school could lead to annual savings of up to \$800 million, based on evidence suggesting that every Rhode Islander having a primary care physician could save 10 percent or more of Rhode Island's current healthcare expenses.

Impossible! you might say. Rhode Island is never going to build a new medical school. Brown is never going to take more Rhode Islanders. Our hospitals are never going to focus on training the physicians we need, instead of the specialists they use to strengthen their bottom lines.

Sadly, you're probably right. But if all my colleagues who teach at Brown and in our hospitals and went on a teaching strike, and refused to teach until Brown and the hospitals did their part, I guarantee Brown and the hospitals *would* do their part, also in a New York minute, because they can't function without clinical teachers, the bulk of who are unpaid volunteers, at least at the medical school. Or lots of Rhode Islanders could talk to their state reps and state senators about the need for a public primary care medical school, and get the legislature to fund and authorize such a school.

Which tells me what is really crazy. My colleagues, who suffer under the burden of too much work, actually have control of the situation at Brown. The rest of us actually have the ability to make sure a public primary care medical school is built in Rhode Island. We can provide primary care to all Rhode Islanders. if we only we stand up together and act.

Only we haven't yet.

Blame the state and Brown and others if you like. But at the end of the day, we can help make a health care system for Rhode Island that is personal, rational, effective and just. If we act. Together. For once.

It's crazy that we don't.