

# UNC School of Medicine Program Helps Rural NC

BY KATIE REEDER 1/14/15

Going into primary care in rural areas has never been the most lucrative option for graduating medical students, but the UNC School of Medicine is trying to address this through the Kenan Primary Care Medical Scholars Program. With funding from the William R. Kenan Jr. Charitable Trust and the knowledge that the medical school lacked doctors in rural areas of North Carolina, the program accepted its first class in 2013. It recently interviewed and accepted applicants for its third class of scholars.

Margo Pray applied to UNC's medical school to be a part of a program that served the community she became close to in her time as an undergraduate at Appalachian State University. "The relationships that you have, I really enjoy that, especially in a rural area in a tiny town," she said. UNC's medical school is ranked second in the nation in primary care by U.S. News and World Report. But the talent does not flock to rural regions. Out of all medical students trained in North Carolina, about 40 percent stay in the state after graduating. But just a small percentage of those who stay practice in rural counties, whose municipalities make up almost 80 percent of those in the state.

"It was sort of a disservice, I think, to our state by not producing more students that want to go into primary care in a rural or underserved area," Program Director Amanda Greene said. UNC medical students can apply to the program in their first year of medical school. If accepted, they receive a \$2,000 stipend to complete a summer internship with a primary care facility in western North Carolina. Depending on academic standing, students spend their third and fourth years in Asheville, where they get more exposure to rural primary care. Students in the program also receive a \$10,000 per year scholarship, beginning in their second year of medical school. Greene said they are working to get this scholarship to last into students' residencies.

Dr. Robert Bashford is the medical school's associate dean of admissions and played a significant role in the program's founding. "Together we had the idea, and (the Kenan Trust) of course had the money and the support, that if we could forgive debt as best possible, people would be able to practice primary care in underserved parts of the state," Bashford said. "The key, though, is to get people into the program that have a rural heart."

People with such a heart are hard to find, said Dr. Charlie Baker, a physician at Avery County's Baker Center for Primary Care. He has served as a primary care physician in Avery County for 35 years and has worked with the program's interns. Baker said rural doctors face a lower income potential than their urban counterparts because insurance companies tend to reimburse more in urban areas. Bashford said this discrepancy is due to the demographics of rural counties, where there are fewer resources and more people on Medicaid. The lifestyle of a rural doctor is often more demanding. "You're part of a community, and it's not just you come to work and go home at 5 p.m.," Baker said. "I take my prescription pad with me when I go to the grocery store because there's going to be somebody that's going to nab me with a problem that they want to address right in the middle of Harris Teeter," he said. "So you have to be OK with that."

This aspect is something Pray, who is enrolled in the program, loves. "There's definitely a really strong connection, and with that can come a lot of trust, and it can be a very valuable asset to your patients care if they really trust you and will really work with you," she said. "And if you understand their situation better, you guys can come up with a treatment that really is the best for who they are as a person."