The Crisis in Rural Primary Care
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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).
- 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


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