Family Practice
Part I--the need

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News
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* * * * * * ...too many doctors? Not in Texas.

DALLAS--Many physicians practicing family medicine in Texas believe that recent government studies and statements about an impending oversupply of doctors amount to scare stories which don't apply to the Lone Star state. In fact, a recent analysis by the U.S. Public Health Service confirms that Texas is actually in need of at least 549 more primary-care physicians.

Marion Zetzman, a doctor of public health and a health service researcher at The University of Texas Health Science Center at Dallas believes the problem is in the distribution of physicians in the state. He says the recent study shows that 57 Texas counties are in need of physicians practicing family medicine, obstetrics and gynecology, pediatrics and/or general internal medicine. These disciplines are classed as the "primary care" specialties by the federal government. The most critical areas are the small towns, where there is no medical care or one or two physicians are burdened with impossible patient loads, and in the ghettos of some Texas cities.

Most of the counties where the need for physicians is greatest are, of course, in the rural areas. However, the study also shows that physicians are also needed desperately in certain areas of San Antonio, Dallas and El Paso, as well as the "Poly" area of Fort Worth. As of June 17 of this year, 22 of Texas's 254 counties had no primary-care physicians, and, according to the public health study the numbers needed are as high as 100-plus in Bexar, the county in which San Antonio is the county seat. Hidalgo County in South Texas, which has a population of 214,200, is estimated to need 34 primary-care physicians, while Ellis County (population 51,300) in North Central Texas is in need of nine primary-care doctors.

The federal government has set standards constituting a patient load of 3,000 or more for each physician as being the minimum standard for defining physician-manpower shortage in an area. However, these guidelines have a built-in sliding scale which makes allowances for lower ratios in communities where there are special problems such as an unusually high infant mortality rate, a high proportion of geriatric patients who need more office visits or excessive dependence of the hospital emergency room for a majority of the people's medical care, a common fact of life in many areas of our large cities.

"Ironically," says the public health specialist, "on paper it might look like Texas is in great shape."

However, when you look at the overall doctor/patient ratio in the state by doing a bit of math with easily available statistics, you get a false picture. According to figures provided by the Texas Medical Association in 1980, there are 14,734 practicing physicians in Texas. The state's population is listed at 11,196,730 in the 1980 World Almanac. If you divide the doctors into the population, you get a doctor/patient ratio of 759 to one. This is even better than the "ideal" patient load some doctors say is 800 per/physician.

However, a quick check of counties with no physicians and a look at the areas that are underserved by primary-care physicians will quickly bring you back to the reality that there are many citizens in our state who lack access to medical care.

Zetzman warns that the above figures, although they look good on paper, are vastly misleading.

"If physicians were evenly distributed among the population, the use of ratios would be valid. But the problem is they're not. You have a concentrated distribution, say in Dallas, in the north part of the city. Also, one-half of the hospitals are in the northern part of Dallas county."

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Another element missing in considering this low ratio is the fact that the 14,734 practicing physicians in direct patient care are not all in primary care. In fact, Zetzman says, 8,361 of that number, or 57 percent, are in other medical specialties, such as general surgery, ophthalmology, otolaryngology, radiology, neurology and psychiatry. The list goes on and on. This leaves only 6,373 of these practicing physicians in primary care. This truer ratio paints a quite different picture: 1,757 patients for each physician in primary care.

In addition, bear in mind that these specialists and subspecialists are heavily settled in more affluent areas in cities such as Dallas, Houston and San Antonio. Few are in small towns. Even fewer--maybe none--have ghetto practices.

In the 60s, says Zetzman, the federal government set top priority on educating more physicians to take care of U.S. citizens. Funds suddenly became available for the training of medical students, and opportunities for matching federal dollars for medical school expansion were an added inducement. A cry went out that our country did not have enough doctors for our citizens now and would not be able to meet the demands of the future. Medical schools across the nation responded.

