

# Shortage of doctors brings on tax nausea

Health 4/2/95  
**Watsonville area falls below national average**

By **NANCY CHIN**  
 Sentinel staff writer

**WATSONVILLE**

**I**T'S AN AILMENT that has plagued the Watsonville area for years. Local physicians just shake their heads and say there's not much they can do. The community doesn't have enough doctors to cure it.

The malady? A doctor shortage.

Based on federal standards, the Watsonville area does not have enough primary care physicians.

Under guidelines drawn by the U.S. Public Health Service, communities should have at least one primary care doctor for every 3,500 people. With 11 physicians, the Watsonville area has one doctor per 5,440 people.

These shortfalls cost taxpayers millions. In 1994, the federal government spent \$124 million on the National Health Service Program recruiting doctors and other medical staff to place into areas lacking health care professionals. But Congress is considering reducing that amount by 10 percent next year.

**Long waits, less time with doctor**

For patients, seeking care in a shortage area means long waits to get an appointment, less time to talk to their physicians, and sometimes resorting to the emergency room for what should be a routine exam.

For doctors, shortages mean long hours, little or no vacation,

rushed appointments, less money and the threat of burnout.

Left unattended, the shortages would worsen, health care authorities say. Meanwhile, the move toward managed care threatens to drain the dwindling supply of medics in these areas.

The Watsonville area includes more than 10,000 Medi-Cal recipients and communities with the highest concentration of uninsured and poor residents in the county. The area examined is bounded by census tracts and stretches across southern Santa Cruz County to the Monterey County border. It encompasses the northern Pajaro Valley, including Watsonville, Freedom and Corralitos.

**36 percent below the minimum standard**

With an estimated total population of nearly 60,000, that means the area is short six doctors and falls 36 percent below the national minimum standard.

The Watsonville area cannot afford to lose any more doctors, particularly with the growing population, said Barbara Garcia, executive director of Salud Para la Gente, a non-profit health clinic in Watsonville which serves mostly low-income patients.

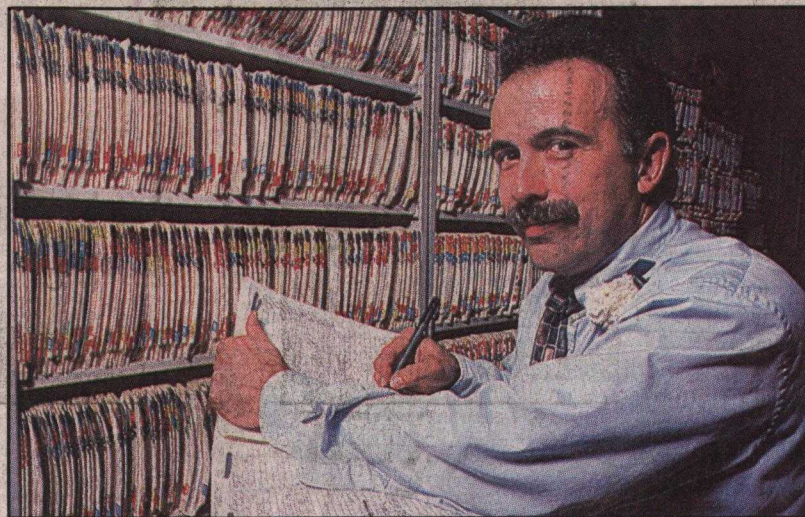
"There is a constant need for doctors in the area," she said. "At the same time, there's a great influx of new patients. So the need (for doctors) is always rising."

Statistics may not accurately reflect the actual need for doctors. The region is home to mi-

*Please see DOCTOR — A8*



**BRINGING UP BABY:** Dr. Elisa Breton, top photo, examines Jose Luis Perez at the Salud Para La Gente Health Center in Watsonville.



**HITTING THE BOOKS:** Keeping up with patient charts is just one of many challenges for Dr. Jeff Solinas, left, of Watsonville.

