

A bitter pill for family doctor

Physician says money issues forcing closure of his rural practice

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CHATHAM -- Dr. Joseph Lalka loves being a rural doctor. He gets to set bones, perform minor surgeries and treat entire families. He smiles when he sees a trait in a young patient that reminds him of the child's mom or dad, or when he recognizes a shared characteristic, like a whole family that has a high tolerance of pain. Lalka loves it, but he's quitting.

The 54-year-old doctor sent a letter to patients earlier this month informing them he's closing his practice in a small medical building on a wooded road in the fall. Instead, he'll hire out his services to hospitals needing doctors. "You are like friends and family to me after 26 years of service in Columbia County," he wrote. "The financial pressures of medical malpractice premiums, increased cost for staff and benefits, poor reimbursement for medical services from your insurance company and Medicare, have forced my hand to retire."

"There is a medical care crisis in America. Primary care doctors, family physicians and general internists are not getting a fair shake," he wrote. When he first became a doctor, Lalka's goal was to earn \$100,000 a year, and he did in 1982. But his income from the 1,200-patient practice began falling in the 1990s and worsened in the past few years. He earned \$65,000 in a recent year and brought in \$35,000 in a particularly bad year.

The decision to close was not easy. "It's a lot of heartache. It's not what I want to do," Lalka said. "But I also want to get paid for what I do and for the long hours I work."

Family doctors across the state feel Lalka's pain. A group of physicians in the Adirondacks will gather Thursday to address the declining number of primary-care doctors in their region. National physicians' groups are warning about a doctor shortage. Medical students aren't fools. They see the trouble that family doctors are experiencing and choose higher-paid specialities.

Dr. Robert Goldberg, president of the New York Medical Society, caught wind of Lalka's departure and tried to convince him to stay. "This is the first time I've seen a family doctor leave because of the camel-back-breaking medical insurance premiums," Goldberg said. He already has seen neurosurgeons, obstetricians and orthopedists quit but couldn't say exactly how many.

Goldberg said the medical society is lobbying for a program that would provide startup grants for new doctors opening general practices. The existing tuition-forgiveness program is underused because it doesn't include startup expenses for office rent and equipment.

Lalka, born in Brooklyn and raised in New Jersey, didn't have enough money for medical school. So he signed up for the National Health Service Corp., which paid for tuition at New York University School of Medicine in exchange for serving as a rural doctor for two years. His first posting was Columbia County and he never left.

The county currently has eight family doctors, but that will soon drop to five: Two other physicians are taking jobs outside the county.

Ten years ago, Lalka's annual malpractice premium was \$8,000. This year, it is \$18,900, up 16 percent from a year earlier. Lalka and other doctors also face a 10 percent cut in Medicare payments in the upcoming year.

Lalka tried to overcome his financial problems. He hired an office manager and adopted a electronic record-keeping system to make billing more efficient. He joined a Latham-based doctors' group, hoping it would relieve his overhead. It didn't, and he left the group. Finally, he hired a billing company, but the reimbursements are still too low.

"People think they are paying a \$25 co-pay and their insurance is paying the rest, but their insurance is paying maybe 12 more dollars," he said.

His office will close in October and Lalka will become a itinerant doctor. He'll make more money and work less by filling temporary postings at hospitals around the country. The hospitals will give him an apartment and car.

Best of all, the hospitals will pay his malpractice insurance.

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