

The Crisis in Rural Primary Care

Mark P. Doescher MD MSPH, Susan M. Skillman MS, Roger A. Rosenblatt MD MPH MFR

Issues

Primary care provides initial and ongoing care for the majority of patient health care needs. Primary care providers are the backbone of rural health care, yet primary care in rural locations is in crisis. The number of students choosing primary care careers has declined precipitously. Low compensation, rising malpractice premiums, professional isolation, limited time off, and scarcity of jobs for spouses discourage the recruitment and retention of rural primary care providers.

Evidence

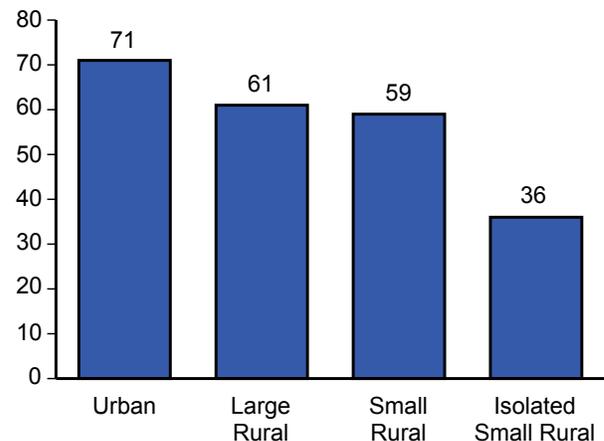
- Of the 2,050 rural counties in the U.S., 1,582 (77%) are primary care health professional shortage areas (HPSAs). In 2005, 165 rural counties lacked a primary care physician.¹
- In 2005 there were 55 primary care physicians per 100,000 persons in rural areas compared with 72 in urban areas.² This decreases to 36 per 100,000 in isolated small rural areas.
- Rural primary care physicians are older than their urban counterparts.¹ Counties with high proportions of younger primary care physicians average 35 persons per sq. mi. and 92 primary care providers per 100,000 population, while those with high proportions of older physicians average 26 persons per sq. mi. and 24 primary care providers per 100,000.
- Rural areas rely on non-physician primary care providers (physician assistants [PAs] and nurse practitioners [NPs]). These providers make up 34% of the primary care workforce in Wyoming (a rural frontier state)³ and 46% of providers at rural, federally-qualified community health centers (CHCs).⁴
- In 2004, rural CHCs had significantly higher proportions of unfilled positions and more difficulty recruiting family physicians than urban CHCs; more than one-third of rural CHCs spent over 7 months recruiting a family physician.⁴

Potential Solutions

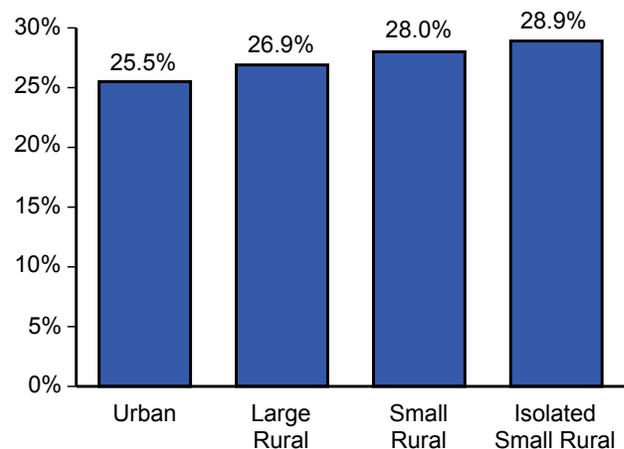
A substantial body of research indicates the following strategies could strengthen the rural primary care workforce:

- Admit students likely to choose rural primary care careers (e.g., those from rural areas and those with an early preference for primary care).
- Focus medical, NP, and PA school expansion efforts on the rural provider shortage.
- Support primary care departments and teaching and mentoring of trainees (e.g., training programs that promote rural primary care, such as rural clinical experiences).

Primary Care Physicians Per 100,000 Population, 2005



Percentage of Primary Care Physicians Aged 56 Years or Older, 2005



- Expand primary care training and rural educational experiences.
- Increase the number of medical residency rural training tracks, shown to produce rural physicians.⁴
- Lift the cap on Graduate Medical Education positions for residency programs that produce rural physicians.
- Support loan repayment for students entering rural practice.
- Increase primary care reimbursement for rural providers.

References

1. WWAMI Rural Health Research Center. *Aging of the rural generalist workforce*. Seattle, WA: WWAMI Rural Health Research Center, University of Washington; in progress.
2. Fordyce MA, Chen FM, Doescher MP, Hart LG. *2005 physician supply and distribution in rural areas of the United States*. Final Report #116. Seattle, WA: WWAMI Rural Health Research Center, University of Washington; 2007.
3. Skillman SM, Andrilla CHA, Doescher MP, Robinson BJ. *Wyoming primary care gaps and policy options*. Final Report #122. Seattle, WA: WWAMI Center for Health Workforce Studies, University of Washington; 2008.
4. Rosenblatt RA, Andrilla CHA, Curtin T, Hart LG. Shortages of medical personnel at community health centers: implications for planned expansion. *JAMA*. 2006 Mar 1;295(9):1042-1049.