THE RURAL TRACK TO HEALTH CARE

MAYBE IT WAS THE FISH HOOK stuck in a child’s finger. Or the two victims of rattlesnake bites who came in within 24 hours. Or the cactus needle stuck in a gardener’s tongue.

Whatever it was, third-year University of Colorado medical student Asa Ware knew he was in the right place — that place being Wray, Colo., near the borders of Nebraska and Kansas. Ware was there as part of his training in the University of Colorado School of Medicine’s Rural Track.

As the name suggests, the Rural Track is a way for students to focus on rural medicine. This track is part of a larger focus CU’s medical school and other health-care schools are putting on rural medical care.

Ware grew up in Wray. He already was keen on rural medicine and his four weeks back home last summer “really cemented it. It reassured me that is something I’m really interested in. I’m pulled in that direction.”

In a state with a shortage of doctors in many counties, that is a good thing. There are more than 13,000 doctors in Colorado, but 16 counties — all rural — have three or fewer, according to data from the Colorado Health Institute, and Bent and Washington Counties have none. Of course, the rural counties have fewer people as well, but it still means long drives for many to see the doctor.

By the third year of the four-year medical school program, students go to rural towns for up to three months at a time. Last summer, 13 students were in various locations around Colorado — Calhan, Delta, Telluride, Salida, Creede, Gunnison, Del Norte, Craig, Basalt, and Cortez.

The Obama health care changes will add perhaps 30 million more people to the rolls of the insured. That likely means even more demand for doctors.

The rural track was founded in 2005 with the goal of increasing the number of physicians who practice in rural Colorado. Of its first class, which graduated last year, more than half stayed in the state for further training.

“ar medical, you will be truly needed and appreciated,” says Mark Deutchman, MD, head of the Rural Track. “You can have a rich, varied, rewarding professional and personal lifestyle. From the plains to the mountains, our state offers a wealth of incredibly varied opportunities.”

Deutchman practiced for a dozen years in White Salmon, Wash. A wooden shingle with his name on it hangs alongside his diplomas in his CU office today.

Second-year medical student Jason Yost, who grew up on a farm outside Montezuma, Kan., says the variety of experience a rural doctor gets is key for him.

“I love the scope,” says Yost, who trained for a month in Cortez last summer and helped deliver a baby on his second day. “I’m a generalist. I like having my hand in a bit of everything, knowing how to treat the whole person.”

Camille Allison, also a second-year medical student, certainly found a bit of everything. Like the guy with a deep cat bite who came into the offices where Allison was working in Calhan, on the plains east of Colorado Springs. The cat had been caught in barbed wire. The patient decided to rescue it. Without gloves. Chomp.

“I saw a large variety of cases,” Allison says with some understatement. As Ware put it, “It’s different every 15 minutes.”

For many students, a rural community also is just a nice place to be.

“The people, the community,” says Allison, who grew up near Calhan, when asked what appeals to her about rural medicine. “That’s the kind of place where I grew up. I love the people out there. It can be a little stressful living in the city. I think you can get more done in a rural setting. There are fewer barriers.”
Rural Colorado health care is getting attention in other ways. There is the Interdisciplinary Rural Immersion Week, which includes students from the MD, physician assistant, pharmacy, nursing, public health, and psychology programs. Those students were in Delta County on the western slope in June, and in Sterling on the eastern plains the year before. There will be an immersion program in another rural area next year.

In Delta, students learned about local medical issues and toured a coal mine, fish hatchery, vineyard, and orchard. They even took in a drive-in movie.

The university also reaches out to younger students in rural areas through the Rural Scholars program, which informs students about future health care careers. It is run by the Area Health Education Center program, known as AHEC, at CU.

The University of Colorado College of Nursing, which is separate from the medical school, also is pushing into rural areas. The college recently received a $753,817 grant from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), to prepare advanced practice nurses with the expertise to provide leadership for high quality health care in rural and medically underserved urban areas.

“We are delighted to provide education in nursing leadership and health care systems in an innovative manner, reaching nurses across Colorado and the US, targeting both underserved and rural communities,” says Amy Barton, PhD, RN, professor and associate dean for clinical and community affairs at the College of Nursing.

(Rural communities are not the only areas short of doctors. Urban areas also often have pockets where health care professionals are scarce. The CU medical school also has an urban track, officially known as Colorado Urban Underserved Inter-professional Health Training and Education).

The nursing school is developing its own Rural Track, which Barton says will team up with the medical school’s version where appropriate.

Money, especially in these challenging times, is often an issue. State funding for the public medical school has been cut in half in the past nine years. In past student support among public medical schools, CU is third from the bottom nationally.

The Rural Track has survived so far on grants from the medical school itself and from private organizations such as the Kaiser Foundation and the Colorado Trust. The school recently was awarded $575,000 in federal funding for rural training beyond the rural track.

The cost of medical school also factors in. CU’s medical students typically graduate with six-figure debt that is higher than the national average. Rural medicine might not be a pathway to riches, even though the cost of living is low.

Yost, the student from Kansas, says that he is starting to think about how the finances might work out. But rural medicine still is appealing.

“I’m not a materialistic person,” says Yost, who farmed his own spread for a while before deciding at age 23 to go to college. “My idea was, how can I use the skills I have to help the most people? It was either teaching or medicine. I chose medicine.”

At the medical school, the rural track is popular, with increasing numbers of students applying each year.

There are no guarantees that those students will stay with rural medicine. But for some, the experience is a reminder of what’s important to them.

“Wray is always in the back of my mind,” says student Ware. “It’s a community that has given so much to me. I would love to give back in return.”

Author’s note: This article contains information from The University of Colorado Hospital Insider.