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Three top cops to retire this year

Exodus comes on top of recruitment challenges

By JENNIFER SQUIRES
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SANTA CRUZ — Three of the top police brass in the county will retire by the end of the year, creating openings in agencies already challenged to recruit and retain qualified officers at lower ranks.

Sheriff Coroner Steve Robbins announced his retirement Thursday and said he will step down in May. His exit will be the first of the three.

Capitola Police Chief Rich Ehle will officially retire in April, but plans to stay on in the interim while the city hires his replacement. The search will likely start in the summer.

Watsonville Police Chief Terry Medina plans to retire in December after serving as chief for 20 years.

Medina said this week that the mass exodus of top cops is unusual.

"It is quite a unique time in that respect," Medina said. "All of the retirements, 'that is something we all have to discuss,'" Medina said, talking about the county chiefs of police, who meet regularly.

New leaders for the Sheriff's Office and Watsonville Police Department are already being groomed.

When Robbins announced his retirement Thursday, he also tapped Lt. Phil Wowak, who heads the agency's Investigation Division, as his likely successor.

"You have to really want this job. It's a lot of work," Robbins said. "Very few people want to step up to this level and take this thing on."

The next sheriff coroner, who will serve until 2010 — the remainder of Robbins' four-year term — must be appointed by the county Board of Supervisors. Wowak



ROBBINS



EHLE



MEDINA

SEE COPS ON A2

COLLISION IN CARE: PART THREE IN A THREE-PART SERIES

LOOKING FOR A WAY OUT

MEDICAL PROFESSIONALS SEEK TO END SHORTAGE OF PRIMARY CARE DOCTORS ACCEPTING MEDICARE



Physician assistant Morgan Stryker, 57, right, sees patient Kevin Galvan, 3, with his father Candelario Galvan, 34, at the Planned Parenthood clinic in Santa Cruz on Feb. 5.

ANN JOHANSSON/CENTER FOR CALIFORNIA HEALTH CARE JOURNALISM

By JOCELYN WIENER
newsroom@santacruzsentinel.com

ABOUT THE PROJECT

This project is the result of a partnership between the Santa Cruz Sentinel and the Center for California Health Care Journalism. The center is an independent organization devoted to reporting about health care issues that concern Californians. It is supported by USC's Annenberg School of Journalism and funded by the nonprofit, nonpartisan California HealthCare Foundation.

HAVE A STORY TO SHARE?

The Sentinel would like to hear your stories about senior health care access. Do you or your family know a Medicare patient who has had difficulty finding a primary care doctor? Are you a Medicare patient who has found shut doors in your search for primary care coverage? Or, have you found a unique way to get the care you or your family member need? Drop a line to joce@sentinel.com or Santa Cruz Sentinel, Julie Copeland, 1800 Green Hills Road, Suite 210, Scotts Valley, CA 95066.

In Santa Cruz County, a storm is gathering.

Anxious elderly and disabled Medicare patients are flooding the county medical society with requests for the names of primary care doctors who might be willing to see them. They're landing in community clinics already stretched thin by the swelling ranks of the unemployed and uninsured. They're camping out in hospital emergency rooms, because they have nowhere else to go.

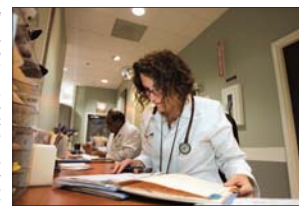
There simply aren't enough primary care doctors to go around.

Fed up with low reimbursement rates — and swamped with need — many doctors who do practice here are refusing to care for any additional Medicare patients.

With each passing day, the county's primary care shortage becomes more evident — for the elderly, for the disabled, and for most everyone else. Officials, doctors and patients all ask: Is there a way out of this crisis?

For years, Santa Cruz County's doctors have complained that a federal "rural" designation decided half a century ago allows Medicare to reimburse them at the same low rate as their counterparts in the Central Valley, despite the fact that the cost of living here rivals Silicon Valley's. At the end of last year, the median price for a home sold in Santa Cruz County was \$425,000; in Merced County, it was \$120,000.

