

Health reform hits doctor deficit reality

Small-town reality: Even with insurance, you need somewhere to go

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POST, TEX. - Another morning at the clinic. Far away in Washington, the debate over health-care reform drags on, while here in barren West Texas, Ben Edwards is moving fast. He grabs the chart for his next patient, his ninth of the day, and enters Exam Room 5, where Alma Lopez, 51, waits to see the only doctor in town.

"I feel it right here, tight inside," she tells Edwards, rubbing her belly.

"Do you feel anxious?" he asks. "Almost like a panicky feeling?"

"The stress with the kids," she tells him, beginning to cry. "It's always there. I'm always jumpy. I'm always anxious."

"You're doing the Lord's work," Edwards assures her after listening for a few more minutes. "They can be the death of you, but you're doing the best thing for those kids."

Then he hugs her and hurries on to patient No. 10, who is waiting in Exam Room 4.

"I'm always behind," Edwards says, summing up what it's like to be the only doctor within a 45-mile radius, and in that simple statement is his worry about what reform will mean:

What will happen in a place like Post, where the uninsured are waiting for a system to see a doctor regularly -- and there's only one doctor to see them all?

If all of Post's 3,708 residents had full health coverage, Edwards believes they would flock to his clinic, but his practice is already full with more than 2,000 patients. He has no idea how he would fit in anyone else.

In this working-class outpost in this vast, flat no man's land, the everyday health-care needs of an entire community fall to Edwards. Health-care reform is on its way, and it is up to him to care for everything -- every snuffle, ear ache and fever, every anxiety and sleepless night, every bad back and stomach pain and bladder infection.

And the truth is this: Edwards will not have time to treat them all.

Desire to care for everyone

Another truth: Edwards, 35, wants to treat everyone. That's why he went into family practice. He grew up in Belton, a small town in central Texas, where he became inspired by his grandfathers, both of whom were not just country doctors but community leaders.

"I thought that's what doctoring was," Edwards says. "I wanted to take care of the whole family and the whole body."

Practicing family medicine in a place like Post puts Edwards in the minority, a fact that is not lost on policymakers in Washington. A physician shortage has long plagued rural areas. Young doctors saddled with medical school debt are more often drawn to such lucrative specialties as radiology or anesthesiology in big cities or suburban areas, where they can earn double the \$120,000 to \$140,000 salary of a rural family practitioner.

But if some or all of the estimated 40 million uninsured Americans become covered under health-care reform and suddenly seek general doctors for physicals and other everyday medical issues, experts say need and supply would collide. And in Post, even if these patients create a potential market for a second doctor, there's no sign that anyone would head to such an area, or that the country is training enough family practitioners.

"It's a crisis," says Wayne Myers, a doctor and former director of the federal Office of Rural Health Policy. "The larger picture goes like this: Half the doctors ought to be in primary care, and about a third of the doctors have been in primary care."

Anticipating the shortage, members of Congress included incentives in the health-care bills, including a loan

repayment program to train more primary care physicians and an expansion of the National Health Service Corps to get more doctors to underserved areas.

In 2005, after graduating from the University of Texas Medical School, Edwards followed a circuitous path to Post. Many towns were recruiting him, but Post, the seat of Garza County, stood out. Although the county had a dilapidated, 10-bed hospital that had been converted into a public health clinic, it had no full-time doctor. The closest physician was in Lubbock, about an hour's drive away.

Garza County officials promised to subsidize Edwards's practice and, if he made it profitable, build him a clinic.

"I said, 'Ben, you've answered many, many prayers for this community. You don't know how much it means to have a good doctor here,' " says longtime resident Ray Bagby, who serves on the county's health district board.

When Edwards arrived, a billboard ad near Post High School showed the handsome young doctor posing near Post's green highway marker with the slogan: "Dr. Edwards: A Perfect Fit." The town brass welcomed him with a cookies-and-punch reception at the Community Center.

Edwards quickly developed a following, with patients traveling from as far away as 65 miles. Tall and fit with a neatly groomed red goatee, Edwards spends time listening to patients and greets them with down-home charm. He instructs children sitting nervously on the crinkly paper on the examination table to "mind your mama."

Now, four years later, Edwards has more than 2,000 patients. At his new \$1.2 million clinic, folders are bulging, paperwork is piling up, the waiting room is full and the phones hardly stop ringing. Edwards has built a profitable practice by condensing his life into 15-minute increments.

"It's all about speed," he says, pausing at a nurse's station only long enough to rub antibacterial soap onto his hands and wave them dry. "You've got to crank through."

It's a common adage in small towns that everyone knows everyone. And in Post, an oil, cotton and ranching settlement founded 102 years ago by cereal magnate C.W. Post, everyone knows Dr. Edwards -- or Dr. Ben (as some ladies call him) or Dr. Dolittle (as some of the retired men who gather at a long table for coffee, eggs and smokes at George's Restaurant each morning call him).

