Addressing the Rural Physician Shortage

Pikeville College School of Osteopathic Medicine expands in order to meet growing need for primary care physicians in rural Kentucky and Appalachia.

FEATURED PHYSICIANS:
John Belanger
Boyd Buser
Bill Webb
Dennis Williams
Anthony Yonts
Michael J. Zackek

Rural Family Physician
John Belanger
Saint Joseph
Mobile Health Service
Kentucky Blood Center
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Pikeville College President Paul E. Patton (left) and Boyd R. Buser, DO, FACOPP vice-president and dean, Pikeville College School of Osteopathic Medicine.

PHOTOS COURTESY OF PCSOM
By Dan Dickson

Asked to name all of the medical schools in Kentucky and most people would quickly list the University of Kentucky and the University of Louisville, and then stop there. Many Kentuckians do not realize that a third medical school has been operating at Pikeville College since the fall of 1997, when Pikeville College School of Osteopathic Medicine (PCSOM) became the 19th osteopathic medical school in the nation.

The school was ranked as one of the top 20 US medical schools for rural medicine in the U.S. News & World Report “America’s Best Graduate Schools” of 2009. PCSOM also ranked fourth in the percentage of graduates entering primary care residencies. The osteopathic medical education emphasizes primary care, and it encourages research and lifelong scholarly activity while producing graduates who are committed to serving the health care needs of communities in Eastern Kentucky and other Appalachian regions.

Osteopathic medicine emphasizes the concept that the body has the ability to heal itself, that proper body structure predisposes appropriate body function and restoring normal circulation leads to better health.

“Our medical students are taught how to use their hands to structurally diagnose and treat patients through osteopathic manipulative medicine or the manipulation of the musculoskeletal system,” explains Dean Boyd Buser, D.O.

Osteopathic manipulative medicine (OMM) takes into account the physical, mental, emotional, and spiritual health of patients and how each might contribute to the disease. “Osteopathic medical education places more emphasis on disease prevention, wellness, and primary care. Osteopathic physicians practice in all medical and surgical specialties and sub-specialties throughout the U.S.,” says Dr. Buser.

Doctors of osteopathic medicine enter family medicine at a higher rate than M.D.s. The training between the two is very similar in terms of length and material covered. The D.O. and the M.D. receive the same license, practice medicine in similar ways, and share equal medical rights and privileges.

You can find doctors of osteopathic medicine in specialties ranging from emergency medicine to pediatrics, neurosurgery to psychiatry, and everything in between.

Still, most PCSOM graduates work where they believe they are needed most - rural areas. Pikeville College says that 32% of its medical school graduates practice in Kentucky and 62% in Appalachia as a whole. It says 44% of those graduates practice in federally designated medically underserved regions, and 36% practice in defined rural areas.

PCSOM receives about 2,500 applications per year. “Our success has convinced the college board of trustees to expand the school from 300 to 500 students and thus, the need for a new building,” says Paul Patton, president of Pikeville College and former governor of Kentucky.

The college broke ground last fall for a nine-story, $29M expansion project including a new educational facility and expanded clinical skills center. The new building, named the Coal Building, is due to open in the spring of 2012 and will house two lecture halls, a gross anatomy lab, two research labs, offices, small group classrooms and student study space.

The clinical skills training and evaluation center will house 12 specially equipped examination rooms to train and test students in programs using standardized patients and high-fidelity robotic patient simulators.

The expansion will allow college administrators to turn out more primary care physicians. “We'll be able to take in 125 new students per year - up from 75 - and run them through the program,” says Patton.

According to Patton, the PCSOM grew out of the observations that Eastern Kentucky students were not getting into the medical schools at UK and UofL as often.
as other students in the state were. “We were not getting our fair share,” he says. Some mountain students who did enroll at Lexington or Louisville seemed reluctant to move back to rural areas after growing accustomed to city living.

“We felt that if we could get students from rural areas into our own medical school, they would be more apt to stay here to provide better healthcare,” Patton says. “It was a two-fold approach. We get more of our young people into medicine and we have better health care from doctors from our own area, who understood us and with whom we feel comfortable.”

As for the success of the medical school program, Patton adds, “It has obviously worked. There are few things in life that turn out better than you expected, and this is one of them.”

Anthony Yonts, DO

After Anthony Yonts completed his bachelor’s degree at Alice Lloyd College, medical school at the PCSOM, and a dual residency in internal medicine and pediatrics at the University of Kentucky, he returned to the mountains of Eastern Kentucky to practice medicine.

“There was never a doubt. The only reason I went into medicine was to get back home and help the folks who helped me all of my life,” says Dr. Yonts.

