

North Carolina Medical Society Foundation's Community Practitioner Program

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Introduction

Thanks to the vision, wisdom, and passion of many dedicated North Carolinians, there exists today a largely unheralded 15-year-old program responsible for providing primary care to thousands of patients in underserved communities—patients who otherwise may have gone without medical services. Each year, physicians, physician assistants, and family nurse practitioners assisted by the North Carolina Medical Society Foundation's Community Practitioner Program (CPP) provide more than 400,000 visits to patients largely on the margin of today's healthcare system. More than half of all patients seen by CPP participants are uninsured or are Medicaid or Medicare eligible, and yet these patients are able to receive quality, continuous primary care by a provider who knows them in a community-based office setting.

CPP Beginnings

In 1989, the Kate B. Reynolds Charitable Trust granted \$4.5 million to the North Carolina Medical Society Foundation to help medically underserved communities in North Carolina attract and retain needed medical practitioners. It was determined early on that collaboration with other healthcare stakeholders was key, thus an Advisory Board consisting of representatives of the Family Medicine Departments of each of North Carolina's four medical schools, Area Health Education Centers (AHEC), the North Carolina Office of Research, Demonstrations, and Rural Health Development (ORDRHD), the North Carolina Hospital Association's Rural Health Center (RHC), the North Carolina Department of Commerce, the Kate B. Reynolds Charitable Trust (KBRCT), the North Carolina Medical

Society (NCMS), and rural practitioners was established. Close collaborative relationships, particularly with ORDRHD, AHEC, and RHC, created synergy and complimentary roles while avoiding duplication of efforts. These relationships exist today. The Advisory Board and the program's first director, E. Harvey Estes, MD, Emeritus Professor of Community and Family Medicine at Duke University, determined that the program's primary means of assistance should be educational loan

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repayment. On occasion, the program has also awarded moving expenses, support for continued educational training, or direct payment for a needed piece of major equipment. The program has also provided consultative services to improve the management skills of medical office staff and has worked collaboratively with chronically underserved communities, assisting local leaders in conceiving and developing a viable local healthcare infrastructure capable of sustaining healthcare providers over the long term.

During its 15-year history, the program has assisted 128 rural, economically distressed and/or medically underserved communities in 76 of North Carolina's 100 counties (see Figure 1). It has provided support to 347 physicians, physician assistants, family nurse practitioners, and medical practices. Of the estimated 400,000 patient visits provided annually, by these

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practitioners, 34% are Medicaid recipients, 26% are Medicare recipients, 18% are uninsured, 41% are minority, and 55% suffer from chronic diseases. Since the program's inception, CPP providers have contributed an estimated \$226 million in free or discounted healthcare services.

The Community Practitioner Program

CPP has three primary goals

- Improve access to healthcare for uninsured and underinsured populations in rural, economically distressed, and medically underserved communities across North Carolina, prioritizing federally designated Tier I, II, and III counties and whole or partial Health Professional Shortage Areas (HPSA).
- Provide cost-effective quality healthcare to underserved communities by helping the assisted CPP providers succeed and remain in their communities, operating financially viable practices despite low-Medicaid and Medicare reimbursement rates, a high number of uninsured patients, and often less sophisticated business operations.
- Develop and support a fellowship of primary care providers skilled in treating low-income, uninsured, and underinsured populations.

CPP works by enabling providers who are willing—indeed eager—to work in rural, economically distressed and medically underserved communities across North Carolina. The program provides financial assistance to participants in the form of educational debt relief in return for a commitment of five years in a target community. By paying up to half of their educational debt (\$100,000 on average), CPP allows healthcare professionals to practice primary care medicine in areas of the state that need them most rather than choose more lucrative practices in urban areas to pay off medical school loans.

Because CPP is a private program, funded with non-public dollars, it is able to be more flexible than similar governmental programs. As a result, it has a remarkably successful retention rate. Sixty-four percent of CPP participants remain in their high-need communities beyond their initial five-year commitment, 73% continue to practice in rural or economically distressed communities, and 85% remain in North Carolina.

Due to the previously mentioned collaborative relationships, CPP operates with almost no physician recruiting expenses. Providers are referred by collaborating organizations including the ORDRHD, RHC, the state Department of Health and Human Services and its Division of Public Health. In addition, referrals are received from in-state medical schools for residents who are ready to begin practice and who express an interest in a rural or low-income community setting.

CPP Today

CPP is managed by the North Carolina Medical Society Foundation under the day-to-day supervision of Pamela P. Highsmith, Associate Executive Director of the North Carolina

CPP Snapshot

- 128 rural, economically distressed and medically underserved communities in 76 counties
- 347 physicians, physician assistants, family nurse practitioners, and medical practices supported
- \$12 million spent on program costs to date
- An estimated 400,000+ patient encounters annually:
 - ◆ 34% Medicaid
 - ◆ 26% Medicare
 - ◆ 18% Uninsured
 - ◆ 41% Minority
 - ◆ 55% Chronic diseases
- An estimated \$226 million in healthcare to the uninsured
- Retention rates for CPP medical providers:
 - ◆ 64% remain beyond initial five-year commitment
 - ◆ 73% continue to practice in rural or low-income communities
 - ◆ 85% remain in state

Quotes from Providers

"CPP support allowed me to start a rural health practice in a severe shortage area that couldn't afford to hire another physician. I have added two employees, allowing me to see more patients. By next year I will be hiring another physician to increase our patient load, as there are still many residents without a primary care doctor."

Kelly Rothe, DO
Burnsville

"CPP has allowed us to work with uninsured patients, Hispanic immigrants, and Medicaid patients and still maintain a viable practice. This is important because our community does not have a public clinic to provide a safety net for these high-risk populations."

Kit Helm, MD, and Sondra Wolf, MD
Franklin

"Because of a longstanding family physician shortage, when my husband and I opened our family practice in Asheboro with CPP support, we acquired many patients who had not seen a doctor in over 20 years!"

Beth Hodges, MD
Asheboro

"CPP allowed me to practice in a rural site that, although underserved, does not meet the federal assistance guidelines. Without this help, I would have likely chosen another area. Since I have been here, I have made a tremendous impact on the needs of the Hispanic community because I am one of only two Spanish-speaking practitioners in the county."

Daniel Frayne, MD
Linville

Number of Assisted Sites by County

CPP aims to support a minimum of 100 providers—primary care physicians, physician assistants and family nurse practitioners—in practice across the state at all times. At current funding levels, approximately 20 providers are added to the

With a solid track record as a base, the North Carolina Medical Society Foundation has committed itself to continuing the program and to enhancing the support provided to recipients, as they attempt to survive in a reduced payment environment. This commitment is strengthened by projections of growing shortages of primary care providers, particularly in rural areas. A campaign is underway to secure needed funding and to build an endowment for its continued operations for the foreseeable future. **NCMedJ**