



Supply vs. demand: Why the doctor won't see you now

By John C Goodman

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Are you having difficulty finding a doctor who will see you? If you are, brace yourself. Things are about to get a whole lot worse.

Right now, the biggest problems are in Massachusetts. If you live in Boston and are trying to see a new family doctor, get prepared to wait more than two months before you ever get a foot in the door.

For the state as a whole, the average wait to see a new family doctor is one month. More than half of all family doctors and more than half of all internists are not accepting new patients at all.

What if you live in another state? Just wait two more years. In Massachusetts, people are lined up waiting to see doctors because of the health reform championed by the former governor (RomneyCare). And as Barack Obama has said on more than one occasion, RomneyCare is the model for ObamaCare.

Why? In both the Massachusetts health plan and the new health care law the mistake is the same: insuring the uninsured, but doing nothing to enable the medical community to deliver more care.

Massachusetts succeeded in cutting the number of uninsured in half — a worthy accomplishment. But the state did nothing to expand the number of doctors, nurses or paramedical personnel. The result: a major increase in the demand for care, but no change in supply.

I learned what this means in human terms a while back from a Boston cab driver. She was on MassHealth (Medicaid) and her biggest problem, she told me, was getting care.

"I went down a list of 20 doctors before I found one who would see me," she said. "Twenty doctors?" I responded incredulously. "Were you going through the Yellow Pages?" "No," she said, "I was going down the list MassHealth gave me."

In Massachusetts, this is what the advocates of health reform call "universal coverage."

Bad as all this is, it is actually rather mild compared to what is about to happen in other states. In Massachusetts, less than 10 percent of the population was uninsured before the reform set in. In Texas, by contrast, one in every four people is currently uninsured. Insure half of those and the demand for Texas doctors is going to soar.

Estimates are that ObamaCare will succeed in insuring 32 million otherwise uninsured people. If economic studies are correct, once these folks are insured, they will try to double their consumption of health care.

On top of that, ObamaCare does something that Massachusetts did not do. It will force the vast majority of people who already have insurance to switch to more generous coverage.

For example, everyone will have to be covered for a long list of preventive care and diagnostic screenings, with no copay and no deductible. Once people have this extra coverage, they will be inclined to take advantage of it.

Get prepared, then, for a huge increase in the demand for care. The result will be growing waiting lines — at the doctors' offices, at hospital emergency rooms, at the health clinics, etc.

In the early stages of Massachusetts' health reform, Gov. Romney told me what he expected to happen. Instead of uninsured patients going to hospital emergency rooms to get expensive care in inappropriate settings (all paid for by the rest of us), he said, insured patients will be getting less expensive care in the offices of primary care doctors.

Ah, but it turns out that more people are seeking care in hospital emergency rooms and at publicly funded community health centers than there were before the reform.

As one academic study found, in Massachusetts you have the same people seeking the same care at the same places you had before. Health reform has mainly meant shuffling money around from one bureaucracy to another.

When health care is rationed by waiting, who gets care and who doesn't? Just as ObamaCare intends to do, Massachusetts set up health insurance exchanges where the uninsured could obtain insurance, in most cases with generous government subsidies. Yet the newly insured are the patients having the greatest difficulty obtaining care. According to one report:

Only 56 percent of family doctors accept patients enrolled in Commonwealth Care (subsidized insurance sold in the "exchange").

Only 44 percent accept patients in Commonwealth Choice (unsubsidized insurance sold in the "exchange").

The fraction of internists who accept Commonwealth Care and Commonwealth Choice is 43 percent and 35 percent, respectively.

In Massachusetts this is called "access to care."

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