

**American Academy of Pediatrics  
Council on Community Pediatrics  
Rural Health Special Interest Group**

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**RURAL PEDIATRICIAN RECRUITMENT AND RETENTION:**

Perhaps no topic in rural pediatrics is more critical than the growing disparity in distribution of pediatricians in rural versus urban geographies. While family practice and PAs/NPs see the majority of rural children in the USA, their training and focus is largely adults and increasingly geriatrics. There is a critical need for a pediatrician consultation presence in every rural region if not every village. Rural pediatricians have the unique opportunity to practice being a complete pediatrician: covering inpatient and outpatient consultations; overseeing rural hospital QA for ED and family practice colleagues; practicing rural community and public health besides medical care (child abuse panels, early child development programs, emergency medical services for children, immunization clinics..) ;etc. One rural pediatrician can truly make a difference. Yet there are major recruitment and retention issues, which must be addressed.

Rural SIG colleague, community pediatrics champion, and long time rural (Colorado and Texas) pediatrician Dr Steve Barnett has written the following provocative piece in response to the recent Pediatrics article (see attached) on Rural Distribution of Pediatricians in the USA. PLEASE respond with your thoughts. You are the experts on this topic! The AAP needs our input on this critical issue if they are to effectively advocate for us with training and reimbursement policy issues.

Bob Holmberg  
Chair Rural SIG

**SOME QUESTIONS ON THE RURAL DISTRIBUTION OF PEDIATRICIANS IN THE USA.**

A recent technical and policy report (Pediatrics. July, 2005) raised more questions than answers about the numbers of pediatricians in rural practice. The review and recommendations were thoughtful although little was said about how the suggestions could and would be implemented which is always very frustrating. I'd invite members the Rural SIG to reflect and comment on these writings and make their own recommendations. As best I can tell, none of the workforce committee members are rural.

**Issues:**

In the technical report, they pointed out that there were no studies, which demonstrated that neither pediatricians nor family physicians in rural underserved areas make any difference in child health outcomes. So, do we make a difference, and if so, what is that difference? Maybe we need to generate some hypotheses for our colleagues in health services research? That we make NO difference is counter-intuitive, but what do we think we're accomplishing? What new measures could be used to demonstrate our effectiveness?

The technical report also noted that there were very large variations in the ratio of peds/100,000 kids <18y/o in rural vs. urban areas. Although a report in Pediatrics in 2003 noted a decrease in pediatric residents choosing rural practice, they did note that rural choice didn't correlate well with income. If we look at urban vs. rural income, is there enough difference to make income an issue (in some recommendations, reimbursements, taxes, loan relief are all mentioned as strategies to address mal-distribution)? Would it make a difference to you?

**Here are the recommendations from the committee:**

**Financial**

- 1) offer loan forgiveness, deferment and "other financial incentives"
- 2) increase admissions to med school for students raised in rural areas (have you figured out how to get that one through the courts?)
- 3) return pediatrics to the National Health Service Corps
- 4) phase out j-1 visas
- 5) increase insurance reimbursement to rural peds
- 6) provide more subsidies to practices in Federally Qualified Underserved rural areas.
- 7) provide a variety of tax credits to peds in rural areas

**Research :**

- 1) develop an optimal model for staffing rural practice;
- 2) develop a valid and reliable workforce projection model for rural pediatric practice;
- 3) better research on traditional "determining factors" to better predict rural recruitment and retention.

Well, is this the list that's going to resolve the lack of pediatricians in rural America? Or do we even need to bother?

Which of these recommendations do you think work or work best and which are probably a waste of time?

And how are these steps going to be accomplished? Who's going to do the foot work and when? Where are the resources/\$ coming from-local, state, fed-all of the above?

Thanks for listening and hope to hear from you,

Stephen Barnett, MD, FAAP

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