

Expanding the Number of Rural Physicians

This IPRO report lists ways that states have increased physician services to rural areas. Attracting doctors to rural areas has long been a challenge. According to a 2008 study, 25% of the country lives in rural areas, but only 10% of physicians practice in these areas. Research points to two key reasons for the shortage of physicians in rural areas. First, positions in urban areas generally pay better. When medical school graduates enter the workforce, they generally have a significant debt. It's not uncommon for a graduate to be more than \$150,000 in debt. New physicians are likely to gravitate toward better-paying, urban positions and are likely to stay in these positions. Secondly, more physicians are choosing to specialize and fewer are going into general practice. Rural areas tend to need general practice physicians, so this shift toward specialization means that fewer physicians are available for rural areas.¹

Here in Iowa, the Bureau of Health Professionals has designated 56 counties as Health Professional Shortage Areas. Almost all of these counties are rural. They have also designated 87 counties Mental Health Care Shortage Areas. These are almost all rural too.²

Research suggests that the most promising way to attract physicians to rural areas is for state governments to provide incentives for medical schools to place physicians in these areas. However, there are also some creative programs aimed at attracting already established physicians to rural areas. Yet another idea being tried in some rural areas is to use technology to bring care to rural areas.³

University Programs

Studies have shown that the medical students most likely to work in rural areas are those originally from rural areas. In response to the shortage of rural doctors, many states have designed programs to increase the number of medical students from rural areas. For instance, Indiana University and Indiana State University have created a joint program called the Rural Health Initiative. Through this program, select rural high school students with the intent of majoring in the health sciences and attending medical school with plans to return to rural areas as doctors are awarded full-tuition scholarships and a guaranteed spot in Indiana University's School of Medicine, pending a 3.5 GPA and MCAT score at least equal to the average score of the entering class.⁴ This program offers students the opportunity to work alongside rural physicians, participate in summer internships at rural clinics, take part in rural health seminars and gain patient experience during third and fourth-year internships with rural hospitals or clinics.

¹ "What Makes Rural Healthcare Different?" The National Rural Healthcare Association. 24 Nov 2008 <<http://www.ruralhealthweb.org/go/left/about-rural-health/what-s-different-about-rural-health-care>>.

² "RUPRI State Demographic and Economic Profile Series: Iowa." Rural Policy Research Institute. 24 Nov 2008 <<http://www.rupri.org/Forms/Iowa2.pdf>>.

³ See 1

⁴ "Program Designed to Attract More Doctors to Indiana's Rural Areas." Indiana University School of Medicine. 24 Nov 2008. <http://www.medicine.indiana.edu/news_releases/archive_97/ruralhealth2.htm>

Similar programs are in place at other universities across the country. One collaboration is between the Albany Medical College in New York and a nearby rural hospital. Normally, many students spend six weeks at this hospital during their third year to obtain first-hand clinical experience. However, this program now allows students to spend an entire year there, culminating with the students actually working in a rural health clinic. Thus, before graduation, these students develop connections and possible career options in rural areas near the hospital.⁵

Another possible solution is to build new medical schools closer to rural areas, like the Paul L. Foster School of Medicine in El Paso. This medical school was founded in large part to help serve vastly underserved southwest Texas. Students at this school obtain an emphasis in rural outreach and both faculty and admissions emphasize the importance of staying in nearby rural areas after graduation.⁶

In another collaboration, the Utah state legislature has implemented a statewide rural medical residence training program. A total of \$300,000 is appropriated annually to assist medical institutions to start and maintain rural residency programs for medical students, in the hope that some of these students will choose to practice in rural areas when they graduate. Specifically, these funds allow medical residents to rotate through rural hospitals in their first year to gain an understanding of rural medicine. Residents interested in family practice spend their second and third years of residency living in a rural area while they hone their skills.⁷

Incentive Programs

Recently, the governor of New York announced a program named “Doctors Across New York”, which is a plan to attract physicians to underserved rural communities by paying for some of their student loans.⁸ The state has allotted \$6.9 million per year to go toward assisting doctors wishing to practice in underserved, rural areas. This program is modeled after a federal program, known as The National Health Service Corps, which also forgives and defers student loans in exchange for work in an under-served region.

Mental Health

Mental Health shortages in rural areas have proven to be just as serious as shortages of general physicians, but the nature of psychiatric care has opened up opportunities that are not possible in general medicine. For instance, Midwest Behavioral Health Care Inc,

⁵ “Program Aims to Bring Doctors to Rural Areas.” WCHS6 24 Nov 2008

<<http://www.wch6.com/news/health/story.aspx?storyid=92838&catid=8>>.

⁶ “South Plains Face Shortage of Rural Doctors.” Lubbock Online Local News 24 Nov 2008

<http://www.lubbockonline.com/stories/051808/loc_280237765.shtml>.

⁷ “Incentive Measure Targets Rural-Area Doctor Shortage.” Deseret Morning News 24 Nov 2008

<http://findarticles.com/p/articles/mi_qn4188/is_/ai_n11503043>.

⁸ “Governor Patterson Announces New York is Accepting Applications for New Doctors Across New York Program.” The State of New York. 24 Nov 2008 <http://www.state.ny.us/governor/press/press_1021083.html>.

headquartered in Clinton, Missouri, is using grant money to train physicians and nurses in identifying, and in some cases treating, mental illnesses.

The program works to increase the number of nurses who become Advanced Practice Nurses (APNs), a level of training that allows nurses to diagnose and prescribe medications for mental health needs while working in collaboration with psychiatrists. The program also works to increase psychiatric training for primary care physicians. Training consists of five sessions with a total of 84 hours of classroom and clinical components. Lastly, the program works to increase the number of psychiatry fellowships in rural Missouri since, like other doctors, empirical data shows that many psychiatrists stay in the area where they complete their training. Together, these initiatives have increased access to mental health care in rural Missouri.⁹

Another option for expanding rural psychiatric was started by Michigan State University. Technology at the university is used to allow a team of psychiatric doctors to meet each week with patients from across the state via video conference. A team of six doctors are each assigned anywhere from four to ten patients each week. This allows psychiatric patients and their families in many rural areas to access healthcare without traveling long distances.¹⁰

⁹ "What Makes Rural Healthcare Different?" The National Rural Healthcare Association. 24 Nov 2008 <<http://www.ruralhealthweb.org/go/left/about-rural-health/what-s-different-about-rural-health-care>>.

¹⁰ "Doctors Bring Much-Needed Psychiatric Care to Rural Areas via Technology." Michigan State University 24 Nov 2008 <<http://news.msu.edu/story/5704>>.