

INTRODUCTION

Policy Forum: *Primary Care and Specialty Supply in North Carolina*

Many of us have had the experience of wanting to see a doctor or a primary care practitioner as soon as possible but are told we have to wait for an appointment. Sometimes that wait is many days, even weeks. The ability to see a health care practitioner “on demand” is as much a function of their availability as it is the severity of the state’s supply of practitioners. For individuals seeking care of a certain type or in a certain geographic region of the state, getting to see the doctor or any health care professional for a nonurgent problem can be even more difficult. These delays can have consequences for an individual’s health.

North Carolina, along with the rest of the nation, is beginning to experience a situation where the availability of practitioners is becoming tighter. Some parts of the state have had a chronic undersupply of physicians and primary care professionals and there is evidence that we will soon experience regional shortages for some specialists. The good news is that North Carolina, as a whole, currently has what most would consider a sufficient number of practitioners on a population basis. However, there are a few exceptions, specifically in the areas of child psychiatry and in some rural and low-income communities. These conditions exist in places not too distant from cities with some of the highest concentrations of physicians in the entire nation.

What has become apparent, given the lack of any appreciable growth in the number of doctors trained in the United States, is the fact that we will not be bringing in as many physicians as we have in the past. This pattern is especially problematic because our population continues to grow, age, and face a higher incidence of chronic disease. North Carolina is one of the fastest growing states in the nation. However, the supply of practitioners is not expected to increase at the same rate. We also expect that demand for services will grow very quickly as the baby-boom generation reaches the age when need for care rises rapidly. The physician population also is aging, and many practitioners will be preparing to retire in the next two decades.

In response to these trends that have emerged over the past 3 years, a group of North Carolina health policy experts, government officials, health care providers, and businesses formed a task force to evaluate strategies for ensuring the state’s ability to meet our health care needs under these conditions. The nature of the problem itself presents a challenge. Practitioners are working more efficiently and can improve even more with new technology and the expansion and sharing of roles and skills within and across disciplines and professions. Thus, the issue may not be one of simply supply and demand or need, but of organization and policy. This issue of the *North Carolina Medical Journal* highlights the perspectives of a number of individuals who participated in the North Carolina Institute of Medicine’s Task Force on Primary Care and Specialty Supply.

The commentaries in this issue highlight a range of opportunities for improving future access to care. Some of the strategies include increasing the supply of underrepresented minority practitioners, expanding clinical rotation and residency opportunities for medical and health professional students, developing new models of care, and targeting funding to programs that support putting practitioners in underserved areas of the state or in shortage specialties.

We hope these commentaries illuminate the primary care and specialty supply challenges facing North Carolina and present tangible strategies for improvement. Clearly, no single strategy will sufficiently address our future concerns. However, if we implement a number of different strategies and take action now, we have the opportunity to make a difference in reducing future shortages. We should encourage our policy makers to heed the warning signals and support policy changes that could greatly benefit the future health of North Carolinians.

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