Many of this county's doctors say the local primary care shortage could largely be fixed



ANN JOHANSSON/CENTER FOR CALIFORNIA HEALTH CARE JOURNALISM

Dr. Adrian Strand, 33, looks over files at Salud Para La Gente in Watsonville on Feb. 6. New initiatives to put patient records online could reduce the amount of time doctors like Strand spend on paperwork.

EDITOR'S NOTE: This is the last in a three-part series entitled Collision in Care about the shortage of primary care doctors in Santa Cruz County.

SEE CARE ON A9

FEDERAL BUDGET

Obama planning to slash deficit in half



RON EDMONDS/AP

President Barack Obama wants to cut the annual deficit in half by withdrawing troops from Iraq and raising taxes on the wealthy.

By JACKIE CALMES
New York Times

WASHINGTON — After a string of costly bailout and stimulus measures, President Barack Obama will set a goal this week to cut the annual deficit at least in half by the end of his term, administration officials said.

This reduction will come in large part through Iraq troop withdrawals and higher taxes on the wealthy.

Obama's budget outline, which

he will release on Thursday, will also confirm his intention to deliver this year on ambitious campaign promises on health care and energy policy.

Obama inherited a deficit for 2009 of about \$1.2 trillion, which will rise to more than \$1.5 trillion, given initial spending from his just-enacted stimulus package. His budget blueprint for the 2010 fiscal year, which begins Oct. 1, will include a 10-year projection

SEE OBAMA ON A2

ALSO INSIDE



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Scholarships, idealism lure doctors to clinic

By DONNA JONES
djones@santacruzsentinel.com

WATSONVILLE — Dr. Adrian Strand is something of a rarity.

Strand, 33, is a primary care physician in a country where such doctors are in short supply, and she practices in Santa Cruz County, where the challenge of recruiting frontline doctors is making it difficult for Medicare patients to access care.

But Strand works for Salud Para La Gente, a safety net clinic that is able to take advantage of a federal financial aid program aimed at encouraging primary care doctors to work in under-served communities.

As the county's private practices struggle to recruit young doctors who can earn more and live more cheaply elsewhere, Salud has hired Strand and six other doctors through the federal National Health Service Corps program in the past two years.

Some medical professionals think the federal program could be a model to bring more doctors into primary care, improving the chances for Medicare patients, the poor and other under-served communities to find a personal physician.

"It's huge for us for recruitment and retention," said Dr. Jose Chibras, Salud's chief executive officer.

The program helps new doctors by paying for up to four years of medical school or by reducing their medical school debt.

Dr. Karen Lauer, a professor of clinical medicine at the UC San Francisco, said more than 40 percent of medical students in a recent study she conducted had accumulated more than \$120,000 in debt. She believes



Dr. Adrian Strand, 33, speaks with a patient at the Salud Para La Gente health clinic in Watsonville earlier this month.

ANN JOHANSSON/CENTER FOR CALIFORNIA HEALTH CARE JOURNALISM

the national scholarship and loan forgiveness program could appeal to some students, and an expansion could prove instrumental in getting more primary doctors into under-served areas.

Appealing to their idealism might help, as well.

Strand said the scholarship that paid two of her four years of medical school at the University of North Carolina in exchange for a two-year commitment at Salud just frosted the cake. Growing up in rural North

Carolina, she not only knew she wanted to be a doctor from a young age, she also felt the pull to work with migrant farmworkers.

She came to Salud via a Peace Corps stint in Ecuador and a residency at New York-Presbyterian Hospital, where her patients were mainly of Cuban, Puerto Rican and Dominican heritage. A petite, energetic woman with brown hair curling to her shoulders, she talks fast, whether she's speaking in English or in Spanish.

Her parents, a civil engineer born in New York and an emergency room doctor who grew up in Santa Barbara, raised her with the idea she should make a difference.

"If you have it, give it back," Strand said. She's tried to do that. Working at Salud, she enjoys the intellectual challenge of finding creative alternatives to expensive tests and treatments patients can't afford. Yet, she rails against a medical system that doesn't always work

for those in her care. She talks of a woman who is dying of cancer because she can't afford to pay for treatment, yet the income from her husband's part-time job disqualified her from Medi-Cal.

