



Blasting Through Barriers of Rural Health Care

Physician shortage tops list of challenges.

by Joann Pipkin, freelancer

Call it a challenge. Call it a concern. The fact is rural health care is an altogether different beast from its urban counterpart.

According to the National Rural Health Association (NRHA), only about 10% of physicians practice in rural America, despite the fact that nearly one-fourth of the population lives in those areas. That staggering statistic leads a list of challenges and concerns for those living in rural areas as they seek access to medical care.

Rural Americans have lower disposable income; are older, sicker and less likely to have health insurance; and have greater transportation difficulties reaching health-care providers.

To top it off, the NRHA reports, in the past year alone, more rural hospitals closed than in the prior 15 years combined.

Always on call

There are a number of reasons why physicians and other health-care providers choose not to locate in small, rural communities, but a lack of colleagues and available services makes it especially difficult for medical professionals.

“It’s hard for physicians to operate in a vacuum, especially as the health-care industry has gotten more technologically reliant,” explains Roberta Riportella, Kansas Health Foundation professor of community health, Kansas State University. “We no longer have the doctor with the black bag in a community.”

Margaret Vaughn, executive director of the Illinois Rural Health Association concurs. She reports that out of approximately 50 Critical Access Hospitals (CAH) in Illinois, only about a dozen have obstetrics and gynecological doctors on staff.

“That means the doctors are working 24-7,” she says. “It is quite a hardship for the doctors, especially for the specialists, to practice in a rural area.”

The small-town doctor is never truly “off,” Vaughn adds. “If you go to the grocery store

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Five fast facts on rural health care

1. Nearly 25% of the U.S. population is in rural areas, while at the same time less than 10% of physicians serve there.
2. The number of specialists per 100,000 population in rural areas is 40:1 compared to 134:1 in urban areas.
3. There are 2,157 Health Professional Shortage Areas (HPSAs) in rural and frontier areas of all states and U.S. territories compared to 910 in urban areas.
4. Between 57% and 90% of first responders in rural areas are volunteers.
5. In the past year alone, more rural hospitals closed than in the prior 15 years combined.

— Source: National Rural Health Association



or church on Sunday, patients are always seeking health-care advice.”

It’s important to encourage primary care providers to serve in small towns, says Dr. Roger Rudloff, Antelope Memorial Hospital Family Practice Clinics, Neligh, Neb. “We’ve been looking for another physician for three years. The need is definitely there. It’s getting worse every decade.”

“We do know that rural communities that focus on economic development have a greater chance at recruiting health-care providers,” notes Riportella. “Community and economic development go hand-in-hand with good health-care systems.”

She adds that hospitals are often a major employer in a community, offering economic vitality as well as health care.

As community hospitals have begun to close in recent years, Riportella says the federal government has stepped in, offering a new kind of arrangement that would allow those facilities to stay open. The program created CAHs. When certain requirements are met, those CAHs serve patients locally and collaborate with the larger regional hospitals, transferring some patients as needed.

“This is one way to keep that hospital alive and vibrant in a different way in a community,” Riportella explains.

With emergency services in many rural areas limited to one ambulance per county, transportation also becomes a huge barrier.

“There is a lot of misuse of the ambulance because there is no public transportation like there is in urban areas,” Vaughn says.

NRHA cites between 57% and 90% of first responders in rural areas are volunteers,

further adding to the transportation barrier in rural health care.

The silver lining

Yes, access to rural health care is a challenge. However, it isn’t one of those always-gray clouds. As we take a closer look at rural health care, we find it does have a silver lining.

While the number of physicians who choose to practice in rural areas is low, those who have made it their home find it rewarding and full of patient benefits.

“My driving force was wanting to go back to a small town in Nebraska to practice,” says Rudloff, who has practiced medicine in rural northeast Nebraska for 17 years. “I am an independent person and enjoy all facets of health care.”

In larger towns, family practice physicians typically only do clinical or hospital work, he notes. “They don’t usually do the whole gamut of family practice, which I think is what we were trained to do in the beginning.”

From a patient standpoint, the care is often more personalized, Rudloff says. “There is a lot of talk these days about home-centered care. This seems to be a big topic in cities, but it’s actually something we’ve been doing in small towns in health care forever.”

He explains that home-centered care is all about the hospital providing everything from physical therapy to pharmacy to nursing in one location.

“I think people get better care that way because it is sort of a home-centered care environment,” he says.

Northwest Missouri physician Dr. Katie Dias first became interested in health care

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while in junior high. Now in her third year of practice at Stanberry Rural Health Clinic in Stanberry, Mo., she is 12 miles from where she grew up.

She says there are many advantages to rural health care, including a lot of variety in the care setting. It’s a rare service, she says, but making house calls is important.

She also is a fan of the patient-centered medical-home concept as it provides comprehensive, team-based care to a large panel of patients with hopes of improving satisfaction and outcomes.

