

# Interdependence of General Surgeons and Primary Care Physicians in Rural Communities

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## KEYWORDS

- Scope of practice • Preoperative care
- Postoperative management

In many rural communities, the general surgeon serves as the core—or the entirety—of the local surgical workforce.<sup>1–4</sup> In most rural areas, primary care physicians provide most nonsurgical medical care, including much that is provided by medical and pediatric specialists in urban areas.<sup>5–8</sup> Together, general surgeons and primary care physicians often play coleading roles in the health care systems of rural communities, forming the heart of the local medical workforce.<sup>3,9</sup>

Given their central and complementary roles, general surgeons and primary care physicians in rural communities enjoy a unique relationship.<sup>9</sup> Indirect evidence of their rich interactions can be found in studies and reports of surgical and trauma care in rural settings<sup>10</sup> and is sometimes captured in published stories about the work and lives of rural physicians.<sup>9,11</sup> Unfortunately, the interactions between rural surgeons and generalist physicians have not been thoroughly or systematically described<sup>12</sup> and they remain generally unrecognized except by those who have experienced rural health care firsthand.

This article describes the unique roles and interrelations of general surgeons and primary care physicians in rural communities. It describes the various ways in which the work and success of the rural surgeon and the rural primary care physician rely on coordinating their efforts with the other. This article draws on available data,

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summary reports, and the authors' personal experiences in rural practice (DP) and fifty years of combined experience in research and policy analysis of rural health professions issues (DP and TR).

### **THE BROAD PRESENCE OF GENERAL SURGEONS AND PRIMARY CARE PHYSICIANS IN RURAL COUNTIES**

General surgeons are geographically the most widely distributed of surgical specialists.<sup>3</sup> Indeed, there are more general surgeons per capita (7.71 per 100,000) in large rural areas than in urban areas (6.53 per 100,000).<sup>4</sup> Nevertheless, the distribution of general surgeons is sensitive to community size,<sup>3</sup> as very small communities simply cannot support a full-time surgical practice.<sup>12,13</sup> Hospitals in towns with fewer than 10,000 persons—the setting for most rural hospitals—have a median of only one surgeon on staff,<sup>14</sup> and 909 rural counties—almost one-third of all United States counties—have no surgeons at all (Ricketts TC and Belsky DW, unpublished analyses of data from the 2006 American Medical Association Masterfile and Area Resource File, US BHP, 2007).

Physicians in primary care—family physicians, general internists, and general pediatricians—are more widely and evenly dispersed than medical and pediatric subspecialists.<sup>3,15</sup> Family physicians are particularly even in their distribution,<sup>15</sup> with 24 per 100,000 population in large urban areas, 28 per 100,000 in large rural areas, and 29 per 100,000 in rural areas with cities of less than 10,000.<sup>3</sup> Compared with family physicians, the per capita distribution of general internists is somewhat more sensitive to area population, with numbers of internists per 100,000 population decreasing from 42 in large urban areas, to 16 in large rural areas, and 9 in small rural areas.<sup>3</sup> The per capita distribution of pediatricians is even more sensitive to area population size, as their practices require a larger population base to generate adequate numbers of pediatric patients.<sup>16,17</sup> Pediatrician availability ranges from 21 per 100,000 population in large urban areas down to 3 per 100,000 in small rural areas.<sup>3</sup>

Given their ubiquitous presence in communities of all sizes, it is not surprising that family physicians form the core of the primary care physician workforce in many small rural communities.<sup>3,15</sup> Indeed, a 1994 study of rural hospital staffing in eight states found that among hospitals staffed by just one or two physicians, virtually all physicians were family practitioners or general practitioners.<sup>1</sup> Within slightly larger hospitals—those with three or four physicians on staff—general surgery was the second most commonly represented specialty, after family practice; among hospitals staffed by five or more physicians, nearly all had at least one general surgeon.

### **GREATER SCOPE OF PRACTICE OF SURGEONS AND PRIMARY CARE PHYSICIANS IN RURAL AREAS**

Given their greater presence within rural communities and the scarcity of other physicians, general surgeons and primary care physicians often are responsible for a variety of clinical services typically provided by subspecialists within larger communities.<sup>18,19</sup> The urgency of some situations requires local management by whatever clinicians are available, when patients' needs for care cannot withstand a delay for transportation to reach larger medical centers and specialists.<sup>10,20</sup> Far more common are the many nonemergent medical situations that rural residents regard as straightforward and for which they believe that travel to distant specialists is unjustified; they simply expect local practitioners will provide this care. Time savings and convenience are valued by rural inhabitants, as for people everywhere, and some will forego needed care if not offered locally. Long travel distances and transportation difficulties are key barriers

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