

# Doctors in Demand at Community Health Centers

BY MARY ELLEN SCHNEIDER  
New York Bureau

Experts are calling for an infusion of about 10,000 primary care physicians into medically underserved areas over the next several years, even as medical students' interest in primary care has waned.

The nation's community health centers, which serve rural and other medically underserved communities, are currently

facing a shortage of primary care providers, according to a report from the National Association of Community Health Centers, the American Academy of Family Physicians' Robert Graham Center, and George Washington University.

To fill the current gaps and expand services to nearly 30 million people by 2015, community health centers will need at least 15,585 additional primary care providers, including nearly 10,000 physicians, as well as nurse practitioners, cer-

tified nurse midwives, and physician assistants.

The report, "Access Transformed: Building a Primary Care Workforce for the 21st Century," focuses on expanding care through community health centers since they are already positioned to deliver services in physician shortage areas.

Policy makers will need to get more medical students interested in primary care and ensure that those newly trained physicians go to work in medically un-

derserved areas, the report concludes.

One solution offered in the report is to expand the National Health Service Corps program, which places primary care providers in federally designated Health Professional Shortage Areas. Through this program, physicians and other providers can receive scholarships or loan repayment assistance in exchange for service in a medically underserved area.

Dr. Gary Wiltz received a National Health Service Corps scholarship more than 25 years ago and still works in the small Louisiana bayou town where he settled after training.

"It's extremely gratifying," he said.

Dr. Wiltz, an internist and CEO of the Teche Action Clinic in Franklin, La., has experienced the shortage of primary care providers firsthand. Since he's been there, the organization has never had a full complement of providers across its four clinics. Attempts to recruit an internist and a family physician for the past 2 years have been unsuccessful.

But for physicians who practice in underserved areas, the rewards can be great. Patients hold you in high esteem and are very grateful for the care they receive, he said. "You don't just treat them," he said. "You worship with them and shop with them."

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**Cardiac Risk Factors**

Serving Size: 1 Adult Male  
Servings Per Container: 1

Amount Per Serving	
<b>Age</b>	48
<b>Weight</b>	243
<b>Total Cholesterol</b>	259
LDL	169
HDL	47
<b>Coronary Calcium Score</b>	397
<b>Body Mass Index</b>	37
<b>Waist Circumference</b>	48
<b>Blood Pressure</b>	
Systolic	150
Diastolic	90
<b>Fasting Blood Glucose</b>	146

**Ingredients for Coronary Artery Disease Risk:**  
Family History, Diabetes, Hypertension, Smoker, Occasional Chest Discomfort

**Refer**

Nuclear stress testing for reliable diagnostic and prognostic results<sup>1,2</sup>

1. Klocke FJ, et al. *Circulation*. 2003;108:1404-1418.  
2. Hachamovitch R, et al. *Circulation*. 1998;97:535-543.

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## THE REST OF YOUR LIFE

# Riding Bonds Physician Brothers

**D**r. Chris Frost and Dr. Marc Frost acquired their love for off-road motorcycle riding as youngsters growing up in St. Donatus, Iowa, a small town with rolling hills near Dubuque.

Their father was a motor sports enthusiast who thought off-road riding would be a good hobby for his boys, so he bought them motorcycles to tool around with. But he was a stickler for riding safety.

"When we were in grade school our dad told us that if he ever caught us riding a motorcycle either in a crazy way or not wearing a helmet, the motorcycle would be sold and gone," recalled Chris, a dermatologist who practices in Somerset, Ky. "We believed him, and we never rode without one."

Chris and Marc put riding on hold during college and medical school but, since 2002, they have been taking occasional weekend outings on off-road designated trails in the 770,000-acre Daniel Boone National Forest in Kentucky, which consists



**Marc, shown on a recent ride, prefers mud-filled, narrow, challenging trails.**

of mostly rugged terrain with steep ridges and sandstone cliffs. They prefer narrow, technically challenging trails littered with water pools, rocks, steep hills, tree roots, and mud holes.

Once every 3 months, Marc and his two teenage children drive 4 hours from their home in Indianapolis to Chris's home in Somerset.

The next day, the crew drives to the forest for a 20- to 30-mile ride on mountainous trails that can last up to 6 hours—but not before a careful inspection of each bike to make sure the bike chain is tight, the fluid levels are capped off, and the tires are properly inflated. "If something goes wrong, you're a long way from being able to easily remedy it," said Marc, the more mechanically inclined of the two brothers, who has a private dermatology practice in Indianapolis.

"We don't go unless we're sure that the bikes are capable. If a bike's not rideable that day, we stay home," he said.

The rides "are no piece of cake," he added, describing each day's ride as the physical equivalent of running a half-marathon. "In fact, I train for our quarterly rides by running in trail marathons and ultra marathons. So 3-4 days of riding leaves us oldsters—I'm 49—a little on the stiff and sore side."

Riding motorcycles off road "gives me a reason to try and stay in shape," he said. "For years, I was the sort who was not physically active, and did not really eat well. Now I exercise on a regular basis. I carefully watch what I eat and my weight. My general condition is far better than it was when I was 40."