"She probably has three months, and she's 42," Strand said. "It shouldn't be happening." But Strand does what she can. She stays busy, frequently seeing 30 or more patients a day at the medical center on East Beach Street near downtown Watsonville.

She treats everything from rashes and colds to asthma, diabetes and cancer. She can't imagine doing anything else. She thinks if all medical students were required to spend a year or two in family medicine, more would sign up for the field.

Her scholarship service to Salud ends in July, and she plans to sign a new contract before then. "No way I'm leaving," Strand said. "They'll have to kick me out of here if they want me to go."



Physician Assistant Morgan Stryker, 57, right, sees a patient at the Planned Parenthood clinic in Santa Cruz on Feb. 5. Clinicians like Stryker could play a big role in expanding primary care access.

ANN JOHANSSON/CENTER FOR CALIFORNIA HEALTH CARE JOURNALISM

CARE

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if Congress would simply redefine one term — rural. But other experts say that, while such a change might ameliorate the county's problems, it certainly won't solve them. Even if local reimbursement rates do go up, Santa Cruz County will continue to suffer from the same primary care shortage affecting almost every other community in the nation. Studies show that, these days, less than 2 percent of medical school graduates are going into general internal medicine — the primary care field most focused on caring for the elderly.

"We're about to head to major crisis," said Dr. Robert Berenson, a senior fellow at the Urban Institute, a Washington, D.C.-based nonpartisan think tank that specializes in economic and social policy research.

To change the tide, Berenson and other experts say, what's needed is an overhaul of the nation's increasingly fragmented, increasingly specialized health care system. The federal government will have to stop paying specialists much more for performing procedures on sick patients than it pays primary care doctors for keeping those patients

healthy, they argue. That system not only hurts patients; it drives medical costs through the roof.

Few believe that money alone will solve the national primary care shortage. Some suggest the answer lies in changing medical education, including increased emphasis on primary care and relief for students' \$140,000 debts. Others assert that new technology, like electronic medical records, can reduce medical errors, improve coordination between doctors and relieve primary care physicians' workloads. Still others believe that nurses, physician assistants and even patients themselves must take more responsibility for diagnosis and treatment of simpler health problems, like colds or strep throat, roles traditionally held by primary care doctors. That, in turn, could free those doctors up to see patients with more complex illnesses.

Some of these solutions may be feasible in the near term, helped by the recently passed federal stimulus package that promises billions of dollars to encourage adoption of health information technology, and hundreds of millions to train primary care providers and cover medical school costs for those who practice in under-served areas. Other solutions will

no doubt be hindered and shaped by money, politics, special interests and even by members of the medical establishment.

As Santa Cruz struggles with its local primary care crisis, a national crisis in care looms ever darker on the horizon. On all sides of the debate, patients, doctors and politicians are coming to agree on one thing: We need solutions. And we need them soon.

CHANGE THE LOCAL REIMBURSEMENT RATE

For many in Santa Cruz, the most obvious way to help new Medicare patients see primary care doctors would be to change the county's "rural" classification.

In the mid-1960s, when the federal Medicare system was first created, Santa Cruz was lumped in with more than 40 other "rural" California counties; doctors from Monterey to Merced were paid the same amount to see patients, regardless of cost of living.

In some of those counties — and especially in Santa Cruz — costs have skyrocketed. But physicians here continue to be paid about 16 percent less than their counterparts in Santa Clara. Until recently, they earned 25 percent less. Because many private insurers base their rates off of Medicare's,

National Health Service Corps looks to solve primary care doctor shortage

Sentinel staff report

The National Health Service Corps is the federal government's attempt to cure a chronic shortage of primary care doctors across the nation.

The 36-year-old corps includes two incentive programs aimed at getting practitioners of family medicine, pediatrics, general internal medicine, obstetrics and gynecology, or psychiatry to work where they're needed most.

■ The scholarship program pays for up to four years of medical school, including tuition, fees, books and supplies. It also provides a monthly stipend for living expenses. After residency, scholars must practice in designated health professional shortage areas for one year for each year they received a scholarship.

The program is open to students at allopathic and osteopathic medical schools, dental schools, nurse practitioner and midwifery programs, and physician assistant programs.

■ The loan repayment program settles up to \$50,000 of qualifying educational

loans in exchange for two years of service at a National Health Service Corps approved site.