Bill Lovejoy/Sentinel photos

**More inside**

■ Watsonville's Salud Para la Gente clinic is just the place for this 38-year-old doctor.....Page A8

## Recruiting is a challenge for Santa Cruz clinic

By **NANCY CHIN**  
 Sentinel staff writer

**SANTA CRUZ** — The Westside Community Health Center needs physicians.

Doctors have always been hard to recruit to the downtown Santa Cruz clinic, said Executive Director Bob Campbell. With a slim and dwindling budget, the non-profit organization cannot pay its doctors much.

The clinic also treats mostly low-income patients.

"We've got low-income patients, we can't pay a lot," Campbell said. "Those ingredients put us in a difficult recruiting situation ... We're going to have to bring our-

selves up to speed to stay competitive in the health care environment."

The clinic at 1119 Pacific Ave. is looking to the federal government for help. It is seeking official designation by the U.S. Public Health Service as having a "health professional shortage area." That label would qualify the clinic for assistance from the National Health Service Corps, which lures doctors to areas which do not have enough physicians to serve the population.

Under Public Health Service guidelines, communities should have at least one primary care doctor for every 3,500 people. The areas examined by the federal government are bound by census tracts. The scope of the clinic encompasses the northwestern portion of Santa Cruz County.

That area has less than 2.21 doctors — based on a 40-hour work week — to serve a population of 31,459. That means the region is short six doctors.

Right now, the clinic has one part-time family practice doctor, who works 12 hours per week. Because of recent budget cutbacks, the clinic is open only 24 hours per week.

That doctor is paid between \$42 and \$52 an hour, equivalent to \$87,360 to \$108,160 annually, he said. The average salary for a family practice physician is \$116,800, according to a 1993 nationwide study by the American Medical Association.

The federal program would help lure a doctor to the clinic, he said, and offer a competitive salary. In exchange for a com-

mitment to serve in an area with a doctor shortage, the National Health Service pays back medical school loans for physicians.

The clinic also qualifies for government help because it serves a population that is underserved. One-fifth of the residents in the area fall below federal poverty levels. A family of four with an annual household income of less than \$15,150 is considered poor.

Seventy percent of the Westside's 11,955 patient-visits are Medi-Cal services.

To stay afloat, the clinic was forced four months ago to slash 37 percent of its operating budget, reduce operating hours, lay off one staff member and launch a fund-raising drive.



# Doctor shortage

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grant and seasonal farm workers — some of whom are undocumented immigrants — not counted in the 1990 census. More residents would mean an even greater need for doctors.

Adelante, a local social service agency for farmworkers, did its own census last summer. About 3,000 to 5,000 people in the Watsonville area likely were left out of the government tally, said program director Celia Organista.

## 30 minutes away considered too far

Nevertheless, the numbers used to calculate the doctor-to-patient ratio already make the Watsonville region an official "health professional shortage area."

Although numerous doctors practice in northern Santa Cruz County, they are considered by the Public Health Service to be inaccessible to residents in the Watsonville area. Under federal guidelines, medical care located more than 30 minutes away is considered too far for a person to have to travel.

Language also is a factor.

According to the 1990 census, almost half the residents in Watsonville and Freedom speak Spanish; Some speak no English at all. In contrast, only 10 percent of Santa Cruz city residents speak Spanish, according to census data.

Socio-economic differences between the two ends of Santa Cruz County also are considered by the Public Health Service as a barrier to medical care.

The Watsonville area joins 190 other regions statewide deemed by the federal government as having a shortage of health professionals. The list includes parts of West Modesto in Stanislaus County, South Coachella Valley in Riverside County, and the Guadalupe area in Santa Barbara County.

## Rural area usually short of doctors

Three-quarters of the areas in California with a medic shortage are rural, said Konder Chung, an analyst for the Office of Statewide Health Planning and Development, the state agency that identifies areas that need doctors. The remaining geographic areas are somewhat remote and isolated from areas with more doctors, she added.

Doctor shortage areas also share another characteristic. They are all communities that have a hard time luring and retaining doctors, said Chung.

"Doctors don't like to live in rural areas," Chung said. "There's not much to do ... It's the lifestyle. Because of the nature of the metropolitan areas, urban centers have an advantage."

