

Rethinking who provides medical care

By Bloomberg

One obvious way to address the shortage of primary medical care in the U.S. is to train more people who can provide it. Even if this could somehow happen overnight, though, it wouldn't necessarily solve the problem: Only 1 in 4 medical-school graduates goes into primary care (the least lucrative area of medicine), and no more than half of nurses and physician assistants do.

Just as important, those who do practice general medicine are rarely drawn to work in the rural and inner-city areas where people most lack access to medical treatment.

What's needed is a strategy to lure people who already live in underserved communities to practice health care there. One clever way of doing that, just proposed by a group of authors writing in the November issue of Health Affairs, is inspired by the successful model of emergency medicine – that is, give people the level of training that emergency medical technicians and paramedics receive, but aimed at primary rather than emergency care.

After all, what do EMTs and paramedics do but bring medical skills and equipment to places where doctors and nurses aren't readily available? In their case, the places are wherever car crashes, heart attacks or other sudden medical catastrophes happen. EMTs and paramedics are also trained relatively quickly and paid relatively modestly, with a mean annual salary of less than \$35,000.

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