

A Profile of Rural Physicians

Limited resources, low case volumes, and a high proportion of vulnerable patients are just some of the characteristics that describe the challenging environment under which rural physicians operate.¹ Their patients who need advanced diagnostics or specialist care may have to travel hours to the nearest hospital, while compliance with therapy or diets to counter the many possible chronic conditions, such as diabetes, can be more difficult with the lack of healthy food nearby and with a higher prevalence of unhealthy behaviors.

This profile of rural physicians and their environment points to the fragility of care in those geographic areas that always seems to be one step from disaster. With continued debate and discussion centered on the U.S. health care system – ways it works well and ways it is failing – the role of rural physicians is an important component to evaluate and take into consideration. This paper looks at two variables unique to rural providers, providing information that should be taken into consideration when determining the impact of health care proposals on America's rural communities.

1) Physician Workforce Shortage and Expanded Scope of Services

Simply stated, there are not enough physicians in rural areas, and this shortage means poorer health care for residents.² A government agency found there to be 13.1 providers per 10,000 people in rural areas, compared to 31.2 providers per 10,000 people in urban areas, or an almost 250% greater physician concentration in urban areas.³ The workforce shortage impacts the quality of care physicians are able to provide. Rural providers are forced to prioritize cases and patients given limited resources and time in the day to treat patients.

In addition to being overworked, rural physicians provide a much wider scope of services to their patients than urban-based physicians

The health system has tried to address this lack of supply by increasing the salaries of rural physicians. For years, rural physicians have earned more than their urban counterparts.^{4,5,6,7} However, the pay differential signals how fragile rural medicine is. Despite the fact that rural physicians have been consistently compensated better, the provider shortage has not closed. The consequences of difficulty recruiting and retaining physicians in rural areas loom large over the profession:

- Lack of administrative support and sub-specialty services
- Almost certain dramatic increase in patient load
- Tenuous financial state of many rural hospitals

In addition to being overworked and stretched thin, rural physicians provide a much wider scope of services to their patients than urban-based physicians. For example, it is not uncommon for primary care physicians in rural areas to act as their patients' rheumatologists, cardiologists, or obstetricians.

2) Patient Demographics and Socioeconomic Factors

Rural Americans face inequities, causing many of them to endure worse healthcare than urban and suburban residents, driven by fewer local doctors, poverty, and remote locations. As the National Rural Health Association noted:

“Economic factors, cultural and social differences, educational differences, lack of recognition by legislators and the sheer isolation of living in remote rural areas all conspire to impede rural Americans in their struggle to lead a normal, healthy life.”⁸

Compared with urban areas, rural populations have lower median household incomes, a higher percentage of children living in poverty, fewer adults with postsecondary educations, and more uninsured residents under age 65.⁹ This constellation of poor social determinants of health contributes greatly to rural residents having higher rates of hypertension, arthritis, depression, asthma, and diabetes, to name just a few.¹⁰

Rural residents have a higher enrollment in Medicare,^{11,12} so any Medicare change can have a disproportionately greater impact. The lack of innovation and possible medication shortages stemming from misguided policy concepts such as the International Pricing Index (IPI), therefore, will affect rural residents more.

Fewer physicians in rural areas translate to greater travel distances for patients. The need to travel long distances limits people’s ability to get primary care, contributing to failures to seek preventive care such as vaccinations or treatment for acute issues before they become more serious.¹³ CMS acknowledges how the dispersion of rural populations affects access to care:

Compared with urban areas, rural populations have lower median household incomes, a higher percentage of children living in poverty, fewer adults with postsecondary educations, more uninsured residents under age 65, and higher rates of mortality

Rural communities tend to have unique challenges, such as limited access to specialty providers and longer distances to travel for medical care.¹⁴

Rural residents’ poorer access to care is not limited to their greater distance to primary care physicians. It also reflects their access to hospitals. In a 2018 survey, 23% of rural Americans said access to good doctors and hospitals is a major problem in their community, compared to 18% of urban dwellers and 9% of suburbanites.¹⁵ Rural Americans travel twice as far and spend more time driving than people in suburban and urban areas. Having to travel greater distances to hospitals translates directly to poorer outcomes for rural residents.

In addition to being further from a hospital than urban dwellers, rural residents’ closest hospitals offer fewer services.¹⁶ Fewer rural hospitals offer surgical care, obstetric services, intensive care units, outpatient surgery, chemotherapy, and dental services, to name a few. So, while the average drive may be 34 minutes to the closest hospital, the distance to a facility with the specialty care needed can be much further.

Rural Americans are more likely than people in urban and suburban areas to say access to good doctors and hospitals is a major problem in their community.