Nationwide, about 60 percent of the areas with a doctor shortage are in rural areas, said Andy Jordan, director of the National Health Service Corps. The remaining 40 percent comprises urban areas, including inner cities that many find "undesirable," she said.

Peek inside the waiting room of the Salud clinic on East Beach Street in Watsonville and you'll see symptoms of the doctor shortage.

One recent day, a crowd filled the waiting area. Silvia Saucedo, 20, sat patiently with her baby.

"I usually have to wait one or two weeks for an appointment," she said in Spanish as a clinic worker interpreted. "Every time I come here, I wait two to three hours."

Typically, people scheduling appointments for routine visits have to wait about two weeks to see a doctor, Garcia said. Long waits are typical when there aren't enough doctors, she said. Unless more medical professionals come to the area, the waits will only grow longer.

## Clinic patients double over 5-year period

The clinic is expected to treat 22,000 patients this year, double the number treated five years ago, Garcia said.

The clinic receives about five percent of its funding from city and county sources.

Half of the clinic's business is paid by Medi-Cal, Garcia said. Other revenue is collected on a sliding scale from patients themselves and from state grants. Some fees, however, are never collected because patients have no insurance, do not qualify for Medi-Cal and cannot afford to pay, she added.

Affordable health care can be hard to find. Last year, both the Watsonville Neighborhood Medical Center and the Pacifica Clinic shut their doors. In 1992, the Family Health Walk-in Clinic, which treated about 30,000 patients per year, closed.

Since then, however, the community has gained some medical services. In April 1993, Watsonville Community Hospital opened Health First, a clinic for urgent care on Freedom Boulevard. The clinic treats about 150 patients per week and employs one primary care doctor, said spokeswoman Ann Marie Brazil. And Santa Cruz Medical Clinic opened a Watsonville branch in November. Three doctors staff the office at Green Valley Road at Lawrence Avenue.

Both of the new clinics primarily treat people with health insurance.

So where do people go when they have no insurance, no Medi-Cal and no money?

The local emergency room, said Lisa Angell, assistant manager of Watsonville hospital's ER.

"People are accessing the emergency department because they don't have a private practitioner and the clinics are closed," she said. "We see a lot of (non-emergency) cases." Especially among children. Overwhelmingly, earaches are the No. 1 ailment among sick kids, she said.

## Emergency room used because it is close

About one-third of the ER's 33,000 cases in the last year are children, she said, and of those, only one-fourth were true emergencies. Since the ER is open 24 hours a day, she said, people use it simply because it's the only place they can find care during odd hours — not because of severity of their ailment.

The hospital does not refuse treatment to anyone who seeks care at the ER, Angell said.

Access, however, is not just about time and money. People also need to be able to talk comfortably with their doctors.



Bill Lovejoy/Sentinel

Medical assistant Eric Ballfort takes the blood pressure of Alma Lara, being held by her mother, Rosemaria, at the Westside Health Clinic in Santa Cruz.

Watsonville's largely Latino community is best served by Spanish-speaking physicians, said Dr. Jeffrey Solinas, who operates his own private family practice in the city. Solinas, who is Latino and speaks Spanish, has been practicing at his Main Street office since 1982.

"There's certainly a (doctor) shortage in terms of people that can understand people here, linguistically and culturally," he said.

Ninety percent of his patients are Latino, Solinas said. In the last five years, his practice has nearly doubled to accommodate about 75 patients per day, he said. Two physician assistants and a nurse practitioner help him treat patients.

## This doctor speaks her language

Watsonville resident Gaudelia Prado, 48, waited one recent afternoon to see Solinas. It comforts her to know the doctor can speak her native tongue, she said.

"I've tried to learn English but it's very difficult," she said. Solinas works well with people, particularly with Mexicans, she added.

Solinas was one of a few Spanish-speaking family practice doctors in the area, she said. Prado and her husband have insurance for the whole family through their jobs with strawberry growers.

