

Going the Distance in Western New York:
Optimizing Rural Access to High-Quality Health Care
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Paul S. Frame M.D., Thirty-three years in Family Practice in Cohocton, NY with Tri-County Family Medicine.

The group is a not-for-profit article 28 facility operating six offices in Livingston, Steuben, and Allegany counties with 13 family physicians and eight physician's assistants.

The dominant issue in rural western New York is the impending crisis in primary care manpower!

- Recruiting in rural areas has always been difficult
- The income gap between primary care and specialty care is widening
- Primary care physicians make at least 50% less than all other specialty physicians
- Less than 10% of medical students are choosing Family Practice as a career choice
- Only 10% of internal medicine residents go into General Internal Medicine
- Medical schools have recently limited exposure to primary care and especially rural primary care
- Many primary care physicians are nearing retirement age
- In the near future, if current trends continue, the question will not be optimizing care, but getting any quality care in rural Western New York as well as many other regions of the country.

Solutions to the primary care manpower crisis will require major political change and systems change.

- Reimbursement will have to value primary care on par with specialty services
- As in the past, incentives will have to be offered to attract and retain rural physician manpower.
- Medical schools must increase emphasis and exposure to primary care.
- Rural communities will have to commit themselves to supporting and maintaining medical facilities.
- Mid-level practitioners can help alleviate the manpower shortage, but over-reliance on mid-level providers risks turning primary care into a triage service.

Quality care in rural as well as urban areas requires a systems approach to patient care! Overlapping uncoordinated systems are a major problem. The "Patient-Centered Medical Home" is a concept endorsed by the AAFP, AAP, ACP, and AOA that endorses many of these concepts.

A system is a process which defines responsibilities, resources, and procedures for management of particular patients or conditions. What is the appropriate organizational definition of a system for rural medical care?

- A hospital service area
- A county
- A large group practice
- A Tertiary Hospital referral area
- Multiple systems depending on the problem or diagnosis
- Where will the money come from to support the system? Insurers and government control the health care dollars.
- The stakeholders in the system must be working together
- Note, the British have us beat hands down. Their hospital trusts are well defined service areas.

What are the major issues that require a systems approach?

- Preventive health care, every patient needs it, most practices do it poorly
- Chronic diseases: CHF, diabetes, hypertension, CAD. We know how to treat these if resources are available.
- Behavioral morbidity; obesity and tobacco use. We have no good strategy for obesity.
- Mental health. Support for primary care providers often lacking.
- Substance abuse. Most treatment in rural areas is by governmental agencies. Effectiveness unknown.
- Emergency services. Evolving from a local and regional issue to a state mandated issue.
- Cancer treatment. Coordination between oncologist and primary care is sometimes lacking. Treatment is often pursued too long in terminal cases.
- Evidence-based medicine is essential to prioritizing resources.

Tools are helpful, but do not substitute for a system.

- Electronic medical records and regional information exchange
- Telemedicine
- Behavioral modification resources, dietary, exercise, tobacco, substance abuse
- Group visits
- Email
- Internet-based information
- Open scheduling