According to the Health Resources and Services Administration, the corps handed out 76 scholarships and 867 loan repayment guarantees in 2008. Its budget for the year was \$123.5 million.

BY THE NUMBERS

■ 6,033 primary care shortage areas identified by the government with 64 million people living in them, as of Sept. 30.

■ 16,336 primary care providers needed, according to HRSA, based on a population-to-practitioner ratio of 2,000:1.

■ 64 National Health Service Corps scholarships awarded between 2004 and 2008.

■ 4,976 National Health loan repayment awards between 2004 and 2008.

For information, visit the National Health Service Corps site: <http://nhsc.bhpr.hrsa.gov/>.

SOURCE: Health Resources and Services Administration

this means physicians get paid less across the board.

Changing that designation has been a rallying cry for many of the county's doctors. The local congressman has tried, multiple times, to introduce a legislative fix. Several counties, including Santa Cruz, filed a lawsuit in federal court two years ago. But advocates have still been unable to force through a change. Many feel hopeful the rates will finally be readjusted in the coming year, under the leadership of the new administration of President Barack Obama.

"I think we're reaching a tipping point," said Dr. Chris O'Grady, a Watsonville family practice doctor and president of the Santa Cruz County Medical Society.

REDUCE PAYMENT DISPARITIES

But even if reimbursement rates do change, the problem will be far from fixed, said Dr. Berenson of the Urban Institute. The local primary care shortage is part of an emerging national crisis, he said. All over the country, primary care doctors are refusing to

take on not only new Medicare patients, but also those with private insurance.

Berenson notes the example of Massachusetts, which implemented a universal health insurance program in 2007. The state has struggled without enough primary care doctors to meet the expanded demand.

Part of the problem is priorities and the money that follows. The current health care system, Berenson and others say, places a high value on tests and procedures, and a much lower value on integrated care.

"What's been terribly overvalued is doing things to people, putting scopes in people's bottoms and taking out their tonsils," said Dr. Ted Epperly, president of the American Academy of Family Physicians.

Epperly says that, while an ophthalmologist might make \$2,500 for removing a cataract, a primary care doctor is reimbursed just \$50 to \$70 to care for a patient suffering from both rheumatoid arthritis and serious depression.

What results is a sizable gap between what Medicare — and therefore private insurance companies — pay

primary care providers, and what they pay specialists in radiology, orthopedics, anesthesia or dermatology. (Because of their high rates of pay, Berenson said some medical school students use the specialties' initials to refer to the "R.O.A.D." to success.)

According to the American Medical Group Association, the average internal medicine doctor in the United States earned just shy of \$200,000 last year. The average dermatologist made almost \$345,000.

Berenson says Congress can reallocate Medicare resources by trimming reimbursement for certain procedures like MRIs and CT scans, using those cost savings to pay more for what primary care doctors do best — coordinating and managing patient care.

"Throwing money at the problem isn't everything," he said. "But it sure would help."

PROVIDE MEDICAL HOMES

Another solution that is gaining traction among physicians and consumer groups and the business communi-

HICAP helps seniors find primary care doctor

By SHANNA MCCORD
smccord@santacruzsentinel.com

SANTA CRUZ — Carol Fuller was approaching 65 and in fine health.

The longtime Santa Cruz resident and former business owner had little reason to visit the doctor in previous years and relied mostly on annual visits to the gynecologist to catch anything wrong.

Just before her 65th birthday, Fuller was surprised to discover that in leaving her private medical insurance provider and becoming a Medicare recipient, she would need to find a primary care physician to coordinate her health coverage from here on out.

Such an endeavor isn't easy in Santa Cruz County, where many doctors have closed their practices to new Medicare patients because of significantly lower reimbursement rates than other areas.

"It would be really damned impossible," Fuller, now 66, said about finding a primary care physician. "Because we're this rural designation reimbursement rate, no physician seems to want to add new Medicare patients."

Fuller was guided through the complex world of Medicare and landed a primary care physician with the help of the Health Insurance Counseling and Advocacy Program, known as HICAP, a free service operated by Senior Network Services on Capitola Road in Live Oak.

