



Finding the right medical provider

By Ellen Waldman

March 24, 2021

One of the first things people look for when they relocate is a medical provider. Also, sometimes doctors retire and people are left trying to find someone else. In the Rogue Valley, finding a medical doctor or other primary care provider might not be that easy. In the past year, many of the local doctors have either retired or stopped taking on new patients, especially those on Medicare. The options might not be great, but there are a few you might not have considered.

Before looking at the options, here is some information on why there might be fewer doctors than you might hope. In particular, people often wonder why we don't have any actual geriatricians here, given the number of older adults and retirees. Look at these figures for some of the answers.

Here's the annual physician compensation, in thousands per year, from the 2018 Geriatrics Salary Survey: orthopedics \$497; family medicine \$219; geriatrics \$203, which is actually the lowest of eleven specialties. Add to this the time constraints that insurance companies and busy medical practices put on the provider, and you can see how this might not be ideal for older adults, or their doctors. Medicare historically has been known to not adequately compensate doctors for a basic office visit. I remember years ago, my family doctor told me it actually cost his office \$3.00 for every Medicare patient he saw.

Here are some options to consider if you're facing this situation; a nurse practitioner (NP) or family nurse practitioner (FNP), a physician's assistant (PA), or a concierge medical practice.

A quote from the Nurse Journal, March 3, 2021: NPs and PAs offer some of the same healthcare services, but the focus of their training and their responsibilities differ. NPs earn their degree at nursing schools and emphasize patient care for specific populations, while PAs study biology and pathology in medical school programs based on the physician training model. NPs must have experience working as RNs prior to entering a Master's NP programs. However, PA programs do not require students to have experience providing direct patient care. Furthermore, PAs cannot practice independently and must be under direct physician supervision, while NPs, depending on the state, can practice independently.

Personal experience with clients has shown that a visit to an NP can include more time for conversations than a usual office visit with a doctor. Fortunately, there are several NP practices in the Valley, including Ashland. I've been a huge fan of our local FNPs at Ashland Family Practice (<https://www.ashlandfamilypractice.com>). In addition to their private practice, they will actually visit their patients in a memory care facility. Since FNPs are able to prescribe medication, they can also work with staff at the facilities when a problem arises to make medication adjustments.

As for a PA, if you've had a long wait to see a dermatologist, for example, you can often get an appointment to see the PA. Having your yearly skin check can be a lot less difficult to schedule this way, and they are quite capable in meeting this need.

You may not be as aware of what's known as concierge or direct-pay medicine. Here the patient pays a monthly membership fee (generally in the \$100 range), and Medicare pays for the usual visits and tests.

In Ashland, Dr. Steven Hirsch, internist, has such a practice (<https://www.meducationpc.com>). In Medford, internal medicine doctor, Dr. Clark Cullen, has just started this type of practice as well. (<https://www.sunstoneprimarycare.com>).

The benefits of this are direct access to the care you need when you need it, by phone, text or email. There is no specified time limit for visits, either, so this works well when you have lots to discuss about your medical care.

Concierge care is not for everyone, but now you know there is a range of available options. No need to worry there aren't enough providers to go around.