You Want to Recruit Rural Physicians-
Are you crazy?

John R. Wheat MD, MPH
Professor of Community and Rural Medicine
The University of Alabama
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This is what you are looking at--
What characterizes the highlighted areas, of any color?

- Rural
- Persistent poverty
- Low education levels
- Low employment levels
- Large proportion of minorities
- Large proportion of elderly

What else characterizes the highlighted areas?

Remain underserved with physicians (and PAs and NPs) despite 40 years of “rural efforts”:
- National Health Service Corps,
- J-1 Visa program,
- New medical schools (MD and DO),
- (New PA and NP programs),
- Telemedicine emphasis
Why would a doctor want to live and practice in such an area? (Why would anyone?)

For the big money!

(It’s all about money.)

But, there is no big money----

And the money equivalents, such as NHSC scholarships and J-1 Visa opportunity, linked to service in such areas have not worked.
Why would a doctor want to live and practice in such an area? (Why would anyone?)

For the good place to raise a family!

Really?----

No money, impoverished schools and communities, few opportunities for spouses, few educated to the social class of a doctor’s family.
Why would a doctor want to live and practice in such an area?

Because of so much competition in the city.

Right?----

Do you know what is going on in the cities?
Thinly spread primary-care doctors face surge of patients from health law
(Dallas Morning News)

How Long Will You Wait to See a Doctor?
By JOSEPH BROWNSTEIN  ABC News Medical Unit March 29, 2010

In Massachusetts, wait times for new patients to see a doctor in Boston reached almost 50 days after passage of a universal health care bill, despite the highest doctor-patient ratio in the nation.

Extending coverage by 31 and 35 million Americans may extend wait times to actually see a doctor -- if new patients can get in at all.

AMA estimates:
• Presently, 353,000 primary care doctors
• In 10 years, a shortage of 85,000 doctors
There is no competition for primary care doctors in the cities!

You cannot recruit rural doctors.

Not with lure of money (even for short time)
Not with promise of wholesome lifestyle
Not with fear of competition elsewhere
Well, how do you hope to get rural doctors?

The old fashion way—you work for them!

The Rural Medical Scholars Program proves it
RMS’s distribution according to HPSAs

What does RMSP do?

Following the best evidence from rural medical education worldwide, we...
Admit the Right Students

Rural Culture

Family Medicine Intent

Tethered

Curriculum Requiring Rural Training Sites

Classroom No. 1- Rural Hospital

Classroom No. 2- Soybean Field

Classroom No. 3- FM Clinic
Dedicated Rural Family Medicine Preceptors

Rural Training During Residencies in Family Medicine
Financial Support Linked to Rural Service:
ALFA Rural Medical Scholarship

Pre-Medical School Factors
- Birth place
- Intent to serve state’s needs (e.g., primary care, rural)
- In-state students
- Age/Race of applicant

Medical School Factors
- Targeted expansion strategies

Residency Factors
- Need-based training & tracks
- Location (Rural, Community-based)
- Primary Care residency

Placement and Retention
- Practice start-up subsidies
- Loan repayment
- Opportunity for continuing education

Income Disparity

Need to alter incentives for distribution and production of primary care
Create accountability across the pipeline

Physician workforce: sufficient, composed & distributed to meet populations needs
UA Rural Medical Scholars Program

Relative Effect on FM Choice and Rural Practice

<table>
<thead>
<tr>
<th></th>
<th>Main campus</th>
<th>Branch campus</th>
<th>RMSP</th>
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<tbody>
<tr>
<td>N</td>
<td>840</td>
<td>296</td>
<td>84</td>
</tr>
<tr>
<td>Rural (%)</td>
<td>15.1</td>
<td>22.3</td>
<td>43.2</td>
</tr>
<tr>
<td>MCAT</td>
<td>30.1</td>
<td>29.2</td>
<td>25.7</td>
</tr>
<tr>
<td>4-Yr Grad (%)</td>
<td>88.7</td>
<td>87.8</td>
<td>90.5</td>
</tr>
<tr>
<td>FM choice (%)</td>
<td>3.9</td>
<td>18.9</td>
<td>44.0</td>
</tr>
<tr>
<td>Rural Practice (%)</td>
<td>7.3</td>
<td>54.5</td>
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What are our shortcomings?

RMSP, 1996-2004

Any Medical Student, 2009-10
Where are we missing?

Black Belt and similar counties with

• Most rural populations
• Most persistent poverty
• Lowest education levels
• Lowest employment levels
• Largest proportion of minorities
• Largest proportion of elderly
• Least number of medical students

Next Steps?

As with all states with similar shortages of primary care physicians in rural areas,

We must find a way to get more students from these local underserved cultures into medical school and into programs that prepare them to become rural family physicians.

We will use the best evidence available to------
Use the pipeline approach to grow our own physicians from these cultures where physicians are needed.

Nurture local and minority students through he pipeline

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Rural Health Leaders Pipeline Model

- Rural Communities
  - Rural Student Recruitment
  - Community-based educational programs
- Rural Practice Incubator
  - Underdeveloped
- Service Scholarships

<table>
<thead>
<tr>
<th>Pre-college</th>
<th>College</th>
<th>Medical School</th>
<th>Residency</th>
<th>Fellowship</th>
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<td>Rural Health Schoo</td>
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Outreach
of schools and
community events

Rural studies &
field work/summer
Summer options

Rural, family, and
Community Medicine
Clinical electives

Primary care
especially
family medicine

*Students in the Rural Health Leaders Pipeline are recruited from rural communities. Scholarships help them complete training in order to return to these communities.

*MHNP Minority Rural Health Pipeline Program

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Minimities given opportunity to attend medical school in exchange for service

"We are looking for young people who have a calling and who want to serve their communities. They have filled in the pipeline with their dreams of becoming physicians and are ready to give back to their communities. That's why we offer this unique experience for minority students who want to make a difference," said Dr. John Wheel, MD, MPH, Professor at the University of Alabama School of Medicine, Tuscaloosa.

The program is a rare find, providing unique opportunities for students. It has proven successful in recruiting and retaining a diverse pool of students who are passionate about serving underserved and minority populations.

"We are committed to attracting and retaining minority students who are dedicated to serving rural communities," said Dr. John Wheel, MD, MPH, Professor at the University of Alabama School of Medicine, Tuscaloosa.

The program offers a unique opportunity for students to gain hands-on experience in rural communities, working with local physicians and learning about the unique challenges and resources of rural medicine.

"The Rural Health Leaders Pipeline Program is a unique way to engage students in rural medicine, and we are proud to offer this opportunity to our students," said Dr. John Wheel, MD, MPH, Professor at the University of Alabama School of Medicine, Tuscaloosa.
Special admission process for students from these least healthy counties who demonstrate connectedness to their local communities and Family Medicine intent.

Involve these students early and often with family physicians.
Curriculum that addresses their culture's need for primary care, preventive medicine, and community health leadership.

Address the needed financial, human, and facility resources through regional approaches that build on existing programs and expand natural alliances among stakeholders.
Develop the local social and political will to---

Just Do It.

Achieve Dreams
What are a State Legislature’s roles?

- To help public medical schools develop the will to create programs to admit and train students from these underserved cultures.

- And not unrelated, to fund these programs.