



JOHN KELLY

Small communities “give more to us as a physician than we can hope to give back,” says FMRI rural director David Schmitz, shown here with a young patient.

## A Shot in the Arm for Rural Physicians

BY KATHLEEN CRAVEN

**W**hen the place you call home is miles from the nearest medical center, finding a doctor to treat your family’s illnesses or injuries can be a challenge.

While many family physicians do practice in rural areas, recent estimates suggest that if population growth continues at its current pace, by 2020 the number of family doctors will need to increase by about 50 percent to keep up with demand.

Currently, one of every three Idahoans lives in a rural county, in communities such as Inkom, Kooskia, Castleford and Yellow Pine. While many find the slower pace of rural living appealing, the isolation often raises concerns among doctors, especially if they are just beginning their practice.

Who will they turn to if they have a question about a complicated case? What resources are available in geographically remote areas? How many other doctors are practicing nearby to balance out the workload? What services are available at the community hospital? Is there any sort of program to help pay off medical school debt that can total \$100,000 or more?

To help address physicians’ concerns, Boise State’s Center for Health Policy (CHP) has teamed up with the Family Medicine Residency of Idaho (FMRI) to help assess the

challenges of recruiting and retaining family medicine physicians in rural areas of Idaho. The project is being funded by the Idaho Department of Health and Welfare, Office of Rural Health and Primary Care.

“Rural health-care issues are among the most pressing issues facing Idaho health care today,” says Ed Baker, director of the CHP and co-principal investigator for the project. “Making sure that we have an adequate physician supply in rural areas is critical.”

Dr. David Schmitz, rural director for FMRI, is co-principal investigator with Baker. Following his family medicine residency at FMRI, Schmitz spent six years practicing in St. Maries, population about 2,800, where he felt he truly made a difference. “I learned that communities like St. Maries give more to us as a physician than we can hope to give back,” he says.

Although he loved working in a small town, he returned to Boise when he was actively recruited by FMRI to serve as the residency’s rural director.

His assignment was to help shape the program’s ability to provide excellently trained, caring family physicians for Idaho’s rural and underserved population.



CARRIE QUINNEY

"Rural health-care issues are among the most pressing issues facing Idaho health care today," says Boise State's Ed Baker, director of the Center for Health Policy.

"Who else can deliver your baby, care for a loved one in a local nursing home, be in the emergency room when help is needed for a sick child or a trauma victim, and treat the 'Christmas blues,' sometimes all in the same day?" he asks.

Schmitz soon realized that he not only had to train new residents, he also had to figure out how to help maintain happy physicians in healthy rural communities.

To address this issue, he teamed up with Boise State and several other organizations in 2007 for the Idaho Rural Family Physician Workforce Pilot Study.

That project, in turn, led to new questions, necessitating the need for a second project to assess rural communities — what makes them special and what resources they lack to attract family physicians.

"Access is really the key," Baker says. "If you live in Boise, you have access to all kinds of physicians and all kinds of medical services." Outside of urban areas, however, the story is different. Because Idaho is a large state with rugged terrain and a dispersed population, providing health care to rural areas is a challenge.

Baker says that challenge is what made this project so attractive. "The Center for Health Policy is particularly

interested in addressing real needs on a statewide level in Idaho," he says. "One of FMRI's educational missions is to train highly qualified family physicians in rural areas of Idaho, so this is an ideal match."

The Center for Health Policy has teamed with Family Medicine Residency of Idaho on a number of issues in the past, such as the health care safety net, HIV in Nicaragua and Canyon County and even carbon monoxide exposure in high-altitude mountaineering.

"We have a very productive history of working together," Baker says.

When it comes to rural physicians, Schmitz says he is dedicated to being part of the solution.

"As the population of Idaho both grows and ages, we will need more primary care physicians and more teams of care providers in rural Idaho, often 'quarterbacked' by a family physician," Schmitz says. "It is my hope that our research and cooperation with BSU, the Office of Rural Health and Primary Care, and medical educators involved with the Family Medicine Residency of Idaho will help us do this in the best and most effective way."