U.S. Presence Lacking at Rural WONCA Conference

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Sacramento Bureau

SEATTLE — The United States has a growing shortage of rural physicians, but interest in addressing the problem seems to be lagging behind that of some other countries, notably Australia.

At a recent conference on rural health sponsored by WONCA, the World Organization of Family Doctors, some participants were dismayed that there was not a greater U.S. presence at a meeting held in the United States.

"I honestly would have thought there would have been a large presence here from U.S. medical schools," said Dr. James Rourke, dean of medicine at Memorial University, St. John's, Nfld., one of the meeting organizers. "If it is not an issue for them, it should be."

Organizers said U.S. medical schools and departments of family medicine were invited. But Australia, which is seen as a world leader in efforts to improve rural physician supply, had the largest contingent of meeting participants. Presentations from Australia outnumbered those from the United States by almost three to one.

The population of Australia is 20 million, of which only about 2 million live in rural areas. The United States has 20 million people living in rural, federally designated primary-care–physician shortage areas.

Patricia Taylor, Ph.D., formerly director of research for the federal Office of Rural Health Policy, said she was disappointed by the U.S. showing but not especially surprised. In 1999, before retiring from the agency, Dr. Taylor organized a meeting of health educators on rural health issues. There has not been another such meeting since then, she said in an interview.

Good rural physicians need somewhat different training from that of urban general physicians, but medical schools and most residency programs are located in urban areas, where trainees have no exposure to rural practice, many speakers noted.

Moreover, they added, most schools tend to be more interested in burnishing their international reputation and in training specialists and academics than they are in addressing local and regional needs.

U.S. medical students who grew up near a medical school are less likely to become rural physicians, and those from a rural background are much more likely to end up practicing in a rural area, said Dr. Robert Bowman, director of rural health education and research in the department of family medicine at the University of Nebraska Medical Center, Omaha.

There has not been a rural health issues meeting held in the U.S. since 1999.

DR. TAYLOR

Currently, about 90% of U.S. medical students have urban roots, Dr. Bowman said. About 25% of medical students with rural backgrounds return to a rural area to practice, he added.

Although 20% of the U.S. population live in areas considered rural, only 9% of physicians practice there; most are family physicians and general surgeons.

In 1970, 17% of medical students had rural origins; in 2005, only 10% did, according to Dr. Bowman.

The issue of rural shortages has been overshadowed on the national level by concerns that there will likely be a shortage of physicians overall by 2020. Improvements in the supply of rural physicians are likely to come from state and local efforts, Dr. Taylor said in an interview. ■

Schools on Both Sides of the Spectrum

Schools that produce the highest number of medical graduates who go into rural practice (between 21% and 36% of each graduating class):

1. University of Minnesota, Duluth
2. University of Mississippi, Jackson
3. University of South Dakota, Sioux Falls
4. Mercer University, Macon, Ga.
5. University of North Dakota, Grand Forks
6. East Carolina University, Greenville, N.C.
7. University of Kentucky, Lexington
8. University of Nebraska, Omaha
9. East Tennessee State University, Johnson City
10. University of Arkansas, Little Rock

Schools that produce the lowest number of medical graduates who go into rural practice (between 0% and 3% of each graduating class):

1. State University of New York, Brooklyn
2. Cornell University, New York
3. University of Chicago
4. Harvard Medical School, Boston
5. University of California, Los Angeles
6. Albert Einstein College of Medicine, New York
7. Yale University, New Haven, Conn.
8. New York University, New York
9. Stanford (Calif.) University
10. University of North Texas at Fort Worth

Source: Dr. Frederick Chen, WWAMI Rural Health Research Center, University of Washington, Seattle