The one-on-one counseling service has offices statewide geared to educate Medicare beneficiaries about their options. The program is funded by the California Department of Aging.

Locally, HICAP helps about 1,000 clients each year navigate the confusing world of Medicare. — From simply signing up for the program to specifics like solving bill problems, picking a prescription plan and explaining the various options available.

The counselors can also point seniors like Fuller toward local doctors who accept new Medicare patients, though they are difficult to find. HICAP program manager Sally NeSmith said.

It's particularly tough for seniors who are new to Santa Cruz County to get a doctor's appointment, NeSmith



Longtime Santa Cruz resident and former business owner Carol Fuller turned 65 last year and can't find a doctor who takes Medicare patients.

DAN COVRO/SENTINEL

ON THE NET

www.cahealthadvocates.org

said. HICAP receives a couple of phone calls each week from seniors new to the area and looking for a doctor.

"We have a very short list of doctors we can give them," NeSmith said.

But if someone has an established relationship with a primary doctor and doesn't move, rarely will doctors drop an existing patient after they turn 65 and switch to Medicare insurance.

"It is easier if you already have a primary care doctor," Fuller said. "But I

didn't have one. I didn't know." Fuller was forced to go with the Medicare Advantage plan to get access to a new doctor.

Medicare Advantage operates like a health maintenance organization in which the doctors are paid a monthly sum for each Medicare patient regardless of how many visits the patient might need. All of the patient's central medical needs are funneled through the doctor assigned by the plan.

The drawback is that the plan does not cover treatment or doctor visits if you travel or leave the geographical area, NeSmith said.

Patrick Peer, executive director of the Dominican

Medical Foundation, said the low Medicare reimbursement rate in Santa Cruz County makes it difficult for many doctors to see Medicare patients and still support their practices.

His foundation, which has about 38 primary care physicians serving patients at seven clinics from Boulder Creek to Capitola, is one of the few places Medicare recipients can find a doctor willing to take them.

"Our foundation wants people with Medicare insurance to have access to good doctors," Peer said. "We've opened access and extended our hours. We hope it's going to be easier than it has been for seniors to get access."



Carol Fuller turned 65 last year and can't find a doctor who takes on new Medicare patients.

DAN COVRO/SENTINEL

CARE

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ty — "the silver bullet for the moment," according to Eleanor Littman, executive director of the Santa Cruz Health Improvement Partnership — is the idea of the patient-centered medical home. That model pays primary care doctors extra to work with a team of case managers and nurses to provide ongoing care for patients.

Edwina Rogers, executive director of the Patient Centered Primary Care Collaborative, a lobbying coalition for the concept, says the medical home model pays primary care doctors an extra monthly fee for every patient whose health care they oversee. Some models show primary care doctors' incomes going up by as much as \$120,000 a year. That's easily enough to add on an extra clinician or case manager.

Patients get same-day appointments, and regular monitoring of chronic conditions. Primary care doctors communicate with any and all specialists, making sure — for example — that patients aren't being prescribed incompatible drugs. All medical records are available electronically.

By keeping patients healthier — and out of the hospital — Rogers said the overall cost of care is actually reduced for insurers.

North Carolina recently piloted a medical home model, and saved \$1.4 billion in five years, she said.

Later this year, Rogers said, Medicare is planning to roll out an eight-state pilot of the medical home model, paying doctors an extra \$40 to \$50 per patient monthly — sometimes more — to oversee care.

"Doctors love it," she said. "Morale is very high. They feel like it's what they went to medical school to do."

Nurse practitioners, physicians assistants help provide primary care

Sentinel staff report

Doctors aren't alone in providing primary care to patients. Increasingly, nurse practitioners and physician assistants have been sharing the workload.

Nurse practitioners are professionals licensed by the states they practice in. They can order tests, diagnose diseases and treat patients. Coming from registered nursing backgrounds, they "stress both care and cure," according to the American Academy of Nurse Practitioners.

Nurse practitioners have advanced education and clinical training beyond registered nursing preparation. Most have master's degrees; many have doctorates. According to the AANP, there are about 120,000 practicing nurse practitioners.