Shortly after that time UT Southwestern began a new $40 million dollar program to double the number of students it was graduating with M.D. degrees. Class enrollments swelled from approximatly 100 to 200 in a few short years. Other schools were also quick to jump on the bandwagon, and now the government has decided that there are too many physicians being trained. Other federal funds which had become available, such as those supporting medical students, spending time with family physicians in their offices and hospitals to see if family medicine might appeal to them, dried up.

Federal guidelines, attached to the schools' pocketbooks were set in order to see that the increase in the number of physicians would also mean an increase in the primary-care disciplines of medicine. According to these guidelines, this year 50 percent of the most recent graduating class of doctors would have had to enter residency-training programs in internal medicine, pediatrics, obstetrics and gynecology and family practice in order to receive these capitation monies (set fees paid per student by the government).

Yet it was not just the money nor the political directive from the state which triggered the schools' responsiveness. Leaders like Dr. Charles C. Sprague, a product of Dallas himself who grew up in an area of the city which, overall, is medically under served today, responded to the human need in his state. The president of The University of Texas Health Science Center threw his energies and his influence behind the development of the Department of Family Practice and Community Medicine at an institution considered by many to be one of the finest biomedical research centers in the country. Without his continued support and active backing, the family practice residency program, which has now opened new residencies at Wichita Falls, Abilene and St. Paul and Methodist hospitals in Dallas, may not have prospered.

This year Southwestern had approximately 50 percent of its graduates entering residencies at teaching hospitals around the country in the primary-care disciplines of family practice, pediatrics and internal medicine. When you add the number of doctors entering graduate-training programs in ob/gyn, the total is well over the 50-percent guidelines set by the federal government. (While the federal government includes ob/gyn as a part of primary care, figures for entering residents available through the American Medical Association do not.)

In 1979, according to AMA figures, Southwestern had the largest number of first-year residents entering the primary-care training programs of family practice, internal medicine and pediatrics of all the state schools in Texas granting M.D. degrees. A total of 242 residents entered Southwestern's residency programs in primary care. The school was then offering a record 657 residencies in its teaching hospitals.

Only Baylor, a private institution which is much older than the Dallas school, had a larger number of primary-care residents entering training in family practice, pediatrics and internal medicine. In 1979, 246 of Baylor's 645 residents entered these primary-care programs. Texas Tech had the highest overall percentage that year, sending 31 of its 68 graduates (about 46 percent) to these three primary-care residencies. Texas Tech and Texas A&M, the newest two medical schools in the state, both have stated goals of getting out primary-care physicians to areas of need in Texas.

Southwestern is showing itself responsive to the state's mandate to get the physicians out into the underserved areas, also. In 1980, the school's residency program at John Peter Smith Hospital in Fort Worth, the largest on-site training program in family practice, showed an excellent record in this respect. Of the 17 residents in family practice who finished their final year of training, 13 headed to small towns of between 2,500-25,000, as defined by the federal government. These towns were mostly in Texas. Two others chose to practice in small metropolitan areas. Twelve of the 17 did remain in the state, a situation, says Zetzman which is typical. Studies, in fact, have shown that residents are quite likely to stay within a 100-mile area of where they did their residency training.

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The previous year, 11 of the 16 graduating John Peter Smith residents set up practice in small towns, and 11 remained in the state. One entered military service, and 4 went to practice in cities.

"These numbers may not seem very big to you in terms of the need for physicians in a state where many of the doctors are nearing retirement age," says Dr. Bill Ross, for many years a family practitioner in San Benito and for the last three, head of Southwestern's Family Practice Program. "But if you think of it in terms of human needs with each of these doctors who stayed in the state seeing at least 3,000 patients, we're talking about touching the lives of a minimum of 33,000 citizens of our state who need a physician, a confidant, a friend and a counselor.

"Anybody who thinks we don't need more doctors like this in Texas had better open their eyes."

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