

# What's Crazy About 25,000 People Losing Their Doctors

By Michael Fine

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You may have heard that 25,000 people in Rhode Island are losing their primary care doctors because a large practice called Anchor Medical is closing its doors. Not my problem, you might think. Anchor is in Warwick, Providence and Lincoln. Not in Newport, Middletown, or Portsmouth. Or Jamestown. Or South Kingston. I still have my primary care clinician and practice. Even though it was hard to get that first appointment, and sometimes it's hard to get seen when I'm sick. Or I can use urgent care. Or just go to the Emergency Room

But think again. The loss of Anchor Medical will drive up the cost of health care everywhere in Rhode Island, make waiting times longer, make health care even more fragmented, worsen public health, and just may be the straw that breaks the camel's back, the insult that triggers the death spiral of decent health care in Rhode Island.

Say what? They're just primary care doctors. The patients are just 2.5 percent of the state's population. Primary care clinicians don't really matter. And they are far away.

Nope.

Here's what happens now. All those 25,000 people are now looking for a new doctor, and they will have to travel to find one because we have had a shortage of primary care doctors for the last fifteen or twenty years. Which means some of those people will drive

to Newport or Portsmouth or South Kingston. The doctors, nurse practitioners and PAs on Aquidneck Island will each take a few more patients to try to help, because that's the kind of people they are. Which means they will all work harder – but have less time for you and all their existing patients. And that also means they are more likely to burn out. Every time we lose a clinician to burn-out, their workload is passed to their colleagues, who are already doing the work of three or four people, and that means that the remaining clinicians will have to work harder. Which means those clinicians are at risk of burning out as well, a kind of death spiral for primary care.

Some of those Anchor patients will go to urgent care. Which means the lines will get longer at urgent care. Some will just use the emergency room. There will be longer lines in emergency rooms as well. Need to be transferred from Newport or South County Hospitals to Rhode Island Hospital or the Miriam? Guess what the closure of Anchor will do to the wait time at emergency rooms all over Rhode Island.

In addition, all the Anchor patients who can't find a new doctor today, or might not find one for a year or two, won't have as many vaccinations or screenings, tests like mammograms or colon cancer screening or routine blood testing for diabetes or cholesterol, the kind of screening that helps prevent preventable disease. So many people will miss finding a new disease like high blood pressure, heart disease, diabetes, and cancer. Early diagnosis and treatment prevent complications, so the public health will get worse. And the cost will rise again, because late-stage diseases are way more expensive to treat, an expense you'll pay for in your health insurance premiums.

But can't we just pay primary care clinicians better? you might ask. That way we'll attract clinicians from around the country and keep those we have from burning out.

Nope. No can do. There is a huge national shortage of primary care clinicians – we're at least 40,000 short, in a nation whose medical schools are turning out 4400 new primary care clinicians a year. RI Blue Cross is running in the red. The state is running a \$300 million deficit. Our friends in DC are threatening to cut Medicaid. So where would Rhode Island find the money to pay primary care clinicians better if there were any more primary care clinicians to be found?

In fact, only a few, perhaps a third of the Anchor patients, will find new doctors. Which means the rest will go to urgent care or the emergency room when they are sick. Urgent care costs two to three times what a primary care visit costs, and Emergency Department care costs ten times what a primary care visit costs. Those extra costs are

paid by commercial insurance companies, Medicare or Medicaid. And guess what? Those extra costs are also passed on to you as increased premiums or higher taxes.

The Anchor Medical problem is sad, because Anchor is closing for want of \$10-15 per patient per month, less than the cost of cell service or Netflix. It is also sad that no one in government or from an insurance company stepped in to prevent this debacle.

But what is sadder yet is that every primary care clinician and every primary care practice in Rhode Island is operating under the same constraints. Poorly paid, so they can't or can only barely cover their costs. Drowning in unnecessary work and bureaucracy. In the face of a national shortage of primary care clinicians, so there is no cavalry to come, no new recruits to take the places of the brave stalwarts who have fought the good fight but have been worn down by the constant barrage of crazy insurance-company-run billing processes, crazy extra work, a crazy electronic medical record system and all sorts of crazy pharmacy rules and forms and even the crazy notes schools require so kids can be out of school for a day.

I worry that other, larger practices and health care organizations that offer primary care, some of which provide primary care in Newport, might have to close their doors as well. So should you.

And here is what's worse: there is no easy fix. Anchor Medical is the Washington Bridge of health care in Rhode Island. We got here by years of neglect by policy makers, insurers, pharmaceutical companies, retailers, and a thousand others.

Remember, if another large primary care practice fails, more people will lose their doctors, nurse practitioners. and PAs. The costs will go higher and higher, the waiting times will increase, and public health will suffer.

This is crazy.

We have met the enemy and the enemy is us.