There have been mishaps on the trips, like the time a 1996 motorcycle Chris was riding "got away from him" and careened off a cliff. Since he's an experienced rider he knew not to stay on the bike, "but my brother said they watched as the motorcycle went flying off the side of the cliff and I wasn't on it," Chris said. "They were wondering where I was. When it went off

the cliff, it got stuck on a tree and we were able to haul it back."

Like their dad, the Frost brothers preach safe riding at all times. That means wearing full gear, including a helmet, goggles, gloves, chest protectors, elbow protectors, knee protectors, and good boots. Other essentials they pack include wireless headsets, tools, maps, a compass, water, and snacks.

The Frosts commonly encounter other riders who aren't wearing helmets or who are drinking from open containers of alcohol. "I preach to my kids to ride responsibly; ride within your limits," Marc said.

They had just finished up a day of riding, before they were interviewed. "Today, there were six of us riding together, but each of us had a partner we'd stick with." This is important because if something were to happen, you're not out there by yourself. "We never ride alone," said Marc.

Chris, who is 54 years old, added that he and Marc are smart riders because they are dermatologists who don't like to take chances in their clinical practice. "We're very methodical about what we do in our practice," he said. "We're also very methodical about riding, and we don't take chances."

Both brothers remarked about the positive impact of the quarterly motorcycle rides on family life. For Marc, one of the best parts "is getting to spend 4 hours with both of my kids driving down here and 4 hours driving back," he said, adding,



**Dr. Chris Frost and Dr. Marc Frost always wear full safety gear when riding, noting an occasion when Chris careened off a cliff.**

"You'd be amazed at how much family stuff we get to talk about. Anytime teenagers can't wait to do something with their dad or uncle, that's a pretty good gig."

He also looks forward to talking about dermatology cases with Chris. "As a solo practitioner, I don't normally have that as an outlet," he said.

Chris described the camaraderie that evolves from the rides as "one of the most valuable things in the world: to get to know your relatives better and to enjoy the limited time you have with them. We're all getting older and need to spend more time with each other." ■

By Doug Brunk, San Diego Bureau

### E-MAIL US YOUR STORIES

**Does pulling on your board shorts and heading to the ocean get you amped? Even if you do more wiping out than hanging ten, we want to hear about your love for surfing.**

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The National Health Service Corps is a model that works but has not received enough funding to provide scholarships to all of the qualified applicants, Dr. Wiltz said.

Retention in the program is high. In fiscal year 2006, 76% of participating clinicians stayed in their positions for at least a year after their service commitments were fulfilled. But funding for the program has declined in recent years. In FY 2004, the program's funding peaked at \$169.9 million, and in FY 2008, it had fallen to \$123.5 million, according to the report.

The report also calls on policy makers to find a way to "revitalize" the J-1 Visa Waiver program, which has placed fewer foreign nationals into shortage areas in recent years. Under that program, foreign nationals who have received a U.S. visa for educational purposes can opt out of going

back to their home countries in exchange for practicing in a federally designated Health Professional Shortage Area.

But existing federal programs will not be enough to meet the growing demand for primary care physicians and other providers. The report also calls on Congress to revise the way graduate medical education is funded to make it financially viable for residency training programs to partner with community health centers.

Even without a formal blessing from Congress, some programs are finding ways to give residents experience in community health clinics.

For example, Riverstone Health, a community health center organization in Billings, Mont., operates the fully accredited Montana Family Medicine Residency training program. The center established the program in 1995 along with two local hospitals. The program is funded through clinic revenues, graduate medical education funds that are passed through the two

hospitals, and some state assistance.

The program currently includes 18 residents and receives applications from many more students than it can accommodate, said Dr. Roxanne Fahrenwald, director. About 70% of the graduates of the program have stayed on to practice in Montana, she said.

Locating a residency program at a community health center is a natural fit, Dr. Fahrenwald said, because the traditional role of residency training programs is to care for underserved populations just like in community health centers. "I would hope a lot more people would consider it," she said.

Physician payment is another area in need of reform, according to the report. The disparity in reimbursement between procedure-related specialties and primary care needs to be addressed to help attract more students to the field, the report said.

Dr. Gerald Fincken, D.O., a family physician in Austin, Texas, sees the impact of

the payment disparities when recruiting new physicians to the large, multispecialty clinic where he works. Medical students have steep medical school loans to repay and see that not only is primary care reimbursement comparatively lower but Medicare reimbursements are declining, he said. "Medical students are becoming more savvy," he said.

Federal policy makers will have to get more creative and figure out a way to shift dollars to increase the reimbursement for primary care; otherwise, the residency rates will continue to drop, he said.

"Income is definitely a factor that leads medical students not to choose primary care," said Dr. James King, board chair of the American Academy of Family Physicians. Officials at the AAFP have been urging Congress to act to reexamine how they pay for primary care and to pay physicians more for providing non-visit-based services such as coordination of care through a patient-centered medical home. ■