Improving Access to Care in Rural America

Part 2: Recruitment for Rural Practice and The Rural Dermatology Residency Track

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What do we know about “making” rural physicians?

• They grow up in small towns\textsuperscript{12}
• Exposed to rural medicine in medical school or residency\textsuperscript{12}
• Least influential: financial incentives\textsuperscript{12}
• Rural resident trainees: three times more likely (RR = 3.4, P < .001)\textsuperscript{13}


1997 American Academy of Dermatology Statement on Access to Dermatologic Care\textsuperscript{1}

• Improving dermatology access in rural America involves:
• Targeted recruitment
• Exposure to telemedicine in residency training
• Practice incentives

Note: Rural students underrepresented in medical schools!

\textsuperscript{1} American Academy of Dermatology Position Statement on Access to Specialty Care and Direct Access to Dermatologic Care; revised 2017.

The UMMC Experience
Mississippi Has Special “issues”
- Rural
- Poverty
- Low income
- High obesity/diabetes/HBP
- Physician shortage

#1: & Most Importantly
Establishment of an academic rural dermatology office

Description
- Location: Louisville, MS: 90 miles from Jackson
- Physician salary, benefits, incentive pay identical to “mother ship”
- Dermatology residents, medical students, and FP residents rotate
- Housing stipend provided for medical students and residents

The Essential Elements:
- Dermatologist with academic interest, desire to live in rural location (hometown roots)
  - In our case: Adam Byrd, MD
- University must agree to establish an academic rural outpost

90-minute drive
Future Rural Academic Offices

- Ira Dan Harber, MD - Corinth, MS (2021)
- Ross Pearlman, MD - Pascagoula/Ocean Springs (2023 after Mohs)
- Josh Ortega, MD - Pascagoula/Ocean Springs (2023)
- Hannah Badon, MD - Magee, MS (2024)

The Promise

First Promise: Profitability

- Practice growth has been “phenomenal” e.g. academic dermatology office which functions more like a private office

Profitability Enhanced by tertiary referrals

- Tertiary care referrals to “mother ship”
  - Dermatopathology - 800/year
  - Mohs Surgery - 50/year
  - Cosmetic Dermatology
  - Complex Medical Dermatology

Second Promise: Access to Care

- Obvious advantage to local community: 5,000 patients per year
- Average wait time for new patient
  - Louisville: 17-19 days
  - Main campus dermatology: 34 days

Establishment of a rural dermatology residency track

#2
The Essential Elements:
- Reserve one residency slot for a rural resident
- 3 contiguous months of PGY-2,3,&4 years spent in rural office
- 3-year commitment at end of residency in rural Mississippi....probably their hometown!

This could work in any specialty with high demand for residency slots or financial incentives

Problem #1: The Loma Linda Experience
- Residents chose not to honor their commitment to rural practice
- There is NO INDICATION that will be a problem with our residents motivated to go home or near home!
- Payback provision in contracts for residents unable to honor their commitments

Problem #2: Ethics: Always a balance!
- Is it right to force a resident to spend 3 years working for the university after they graduate???
- Is it right for a medical student interested in rural dermatology to return to their hometown and work for the university for 3 years?
  - Same salary and fringe benefits as “mother ship”
  - Same academic opportunities