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President's Perspective

Addressing the devastating physician specialist shortage in California's rural north

The shortage of specialist physicians in our three-county area—much like the majority of California's rural north—has reached a critical level, exacerbating existing healthcare disparities. This scarcity of specialized medical professionals poses significant challenges to accessing essential healthcare services, and is impeding optimal patient outcomes. Factors such as geographic isolation, low population density, and limited financial resources have contributed to the specialist squeeze, leaving residents in our underserved areas with alarmingly low levels of access to specialized care.

During the past decade, various factors, including the devastating impact of wildfires and the COVID-19 pandemic, have further reduced the number of specialists in our counties. The resultant surge in retiring physicians, combined with the difficulty of attracting new practitioners, has created a significant void in our healthcare system. The consequences of this scarcity extend beyond the absence of specialized care itself; it is also dramatically impacting primary care providers, many of whom are now dealing with overwhelming patient volumes and the burden of managing conditions outside their scope of expertise. This situation places additional strain on primary care physicians, leading to increased stress, longer wait times for patients, and reduced overall quality of care—compromising the well-being of both patients and healthcare providers.

California's rural north, which encompasses about a fifth of the state's geographical area, faces substantial disparities in healthcare access compared to more urbanized regions. The three counties that we live and work in have limited hospitals and clinics and are often referred to as "frontier" regions in terms of healthcare access. Moreover, rural counties tend to have older, sicker, and poorer populations, amplifying the urgency to address healthcare disparities in these areas.

High rates of Medi-Cal enrollment, offering free or low-cost coverage, underscore the complexity of providing healthcare in rural regions. Insufficient reimbursement rates from Medi-Cal, combined with a higher proportion of Medi-Cal patients, contribute to the financial strain faced by healthcare providers and further compound the challenges of delivering quality care. These disparities in funding and resources create a barrier to attracting and retaining primary care and specialized physicians in rural areas.

To overcome these obstacles and address the dramatic physician shortage, we need to develop collaborative solutions that will improve access to specialized care. Local healthcare organizations have embraced innovative approaches like telehealth services, which bridge geographical gaps and reach patients who would otherwise face additional significant hurdles in seeking specialized care.

Furthermore, partnerships between healthcare providers, educational institutions, and community stakeholders have emerged as critical drivers of change. Programs have been initiated to cultivate interest in healthcare careers among high school students and highlight the value of local medical providers to our communities. In addition, efforts are being made to establish medical residency

programs that encourage physicians-in-training to stay and practice in rural areas. By nurturing the next generation of healthcare professionals and incentivizing their commitment to serving rural communities, we are working toward a more sustainable healthcare workforce.

The physician shortage in California's rural north demands collaborative efforts and innovative solutions. While the challenges are significant, there are promising strategies and initiatives that offer a path forward. This shortage requires immediate action; listed below are some key areas of focus.

1. **Expanding telemedicine.**
2. **Implementing financial incentives and loan forgiveness programs**, so that young physicians will be attracted to our communities and supported in establishing their practices. We must address their immediate needs and show them a pathway for long-term sustainability and success. Paying for medical school educations in exchange for commitment to practice in underserved areas could be part of the solution.
3. **Reducing senior physician overhead and risk** by lowering or even eliminating malpractice insurance burdens so older physicians can continue practicing with limited hours and less financial risk, thus adding some longevity and protection to their golden years of practice. Allowing them to practice fewer hours with a reduction in overhead and stress levels will help avoid early burnout and retirement.

By pursuing these types of strategies collectively, the healthcare system in California's rural north can make significant strides in improving access to primary and specialized care. The situation requires a concerted, grassroot effort from healthcare providers, policymakers, educational institutions, and the community to ensure equitable access to high-quality specialized services, reduce healthcare disparities, and promote the overall well-being of rural populations.

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