

VIEW FROM AWAY

Primary care technician could fill coverage gap

Working under doctor's supervision, training would be like that of EMT

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 rarely are 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 also are trained relatively quickly and paid relatively modestly, with a mean annual salary of less than \$35,000.

An EMT receives 150 hours of classroom instruction, plus supervised practice. A paramedic logs 1,000 to 2,000 hours of study and practice beyond that and may have an associate degree. "Primary care technicians" — as Arthur Kellermann, dean of the medical school at the Uniformed Services University of the Health Sciences, and his co-authors call them — would get the same amount of training in basic preventive care, health counseling, management of chronic conditions and treatment of minor illnesses.

Like EMTs, PCTs would practice under a doctor's supervision. To enable them to visit patients in a variety of settings — storefront offices, community centers, even patients' homes — PCTs would be equipped with portable medical devices, including stethoscopes, blood-pressure cuffs, video-equipped ear scopes and the like, as well as tablet computers. The tablets would give them access

PCTs could not instantly materialize. Training programs, which do not currently exist, would need to be created, and state licensing requirements would have to be updated. And a presumably reluctant medical establishment would need to be convinced the idea would work. Perhaps only states with a great need for more widespread primary care would take up the strategy to begin with.

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to information about treating all sorts of medical problems, enable them to keep patients' medical records up to date, and allow them to send photos or videos of patients for supervising doctors to evaluate.

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Nor could PCTs by themselves solve the shortage of primary care doctors — a problem that's set to worsen as millions more people get health insurance through the Patient Protection and Affordable Care Act. Increasing the number of primary care doctors, nurse practitioners and physician assistants remains essential.

A primary care technician, however, is a fresh idea that combines the virtues of technology with convenience, and at a relatively low cost. It's certainly worth a try.