

WNC rural areas face serious health care shortages

By Liv Osby , losby@gannett.com 11:31 p.m. EDT March 9, 2015

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When the pain in Tina Rogers' abdomen became unbearable last summer, doctors thought the Highlands woman was suffering from appendicitis.

But with no advanced care nearby, her husband, Michael, eased her into the car and drove the two hours to Asheville for an MRI while she held on as well as she could.

"Just because of where we're located, we have to go to Asheville most of the time and that's a two-hour trip one way," she told the Citizen-Times. "That's really tough, especially if you're really sick. And I have never been so sick before."

Western North Carolina offers its denizens magnificent mountain vistas, dozens of opportunities for outdoor recreation and a laid-back lifestyle.

But that same rural environment is short of one element important to quality of life — health care — and some areas are worse off than others.

About one in five North Carolinians, or 2.2 million people, live in a rural county and are therefore less likely to have access to health care services, according to the Mountain Area Health Education Center, which works to train health care professionals for this part of the state.

All 16 counties in Western North Carolina are considered health professional shortage areas, meaning areas with too few providers to meet the health care needs of the population, the education center reports.

"Increasingly, there are shortages of primary care physicians and some under-represented specialties in rural areas that are quite disproportionate to the overall shortage nationally," said center CEO Dr. Jeff Heck.

"Physicians are becoming more specialized and urbanized every year," he added. "And it's reaching a point where it's a critical issue," he said.

Growing shortages

Nationally, a new report from the Association of American Medical Colleges projects a shortage of between 46,000 and 90,000 doctors in the next decade, even accounting for recent care delivery changes, such as delayed physician retirement.

Breaking it down further, the report estimates a shortage of 12,500 to 31,100 primary care physicians and 28,200 to 63,700 specialists.

"The doctor shortage is real — it's significant — and it's particularly serious for the kind of medical care that our aging population is going to need," said association CEO Dr. Darrell G. Kirch.

"Because training a doctor takes between five and 10 years," he said, "we must act now, in 2015, if we are going to avoid serious physician shortages in 2025."

The situation is even more sobering for rural areas.

A 2015 survey of medical school graduates revealed that only 3 percent planned to practice in rural communities with populations of 25,000 or less, Heck said.

At least 3,000 doctors must be produced each year to meet the needs of the nation, according to the medical association.

Efforts are underway to stem the tide, both here and around the country.

Mountain Area Health Education Center, for example, is channeling interested high school students from rural areas into the health care professions pipeline because they are more likely to practice where they grew up, Heck said.

"We have traditionally not done a great job of selecting students with rural backgrounds," he said. "But students who graduate from a rural high school are 8.5 times more likely to practice in rural area."

No sacrifice

Dr. Patti Wheeler, a family practitioner, came through the center's program.

Though she grew up in a farming community near Hickory, it wasn't in quite as rural an area as her Highlands practice.

There, grocery stores close early and pharmacies aren't open on Sundays, she said. But good restaurants and interesting people abound, and the summer tourist season brings a variety of cultural events, such as the chamber music festival and live theater.

Plus, she and her family enjoy hiking, fishing, camping and other outdoor activities.

Moreover, Wheeler loves her patients and gets to see an interesting mix of medical cases, from babies to their grandparents.

"I love the community," she said. "It's got a lot of nice, hardworking people who want to do well for their children. And they've made me feel like I'm part of the community too."

"I work hard, but I love it," she said. "That makes a difference."

So, she said, it's not a sacrifice to be so far from an urban area.

But even though nearly six in 10 of the center's graduates stay

in Western North Carolina to practice, critical shortages here include primary care, general surgery, psychiatry and pediatric subspecialties, Heck said.

No surgeons, psychiatrists

North Carolina has 42 counties with a shortage of psychiatrists, including 27 with no psychiatrist at all, he said. And 24 counties — all of them rural — have no general surgeons.

That means people have to travel great distances for medical care or go without, Heck said. And the impact is clear.

