

Physician Recruitment at Highlands Regional Medical Center: What Works?



SaraBeth Blankenship

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Executive Summary

There is a physician shortage in eastern Kentucky because older physicians are retiring, and younger physicians are choosing to practice in more urban, affluent areas. Eastern Kentucky is plagued with persistent poverty and lacks cultural amenities. These facts put together myths regarding rural practice create a shortage.

My research consisted of interviewing twenty physicians currently practicing at Highlands Regional Medical Center in Prestonsburg, Kentucky. I created a survey instrument that asked questions of physicians regarding demographics characteristics, medical school attended, and what motivated them to practice at Highlands. I chose Highlands because I was able to get interviews scheduled with their physicians; however, this made my results ungeneralizable to other physicians in the area. Ideally, I would have interviewed physicians from all areas in eastern Kentucky, but it was not feasible within the time and resource limitations of this project. Therefore, this project should be considered an exploratory foundation for subsequent attempts to understand what factors are associated with physicians' decisions to locate in eastern Kentucky.

My findings were consistent. All twenty physicians answered that their main motivators for choosing to practice at Highlands were salary or the desire to return home and be close to family. I also reported what I called secondary motivators which were loan repayment assistance, desire to help an underserved population, assistance from Highlands in establishing their practice and the Highlands administration being easy to work with. Although physicians said these factors were important, they were not the main reason given for the decision practice at Highlands.

Based on my findings, I recommended that Highlands recruit physicians who have lived in eastern Kentucky because they understand the population they will be serving and are accustomed to the lack of amenities. I also recommend that Highlands continue to offer physicians competitive salaries. Foreign Medical Graduates appeared to assimilate to the area, so Highlands could also recruit more Foreign Medical Graduates.

Physician Shortage in Eastern Kentucky

It is important for me to explore the physician shortage in my research. If there was no shortage, my research would not be needed. There would be no reason to analyze why physicians chose to practice at Highlands. However, there is a shortage and I will explore that in the following section.

In the United States, 20% of the United States population lives in rural areas, but only 9% of the nation's physicians practice in rural communities.¹ The recruitment and retention of family physicians and specialists has not kept pace with the retirement of older doctors. This fact paired with unwillingness of young physicians to practice in rural areas presents a problem. The Frontier Nursing Service, established in 1925 near Hyden, Kentucky, was created because it was thought rural Kentucky would never be able to overcome the physician shortage.² The Frontier Nursing Service provides education and midwifery to rural areas and still has roots in the area today. There has been a modern effort to combat the physician shortages with nurse practitioners and physician assistants, but they have largely failed in Kentucky. Ironically, about two-thirds of the nurse practitioners and physician assistants are practicing in urban Jefferson and Fayette counties, thus continuing the maldistribution of the state's health professionals³.

The Health Resources and Services Administration Shortage Designation Branch develop shortage designation criteria and use it to decide whether a geographic area, population group, or facility is a HRSA or MUA (medically underserved area.) More than two-thirds of Kentucky's counties (81 out of 120) are officially designated health

¹ Jeffrey Stearns, M.D. and Marjorie Stearns, M.A. "Graduate Medical Education for Rural Physicians: Curriculum and Retention." The Journal for Rural Health, Vol. 16, Summer 2000, 274.

² Baretta Casey, et al. Rural Kentucky's Physicians Shortage, Journal of the Kentucky Medical Association, September 2005, 1.

³ Baretta Casey, et al. "Rural Kentucky's Physician Shortage." Journal of the Kentucky Medical Association, September 2005, 3.

professional shortage areas (HRSA) compared to only about one-fourth of the counties in the United States. According to the HRSA website, almost all counties in eastern Kentucky qualify (Pike County does not because so many physicians are at the Pikeville Medical School.) According to the HRSA's website, there are:

- **6,033 Primary Care HPSAs** with 64 million people living in them. It would take 16,336 practitioners to meet their need for primary care providers (a population to practitioner ratio of 2,000:1).
- **4,048 Dental HPSAs** with 48 million people living in them. It would take 9,432 practitioners to meet their need for dental providers (a population to practitioner ratio of 3,000:1).
- **3,059 Mental Health HPSAs** with 77 million people living in them. It would take 5,145 practitioners to meet their need for mental health providers (a population to practitioner ratio of 10,000:1).⁴

If a county qualifies for HPSA status, it is eligible for Medicare bonus payments for physicians, the National Health Service corps loan repayment program for primary care physicians, and exchange visitor program for J-1 Visas. These benefits are designed to alleviate the pressure on communities that do not have enough physicians to meet the needs of the population.