A native of Bevinsville, Ky, population 250, in Floyd County, Dr. Yonts operates Quantum Healthcare, a clinic serving a rural community around Hazard, Ky. He feels he is exactly where he was meant to be. “There are very few things more rewarding than having someone you went to high school with come in or bring their kids to you. It is one of the most satisfying feelings I get. It means a lot,” he says.

Doctors of osteopathic medicine see the chronic diseases that are common in the region, like hypertension, heart disease, diabetes, obesity, and cancer. Unfortunately, they are all diseases for which Kentucky ranks near the top among the 50 states.

“We do see disease processes that are more advanced because, in this area, folks are later in presenting to doctors,” says Dr. Yonts. Reasons for the delay include poverty, lack of health insurance, and need for education about health habits. Dr. Yonts says he also sees a few rare diseases that are more common to rural areas of the state.

He especially enjoys seeing old coal miners as patients, for personal reasons. “I worked with them for three years during the summers and Christmas break. My parents were in the coal business.”

Dr. Yonts explains that in the rural settings, a physician may see a patient, discover a serious problem, and admit them to the hospital. The same doctor then continues to see the patient in the hospital setting, whereas hospitalists fill this role in urban settings. “It does spread you a little thin,” says Dr. Yonts. “You have to get up earlier in the morning to go to work and in the evening you have to go back to the hospital to make sure every patient is seen.”

On the upside, Dr. Yonts says that practicing rural medicine “is one of the few jobs in this area where you can live comfortably and provide your family with a good life.”

Bill Webb, DO

At age 39, when many people are in the middle of their professional careers, Bill Webb decided to do something he had wanted to do all his life, but kept putting off – he enrolled in medical school. After owning a plumbing supply business for several years, then an IGA grocery store for 16 more years, Webb too enrolled in PCSOM.

Now a practicing physician near his hometown of Pikeville, Dr. Webb is finally living his lifelong dream of treating the needy in this rural part of Kentucky. “It gives me a sense of fulfillment to practice here. I am helping to fill a need in Eastern Kentucky, and 62% practice in Appalachia as a whole. 44% of those graduates practice in federally designated medically underserved regions, and 36% practice in defined rural areas.
Kentucky because of a shortage of physicians. I can relate to the patients because I know the background here.”

Dr. Webb works in a rural health clinic in Stanville, Ky., located between Pikeville and Prestonsburg. He is also affiliated with Saint Joseph-Martin, a 25-bed hospital in Martin, Ky, which is part of the Saint Joseph Health System. He makes rounds every morning and pulls about four emergency room shifts per month.

Dr. Webb performs frequent osteopathic manipulation and sees patients who have suffered back injuries from automobile and coal mining accidents. He sees many patients with hypertension and diabetes, which he says are “problems around the country, but they are especially bad in Eastern Kentucky.”

Before nearby Pikeville Medical Center hired an endocrinologist, Dr. Webb sent many diabetic patients to Ashland or Lexington for treatment. “Many of my patients cannot afford to travel out of town to see doctors, so now there is someone here for them. Diabetes is tough to manage, and you need a specialist to handle patients who have trouble getting it under control.”

Addressing Physician Shortages
President Patton has a message for Kentucky’s medical community concerned about physician shortages in rural areas. He says PCSOM will produce colleagues that will be of value to them in whatever practice they are in and will help lighten the shortage.

“I’m sure a lot of physicians do not appreciate being dragged out in the middle of the night to handle a serious medical emergency because there is no one else available to do it. I’m sure they want the field to be adequately staffed, and our school is helping to alleviate the shortage,” he says.

Not stopping there, Patton says students can expect a quality medical education at PCSOM. “We will equip them to be high quality physicians whether they want to specialize or become a family care physician. We will provide a medical education at least as good as any similar institution in the country.”

Because of health reform, there should be plenty of work for new physicians coming to the area. “I don’t think there is any question about that,” says Dr. Buser. “We already have a physician shortage in Kentucky, and it is expected to worsen. The health reform legislation will undoubtedly create an increased demand for primary care physicians. It is incumbent upon us to do everything we can to help address those needs.”

Practicing medicine in rural areas has another added benefit, one that comes from deep within the hearts of a grateful population, says Dr. Yonts. “When you are with a patient and they don’t make it, well, I can’t remember a time when the family did not thank me for all I had done. That boggles my mind,” he says. “Here we were unsuccessful, we failed. Yet even during that hard time, families were kind and courteous enough to thank me. That is, without a doubt, the most rewarding thing.”

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PCSOM students learn to use osteopathic manipulative treatment (OMT) at the medical school’s free community clinic. OMT incorporates the hands to diagnose, treat and prevent illness or injury.