

Homegrown solution for physician shortage described in Academic Medicine

September 28 2011



James Stevermer, MD, and medical student Amanda Shipp examine a patient in Fulton, Mo., a town of approximately 13,000 people. After growing up on a farm, Stevermer decided to practice medicine in a small community due to a shortage of rural physicians and his family's preference for rural life. He is a medical education director at MU and co-author of a new article in *Academic Medicine* that describes MU's success in producing physicians for rural areas. Credit: University of Missouri School of Medicine

An innovative program at the University of Missouri School of Medicine could help states deal with a dilemma in Washington, D.C. If deficit-reduction measures cut billions of dollars for training physicians who are already in short supply, who will care for the more than 30 million newly insured patients entering the health care system?

MU's program provides solutions for states seemingly caught in the

middle of [Affordable Care](#) Act requirements and recent deficit-busting proposals. In a new article published by the [Journal of the Association of American Medical Colleges](#), MU's pipeline program proves its success at producing [physicians](#) who help their home state meet the growing demand for health care.

MU has turned Missouri students into physicians for its state, especially rural areas, with a comprehensive Rural Track Pipeline Program created in 1995. Since then, nearly 65 percent of students who participated in three of the pipeline's four components have stayed in Missouri, and more than 57 percent of those same students also practice in rural areas. In comparison, fewer than 9 percent of physicians practice in rural areas nationally.

"The national physician shortage is growing worse, and that trend becomes more severe when you consider the maldistribution of physicians in rural areas compared to urban areas," said Kathleen Quinn, PhD, lead author of the article and director of MU's Rural Track Pipeline Program. "Our [physician workforce](#) will need to be reshaped to address this inequity because research shows only 3 percent of medical school matriculants plan to practice in a rural area."

MU's pipeline begins with a medical school preadmissions component for undergraduate college students who have a rural background and an interest in becoming a physician in a rural area. Ninety percent of students who participated in the preadmissions program are now physicians in Missouri. The rest of the pipeline provides multiple opportunities for [medical students](#) to train and live in rural communities.

"The University of Missouri's program is one of the longest rural track pipeline programs. It offers repeat exposure to rural areas, which is key to students deciding rural practice is the right choice for them," said Howard Rabinowitz, MD, professor of family medicine and director of

the Physician Shortage Area Program at Thomas Jefferson University in Philadelphia. "MU's program also is one of very few programs that focus on the need to produce generalist physicians for rural and underserved areas regardless of their specialty."

The University of Missouri pipeline's four primary programs include the preadmissions program, a summer community program for second-year medical students, a six-month rural track clerkship for third-year medical students, and a rural track elective program for fourth-year medical students. The components are designed to create a self-renewing pipeline that produces rural physicians who then serve as community-based educators for medical students.

Other affiliated programs extend the pipeline's reach to include high school students. Angela Whitesell, MD, first experienced the pipeline's recruitment efforts at her high school in Lockwood, Mo., a community with fewer than 1,000 people. She returned to her hometown in Southwest Missouri as a family physician after graduating from MU's medical school.

"I love my job. I love my patients. I love helping them navigate through the complications of our [health care system](#)," she said. "Since I'm from a small town, I feel like it's easy for me to communicate with them and help them understand what they're going through."

MU's pipeline is supported by higher education institutions, area health education centers, 150 community-based volunteer educators, and private health systems that use the program as a tool for recruiting physicians. Heartland Health in St. Joseph, Mo., serves patients from rural Missouri, parts of Nebraska and Kansas. The health system's physicians have helped train MU medical students for more than 15 years.

"We adopt them," said Dirck Clark, Heartland's chief development officer. "Compare that with recruiting physicians after they graduate, based on one or two interviews. It's a better opportunity for us."

While MU's pipeline increases the number of physicians in [rural areas](#), authors of the *Academic Medicine* article believe that similar pipeline programs could be used to increase the number of physicians in any medically underserved area.

"This latest research adds to a body of evidence which proves that physicians are more likely to practice medicine in communities where they were raised and educated," Quinn said. "As the demand for physicians continues to increase, it is more important than ever to focus our medical education efforts on serving areas where the need for health care is greatest."

Provided by University of Missouri School of Medicine

Citation: Homegrown solution for physician shortage described in *Academic Medicine* (2011, September 28) retrieved 2 May 2024 from <https://medicalxpress.com/news/2011-09-homegrown-solution-physician-shortage-academic.html>

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