The next part of this section explores causes for the shortage. According to the 1998 report of the Council of Graduate Medical Education, there are three major factors that make counties difficult to staff with physicians: extreme and persistent poverty, a lack of conventional physical and cultural amenities and populations that consist primarily of groups that are ethnic or racial minorities within the United States.⁵ Eastern Kentucky must contend with two of these factors-- extreme poverty and a lack of physical and cultural amenities. According to the USDA's economic research service, Kentucky suffers from a average poverty rate of above 17%.⁶ It is one of only six states

⁴ <http://bhpr.hrsa.gov/shortage/hpsacrit.htm>

⁵ Tenth Report of Council of Graduate Medical Education, 22

⁶ USDA website <http://www.ers.usda.gov/Data/povertyrates/>

experiencing such a high poverty rate. With the exceptions of Boyd and Greenup counties, eastern Kentucky suffers from poverty rates over 17%.⁷

Furthermore, there are three myths about rural medical practice that deter physicians from rural practice according to a study conducted by LocumTenens, the largest physician recruiting agency. The first myth is that physicians cannot make money in a rural area. According to a physicians salary survey done in 2007 by LocumTenens, rural physicians make about \$7,300 more than their urban counterparts.⁸ Physicians who are willing to locate in these underserved areas can often take advantage of higher salaries or other financial incentives, including student loan repayment.

The second myth about rural practice is that a physician will be on call 24 hours a day, 7 days a week. According to a survey of 800 physicians with rural practice experience, 61% responded that the pace of rural medicine is slower. Although this does not prove the call schedule is less rigorous, it does suggest that physicians are more in control of the pace. At Highlands, a physician is only required to be on call ten nights a month and they get to choose which nights. Another reason why rural physicians may feel like they have more time is their lack of commuting time.⁹ Even if the call schedule were heavier, many rural physicians would still have more personal/family time because they are not spending time fighting traffic.

The third myth regarding rural practice is that physicians cannot continue their medical education in a rural environment, and they will be isolated and “in over your heads” professionally. A December 2006 article in Rural Roads, indicated that

⁷ County poverty statistics, USDA website
<http://www.ers.usda.gov/Data/povertyrates/PovListpct.asp?st=KY&view=Percent&longname=Kentucky>
⁸ www.locumtenens.com/rural, page 7.
⁹ www.locumtenens.com/rural, page 7

physicians in rural areas were able to network easier than their urban counterparts.¹⁰ Through networking, physicians are able to understand treatments other physicians are using. This allows the physician to stay up-to-date on new procedures and treatments that are in use. The article also pointed out that physician shortages in rural areas make it much easier for early-career professionals to secure a job. This proves to be true at Highlands because they are willing to offer contracts to physicians early in residency.

Information about Highlands Regional Medical Center

Like many hospitals in eastern Kentucky, Highlands Regional Medical Center has a difficult time recruiting doctors. Highlands Regional Medical Center is a not-for-profit community medical center committed to its charitable mission of serving individuals regardless of their ability to pay. It is the goal of the hospital, in partnership with its medical staff, employees and other community resources to develop a healthier community by providing a safe hospital environment, health education, and the promotion of wellness.¹¹

Highlands Regional Medical Center is a 184 bed (166 acute care/18 sub-acute), not-for profit, community owned and operated healthcare facility. Highlands is located in the scenic mountains of eastern Kentucky between the communities of Prestonsburg and Paintsville. Like many other regional facilities throughout the country, Highlands provides healthcare services to a number of counties. Its immediate service area is Floyd, Johnson, Martin and Magoffin Counties with a combined population of over 90,000

¹⁰ The Rural Road: Society of Rural Physicians of Canada and Rural Doctors in Australia. "Keeping the Rural Doctor Informed." Vol. 1 issue 9, December 2006, 2.

