Improving Access to Care in Rural America: An Innovative Approach to Physician Recruitment

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Background

Due to a changing, academic health system, Mayo Clinic cares for over 1.5 million patients from 50 states and nearly 140 countries each year. In addition to a strategic focus on providing integrated multi-specialty care to patients with serious and complex illnesses, Mayo Clinic provides primary care in more than 60 rural communities in Iowa, Wisconsin, and Minnesota through the Mayo Clinic Health System.

Mayo Clinic is not immune to the national pressures of workforce demographics, providing affordable healthcare, and regulatory changes. Mayo Clinic has two contrasting physician groups within rural communities that had been underfunded for over three years despite significant recruitment efforts. The drive of surgeons practicing, or willing to practice, in these areas can negatively impact patient access to care, and as an admitted affect local rural economies. The National Center for Rural Health finds that rural general surgeon practices generate $2.0 million of direct revenue and 19 jobs, with a community impact of $2.0 million and 26 jobs.

Mayo Clinic implemented an innovative surgeon staffing model, thereby helping drive the Triple Aim — improving the health of the population, enhancing the experience and outcomes of the patient, and reducing per capita cost of care for the benefit of communities.

Objectives

• Fillurgeon vacancies in the community practices.
• Regional Morbidity and Mortality Conferences to help integrate the practices. The opportunity to review cases create common understandings of practice patterns and disease running along with building relationships.

Methods

This department of surgery at Mayo Clinic addressed these pressures by hiring surgeons to the destination location, Rochester, MN, and aligning surgery outcomes between the main campus and rural communities. The identity of the surgeon’s time is spent in a regional community practice. This allows patients to receive care in their local healthcare community while reducing the need for travel to Rochester.

Planning methods included defining current state of the Southeast Minnesota General Surgery Practice, including lack of specialty (on site) in gastroenterology, liver transplant, and available performance metrics (e.g., volume and types of cases, payer mix, patient demographics, patient satisfaction, etc.). A future state was outlined which increased specialty availability, defined roles in community (i.e., care for those living on or near the Mayo Clinic campus), and recommendations for service delivery.

Implementation methods include:
• Implementing a Mayo Clinic recruitment strategy as the basis for recruitment, including:
  - A single recruiter for the Department of Surgery at all locations.
  - Adapting joint appointment model (80% community based and 20% complex care practice), defining your parameters.
• Regional Medical and Medical Conferences to help integrate the practices. The opportunity to review cases create common understandings of practice patterns and disease running along with building relationships.

Results

The Department of Surgery at Mayo Clinic addressed these pressures by hiring surgeons to the destination location, Rochester, MN, and aligning surgery outcomes between the main campus and rural communities. The identity of the surgeon’s time is spent in a regional community practice. This allows patients to receive care in their local healthcare community while reducing the need for travel to Rochester.

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Benefits of the Destination/Community Staffing Model

• Reduced time to hire
• Lowered surgeon turnover
• Increased access to specialty care
• Increased need for patient transfers to main campus
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• Increased need for patient transfers to main campus

General Surgeon Case Metrics for Destination/Community Staffing Model

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<tr>
<th>Year</th>
<th>Surgeon 1</th>
<th>Surgeon 2</th>
<th>Surgeon 3</th>
<th>Surgeon 4</th>
<th>Total # of Cases in Community Practice</th>
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<td>2018</td>
<td>120</td>
<td>120</td>
<td>120</td>
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<td>2017</td>
<td>120</td>
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