

Who Needs Doctors, Anyway?

Getting Used to Life After Primary Care Physicians

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by Ken Murray



If you think it's hard to get an appointment with a family doctor now, just wait until you're a little older. By 2025, it'd really be best if you avoided getting sick altogether. That's when America will have a shortage of about 40,000 primary care physicians, according to the U.S. Department of Health and Human Services. Money is at the root of the problem (specialists earn a lot more than primary care doctors), and there is no cure in sight. Many of us won't be able to get an appointment. At all.

So what's a patient to do? You may not like the answer, but at least it's simple: become your own doctor. I don't mean you should go to medical school, of course. Nor do I mean you should panic-Google your itchy tongue (more on that later). But you do need to take on a new set of tasks.

Let's look at the three things adult primary care doctors—also known as GPs (general practitioners), or general internists—do best. The first is to offer “episodic care,” meaning the sort of medical attention you get when you come down with something and head over to the doctor's office. The second is to offer preventive care, helping you to head things off before they become a big problem. And the third is to monitor and treat continuing problems like diabetes or high blood pressure.

These are all essential services, and we'll miss them when they're gone. But here's the best way to keep them—sort of—going.

First, when you get sick, use a walk-in clinic. These are usually called “urgent care centers,” and they're often open 16 hours a day, perhaps located in a mall or pharmacy. So if your stomach is hurting like crazy, go consult your yellow pages or Google “urgent care” services in your city. In fact, do it before you eat that suspicious-looking soufflé and get too compromised to make good decisions. Check out the walk-in clinics nearby, write down the info, and put it on your refrigerator, so you have it ready. Here's what you should not do: go to an emergency room with anything other than a true emergency, like a life-threatening problem. Misusing the ER is an incredible waste of time and money.

Second, start taking the lead in your own preventive care. The good news is that the resources are out there, and this wasn't the case even as recently as five years ago. The best place to go is the [website](#) of the US Preventive Services Task Force. This is an entity that was created precisely to allow patients (and physicians) to have the most up-to-date and scientifically supported information on prevention. The recommendations come from non-governmental, non-biased experts, and there are strict rules in place intended to prevent personal biases—and especially monetary biases—from influencing the advice that's offered.

If your research into preventive care reveals that you're in need of some screening service, you can refer yourself directly to a facility that will take care of what you need. For example, go to a radiology center for a mammogram, go to a gastroenterologist for a colonoscopy, or go to a cardiologist for a treadmill. Then hit the

urgent care center for blood tests, x-rays, immunizations, or other referrals. Keep a copy of all tests in your personal health record (for more information on this point, see my [article](#) on preventing medical miscommunications).

Third, if you've got chronic problems that require regular attention, start going to specialists for them. Studies show that primary care doctors do neither better nor worse than specialists when it comes to management of long-term problems such as diabetes, so it's reasonable for you to seek long-term care with specialists, who will still be plentiful, rather than primary care doctors, who may be as rare as giant pandas.

In sum, being your own primary care provider, while not necessarily the most desirable burden to take on, can be a manageable task if you do a little planning and know where to go.

Now, a lot of these suggestions rely heavily on Internet use. That's perfectly fine. But what's not fine is frantically Googling your symptoms and coming up with half-cocked diagnoses. Before you know it, you'll be suffering from smallpox, typhoid, and rabies. Instead, recognize that the worst-case scenario (my sore throat could be cancer!) is not even remotely likely, and stick to sites that offer reputable information. The websites of the [American Academy of Family Physicians](#) and the [American College of Physicians](#) are excellent and open to the public. Catch a free ride with them.

Meanwhile, current primary care providers can do a lot to help adjust to the new shortage. Every primary care physician should have a website, even if it just has updates on epidemics, downloadable forms, and basic information about the practice. This would save a lot of time in the office. Also, primary care doctors should eliminate hospital care from their regular work. Traditionally, doctors pay bedside visits to any patients of theirs who are hospitalized, in order to provide continuity in the patient's care. But the emergence of hospital generalists called “hospitalists”—along with more enhanced communication systems—has largely replaced this need. While it's nice for the patient in the hospital, it's a huge and inefficient drain on a doctor's time.

Primary care providers should also partner with urgent care centers and send all their same-day, sick patients there. This way, they stay on schedule, and their sick patients are seen right away, when it's most convenient for the sick person.

Docs who do these things will have more patients, better informed patients, and restful nights.

Certainly, the shortage of family doctors is going to be a problem, but it also creates opportunities for both patients and physicians to improve existing healthcare outcomes, provided we take the initiative. As for finding a substitute for the deeper sense of reassurance that comes from spending real time with another human being devoted to your health—well, that we haven't yet figured out.

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