¹¹ Highlands Regional Medical Center Website. Accessed February 2009.

residents.¹²

Highlands medical staff consists of over 100 physicians and medical specialists. These physicians represent family practice, cardiology, obstetrics/gynecology, pediatrics, internal medicine, orthopedics, urology, otolaryngology and other fields of medicine. Most of the physician offices are located in Prestonsburg, Paintsville and the outlying areas. Highlands Medical Office Building, located on the main campus, has ten physicians' offices. Highlands Clinic is a specialty care clinic offering 25 areas of specialty medicine and is staffed by physicians from the University of Kentucky and other medical specialists from around the state. These physicians travel to the clinic on a weekly or bi-weekly basis to provide consultant or follow-up care in areas such as neurosurgery, oncology, cardio-thoracic surgery, and high-risk prenatal care, eliminating the need for patients to travel 120 miles to Lexington to see a specialist. Highlands offers a second clinic location in Highlands Paintsville Medical Offices. Highlands is working to recruit new physicians because they have a shortage.¹³ Highlands has a difficult time recruiting specialist to their hospital and they are operating just at capacity with family medicine physicians. The physician recruiter has been searching for an orthopaedist for some time, but has yet to find a qualified candidate. It is because of this shortage that I chose to examine their recruiting techniques and offer recommendations based on that research.

¹² Highlands Regional Medical Center Website. Accessed February 2009.

¹³ Highlands Regional Medical Center Website. Accessed February 2009.

Research Question

What factors do physicians currently practicing at Highlands Regional Medical Center report as having the greatest impact on their decision to locate in eastern Kentucky and join that medical staff? If Highlands can understand what made their current physicians chose to practice there, it will help them with future recruitment strategies.

Literature Review

The problem of physician recruitment in rural areas has received much attention in the research literature. In an effort to address the research question, I reviewed the literature regarding the most successful strategies recruiting strategies and preferred methods of mitigating physicians shortages. The 1998 report to the Council of Graduate Medical Education (CGME) stated a few recommendations for addressing physician shortages in rural areas. The report states that despite the rapid expansion in the nation's physician supply there are still shortages in rural areas. It is important to make this point because simply increasing the number of physicians graduating from medical school has not mitigated with the problem. The report concludes that expansion of the total physician supply is a very inefficient way of addressing the problem of geographic maldistribution.¹⁴ The point of this research is to identify what made a physician choose to practice in eastern Kentucky rather than another area, and more specifically what made a physician chose to practice at Highlands. According to the 1998 report to the CGME, there are three characteristics of a physician that predict the choice to practice in a rural area. These are rural upbringing, the medical school attended and whether there were special educational service experiences related to rural practice.

¹⁴ Tenth Report of Council of Graduate Medical Education, 25.

The 1998 CGME report recommended that the nation should continue to encourage and support medical education programs that increase the flow of physicians to rural areas, with an emphasis on smaller and more remote communities. Specialty choice is a powerful predictor of rural practice location.¹⁵ According to an article in the Journal of the American Medical Association, family practice physicians were far more likely than members of other specialties to select rural practice, especially in the smallest and most isolated rural counties. The article also reported that men are much more likely to choose rural practice than women.¹⁶ Also, the University of Kentucky has recently added a program called the Rural Scholars Leadership Program which is designed to address the physician shortage. Although the program adds an additional 10 slots each year for students, the purpose is not to simply produce more physicians. Students in the program will follow the same curriculum as other medical students during the first two years of their education. However, the last two years students are based at St. Claire Regional Medical Center in Morehead Kentucky. They receive training in internal medicine, family and community medicine, as well as surgery, obstetrics and pediatrics, but all in the rural setting.¹⁷

An article titled “Preparing and Retaining Rural Physicians through Medical Education” explores the effects of medical students trained to be rural physicians by being prepared to live in rural communities. The article concludes that residency rotations and medical education in rural areas are the best educational experiences both to prepare physicians for rural practice and to lengthen the time they stay there.¹⁸ This conclusion is positive for eastern Kentucky because Pikeville Medical College of

¹⁵ Tenth Report of Council of Graduate Medical Education, 25.

¹⁶ R.A. Rosenblatt, et al. “Which Medical Schools Produce Rural Physicians?” Journal of the American Medical Association (1996) vol. 6, 1559.

¹³ Country Doctor Redux, 1.

¹⁸ Donald E. Pathman, et al. “Preparing and Retaining Rural Physicians through Medical Education.” Academic Medicine, Vol. 74:7, July 1999, 1.

Osteopathics is located in Pike County. Most D.O.'s choose to go into primary care and practice in rural and medically underserved areas.¹⁹

Research Design

I decided to conduct interviews of twenty physicians practicing at Highlands Regional Medical Center to collect my data. Previously, I established that there is a physician shortage in eastern Kentucky and discussed what the literature says regarding the issue of physician recruitment to rural areas. I have included in my research design the problems with collecting the ideal data, as well as issues with collecting data through interviews.

