

Finding care, close to home

As you were saying ... by MYECHIA MINTER-JORDAN
PUBLICATION: Boston Herald (MA)

SECTION: Opinion
DATE: June 27, 2015

EDITION: ALL

Page: 14

As the clock runs out on federal dollars to support the training of primary care physicians, the news is filled with stories decrying the lack of primary care providers. In the 1990s HMOs and managed care ushered in an era of cost containment which also resulted in a sharp decline in earning potential for PCPs. The scenario was a prescription for disaster and a predictor of the impact on primary care: high tuition, years of intense study and training, crippling debt, growing numbers of patient visits — and salaries considerably below those of specialty doctors. Why wouldn't medical students want to maximize their incomes by choosing higher-paying specialties?

In the past 100 years, the career arc of the primary care physician has come full circle. Today, Norman Rockwell images of the kindly country doctor have transformed into diverse teams of dedicated professionals committed to on-the-ground delivery of high quality, cost effective primary care for all Massachusetts residents. And they are just around the corner — at your local community health center.

This year we celebrate the 50th anniversary of community health centers. In Boston and across the country, the community health center movement began in the late 1960s in response to the flight of primary care physicians from the urban core. Residents across the city were organizing in their neighborhoods and demanding that the world-class medical institutions in whose cold shadows they lived become more responsive — and responsible — for the health of all residents. In Massachusetts, 49 community health center organizations today provide high quality health care to some 889,000 state residents through more than 285 sites statewide.

One of the best kept secrets of community health centers is that they don't just serve the poor and vulnerable — they are a first class option for quality care for all. In 2009, federal stimulus dollars flowed into Boston, resulting in health center renovations that rival the gleaming offices of any hospital or primary care practice. Our neighborhoods are evolving to include more affluent young families, single professionals, hipsters, artists and suburban empty nesters living harmoniously with the working class and vulnerable. Community health centers, long recognized as incubators of innovation, have kept apace, offering comprehensive medical, behavioral health, dental and supportive services — something for everyone.

Health centers have embraced the patient-centered medical home (PCMH) model as a way to provide effective, quality care to patients. According to the Association of American Medical Colleges, a short supply of physicians can require a full decade to correct due to training requirements alone. Addressing the problem on the local front will require innovation and a multi-faceted approach. PCMH is a coordinated approach to managing patients that includes an emphasis on the integration of new technologies and teamwork. The returns on improved patient quality, improved patient health and reduced costs of care are measurable. And at the heart of the Patient Centered Medical Home is primary care. Health centers will always hew to their charitable mission. The Affordable Care Act is depending on them to be the front line of care for the newly insured and they are ready. Institutions including Harvard Medical School and Partners HealthCare are finding new and innovative ways to encourage and support young physicians who pursue a primary care career path, resulting in highly trained and skilled practitioners with a broad and diverse array of skills. As the conversation about the shortage of primary care physicians rages on, for all of us the solution is right around the corner — at the neighborhood community health center.

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