

# Dr. Timothy Harrington: Dane County has a health care access problem

- By Dr. Timothy Harrington | guest columnist

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As a retired Madison rheumatologist, I hear from my physician and nurse colleagues, and many others, about the increasing problems that Dane County residents face every day in accessing necessary health care.

People who have developed new chronic disease problems are waiting three to six months, or even longer, to see the medical specialists who can best diagnose and treat them, while established patients cannot be seen when necessary. I recently spoke to a UW diabetes specialist whose next available new patient appointment is in one year, which means that her scheduled new patients are already waiting that long. As a result, patients who should be receiving outpatient medical specialty care clog up our equally overloaded primary physicians' practices, urgent care centers and emergency rooms, as they get sicker and may eventually require more costly hospital stays.

A business executive new to Madison described to me how he waited three months to establish a primary physician relationship, and how his partner has maintained her health care elsewhere because she fears not being able access specialty care for her chronic disease in Madison. These people, like most Dane County residents, are well-insured, and yet they are unable to obtain necessary, timely care in a community that has more physicians per capita than almost anywhere else in the United States.

Our city and county governments project Dane County's population will grow by 80,000 in the next decade, and they are beginning to address the unmet affordable housing and transportation needs of current and future residents. I suggest that accessible health care is as critical, and that our hospitals and large medical groups need to admit to and address this problem.

Doing nothing or more of the same will not solve this problem.

To begin, UW Health, SSM Health and the Veterans Health System should publish their new and established patient wait times each month for their outpatient medical clinics. Then they need to redesign how their existing work force is organized, staffed and functioning. Exceptional health systems in other cities have done this after they learned that hiring more health professionals to practice the same way was not only difficult and expensive, but also failed to improve access or control costs.

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