

Rural Work Force
The Providers Perspective
NOSORH Region C 7/21/10

Disclosures

- None
- (Twenty-four years of rural practice)


Objectives

- My Experience – Past / Present
- Economic Impact
- Healthcare Reform
- New Model of Care
- How Do We Get There

- Rural Background (Family Farm)
- University of Iowa Medical School
- Family Medicine Residency
- Twenty – four Years of Rural Practice
- Director of Medical Education
 - Broadlawns Medical Center
 - Adjunct Clinical Faculty
 - Des Moines University
 - University of Iowa

- ### What`s So Great About Rural Practice ?
- Five Generation Care (Cradle to Grave)
 - Strong Community Support
 - Professionally Stimulating
 - Leadership Opportunities
 - Providing Care Where it is Needed

Rural Practice History



- Prior to WW II Home Deliveries Predominated
- Country Doctor Called for Complications
- Usual Practice
 - AM House calls
 - PM Office Practice

Post WW II

- Emergence of County Hospitals
- Numerous Private Hospitals
- D.O. / M.D.

How Do You Feel About Having Another Baby? "Today"



- Accidental Twins
 - 2 Sets
 - Pre ultrasound
 - 50% twins diagnosed in deliver room

Manchester Iowa

- Group of Three Family Doctors
 - Covered ED
 - Delivered ~ 200 babies per year
 - VBAC - First Level 1 Center in Iowa
 - External Versions
 - Thrombolytic therapy for MI
 - Pacemakers
 - C-Sections

Rural Healthcare Issues

- 20 % US population – rural
- 9 % US physicians – rural
- 35% Rural citizens live in HPSA's
- 3% Of current medical students interested in rural medicine

"It's the economy stupid"



Medicare Reimbursement

- Iowa
 - Quality per CMS No. 2
 - Reimbursement No. 49
 - Florida \$18,170 / Medicare Recipient
 - Oregon \$7,478
 - Midwest \$6,412

Who Is Making All The Money?

- Insurance Companies
 - Private Insurance ~25% Administrative Cost
 - Medicare ~12% Administrative Cost
- Pharmaceutical Industry
- Device Makers
- "Non-Profit" Hospitals
- Doctors (Sub Specialists)

Economic Impact (Rural Healthcare Systems)

- One Primary Care Physician
 - \$2 Million Revenue / year
 - Creates 23 jobs
- Healthcare systems are major employer

Healthcare Reform

- It Is Morally & Ethically Right

Current System Broken

- 46 Million – No Insurance
- 25 Million – Underinsured
- 2007 US Spent \$2.4 Trillion
 - 50% > # 2 (Norway)
 - US \$7900 / Person
 - UK \$2760 / Person
 - France \$3449
 - Canada \$ 3678

Outcomes

- US
 - 50th Life Expectancy
 - 43rd Infant Mortality

WHO

- Primary Care is Essential Component
- UK, Canada, Germany
 - 70% Primary Care 30% Specialty Care
- US
 - 30% Primary Care 70% Specialty Care

Paul Grundy MD MPH

- IBM – Director of Health Care Transformation
- IBM - \$2 Billion / year
 - 27 Countries
 - Cost > 2 x per insured
 - Primary Care Systems
 - Decrease Hospitalizations 20%
 - Decrease Rehospitalizations 48 %
 - Mortality Decreased 10-20%
 - Patient Satisfaction 95% v. 60%

New Models of Care



Primary Care Resources

- 7% of Internal Medicine Graduates Do Primary Care (General Medicine)
- Iowa
 - 2009 Twenty Nine Internal Medicine Graduates
 - Three will begin practice in Iowa
 - 3 of 8 from Methodist IHS
 - 0 of 21 from University of Iowa

Who`s Left

- Family Medicine
- Nurse Practitioners
- Physicians Assistants

Crunch the Numbers

- Number of Patients > 65 yo
- Number of Family Physicians

Today`s "Country Doctor"

- Group Practice
- Spouses (BMC – 11 / 24 Women)
- Part Time Opportunities
- Loan Repayment
- Competitive Salary


New Model

- Team Care
 - Physician
 - PA's and NP's
 - Dietician
 - Pharmacist
 - Health Coaches
 - Group Visits
 - Disease Registries

Physician

- Protected Time for:
 - Practice management
 - Phone medicine
 - E Medicine
- Will see 8-10 complex patients per day
- Team will manage 3000-4000 Patients
- 40-50 Hours / week

How Do We Get There - Collaboration



Targeted Medical School Programs

- "Academic Medicine" March 2008
 - Six US Medical Schools > 50% Rural Practice

Selection Process
Rural Curriculum
Practice Incentives

All medical schools 10 / year
~11,000 Rural Physicians next decade

Iowa

- Two Medical Schools
 - U of Iowa
 - Des Moines University
 - Rural Track / AHEC
 - Six students / year

Future Directions

- Encourage our Medical Schools to Promote Primary Care
- Rural Tracks
- Support Medical Education
- Support Community Family Medicine Programs

Summary
<ul style="list-style-type: none">▪ Rural Practice is Rewarding▪ Positive Economic Impact▪ Formulas for Increasing Rural Providers Exist▪ Talk to Elected Officials

Sources
<ul style="list-style-type: none">▪ NEJM▪ Robert Wood Johnson Foundation▪ Kaiser Family Foundation▪ CBS News▪ CNN▪ Academic Medicine▪ JAMA▪ Politico.com▪ Robert Graham Center (AAFP)▪ Jeanine Freeman – Iowa Medical Society
