

The Future of Family Medicine and Implications for Rural Primary Care Physicians

Issues

The crisis posed by the persistent shortage of providers in rural areas of the United States is being exacerbated by the precipitous decline in student interest in the field of family medicine. This study examines the rural physician shortage based on an analysis of a cohort of recent medical school graduates, the effect of trends in specialty selection on provider supply, and major trends impacting health care delivery.

Evidence

- Family physicians constitute the largest proportion by specialty type of the rural physician workforce (Figure 1).
- Over the past decade, the proportion of U.S. medical graduates choosing family medicine has declined sharply. Most family medicine residency positions are now filled by international medical school graduates (Figure 2).
- Despite the increasing numbers of medical school graduates, the proportion of students and new physicians choosing family medicine will likely remain far below the numbers required to replace family physicians leaving the field because of death or retirement. Barriers to expanding rural family physician supply occur before, during and after medical school and residency training. These include:

- *Pre-Matriculation Factors:*

Physicians who grew up in rural areas are more likely to embark upon rural careers, yet relatively few rural youth pursue medical careers.

- *The Changing Nature of the Primary Care Workforce:* Rural practice requires a broad scope of practice. Today's medical students, who train in environments in which specialized skills are increasingly valued, may find the breadth of rural practice daunting. Also, as more non-physician primary care providers enter

Figure 1: Patient Care Physician-to-Population Ratios by Rural-Urban Status, 2005

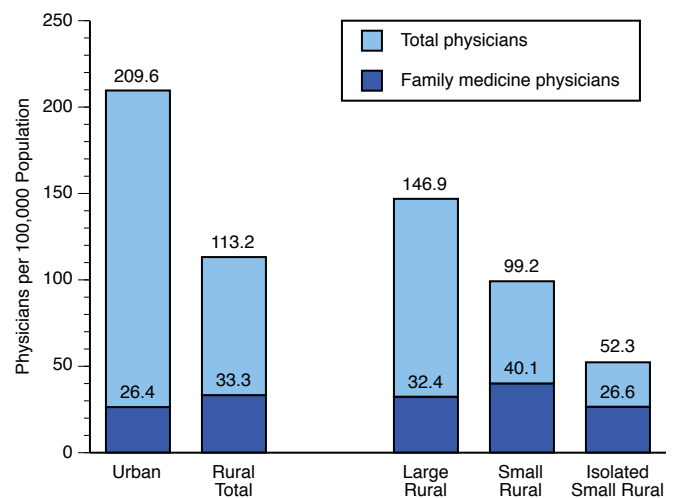
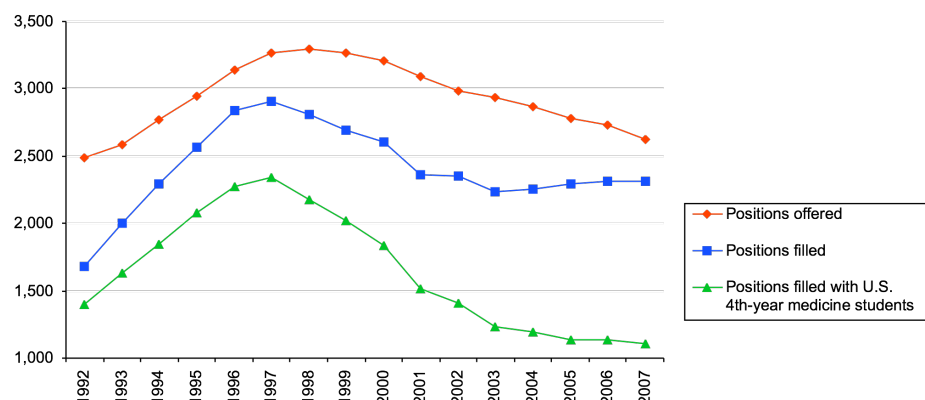


Figure 2: Family Medicine Match Decline



the rural workforce, a subset of services for which family physicians are trained may become less available. Rural practice also requires long hours spent in direct patient care. As more women and younger physicians enter the rural primary care workforce, the time spent by rural primary care providers in direct patient care may diminish.

- *Rural Socioeconomic Factors:* Rural populations have higher rates of poverty and less private medical insurance coverage than urban areas, resulting in less health care demand and lower reimbursement for services. Such economic factors, combined with the professional isolation and limited professional support available for rural practices, can serve as disincentives for choosing rural careers.

Potential Solutions

Private efforts and federal and state policy options could do much to increase and sustain the number of family physicians in rural practice, including the following:

- Encourage those raised in rural areas to enter medicine by providing skills and support at an early stage that will effectively prepare them for future medical careers.
- Change medical school curriculum and admission policies: admit more students from rural backgrounds, provide financial support, offer enrichment programs to disadvantaged students, and prioritize the preparation and production of rural providers.
- Support residency training programs that prepare rural physicians through exposure to rural practice and training tracks, and impart the skills needed in rural practice settings.
- Provide financial and lifestyle incentives for entering rural practice: e.g., increased reimbursement for services provided, practice development subsidies, tax credits for rural practice, locum tenens support, malpractice immunity for free care, payment bonuses, subsidies for electronic health records and reimbursement of telemedicine.
- Modify Medicare policy funding graduate medical education to support the training of primary care physicians in community settings.

Conclusion and Policy Implications

Given these findings, where will the next generation of rural primary care practitioners come from? A patchwork of federal and state programs and initiatives has been deployed to address the shortage of family physicians entering rural practices, and the federal American Recovery and Reinvestment Act will inject significant new resources over a two-year interval into rural primary care. But whether these efforts can do enough to prevent further erosion in the rural primary care workforce remains uncertain.

Research has made it possible to identify a spectrum of interventions within the private and public sectors that could reverse these trends. These interventions need to occur at all life cycle stages: K-12 and college preparation, medical school admissions and curricula, residency training, and support for rural practitioners while in practice. Only then will the integrity of the rural health care system remain intact to ensure high-quality and equitable health care in rural America.