

THE REST OF YOUR LIFE

Passion for Firefighting Still Smolders

Dr. Bobby Ridgeway's experience as a volunteer firefighter in the early 1970s sparked his interest in medicine. He joined the volunteer firefighter department in his home town of Pinewood, S.C., when he was 14 years old, responding to calls on his bicycle.

"The out-of-town fires required finding someone to take me, or just listening on the scanner," recalls Dr. Ridgeway, a full-time ob.gyn. in Manning, S.C., and a volunteer firefighter for the Manning City Fire Department and the Clarendon County (S.C.) Fire Department. "By age 16, I had my driver's license and didn't miss many fires. I loved to be the engineer, the guy who runs the pump."

After completing an EMT (emergency medical technician) course, he attended paramedic school at the urging of local emergency department staff he came to know, as well as his "second family" at the fire department. He completed paramedic school 2 months before his 22nd birthday and got married soon after.

"My encouragers set me straight and told me to continue my education in medical school at the University of South Carolina [Columbia], because I would need to advance my way up the ladder since children usually follow marriage and my EMT salary would probably fall short," he said. "They were right about the salary but not about the children; my first came between my first and second year of medical school and my second between my first and second year of residency."

These days, the amount of time he devotes to firefighting varies according to his ob.gyn. call schedule, but he responds to fires, auto wrecks, and other emergencies as time permits. "If I have to go to the hospital, I just leave the fire or accident scene," said Dr. Ridgeway, who also is medical director for the Clarendon County Fire Department.

He and other volunteers get a stipend of \$5 per call to cover the cost of gas, "but that's it."

He listed several parallels of being an



The greatest parallel between ob.gyn. and firefighting is that both professions provide an opportunity to achieve near-immediate results, said Dr. Bobby Ridgeway.

ob.gyn. and a firefighter, including the need for ongoing training and education, critical decision-making skills, a willingness to embrace new technologies, and an approach to work with a certain amount of fearlessness. Firefighters "go places and do things that others wouldn't," he explained. "In medicine, a lot of physicians shy away from delivering a baby, or from [being an] ob.gyn., in general."

Perhaps the greatest parallel, he said, is that both professions provide an opportunity to achieve near immediate results.

"When you go to a fire, within several minutes you're usually going to see some results of your activity," he said, noting that Manning's population is about 6,000 residents. "The same thing applies to being an ob.gyn. If somebody arrives in labor, you're going to see some results of your activity within several hours. Or if you have to do surgery on somebody, you're going to see results of your activities pretty soon. It's not like you have to perform an action and wait several days or months until you figure out if it worked or not."

Befriended as a Newcomer

When Dr. Tom Simpson arrived in Sterling, Kan., in 1978 to become the town's sole physician at the time, four members of the Sterling Volunteer Fire Department were among the first to befriend him.

"I've always been a guy who enjoyed having male friends to run with, and these were really good guys," recalled Dr. Simpson, who is trained in family medicine. "They were guys that I came to trust. I enjoyed being with them."

The men invited Dr. Simpson to join the fire department as a volunteer and he readily accepted. He completed formal firefighter training and worked his way up the ladder (no pun intended) to become chief of the department, a post that he held for 10 years.

"I felt good about the leadership skills I provided to the community during that time," he said. "A physician can take the role of leader in a small community pretty easily."

Mindful that he was the only physician in town for more than a decade, "the

practice always came first," Dr. Simpson said. "I didn't leave to fight fires during the daytime."

However, fire calls don't always come at convenient times in this city with a population of about 2,500 residents. "Sometimes, I've been up all night fighting fires and I've been up all night taking care of sick people in my role as a physician," he said.

"There is excitement in both jobs. I do obstetrics and I love delivering a babies. It's just about the neatest thing going and, yet, driving a fire truck or fighting a fire is also exciting."

These days the 61-year-old Dr. Simpson is relegated to truck driver and pumper for the department and spends 2-3 hours per month in meetings and training.

"I don't necessarily put on air packs and run into burning houses with hoses anymore," he said. "That's okay. But to see the guys that are doing it now and to see how skilled they are and how confident they are ... it's neat."

Dr. Simpson and his wife raised four children in Sterling. They've grown up and left the area, but they "always thought it was neat that their dad was a fireman," he remarked.

"On the Fourth of July, they'd ride on the fire truck in the community parade because they were fireman's kids. My wife worries about me sometimes, like any fireman's spouse does, because you put yourself in harm's way occasionally." ■

By Doug Brunk, San Diego Bureau

E-MAIL US YOUR STORIES

Boat racing. Sailing.
Scuba diving. Kayaking.
White water rafting. Competitive swimming. Do you prefer water to land? If so, please send your story to d.brunk@elsevier.com.

Medicaid Cutbacks Push Uninsured Into Emergency Rooms

BY PATRICE WENDLING
Chicago Bureau

CHICAGO — Medicaid cutbacks in Tennessee were associated with an abrupt and sustained increase in emergency department use and hospital admission among the uninsured, research shows.

In August 2005, the state of Tennessee disenrolled approximately 171,000 individuals older than 18 years from TennCare, the state's Medicaid managed care program.

Between the predisenrollment period of Jan. 1, 2004, through July 31, 2005, and the postdisenrollment period of Aug. 1, 2005, through July 31, 2006, ED visits by the uninsured increased by 95,464, or 4.5%, and decreased among TennCare beneficiaries by 160,823, or 6%.

"This research shows that health policy

decisions have real effects on the patients we see in America's emergency departments," said Dr. Benjamin S. Heavrin, who presented the study findings at the annual meeting of the American College of Emergency Physicians. "The cost savings from disenrollment resulted in an increasing proportion of uninsured patients in Tennessee's EDs. This suggests an increasing financial burden on the newly uninsured and a possible ominous shift in their health status, based on our admission data."

The uninsured represented 12.7% of all patients in the EDs in the predisenrollment period, compared with 17.2% in the postdisenrollment period, Dr. Heavrin and his associates reported. The largest weekly correlation (-0.95) between ED visits among the uninsured and TennCare beneficiaries corresponded exactly to the time

when disenrollment began.

When ED use was calculated by calendar year, the incidence of ED visits among the uninsured increased by a relative 34.5%, from 44 visits per 100 persons per year in 2004 to 59.2 visits per 100 persons per year in 2006.

Total ED visits in the state decreased by 74,178 during the study period, which is predictable given a Medicaid population's use of the ED, according to Dr. Heavrin, chief resident, department of emergency medicine, Vanderbilt University Medical Center in Nashville, Tenn. A recent study showed that Medicaid enrollees visited the ED about three times more often than the uninsured (*Med. Care* 2008;46:1099-107).

An evaluation of admission data by Dr. Heavrin and his associates revealed that the admission rate of uninsured patients in-

creased from 7.5% to 9.3% between the predisenrollment and postdisenrollment periods, while decreasing slightly from 10.6% to 10.4% among TennCare beneficiaries.

Higher admission rates among the uninsured may be related to the acuity of the illness, Dr. Heavrin explained.

The analysis, based on data from the Healthcare Cost and Utilization Project State Emergency Department database, supports recent findings from a similar study in which ED visits by the uninsured jumped 20% after Oregon disenrolled more than 50,000 Medicaid beneficiaries (*Ann. Emerg. Med.* 2008 April 15 [doi:10.1016/j.annemergmed.2008.01.335]).

Dr. Heavrin disclosed that the study was supported by a resident research grant from the Emergency Medicine Foundation. ■