POLICY & PRACTICE

Part B Premiums Up 5.6% for 2007

Medicare's Part B premium for outpatient and physician services will go up by 5.6% to $93.50 in 2007, the smallest increase since 2001, and less than what had been projected by the Centers for Medicare and Medicaid Services earlier in 2006, Dr. Mark B. McClellan, outgoing CMS administrator, announced in a briefing with reporters. The Part B deductible will be $131. For the first time in 2007, higher-income beneficiaries—individuals with incomes over $80,000 annually, and couples who make more than $160,000 annually—will pay a larger share of their costs. Spending on Medicare Advantage is flat, but growth continues in the traditional fee-for-service side. The largest contributors to that growth are outpatient hospital services (projected to grow by 12% in 2007), physician-administered drugs, and ambulatory surgery center services. Growth in physician services, such as lab tests and imaging, slowed down significantly from what had been expected, but the volume is still projected to increase 5% in 2007, said Dr. McClellan. Also, if Congress increases physician fees for 2007, as is expected, the Part B premium will have to be adjusted upward in proceeding years to compensate, he warned.

Public Prioritizes Health Care Reform

Most Americans want to see health care as one of the top priorities of Congress and the president, according to a poll commissioned by the American Academy of Family Physicians. About 90% of Americans who were surveyed said that the next Congress must make reforms to the health care system and about two-thirds said they would be upset if lawmakers did not take action in the next two to four years. When asked how best to reform the system, about 40% of respondents said that making health care more affordable should be the goal, and 31% said that providing basic health care coverage for everyone was important. Nearly one-third of respondents say that the current health care system is failing to meet their needs and the needs of their families. The poll of 800 likely voters was conducted by Republican pollster Bill McInturff of Public Opinion Strategies and Democratic pollster Celinda Lake of Lake Research Partners. AAFP officials have also released a "Guide to Health Issues for Voters" at www.familydoctor.org.

Tackling Pay for Performance

Evidence on pay for performance shows that in general payment incentives can improve the quality of care, Dr. Carolyn Clancy, director of the Agency for Healthcare Research and Quality, said at the annual Congress of Delegates of the American Academy of Family Physicians. There are some factors that make a difference between success and failure, including the certainty of increased revenue. And for small practices in particular, the cost and difficulty of achieving gain through a program is key, Dr. Clancy said. But there are still gaps in the available research. For example, most studies have omitted key variables and many studies have yet to evaluate the impact of the market share of a program, Dr. Clancy said. In order for these programs to succeed, physicians will need to understand the incentives and what must be done to qualify for them, and evaluate whether the incentives are worth their time and effort. Physicians will also need to have sufficient control over the clinical activities required to achieve the targets, she said.

AAFP Elects New Leadership

Family physicians elected new leadership for the American Academy of Family Physicians last month at the group's annual Congress of Delegates. The AAFP delegates elected Dr. James King, of Tennessee, as president-elect. Dr. King, who previously served for three years on the AAFP's board of directors, said in an interview that his top priority for the year will be fixing the Medicare physician payment system. Dr. King is in private practice in the rural area of Selmer, Tenn., and serves as volunteer faculty at the University of Tennessee Center for Health Sciences in Memphis. AAFP delegates also elected three new members to their board: Dr. David Avery of Vienna, W.V.; Dr. James J. Dearing, D.O., of Phoenix, Ariz.; and Dr. Roland Goertz, of Waco, Texas. Dr. Rick Kellerman assumed the role of president of the AAFP. Dr. Kellerman of Wichita, Kan., was elected as president-elect at the annual meeting in 2005.

U.S. System Gets Failing Grade

A comparison of how the U.S. health care system stacks up against systems in other countries on 37 indicators of health outcomes, quality, access, equity, and efficiency shows that America scores an average 66 out of 100, ranking 15th out of 19 countries in preventable deaths. The United States scored particularly low against other nations on efficiency, getting an average score of 51, which the report blames partly on the lack of electronic medical records, used by only 17% of American physicians. Scores for quality and equity of access were highest, at 71. The American Board of Internal Medicine, which participated in a briefing on the report, said in a statement, "We applaud the commission for providing us with a comprehensive, comparative set of measures to use as a basis for improving the performance of our nation's health care system." The scorecard, which will be updated annually, was developed using a quality framework established by the Institute of Medicine and used indicators from the Department of Health and Human Services, the Agency for Healthcare Research and Quality, the National Committee for Quality Assurance and others. The full report is available online at www.cmwf.org.

—From staff reports