For doctors with private practices, the physician shortage means heavy patient loads and less time to spend with patients, said Dr. Tari Roche, who has a family practice in Watsonville.

"(Sometimes) we don't have time to focus on health maintenance issues, like explaining to people how important it is to have mammograms, and pap smears or blood work," Roche said. "Sometimes I get so busy I have trouble fitting it all in."

That dialogue is how doctors teach patients to keep healthy and take care of themselves, she said.

Heavy patient loads also mean doctors stop accepting new patients. A person who wants to begin seeing a specific physician may be out of luck for a while.

Dr. Robert Weber, who has had a family practice in Watsonville for nearly eight years, said new patients who want to schedule a routine physical must wait two months. Until recently, he had refused most new patients for the past year, he added.

## Vacation impossible for this doctor

The workload keeps doctors constantly on call, he said. Weber has taken off no more than a day or two at a time in the past two years. A vacation has been impossible, he said.

Local doctors also say the large number of Medi-Cal patients also makes it difficult to practice in the Watsonville area. Most doctors lose money on each Medi-Cal recipient they treat. For instance, of the \$49 Weber charges for a routine visit, Medi-Cal pays only \$11, he said. Average operating costs run about \$25 per patient, he said.

That shortfall makes practicing in the Watsonville area a financial hardship, he said. About one-fifth of the 500 patients he treats per month are in the state/federally funded program, he said.

Heavy workloads and less pay threaten to shrink the doctor supply even further, said Jake Culp, associate director for the Office of Rural Health Policy, a division of the U.S. Public Health Service.

"All of the factors in these smaller, rural settings add up to burn-out," Culp said. "These are very difficult working conditions. For these places, it's as difficult as it's ever been to recruit doctors."

And it likely will become even harder.

Primary care doctors are needed not only in the Watsonville area but everywhere. As more doctors join HMO organizations to vie for insured patients, communities risk losing doctors to physician networks elsewhere that can save or boost a doctor's business.

Managed care systems use primary care doctors as gatekeepers, placing them in even higher demand. Typically, patients see a generalist first before being permitted to see a specialist, if necessary.

## Federal government tries to fill prescription

"With the new demands on family and general practitioners," Culp said, "some people are fearful that it's going to be much more difficult for rural areas to recruit (doctors) ... The market demands are not working in their favor."

Since 1973, the federal government has recruited doctors to shortage areas. The national program lures doctors, nurses and other medical personnel by offering medical school scholarships and loan paybacks in exchange

for a commitment to practicing in a shortage area. In the last fiscal year, which ended Sept. 30, 1994, the government recruited 1,867 doctors.

Since 1990, the number of personnel recruited through the program has jumped by 68 percent. Meanwhile, the budget for the program has more than doubled, according to a government report.

If the funding for the program is slashed next year, underserved areas would lose about 125 medical professionals, a program official said. The personnel lost would provide about 300,000 patient visits during a two-year term of service in the corps.

According to a survey last year, 53 percent of the medical personnel obtained through the National Health Service Corps stayed at their jobs beyond the time they were committed to serve, said program director Andy Jordan. The number fluctuates continuously, she said.

One doctor and one physician's assistant have joined the staff at Salud in Watsonville. But even with the added financial incentives, candidates for the program are hard to find.

Meanwhile, local medics are considering ways to keep doctors from leaving.

## Area doctors form their own network

Area doctors are forming their own physicians' network — one that can be marketed and offered through insurance companies.

About seven local doctors are banding together and investigating different health plans, said John Friel, chief executive officer for Watsonville hospital, one of the coordinators of the project.

"Physicians in a group have a better opportunity for more income," he said. "This allows them to stay in an area that's not quite as affluent. That's one of the benefits of a group practice." A group practice also means doctors can cover for each other and reduce the amount they have to serve on-call, he said.

The physicians network may not be an immediate cure for the community's doctor shortage but anything that would give doctors incentive to stay is worth considering, said Weber.

"We've got to do something to keep doctors in the area," he said. "Why work here when you can work for a HMO over the hill, get a guaranteed income and get better hours?"