Physician assistants also are licensed health care providers who perform duties similar to

nurse practitioners, including diagnosing, treating patients, writing prescriptions, even assisting in surgery. They typically do not have the same level of education as a nurse practitioner. Most training programs last two years, and generally require two years of college and some health care experience for admission. After completion of the program, PAs are required to pass a national certification exam.

Registered nurses administer treatments and medications, educate patients and provide advice and support. Registered nurses enter the field through associate or bachelor degree programs, or through diploma programs administered by hospitals.

Sources: The U.S. Department of Labor, Bureau of Labor Statistics, www.bls.gov; The American Academy of Nurse Practitioners, www.aanp.org; the American Academy of Physician Assistants, http://www.aappa.org/.

ATTRACT STUDENTS TO THE FIELD

Improving primary care doctors' morale is a critical aspect of the medical home model, or of any attempt to draw more medical students into primary care.

Many medical experts, including Dr. Pat Meehan, executive director of the Santa Cruz Women's Health Center, say programs to forgive or reduce students' \$100,000 to \$200,000 medical school loans could attract more to the lower-paying primary care fields.

But to the extent that most primary care physicians must move, rapid fire, from one patient to the

next, while simultaneously juggling e-mails, phone calls, pharmacy referrals, hospital rounds and a mountain of paperwork, a simple pay increase won't be enough to attract students to the job. Many students are attracted to specialized medicine because the pace is easier, they don't have to cram in so many patients per day and they're able to develop expertise in a narrower range of medical information.

"There's a syndrome of (primary care) doctors feeling like hamsters on a treadmill," said Berenson of the Urban Institute. This past fall, Dr. Karen Hauer, a professor of clinical medicine at

the UC San Francisco, published a survey of 1,200 medical students in the Journal of the American Medical Association. All but a tiny fraction of those surveyed had no plans to enter primary care — but few mentioned money as a prime motivator. Instead, they focus on things like life balance, and avoiding burnout.

"They're not choosing the specialty based on how many dollars per year it will bring in," Hauer said. "They're choosing based on where they see their role models achieving a satisfying career." Hauer and others also emphasize that the country needs more work force planning, so that it's not simply left to individual hospitals to decide what types of residencies they will offer.

"Clearly what America doesn't need is a million dermatologists," said Epperly of the American Academy of Family Physicians. "It needs a million family physicians."

REIMAGINE THE ROLE OF THE PRIMARY CARE DOCTOR

While politicians, patients' advocates and physicians' groups focus on ways to draw more medical students into primary care professions, a small minority is raising the question of whether the country actually needs more primary care doctors. Maybe what's really needed, they say, is a complete restructuring of the way medical care is provided.

Dr. Arnie Milstein, medical director of the Pacific Business Group on Health, a business coalition seeking to improve health care quality while moderating cost, likes to use the metaphor of Goldilocks and the three bears.

For the many patients who come to their primary care doctors with a cold or strep throat, Milstein believes the current primary care system is "too hot." Those patients don't usually need to see a doctor at all, he says; they could get what they needed just

as easily from a nurse practitioner, or even a phone or e-mail exchange.

Leaning on primary care doctors for that kind of help wastes years of training, he said.

"It's like using a tennis racket to swat a fly," he said.

At the same time, for patients with multiple serious, chronic illnesses, Milstein says the current primary care system is "too cold." They don't get enough time or attention, and their doctors often aren't skilled enough to care for them. Those patients need a highly trained team of doctors, nurses and case managers to provide intensive, ongoing management of their illnesses.

Only the third group, including those who need management of a single chronic disease, might actually fit well with the current system, and be considered "just right."

Milstein believes the current debate about the national primary care shortage places too much emphasis on paying doctors more rarely questioning the overall model used to deliver care.

Whatever model wins out, most believe the only way to solve the problem is to make providers on the front lines feel valued. That might require more money. It might require higher job satisfaction. It will certainly require that they feel respected.

Until that happens, many patients searching for doctors in Santa Cruz County continue to struggle with one important question:

Who will take care of me now? "People have said, what will fix the crisis in primary care, it will need to be that the crisis deepens to the point that people pay attention," said Dr. Hauer, of UCSF.

For many patients in this county, at least, that moment seems to have arrived.

Jocelyn Wiener reports for the Center for California Health Care Journalism