

The State of Medicine in Pennsylvania

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To

The Pennsylvania Senate

Republican Policy Committee

By

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Good morning, Chairman Corman and members of the Senate Republican Policy Committee. I am Roger F. Mecum, chief executive officer at the Pennsylvania Medical Society in Harrisburg.

Let me begin today by thanking the Committee for hosting this hearing. Also, let me offer thanks for all that you have done in the past on issues of concern to the patient-doctor relationship. I realize that your work often receives little thanks, but is deserving of such praise.

The goal of this hearing is to talk about affordability, barriers to health care access, and health care innovation. As an organization deeply concerned about health care in our state, many parts of my testimony comes from our State of Medicine in Pennsylvania study that was conducted by a Ph.D. researcher and recently published.

To begin, let's take a look at statistics from the Pennsylvania Department of Health regarding the total number of physicians engaged in direct patient care.

You should know that as part of the licensing renewal process, all physicians must complete a survey every two years. This survey has a nearly 100 percent completion rate. Within the survey, the DOH attempts to assess the current workforce and asks questions to determine if the licensee is involved in direct patient care or not.

When you compare the last two licensing renewal cycles – 2004 and 2006 – there is a clear drop in the total number of physicians involved in direct patient care. And, that drop isn't small. It's roughly 1,600 physicians.

Also, looking at data from the DOH, we do not have nearly the total number of physicians engaged in direct patient care as once was previously thought. According to DOH statistics from the last licensing renewal cycle, Pennsylvania had nearly 24,700 physicians engaged in direct patient care including physicians-in-training.

The data from the DOH is likely the best assessment of the physician shortage in Pennsylvania as it doesn't double or triple count instances in which physicians moonlight or move from residency to full-time practice.

Unlike the rest of the nation, Pennsylvania's physician numbers have not been growing, and in fact appear to be declining. As a state, Pennsylvania is ranked 37th for physicians per 10,000 elderly persons. Since 1997, the number of certain specialists such as those in neurosurgery, cardiology, internal medicine, and family medicine has seen declines. And, by almost any measure, Pennsylvania's physician population is aging. Half of the commonwealth's physicians are now age 50 or older.

So, upfront, let's all recognize that Pennsylvania physician supply is dropping.

Meanwhile, workload is increasing.

Although our state population is growing slowly, Pennsylvania is an aging state. And, as we all know, the older we get, the more health care services we typically need.

Plus, people are living longer thanks to better medicines and advancements in health care technology.

In a nutshell, an issue of great concern to the Pennsylvania Medical Society is the fact that health care supply is not keeping up with health care demand. And, to add to our concern, Pennsylvania has a national reputation for not being an attractive state for physicians to practice medicine.

Why do we have a national reputation?

Historically, state-mandated medical liability insurance costs are some of the most expensive rates in the country. This information is easily available to anyone via Medical Liability Monitor.

Also, Public Citizen ranks Pennsylvania as one of the lower states for Medicaid reimbursement.

Pennsylvania also shares some national problems that possibly our state can begin to address.

For example, a major barrier for a person interested in health care is the cost of a medical education. It's not unusual to incur student loan debt greater than \$120,000.

Young physicians owing the bank so much money are more likely to practice in states with lower overhead costs, greater reimbursement, and/or student loan forgiveness programs.

Now, I ask this committee, if you were 28 years old and just completing a residency program while owing more than \$120,000, would you move to a state where overhead costs are higher? Would you move to a state where reimbursement is lower? And, would you move to a state that does not offer some programs for student debt forgiveness?

Unless you have a family connection, chances are you would not.

Finally, let me mention one more concern that needs to be raised. That concern is defensive medicine. A 2001 study by the Pennsylvania Medical Society estimated that 89 percent of Pennsylvania physicians practice defensive medicine.

Defensive medicine is unnecessary medical procedures and medications prescribed by the physician to the patient primarily to avoid a lawsuit. While we have not studied the total financial impact of this situation, it's reasonable to say that it drives up the cost of health

care. Furthermore, the fear of lawsuit abuse drives a wedge between patients and their physicians.

While our state has made some strides in weeding out meritless claims by passing some tort reforms, unfortunately, lawsuit abuse continues to be a part of Pennsylvania's reputation on a national level. And, that makes our state appear less attractive within the physician recruitment process.

If Pennsylvania wants to change its national reputation, then it must work to address its issues. I worry about who will be taking care of patients 10, 20, and 30 years from now. Can we turn around this supply problem? If not, we're heading in the wrong direction in which patients will not be satisfied.

Once again, I thank this committee for the opportunity to present this testimony. I will be happy to answer your questions.