When conducting qualitative research interviews, it is important to understand the subject's point of view and to uncover the meaning of their experiences. Interviews allow people to convey a situation from their own experiences in their own words. Typically, research interviews are conversations with structure and purpose that are defined and controlled by the researcher. Although the research interview may not produce objective data, it captures many of the subject's views on a subject.²⁰

According to Stienar Kyale, there are seven stages of an interview investigation. They follow:

1. **Thematizing:** Formulate the purpose of the investigation and describe the concept of the topic to be investigated before the interviews start.
2. **Designing:** Plan the design of the study, taking into consideration all seven stages, before the interview starts.
3. **Interviewing:** Conduct the interviews based on an interview guide and with a reflective approach to the knowledge sought.
4. **Transcribing:** Prepare the interview material for analysis, which commonly includes a transcription from oral speech to written text.
5. **Analyzing:** Decide, on the basis of the purpose and topic of the investigation, and on

¹⁹ Pikeville College website.

²⁰ Stienar Kyale. Interviews: An Introduction to Qualitative Research Interviews. Thousand Oaks: Sage Publications Inc., 1996.

the nature of the interview material, which methods of analysis are appropriate.

6. Verifying: Ascertain the generalizability, reliability, and validity of the interview findings. Reliability refers to how consistent the results are,, and validity means whether an interview study investigates what is intended to be investigated.

7. Reporting: Communicate the findings of the study and the methods applied in a form that lives up to scientific criteria, takes the ethical aspects of the investigation into consideration, and that results in an readable product.²¹

I used these seven stages of interview investigation as a guide in doing my research. I asked a set of questions to each of the physicians that I interviewed, then recorded their answers and transcribed them after the interview. Attachment A is a copy of the sample questionnaire that I used to interview each physician. I was sure to include an introduction that I read to each physician before asking them any questions. I stated my name, school, and why I was doing the research. I also pointed out that I would not be using their names. I believe this was important because one physician, before I had even sat down, asked if these answers were confidential. I believe by protecting the physician's anonymity, I was able to get more honest answers, especially from those physicians not from the area. A few of the physicians from other areas discussed the difficulty they had in fitting in when they first moved. I do not think they would have been willing to share these experiences had I not included the introduction.

In these interviews, I was looking for things that affected the physician's decision to practice in eastern Kentucky and at Highlands Regional Medical Center, such as demographic characteristics, medical school attended, and other employment choices the physicians had. The purpose of these interviews was to uncover the recruiting factors that most influenced the physician's decision. I wanted to identify the type of physician

²¹ Stienar Kyale. Interviews: An Introduction to Qualitative Research Interviews. Thousand Oaks: Sage Publications Inc., 1996.

Highlands should focus on recruiting. Below are the questions I asked during each interview.

Survey Instrument

Question 1	Where are you from? (What type of community is that?)
Question 2	If you are married, where is your spouse from?
Question 3	Do you have family in eastern Kentucky?
Question 4	Where did you attend medical school?
Question 6	Where did you do your residency?
Question 7	Were you recruited to come to eastern Kentucky by a hospital or private practice?
Question 8	What made you want to come to eastern Kentucky to live and practice?
Question 9	What other employment alternatives did you consider? (other offers)
Question 10	What were the incentives that led you to make the decision to practice at Highlands?
Question 11	What would you say that most motivated you to practice at Highlands?
Question 12	What are the negatives to living and practicing in eastern Kentucky?
Question 13	In your opinion, what is challenging about recruiting physicians to this area?

*Question 5 was omitted because none of the physicians interviewed participated in a rural health track.