“You see an array of different conditions,” Dias notes. “You manage a lot of chronic conditions.” Physicians in rural communities, she adds, even have to be consultant in some situations, because people aren’t always able to drive an hour to see the cardiologist or pulmonologist. They want their family doctor to be able to handle their problems, right there in the office setting.

“I enjoy seeing my patients well in a small town,” she explains. “I see the fruits of my labor when I see a child who was ill the week before playing outside at the park. I get to run a 5K next to the patient I treated for back pain. That is rewarding.”

Improving care access

While technology can be a challenge if funding is limited, telemedicine is becoming more popular in rural areas. According to Vaughn, it is the wave of the future for both rural and urban health care.

“(Telemedicine) is really one of the solutions to increasing access to health care in rural areas,” she explains.

Dias adds that telemedicine provides timely access to specialists. She has used the technology to link patients to dermatologists, cardiologists and endocrinologists at Northwest Medical Center in Albany, Mo., and is hopeful the service can be expanded

Community health centers play key role in access to care

In rural areas, public health departments often serve several counties, providing basic prevention services and vaccinations. While those facilities play a huge role in rural health care, community health centers — also referred to as Federally Qualified Health Centers (FQHC) — are equally important in small towns.

According to Nichole Wright, chief operations officer for Northwest Health Services in Saint Joseph, Mo., “In many cases, community health centers may be the only source of primary and preventive services in rural communities.”

Despite rural health-care challenges such as higher populations of aging community members, lower income levels, higher likeliness of chronic conditions and transportation, community health centers are equipped with resources to help overcome those barriers. “One thing in particular is health centers have a requirement to see all patients that seek care, regardless of their insurance status and ability to pay,” Wright explains.

What is a federally qualified health center? According to the U.S. Department of Health and Human Services, an FQHC includes all organizations receiving grants under Section 330 of the Public Health Service Act (PHS). FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.

in the future to provide even greater access to specialists when needed.

Medical technology aside, the answer to improving access to rural health care is getting more doctors to practice in small communities.

According to Riportella, getting doctors to serve in rural areas can be as simple as paying enough. “You have to offer them competitive salaries if you want to recruit them.”

Rudloff agrees that reimbursement is key to getting more health-care providers to locate in rural areas. “The government is taking some of that into account right now,” he explains. “At the same time, regulation is making it more and more difficult for small hospitals to provide care with a limited number of resources.”

Loan-assistance programs for medical students are a key component in helping to fill the physician void in rural America. For instance, Illinois offers the Rural Medical Education (RMED) program to recruit, admit and prepare medical students from the state who will, upon completion of residency training, locate and practice in rural areas as primary care physicians.

Dias was able to take part in the Primary Care Resource Initiative for Missouri (PRIMO) while in junior high and high school. Later, the PRIMO and Area Health Education Centers (AHEC) loan-forgiveness programs helped her significantly cut debt because she practices in an underserved area of Missouri.

Additionally, Dias says Northwest Medical Center offered her loan forgiveness for her commitment to work in their service area. She notes funding for the AHEC program has been cut, so financial assistance is not what it has been in the past.

The Nebraska Rural Health Student Loan Program assisted Rudloff during medical school. He notes that rural training tracks were an integral part of preparing him to practice in a smaller community. “I couldn’t have gotten a better experience than the [rural training track] for what I planned on doing than what I received through those programs.”

Riportella adds, “A lot of medical schools are making sure students are rotating through internships and residencies in rural communities. That helps get them accustomed to that environment. It helps the student get a feel for that type of practice.”

She says that there is some evidence that recruiting medical students from rural communities results in a better chance of getting those students to return to rural

communities to practice. These students will have more of a personal responsibility and foundation for going back to their communities.

There is also more need for technical training for medical coding and information technology at the community-college level. “That’s huge in medicine,” Vaughn says. “That’s not something someone would go away to a large university to get the training for. They want to do it right in their own community.”

Still another critical aspect of improving access to rural health care, according to Vaughn, is educating urban legislators on the challenges that rural health care faces.

“One size does not fit all,” Vaughn explains. “Sometimes the criteria [are] set so high for services like EMS (emergency medical service), at the end of the day, those become a barrier to accessing health care in rural areas. There has to be a balance . . . that the proper care is given but not that those requirements become a barrier to the care itself.”

Seeking out treatment

Embracing change and the technological

advances that come with it can be crucial for rural residents as they seek health care. It’s important to keep an open mind, Vaughn says. “Be willing to embrace change and the technology that can help increase the access to health care.”

Dias recommends being knowledgeable about what medical services are provided in your area. She also suggests you not be afraid to contact your local physician or hospital and ask questions.

“I would love to have people come in and check out my clinic and just visit with them about their health-care needs,” she says.

Seeking out a doctor or primary care provider in your area who you feel can help you in your health and wellness, preventing you from having to find a provider when you are urgently ill is also invaluable. “On the same token, if there is a service or something you would like to have offered, speak up,” Dias says. “In rural settings, we are not part of some large corporation, and we do what we do because it is what our communities need. We need your input and support of our patients and community.”

