

PRIMARY CARE PHYSICIAN SHORTAGE



Alabama Rural Health Association

For the
Preservation and Enhancement of Health
for Alabama's Rural Citizens

Communication • Education • Advocacy

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Dear Concerned Citizens,

Profound structural improvement is happening in American healthcare. We at the Alabama Rural Health Association believe that effective change can happen in rural Alabama as well. We have a vision that by 2018 Alabama will have a rural health infrastructure characterized by excellence in ACCESS and QUALITY. Access will be to primary care, specialty care, emergency and hospital care. Quality health care will mean a stable group of providers delivering quality healthcare that can be demonstrated to be equal or better than that delivered in any other area of the country.

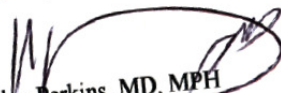
To accomplish this, we have taken an in-depth look at the Alabama healthcare system as a group. We have within the leadership of our organization representatives from physicians groups, hospitals, other primary care practitioners, and consumers who each bring a unique perspective to the table. We identified key areas where effort can lead to important, effective, and permanent improvement in both ACCESS and QUALITY.

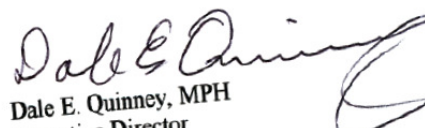
This is the second of several issue briefs which we will put forward over time. As you are likely aware, rural Alabamians who seek care for their medical illnesses are likely to find no health care provider close to their home, with only 7 of the 67 counties NOT having a primary care shortage. Despite several medical schools and nursing schools, these shortages persist. These are problems that are structural in nature and cannot be fixed easily. These problems require policy makers to think outside of the box and encourage those in health care education as well as in practice to look at new ways to "grow our own", make care delivery compatible with the lifestyle today's professionals are seeking, and identify how those that pay the bills can do so differently.

The changes that we are promoting are not so unique as to require a complete rethinking of how we select and train our care providers. They are promoting expansion of existing programs that ARE ALREADY WORKING IN RURAL ALABAMA. People from rural Alabama are more likely to go back to rural Alabama. Why not work to get them into professional schools? Physicians tend to stay where they do their specialty training. Why not create adequate primary care training opportunities? Students tend to worry about long-term indebtedness. Why not relieve them of this worry through loan forgiveness if they choose to practice in areas of need?

As other issue briefs follow, you will see that ACCESS to QUALITY healthcare can be a reality in rural Alabama. The Alabama Rural Health Association will work to maintain this vision.

Sincerely,


Allen Perkins, MD, MPH
President


Dale E. Quinney, MPH
Executive Director

Primary Care Physician Shortage Issue Brief:

This shortage of primary care access in rural Alabama leads to early deaths,







- Deaths from heart disease in rural Alabama are approximately 50 percent higher than the U.S. 31 rural counties have heart disease death rates that are more than 60 percent higher than the national rate.
- Cancer deaths in rural Alabama are more than 24 percent higher than the U.S. 22 rural counties have cancer death rates that are more than 30 percent higher than the national rate.
- Deaths from strokes in rural Alabama are more than 40 percent higher than the U.S. 27 rural counties have stroke death rates that are more than 50 percent higher than the national rate.
- Deaths from motor vehicle accidents in Alabama's rural counties are approximately 72 percent higher than the U.S. 30 rural counties have motor vehicle accident death rates that are more than double the national rate with eight having rates that are more than triple the national rate.

It is estimated that the number of annual office visits to primary care physicians in Alabama will increase by more than 1,785,000 by the year 2025 – mostly due to the aging of Alabama's population. Over 904,000 of these additional office visits will involve rural physicians. This increase does not consider such adverse factors as obesity with nearly one third of all adult Alabamians currently being obese, not simply overweight.

To place primary care physicians in rural Alabama, programs need to be in place to develop student's academic capacity allowing them to enter medical school, nurture students inclined to enter rural practice throughout their medical education, and offer incentives for the trained physician to practice in areas of need. Fortunately, Alabama already has very good pilot programs in place in each of these areas.

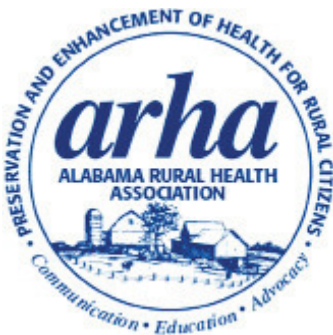
Alabama suffers from a shortage of primary care physicians:

60 of Alabama's 67 counties, including 51 of Alabama's 55 rural counties, are currently classified as having a shortage of primary care physicians.

-  To eliminate all shortage designations, Alabama needs an additional 128 primary care physicians. 402 additional primary care physicians are needed to provide **optimal** care.
-  Alabama ranks well below the national average in physician to population ratios by primary care versus non-primary care.
-  Every Alabama county but two is included on the latest federal list of officially approved Medically Underserved Areas.
-  More than one half of all actively practicing primary care physicians in Alabama are aged 50 years or more.
-  8% (18) of all Alabama medical school graduates in 2010 went into Family Medicine with seven of these entering out-of-state residency programs where their return to practice in Alabama will be less likely.
-  Only 14% (142) of the 1,021 students being trained in Alabama medical schools during 2009 were from our 55 rural counties with 72% (733) being from the 12 urban counties and 145 being from other states or countries. 12 of our rural counties had no resident students training in Alabama medical schools and 15 had only one student.

The Alabama Rural Health Association supports the following action items to strengthen comprehensive primary care medical training and the location of primary care practices in Alabama's areas of need:

- 1** **Expand existing pre-professional health care careers pipelines and create a coordinating office or structure to coordinate current and future pipeline activities to the extent that Alabama has a comprehensive state wide pre-professional health care careers pipeline that begins in pre-high school.**
- 2** **Develop pre-professional rural health honors programs in Alabama's 4 year undergraduate institutions and community colleges that produce students with indepth knowledge/expertise regarding the health needs of Alabama's non-urban communities and citizens prior to entering professional training.**
- 3** **Develop medical school admission policies that target prospective students based on geography and cultural background such that each county will have sufficient manpower in the pipeline to staff and maintain patient centered medical homes capable of caring for all citizens. In cases where a medical school applicant meets the above admission criteria and is otherwise qualified with the exception of the current quantitative score minimums, create an alternate pathway of entry to medical school that includes preliminary preparation in a supportive, culturally consonant environment with performance criteria which, if met, assure admission.**
- 4** **Expand/create and fund medical school rural scholars programs to assure that there is a large enough cohort of medical students engaged in preparation for rural medical practice to populate the family medicine residencies in the state with at least 25 such students per year.**
- 5** **Promote the creation of enough Alabama family medicine residency positions, including special rural training track residency programs, to eliminate the current family medicine/primary care shortage and maintain the primary care physician workforce needed for the future.**
- 6** **Support expansion and increased funding of loan repayment programs that reduce student medical school debt and enhance rural physician income such as Alabama's Board of Medical Scholarship Awards rural scholarship/loan program, State of Alabama loan repayment program and Alabama's rural tax credit.**
- 7** **Support development and implementation of policies and programs which enhance viability such as payment reform. Encourage "Patient Centered Medical Home" development and development of recruitable communities.**



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