I asked questions 1-3 first because I believe that they are a good ways to predict whether a physician would make a successful recruit. The literature identified a physician from a rural area as a good candidate for recruitment because of their willingness to practice in a rural area. I focused on specialty, medical school attended and residency attended because I wanted to use the information to draw any conclusions I could regarding the subject. For example, I wanted to determine if most physicians attended the University of Kentucky or Pikeville Medical School or did they attend an assortment of medical

schools. Questions 7-11 tried to uncover why the physicians made the choice to practice at Highlands. I tried to discover what the incentives were, financial or non-financial, that lead to their decisions. I included question 9 which asked the alternative opportunities (basically job offers) they had other than Highlands, because I wanted to know specifically what it was that made them chose Highlands. I asked questions 12 and 13 because I wanted feedback regarding recommendations for recruitment. I wanted to know what the physicians thought were the challenges to recruiting to eastern Kentucky. The Council of Graduate Medical Education states the three reasons that make it difficult to recruit physicians to rural areas (which are extreme and persistent poverty, a lack of conventional physical and cultural amenities, and populations that consist primarily of groups that are ethnic or racial minorities) and I wanted to understand if these held true in the opinions of physicians practicing there. Of course, my data would have been more generalizable if I could have interviewed physicians who were recruited and decided not to practice at Highlands. However, it was not feasible for me to conduct those interviews within the time and resource constraints of this project.

There were challenges in getting the information that I needed to draw conclusions. Ideally, my research would have consisted of a large survey of every physician in eastern Kentucky (and the ones recruited who did not come.) This type of survey would have given me more reliable results. However, there were time constraints and I did not believe it would have been likely that many physicians would have responded. Furthermore, administrative records regarding every physician recruited would have allowed me to draw conclusions comparing everyone recruited with those

that decided to sign with Highlands. However, it was not possible for me to have access to those records because of confidentiality.

Furthermore, the physicians that I interviewed did not select themselves to be interviewed. The physician recruiter personally chose each interviewee and asked them to participate. She chose 20 physicians out of 150 physicians that are currently employed by Highlands. She chose the physicians based on specialty, where they were from, and how long they had been practicing in the area. These were not all physicians that she recruited; in fact, she did not recruit about half of them. She wanted there to be a variety (of specialties, origins, and time spent practicing in eastern Kentucky) in the physicians that I interview because it would not have been ideal for all twenty to be internal medicine or pediatric specialties. However, it would have been ideal to interview all physicians practicing at Highlands or have selected a subset with some randomized scheme. This was not feasible because of scheduling conflicts and physicians being unwilling to participate.

Findings

After interviewing twenty non-randomly selected physicians from Highlands, it was evident that the two main reasons for these physicians choosing to practice in eastern Kentucky were salary and being back home. Most physicians I interviewed said their main reason for choosing Highlands over other competitors (both in eastern Kentucky and out of the area) was the significant salary that was offered.²² And, if salary was not the predominate reason, it was their desire to return home to their family.

Of the physicians I interviewed, three were female and seventeen were male. I was not concerned with this breakdown, because the literature I read stated that males were much more likely to practice in rural areas than females. All three females were from Prestonsburg.

Physician Origin

	Eastern KY	Damascus, Syria	Pennsylvania rural area	Vancouver, Canada	Alabama rural area	Boston, Mass.
#physicians	12	4	1	1	1	1

As you can see, the number of physicians from eastern Kentucky is large compared to the other groups. However, it was interesting to see the number from Damascus. All were foreign medical graduates who applied for a J-1 Visa. The J-1 Visa Program is for foreign medical graduates who wish to pursue graduate medical training in the United States. J-1 Physicians, also known as Foreign Medical Graduates or International Medical

²² I did not have access to any financial records, therefore, I cannot compare salaries of physicians from Highlands and other hospitals.

Graduates, are physicians from other countries who have sought and received a J-1 exchange visitor visa. The visa allows holders to remain in the U.S. until their studies are completed. At the completion of their studies they are expected to return to their home countries for two years before applying for a permanent visa in the United States. A J-1 Visa Waiver waives the two year home residency requirement and allows a physician to stay in the country to practice in a federally designated Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA) if sponsored by an interested U.S. government agency.²³ Both men decided to stay at Highlands and have been there for over 20 years. During the interview, one physician from Damascus said that he/she believed Highlands should recruit more Foreign Medical Graduates because the culture of eastern Kentucky is very conservative and was similar to the culture in Syria. It was unclear why all four Foreign Medical Graduates were from Damascus, Syria.

The physician from Alabama married a physician from the area and both set up their practices at Highlands. The physicians from Pennsylvania, Boston and Vancouver found Highlands through a job search. The physician from Pennsylvania was from a rural area, but had attended college, medical school and residency in Philadelphia. The Highlands job vacancy was posted on a website for open positions available for physicians in rural areas. Each of the physicians expressed interest and came to Prestonsburg for an interview. All were entertaining other options, but chose Highlands because of salary, the fact that Highlands pledged to set up their business, and they liked the idea of serving a population that needed them. I think that these three are the outliers in my research because they are from large areas and have no ties to the area. Also, all

²³ http://www.raconline.org/info_guides/hc_providers/j1visa.php

three have been practicing at Highlands for at least five years and expressed no intentions of leaving.

