



remarks

The Lure of Rural Practice As positions in urban and suburban areas get harder to come by, physicians may find more abundant opportunities in rural communities. But beware of small-town quirks.

BY DAVID A. RIVERA, MD



Job opportunities in desirable locations are becoming limited.

According to an article in *American Medical News*, (August 16, 1999), 7.9 percent of newly graduated residents polled in 1998 were unemployed after six months. And as patient demand for less restricted access to specialists grows, recruitment demand for primary-care physicians has declined.

The problem is maldistribution. Many smaller communities are chronically underserved by both primary-care and specialty physicians. As the job market tightens, many

physicians will be inclined (or forced) to consider setting up in a rural area.

We've all received recruiting letters for practices in "Paradise:" a chance to practice the way one wants in a thriving rural community with abundant recreational and cultural opportunities, affordable housing, low crime rates, excellent schools—and no managed care. A large salary and other incentives complete the package.

Reality is often quite different. One "unique challenge" I

found was a solo ob practice in rural North Dakota, where the wind chill in January can plunge to -80°. An area boasting no managed care may have a population dependent on Medicaid or private pay.

I've practiced in four rural areas (population 3000-10,000) since leaving my ob/gyn residency in 1983, and I've served in another five as a locum tenens physician. A rural setting can present a viable practice opportunity, but look carefully before you make a commitment.

Attractions: Rural practice can be rewarding.

The people in a chronically underserved area are delighted to have ready access to services which previously may have required commuting an hour or more. They are also likely to be less demanding and more appreciative than affluent suburbanites because they want the new physician to stay.

Hospitals desperate to recruit new staff frequently provide signing bonuses, moving allowances, loan forgiveness, and practice set-up assistance. Some will give you the choice of being employed directly or provide you with an income guarantee for the first year or two. And you may be encouraged to update departmental

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equipment and policies which have languished for decades.

Life moves at a much slower pace in a smaller setting, which can be welcome if you trained in a busy metropolitan area. It can also be frustrating for those used to living "in the fast lane."

Housing costs are lower, sometimes one half to a third of those in the city. I built a new, four-bedroom house on a secluded, wooded lot in southwestern Michigan for \$129,000 in 1994.

Schools may have smaller classes, more dedicated teachers, and progressive academic programs. You might find a high school with a jazz band, a gymnastics program, and state-champion competitive sports.

Detractions: There are also pitfalls.

Small towns often have peculiarities, not the least of which is that they can be their own worst enemies. The local power structure, often a "good ol' boy" network, may run the town like feudal lords. Their interests and those of the general population may be at odds, especially if the latter is largely indigent. And you may be expected to pay your dues before some patients will utilize your services.

As rural hospitals struggle to survive, some are turning to large corporations for assistance. The CEO answers to someone hundreds or thousands of miles away and has no loyalty to the town. He may have talked a good line when he was recruiting you, but once you sign on, the plans are put on the back burner or forgotten altogether.

Established physicians may resent the intrusion, especially if you've been recruited to ride shotgun on an unruly bunch. I've been at staff meetings in two small hospitals in which I expected the physicians to start shooting each other. They don't trust each other and they certainly don't trust you, an outsider.

Being a hospital employee provides a predictable salary but less autonomy. An income guarantee is not free money; it is an advance taken against future earnings. The hospital will expect a payback within a time frame which may not be realistic. In my experience a new practice might take a minimum of two to three years to break even. You will still need to have a good accountant and business manager; don't try running a first-time practice alone even in a small town.

If you are the only game in town, you will be on call 24/7 and may not be able to avail yourself of whatever recreational opportunities exist. Cultural events may require a three-hour drive. And if you want a vacation, you may need to arrange for locum tenens coverage, which is not cheap.

Good kids will thrive in just about any school setting, but a special needs child may not have access to crucial services in a rural setting. A limited tax base mean limited funding for special education.

If you are not board certified directly out of residency, you will need to carefully consider where you practice until you take your boards. A few candidates are unable to take American Board of Obstetrics and Gynecology oral exam because their case lists are insufficient.

Getting there

If the idea of practicing in the heartland is more than a passing fancy, you will need to prepare carefully.

- **Research the area.** What are the demographics? Are there enough patients in your target population to make a practice viable? What is the primary industry and the median income? What is the payer mix? Are the payers reliable or are they known for rejecting claims because of cash shortfalls? Are the hospital facilities adequate, or will you face an unnecessary liability? Where is the regional referral center and how do they respond to rural physicians?

- **Negotiate a good contract.** Get everything in writing and clarify anything you don't understand. "Practice set-up assistance" can range from a cash advance to cover start-up costs to merely providing vendors' phone numbers. If their side balks, seriously reconsider. Consult with an attorney, especially someone skilled in employment law.

- **Be patient and friendly.** It may take time to change people's established patterns. Get used to being in a fish bowl. Expect to run into your patients outside the office and be willing to stop and chat for a minute when you do. Find opportunities for exposure; local organizations frequently want guest speakers.

- **Avoid conspicuous consumption.** No one expects physicians to be paupers, but people notice when your car costs four times their annual income. Leave the Lexus or Beemer for the suburbs.

- **Consider your family's needs.** Does your spouse have a career? Have your children become heavily involved with a sport or music? Does everyone like the prospective new home?

Practicing in a rural area presents a chance to contribute to the health of a community as well as your patients. Physicians several generations ago were an integral part of these communities. You can reestablish that connection and derive considerable personal satisfaction knowing you've made a difference. And isn't that why many of us became physicians in the first place? ■

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