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Severe Dearth of Doctors Forecast for Maryland

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Much of Maryland faces a doctor shortage that could become severe by 2015, forcing patients to wait longer for appointments, search for specialists and turn more frequently to emergency rooms for help, according to a report released yesterday.

Southern Maryland is expected to be hit hardest — the region lacks physicians in most categories now — with Western Maryland and the Eastern Shore close behind.

With nearly one in three specialists older than 60, Montgomery and Prince George's counties will confront a surge of retirements. The two jurisdictions already count fewer general surgery physicians and residents per

100,000 people than any area in the state but Southern Maryland.

The report by two state health-care groups says the impact will be felt most acutely in overextended emergency rooms, where finding specialists for on-call duty is difficult today. It urges medical and elected leaders to take "bold steps" to attract and keep clinicians but includes no price tag for nearly a

dozen suggested actions, including higher physician fees and incentives to draw doctors to rural areas.

"This is an escalating crisis," said Martin Wasserman, executive director of MedChi, the Maryland State Medical Society, which commissioned the analysis with the Mary-

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Doctor Shortage Expected to Be Most Severe in Southern Md.

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land Hospital Association. "We've reached a turning point."

The groups are the latest to warn of serious trouble because of a shortage of health professionals. This fall, a coalition of hospital executives and nursing educators predicted a shortfall of 10,000 nurses within a decade and proposed spending \$59 million to expand local training programs.

The issues are not confined to Maryland. A Northern Virginia alliance of hospitals and colleges is halfway through a four-year initia-

tive to increase the ranks of nurses and other health-care workers and fill thousands of positions that by 2020 are projected to go wanting without action. By that same year, the American Medical Association foresees a national shortfall of 20,000 doctors. Cities with academic medical centers, such as the District, will probably fare better.

The pressures stem from an aging population and physician workforce, little growth in medical education programs and rising demand for health care. In such places as Southern Maryland, booming development exacerbates the need.

St. Mary's, Charles and Calvert counties have only 44.4 primary care physicians per 100,000 residents, well below the state average of 57. They have barely four psychiatrists for every 100,000 people, and the report identifies critical shortages there in all other specialties but ophthalmology, urology, neurology and allergy. By 2015, only neurology could have adequate supply to meet demand.

St. Mary's Hospital is spending millions of dollars to pay doctors and surgeons specifically to answer emergency calls and ensure care will be available. It added midwives

to deliver babies and a "director of physician services" to help retain existing staff. School officials, the Chamber of Commerce and business executives all get involved in recruiting new doctors. "It is very challenging," said Christine Wray, the hospital's chief executive.

Statewide, the report says, there are 16 percent fewer doctors in clinical practice than the national per capita average. Some of the biggest gaps are in primary care, emergency medicine, hematology/oncology and thoracic and vascular surgery. The only part of Maryland in decent shape now and for the fu-

ture is the central region — Howard and Anne Arundel counties and the Baltimore area north to the Pennsylvania border.

"Unless medical and political leaders find ways to reduce physician shortages, patient care will suffer," predicts the report by the New York firm Boucher & Associates. Its analysts interviewed administrators at 52 Maryland hospitals and several medical residency program directors and surveyed primary care and specialty care physicians.

Too few physicians are moving in from other states, and only half of medical residents remain in Mary-

land after finishing their training. If that number of residents starts to fall, as some educators fear, the anticipated shortages will worsen.

"The physician gaps are really going to compromise Marylanders' access to health care," said Cal Piereson, the hospital association's president.

The report, presented last month to the Governor's Task Force on Health Care Access and Reimbursement, says Maryland's physician reimbursement rates and malpractice insurance costs must become competitive with those of other states. It recommends lawmakers forgive educational loans for medical graduates who practice in rural areas and calls for regional collaboration in emergency care.