Among the physicians that were not from eastern Kentucky, a few of them expressed feelings of isolation. One said that when he first arrived, he felt that the people were “clannish” and unwilling to make new friends. He said that he and his family still feel like outsiders. Others said that it was difficult at first to make friends, but as they became involved in the community that changed. I was not surprised by this and I actually anticipated more people to comment on this. The physicians that became involved in organizations in the community or involved in programs the hospital offer, felt a sense of belonging that others did not. Some physicians were active in their church and felt a sense of community through that. Others were involved in hospital committees. It seemed the physicians that found their own community, however that may have been, were the most comfortable.

Question **If you are married, where is your spouse from?**
2

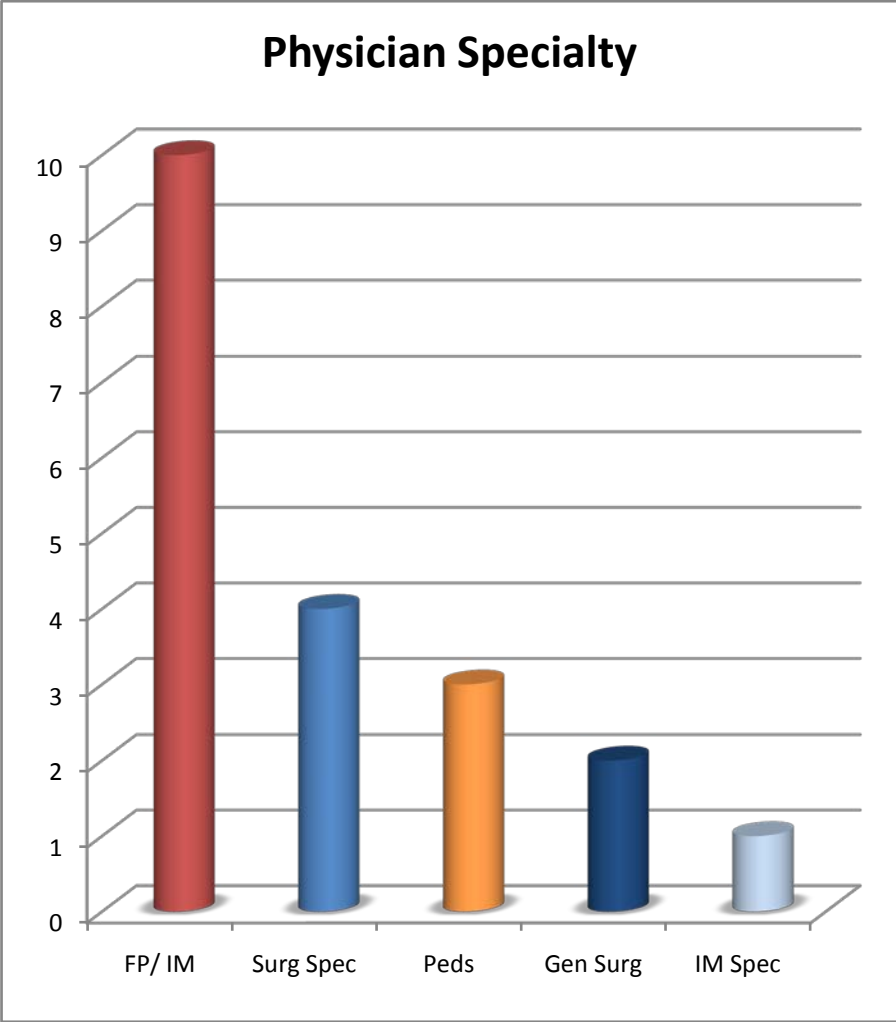
The physicians from eastern Kentucky all had family in the area. The physician from Alabama’s wife had family that lived in the area. The others had no family ties. I asked this question in case a physician had had family move to the area and then followed, however, this had not occurred.

I found that the residency program the physician attended to be unimportant. Most did their residency where they attended medical school and there is no research that suggests any specific link between residency program and recruitment. Each said they did their residency where they could get in. Below are the results.

