

THE REST OF YOUR LIFE

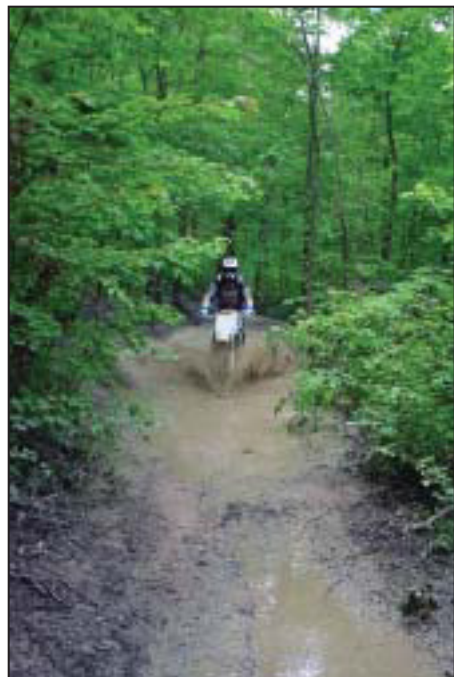
Riding Bonds Physician Brothers

Dr. 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

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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. ■