Improving Access to Care in Rural America
Part 4: The "All of the Above" Approach to Serving the Needs of a Rural State

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1: Train More Residents
- Two “regular” and one VA resident
- We have a 4th RRC approval for an additional resident when we obtain funding
  - Military
  - Rural Hospital funding

2: Train More Residents in Existing Rural Programs
- 18 (12%) of 147 residencies are based in communities of 50,000 or fewer
- Potential: Add one additional resident in each rural program
  - 18 additional residents engaging in rural areas
- If 5,000 patients/year/dermatologist
  - Increase access for 90,000 patients/year

3: Open New Residency programs in Rural Areas
- UMMC started in 2013

Problems!
- It does little good to train more dermatologists IF they all flock to the cities!
- No increased Funding for residency training in 20 years
- Future government incentives for rural practice beyond primary care

Problem:
- This is not a big impact across entire US
- Will all of these residents choose rural practice?
Rural US Dermatology Residency Training: Review of websites

* Dermatology Residency Training in the United States (n=147)
  - 11 states with no residency programs
    - AK, DE, HI, ID, ME, MT, NE, NV, ND, SD, WY


4: Match Students with Rural Interest to Rural Programs or Rural Tracks

* Rural Component Reported in website
  - 1 program has a rural track (UMMC)
  - 52 programs explicitly cite optional clinical elective time
  - 18 programs report teledermatology
  - 1 program reports teledermoscopy
  - UMMC is starting to get medical student calls


Problem

- For this to succeed we would need better dermatology program websites!
- Would need honest applicants

5: Mentor Medical Students

* Identify medical students with rural background
* Mentor them to understand value of rural practice:
  - Early
  - Often
* Provide Research Projects
* Select them utilizing Holistic Evaluation during MATCH

Problem

EVERY applicant wanting mentoring suddenly professes desire to work in a rural area!

6: Establish Volunteer Clinics

* Locations: UMMC Rolling Fork HS Clinic in Delta
* Provides “in person” access for teledermatology referrals
* Practice Characteristics
  - All 12 Faculty and NPs volunteer to staff RFHS 1 x/month
* Special Notes
  - Faculty and staff supply holiday gifts for children
  - Most patients seen are can’t travel to Jackson
**7: Teledermatology**

- Store-and-Forward
- Primary Care Physician referrals from underserved areas

**Benefits S&F Teledermatology**

- RVU's count
- Work can be done after kids in bed
- About 80% are handled with primary care
- Rapid access clinic when “in-person” visit required

**Special Advantage in MS**

- Law requires all insurance companies to accept telederm from the University and pay at Medicare rates
- Medicaid agreed to participate
- Only Medicare does not pay***
  *** (Presently paying during COVID-19)

**Barriers to S&F Telederm Referrals**

- Time for busy primary care providers to fill out teledermatology forms and take pictures
- Fear of technology
- Fear of HIPAA

**8: Project ECHO**

- Zoom platform used to education primary care physicians and family practice residents in rural MS
- Monthly sessions at noon
- Some anecdotal “wins”
Comparative Effectiveness of Approaches

What REALLY works?

Delivering the most Access to care?

<table>
<thead>
<tr>
<th>Program</th>
<th>Patients/year</th>
<th>Medical Students</th>
<th>Recruit new sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free clinic</td>
<td>180/yr</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Teledermatology</td>
<td>200/yr</td>
<td></td>
<td>Yes and No</td>
</tr>
<tr>
<td>Project ECHO</td>
<td>Unknown</td>
<td></td>
<td>Recruit new sites</td>
</tr>
<tr>
<td>Rural Academic Clinic</td>
<td>7,000/yr</td>
<td>Yes</td>
<td></td>
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<td>Training rural dermatologists (4)</td>
<td>28,000/yr</td>
<td>Yes</td>
<td></td>
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</tbody>
</table>

Future 9: Involvement with Rural Health Clinics

- Government supported incentive program for Medicaid population
- Must be 51% primary care
- Can be very lucrative compared to regular Medicaid rates

SUMMARY:

Just do it! Make access to care a priority!