

PROGRAM ADDRESSES PRIMARY DOCTOR SHORTAGE

BY KATIE REEDER • SMN INTERN, *Smoky Mountain News* July 15, 2015



Primary care physicians play a key role in the health care system, often addressing patients' health concerns before their conditions require the more specific knowledge of a specialist.

A March 2015 study by the Association of American Medical Colleges found that the expected shortage of non-primary care physicians would actually be more severe than the expected shortage of primary care physicians. The study projected a shortage of between 12,500 and 31,100 primary physicians by 2025 while the demand for non-primary care physicians will exceed supply by 28,200 to 63,700.

Still, there seems to be more concern surrounding the looming shortage of primary care providers.

"It's not enough. We don't have enough docs going into primary care," said Dr. Robert Bashford, associate dean of admissions at the University of North Carolina School of Medicine.

The Problem

Rural areas especially feel this pinch. Dr. Joshua Rudd, a general surgeon in Haywood County, called the lack of primary care physicians in rural areas "a huge problem" — a problem so great that many offices are not able to accept new patients.

"This forces the patients to either delay the care they

need or endure the added hassle and expense of traveling to receive care," he said in an email.

But some patients are not willing to make a long trip, said Dr. Ben Stepp, a family medicine doctor with Swain Medical Center.

"A lot of my patients would not seek medical care if no one was close by," he said.

He said he sometimes has difficulty referring patients to specialists in Asheville. Some prefer to stay close to home and do not want to make the drive. Still, others may not be physically able to make the trip.

And not getting to the doctor for what seems like a mild problem often leads to more serious problems.

"Primary care physicians truly are the lifeblood of the health care system," Rudd said. "Without primary care physicians, the health care system is completely crippled as the ERs are flooded with non-emergent patients and hospitals are filled with patients suffering from the complications of chronic conditions which likely could have been prevented with maintenance care."

A Potential Solution

The University of North Carolina School of Medicine has taken notice of this issue. It partnered with the Mountain Area Health Education Center to begin a program in 2013 that encouraged medical students to go into primary care in Western North Carolina.

Bashford said the members of the William R. Kenan, Jr. Charitable Trust had the vision for the program and approached the medical school with the idea. The program — the Kennan Primary Care Rural Scholars Program — seeks to get primary care doctors into the underserved areas of the state.

The program considers people who are underserved to be those who have no doctor, are underinsured or are uninsured, Bashford said.

He said the school carefully considers whom to accept into the program and looks not only for people who have a strong desire to go into primary care in a rural setting, but also for people who want to be a part of a community.

"I foresee these people being on school boards and being participants in their churches and just being a participant in that community," Bashford said.

The program accepted its third class of medical students in January 2015. Five students are now interning throughout Western North Carolina with different primary care providers.

Program director Amanda Greene, said one of the goals of the internship is to build relationships between the students and their mentors.

"We're hoping that will inspire them to want to go back to those communities to actually practice," she said.

José Delgado is interning at Haywood Regional Medical Center and working under Rudd to pursue his interest in general surgery. Delgado said he has enjoyed the opportunity to connect with patients.

"You actually are, before the surgery, just evaluating the patient, and then you talk to the family, and then you do the surgery and then after the surgery you do the follow-up, so there's a lot of patient interaction," he said.

He said the community has made a positive impact on him, and he hopes to impact it as well before he leaves through the research project he will do as part of his internship.

"I would love to also give back to this community," he said. "Everybody has been so great and helpful to me that I would love to return the favor... Hopefully my project can do well to this community."

Joe Gitt is interning at Cherokee Indian Hospital and rotating through a variety of specialties there. He noted the unique set-up of the hospital in that it provides universal access to care for residents of the reservation. Without the pressure to see as

many patients as possible, physicians can spend as much time as necessary with their patients.

"Providers at CIH can spend upwards of an hour with a patient, enabling you to establish and build upon a relationship with a patient, which is the real attraction of rural medicine for me," Gitt said.

Both Delgado and Gitt agreed that the disparity in salary for primary care physicians and specialists could be a factor that may dissuade graduating medical students from choosing primary care.

Bashford said UNC medical school graduates walk away with an average of \$115,000 in debt. The program includes a scholarship in which the goal is to "retire a significant portion of their debt," Bashford said.

Although it is not why he chose the program, Gitt said the scholarship was "icing on the cake."

"That's a large beauty of what the (program) is doing," Gitt said. "I won't feel pressured to go into a specialty strictly for financial reasons ... It is the freedom to pursue whatever calling in medicine that I want."