Where there's a shortage of providers, people are less likely to get preventive care and care for chronic illnesses. So rural residents with diabetes and hypertension, for example, are more likely to suffer long-term complications ranging from blindness and amputations to stroke and heart disease.

In fact, Heck said, research shows the mortality rate is higher in medically underserved areas as well.

In addition to the health education center's rural physician pipeline, efforts include tuition subsidies for doctors who agree to practice in rural areas, and expanding the pool of so-called physician extenders, like nurse practitioners and physician assistants.

Another way to tackle the problem is through telehealth programs, which remotely link doctors at urban hospitals to rural patients via technology.

Mission Health put its toe in the telehealth waters in 2011 with stroke care, said Jonathan Bailey, vice president of operations. Today, it has more than 14 programs in more than 40 locations across Western North Carolina.

The stroke program, for example, uses state-of-the-art robots to provide two-way audio and video. So when a patient arrives at a rural community hospital with symptoms, the Mission neurologist can examine him remotely and determine whether a special drug called tPA should be administered to reduce brain damage.

Providing critical care

"With stroke care, time is brain," Bailey said. "When you don't have access to board-certified neurologists to do a quick evaluation to see if tPA is appropriate or not, it can vastly affect the outcome of that patient."

The telepsychiatry program helps cut the amount of time a patient experiencing a mental health crisis spends in the ER, he said. It also enables Asheville psychiatrists to make medication adjustments and counsel patients, including children, in rural areas.

"It's literally as if they're there in person," he said. "And with the geography of Western North Carolina, it's the right way

to manage large populations in a cost-effective manner and provide critical care that patients really need."

More than 400 telestroke patients and nearly 1,000 telepsychiatry patients have used the program since its inception.

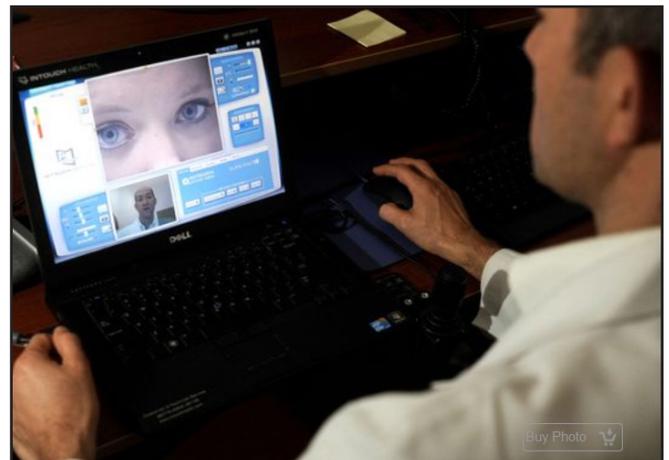
A \$450,000 federal grant is helping to expand telehealth, Bailey said. Other programs include pediatric telecardiology, telegenetics, and telehealth services at companies and schools so adults and children don't have to miss so much time from work and class for minor conditions.

Having raised two daughters in rural Highlands, Tina Rogers and her husband, Michael, have had a lot of first-hand experience with the shortage of care.

Even in her own case, she said, they had to return home overnight and go back to Asheville the next day in case she needed surgery because the couple, both self-employed — him in landscape construction and her in seasonal temporary labor services — couldn't afford to stay in a hotel while they waited.

As a fourth-generation resident, Rogers loves the natural beauty of the area and her home. But she'd like to see more health care services nearby.

"We're almost always sent to Asheville. And you're looking at a day's trip. It's really a burden on a lot of families, especially if you don't have a reliable automobile," she said. "Our medical care should be better."



Dr. Alex Schneider, the medical director for Mission Hospital's Neurology and the Stroke Program, tends to a patient via a remote robot at the Mission Health Memorial Campus, 509 Biltmore Ave., on March 2. (Photo: William Woody / wwwoody@citizen-times.com)