Conclusion

Given their comparatively smaller numbers, physicians in rural areas, in general, can have a stronger influence in the community. This ability to become a pillar in the community, however, can backfire. If even one rural physician decides to move or retire, it can precipitate a healthcare coverage crisis in the community. And the shortage of physicians in rural areas, with the consequent stress and burnout, only increases the chance that more rural areas will have even less access to healthcare.

Given the higher Medicare enrollment of rural residents, any change to Medicare affects the rural population more. Policies that aggravate shortages of critical drugs or dampen innovation, such as the IPI, will end up affecting rural physicians and their patients more than any other group.

Endnotes

¹ National Quality Forum Rural Health Committee, Performance Measurement for Rural Low-Volume Providers, Washington, D.C. (Sept. 14, 2015).

² Measuring America: Our Changing Landscape. Census Bureau. Dec. 8, 2016. <https://www.census.gov/library/visualizations/2016/comm/acs-rural-urban.html>. Accessed May 24, 2019.

³ Distribution of U.S. Health Care Providers Residing in Rural and Urban Areas. HRSA. 2014. <https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/nchwafactsheet.pdf>. Accessed May 22, 2019.

⁴ Doximity Helps Physicians Navigate their Careers with First-Ever Local Compensation Map. Doximity. Jan. 27, 2015. https://www.doximity.com/press_releases/doximity-helps-physicians-navigate-their-careers-with-first-ever-local-compensation-map. Accessed May 30, 2019.

⁵ Rappleye E. Where do primary care physicians earn most — urban, rural or mid-sized communities? Becker's Hospital Review. Apr. 12, 2016. <https://www.beckershospitalreview.com/compensation-issues/where-do-primary-care-physicians-earn-most-urban-rural-or-mid-sized-communities.html>. Accessed May 31, 2019.

⁶ Doximity 2018 Physician Compensation Report. Doximity. Mar. 27, 2018. <https://blog.doximity.com/articles/doximity-2018-physician-compensation-report>. Accessed May 31, 2019.

⁷ Kane L. Medscape Physician Compensation Report 2018. Medscape. Apr. 11, 2018. <https://www.medscape.com/slideshow/2018-compensation-overview-6009667#9>. Accessed May 31, 2019.

⁸ Alfero C, Barnhart T, Bertsch D, et al. The future of rural health: why rural health is different. National Rural Health Association. February 2013. <https://www.ruralhealthweb.org/getattachment/Advocate/Policy-Documents/FutureofRuralHealthFeb-2013.pdf.aspx?lang=en-US>. Accessed May 27, 2019.

⁹ Rural Health Snapshot (2017). North Carolina Rural Health Research Program. May 2017. <https://www.shepscenter.unc.edu/product/rural-health-snapshot-2017/>. Accessed May 27, 2019.

¹⁰ Chronic Disease in Rural America. Rural Health Information Hub. <https://www.ruralhealthinfo.org/topics/chronic-disease>. Accessed May 31, 2019.

¹¹ Medicare Payment Advisory Commission. A Data Book: Health Care Spending and the Medicare Program. June 2017. [medpac.gov/docs/default-source/data-book/jun17_databookentirereport_sec.pdf](https://www.medpac.gov/docs/default-source/data-book/jun17_databookentirereport_sec.pdf). Accessed July 15, 2019.

¹² US Census Bureau. One in Five Americans Live in Rural Areas. August 9, 2017. <https://www.census.gov/library/stories/2017/08/rural-america.html>. Accessed July 15, 2019.

¹³ Douthit N, Kiv S, Dwolatzky T, Biswas S. Exposing some important barriers to health care access in the rural USA. Public Health. June 2015. <https://www.sciencedirect.com/science/article/pii/S0033350615001584?via%3Dihub>. Accessed May 29, 2019.

¹⁴ Rural Health Strategy. CMS. 2018. <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Rural-Strategy-2018.pdf>. Accessed May 30, 2019.

¹⁵ Lam O, Broderick B, Toor S. How far Americans live from the closest hospital differs by community type. Pew Research Centers. Dec. 12, 2018. <https://www.pewresearch.org/fact-tank/2018/12/12/how-far-americans-live-from-the-closest-hospital-differs-by-community-type/>. Accessed May 30, 2019.

¹⁶ Freeman VA, Thompson K, Howard HA, Randolph R, Holmes GM. The 21st Century Rural Hospital: A Chart Book. March 2015. www.shepscenter.unc.edu/wp-content/uploads/2015/02/21stCenturyRuralHospitalsChartBook.pdf. Accessed June 4, 2019.