"He's changed our community and the hope that we can get quality health care right here," Tonya Kirkpatrick, whose family owns a large ranch here, gushes as Edwards examines her teenage son. At George's one morning, two dozen regulars in Stetsons and boots shower praise on Edwards. In between sips of coffee and bites of grape-jelly-coated toast, Neil Craig, 67, a retired businessman, calls Edwards a "dang-gone good doctor."

Craig and others at the coffee shop are patients, but not everybody. Garza County's per-capita income is \$12,704, according to Census data. Roughly one in four residents lives below the poverty level. Although no official statistics are kept for Garza County, Texas has the nation's highest rate of uninsured people, at 25 percent. Some of the uninsured are in Post, and many more here have inadequate coverage. These patients go to a doctor or an emergency room only in dire straits, and delay visits as long as they can.

Rosemary Tuck is one such patient. A waitress at George's, Tuck makes \$3.50 an hour plus tips, with no health benefits. So when she gets sick, she usually treats herself with over-the-counter medications.

"If I had coverage, I would go see Dr. Edwards, even if I got a cold or sick," Tuck, 59, says as she serves hash browns and an omelet. "Insurance is so expensive. It would cost me like \$270 a month, and that's \$270 extra a month that I don't have."

The same can be said for Rosa Latimer. As editor of the weekly Post Dispatch newspaper, Latimer earns \$350 a week, but she has no health insurance. At 62, she's gambling that she will stay healthy until she turns 65 and qualifies for government Medicare.

"If I'm really sick, I'll go to the doctor," Latimer says. But if she had full health coverage now, she adds, "I might go more often and get tests done without waiting."

Better than anyone, Edwards understands what this means.

"The system's going to be overwhelmed when everybody's insured," he says. "We're putting the cart before the horse. You've got your little insurance card and there's no doctor to show it to -- or you have to wait eight weeks to see one."

'A big responsibility'

A generation from now, maybe the country-doctor deficit will be a surplus. Maybe the waitresses and oil-field workers and cattle ranchers of Post will have their choice of physician. But for now there's only Edwards, and on this day, at this moment, there's another patient to see.

Edwards packs flu shots, a stethoscope and some medications into his black leather doctor's bag, pulls himself into his silver Chevy pickup and drives to 310 Avenue Q.

A house call. He does those, too, along with being the doctor at the local prison and the old age home.

Inside is Nathan Little, 87, who worked in heavy equipment but made his reputation on horseback, as the 1957 cutting horse champion. Little refuses to come to the clinic because he goes into panic attacks, so Edwards treats him at his house. "How have you been doing?" Edwards asks.

"Lately, not too good," Little says, sitting on a kitchen stool wearing pajamas. His deep, scratchy voice and leathered face are evidence of decades of smoking and working under the sun.

Edwards offers assurances and support, but little in the way of a solution.

As he walks out of Little's house, Edwards says, "Medically, I'm not sure we're going to get a whole lot accomplished, but hopefully we can calm his fears."

The doctor's day is nearly over.

He returns to the clinic, but decides to push off the voluminous paperwork until the next day. The sun is setting and Edwards is eager to get home. He speeds west on Highway 380, past miles of flat cotton fields, cattle ranches and oil pump jacks, and pulls up the long driveway of his farmhouse on the outskirts of Post. His 6-year-old son, Cade, and 2 1/2 -year-old daughter, Ellie, run out of the house.

"Daddy! Daddy!" they yell, breaking the country silence.

Edwards tosses a football with Cade and pushes Ellie on a swing. They feed the horses and farm animals before coming inside, where his wife, Jamie, is cooking dinner while watching their 9-month-old daughter, Cassidy.

If Edwards worked longer hours, maybe he could see more people. But giving up family time is not an option.

"You see how busy I am here," Edwards says. "You can throw 10 or 15 percent more patients on me here, but I'm not going to work every night 10 o'clock. I'm going to go home and be a dad. So when they call and want to see me, I'll say, 'See you in eight weeks.' "

Some nights, as the only doctor around, Edwards does work -- keeping watch on the high school football team as it plays on Friday nights. He stands by an ambulance at the end of the field in case a player is injured. On this night, Edwards brings his children to watch the Post Antelopes take on Denver City High School. He leans against a fence holding Cassidy as patients come up to him.

"How are you, Dr. Edwards?" one asks.

"Dr. Ben!" says another.

At another point, Edwards looks up at the stands, which are so full it looks as if all 3,708 residents are gathered.

Patients -- and potential patients.

"It's kind of a big responsibility," he admits.

Edwards takes a deep breath. Health-care reform is coming, the country doctor realizes, and all he can wonder is if the responsibility will become too big.

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