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— TODAY'S ADVOCATE — ***Raising Disability Awareness***

It takes a rural community to recruit a doctor

By Deborah J. Botti

Imagine a high-school graduate leaving her rural New York home for medical school. Her dream then might be to return to her hometown, to provide health care to those who inspired her journey. However, after years in an urban setting, attending classes and clinicals, completing her residency and passing her boards, she's not certain what her best option is. She's grown to enjoy many of the urban amenities, and she needs to pay back \$ 200,000 in school loans. She hasn't discounted returning to a rural setting – but can she afford to?

That's where Catskill Hudson Area Health Education Center – and specifically its new HealthMatch program – comes in. "In New York state and the nation, there is a shortage of primary-care physicians in rural areas," says Kathryn Reed, executive director of the regional AHEC, which serves 11 counties including Orange, Ulster, Sullivan and Dutchess.

AHEC's nationwide, which address manpower shortages in the health-care industry, have three strategies:

- To develop programs that introduce middle-school through college-age students to career options in health care;
- To provide continuing education programs, which address the retention of local health-care professionals. The Catskill Hudson AHEC offers ongoing training at an EMC leadership academy, as well as an annual Nursing Summit.
- To work with medical students for placement in rotations or internships in rural settings.

"Recruiting physicians to Calicoon, Ellenville or other remote sites is a tougher job to do," says Reed. "But it can be done."

And that's what its feasibility study and business plan revealed as well – which led to the birth of HealthMatch. Bolstered by a grant from the state, a pilot program has been established in Ellenville. First, meetings were held with the key stakeholders, says Reed, including government and hospital officials, to talk about health-care needs. These were followed by individual meetings. "We're all vying for the same pool of doctors," says Reed. "Is the community willing or able to offset the cost of establishing a practice?"

It comes down to incentives. Because not only is that young doctor drowning in debt, but it will cost about \$350,000 to start a new practice and carry her through the first two years. Office space will have to be leased, equipped and furnished. Staff must be hired and malpractice insurance paid – all before one patient is even scheduled.

If Community A has funds to offer for loan forgiveness or to help set up a practice, it then has an advantage over Community B, which is also going after the same doctor. Rural communities are also up against hospitals and large group practices that offer employed positions, positions that new doctors are more likely to accept because they offer more security without the start-up expenses.

HealthMatch helps a community establish incentives and raise funds. If then acts as a recruiter. "It's one thing to bring in a doctor," says Reed. Retaining her is quite another matter – and a revolving door benefits no one.

HealthMatch does its homework. Ellenville, for example, is regarded as a community where neighbors look out for each other. This small-town spirit is critical to doctors with rural roots who are considering returning to them.

"The community is the welcoming committee," says Reed.

The essence of the community then, packaged with financial incentives that paint a viable future, becomes the lifeline that a young doctor can eagerly grab onto.

For more information, visit www.chahcec.org.