Medical School Attended

	UK	UofL	Pikeville	Philadelphia	University of Alberta	Damascus	Ohio University
# physicians	6	1	6	1	1	4	1

As you can see, 13 out of 20 physicians interviewed attended medical schools in Kentucky. As stated in my literature review, evidence indicates medical school attended is important in recruiting physicians to underserved areas. I do think this is true with Pikeville Medical College being so close; however, the medical school attended may be indicating that they chose schools close to where they are from. Other than the physicians from Boston and Canada, each attended medical schools in their state of origin (or city in the case of Damascus physicians). I think this is why it is so important for the University of Kentucky to have a rural health track to encourage students that may not be from eastern Kentucky to practice there. If the medical school that the physician attends is important to their decision to practice in an area, the University of Kentucky needs medical students to experience rural practice during their training. If their rural experience is a positive one, they may be more inclined to choose to practice there.



*FP/IM = Internal Medicine

*SurgSpec = Surgical Specialty

*Peds = Pediatrics

*GenSurg = General Surgery

*IMSpec = Cardiology

Physician Specialty

<u>Specialty</u>	<u># of Physicians</u>
Family Medicine/Internal Medicine	10
Pediatrics	3
General Surgery	2
Ear, Nose and Throat (ENT)	2
Cardiology	1
Urology	1
Podiatry	1

I had a mixture of specialties during my interviews, which is important because I needed to make sure my findings were consistent and were not isolated to family medicine or internal medicine.

The last half of the questions I asked what made these physicians decide to come to Highlands to practice, and their recommendations for recruiting additional physicians. I have to make clear that what I have reported below are the physician’s reported number one reason for coming to Highlands. After I discuss this information, I will move on to what I will refer to as secondary motivators. They are not the main reason they signed the contract, but they were important in the decision.

Primary Motivators

	<u>Desire to Return Home</u>	<u>Salary</u>	<u>Sense of Community</u>
# physicians	13	7	4*

- These four physicians are included in the salary as well because they said salary and sense of community were both equally important. Three physicians belonged to the Syrian community and one physician said he and his wife enjoyed the religious aspect of the community.

As you can see from the table above, the desire to return home is important. All 12 of the physicians from the area said their main reason for choosing to practice at Highlands was their desire to return home. There are 13 physicians counted in this group, because the physician from Alabama said returning to the area with his wife was most important to him.

Secondary Motivators

	Loan Repayment	Desire to Help Population in Need	Administration Easy to Work With	Hospital Covered Start- Up Costs
# Physicians	14	20	15	16

As indicated by the table above, although there are three main reasons for physicians deciding to practice at Highlands, there are secondary motivators that are taken into account. I would not say that had any of these been taken away from the deal, they would have decided to not sign their contract. I believe these are important, but not necessary.

Finally, I asked the physicians their recommendations for recruiting physicians to the area. The Foreign Medical Graduates said Highlands should recruit more Foreign Medical Graduates because they would feel comfortable in the community. They are obligated to serve two years in an underserved area, so that would assure at least two years of service. Based on the interviews, it seemed like the Foreign Medical Graduates had a tight community and would welcome anyone that chose to move there. The Foreign Medical Graduates that interviewed were from Syria and Canada. I cannot say whether a physician from Africa or somewhere else would feel as included, but this is a

potential group Highlands could target. I would recommend that Highlands recruit Foreign Medical Graduates from Syria. A Foreign Medical Graduate from Syria might feel more comfortable with the area, considering there is already a Syrian community there.

Eighteen out of twenty physicians that I interviewed said it is important for Highlands to recruit physicians from eastern Kentucky. They said that it would be easier for someone from the area to understand the population they were serving. They would also be accustomed to the lack of cultural amenities. Physicians that I interviewed commented on the difficulties they faced living in an area without such amenities, but said they had adapted. I believe the physicians from the area would have a less difficult time adapting.

Throughout the interviews, I tried to understand what made each physician want to practice at Highlands. In other words, what made them choose to practice at Highlands over other opportunities? I have just presented the reasons twenty physicians from Highlands decided to make that decision. My information would have been more reliable had I been able to interview every physician at Highlands, however, that was not feasible because scheduling conflicts and physicians willingness to participate. The results were consistent and throughout each interview I kept hearing the same themes. Based on my findings, I have made recommendations for Highlands regarding recruitment below.

Recommendations

First, I want to begin my recommendations by discussing how important I think it is for Highlands to recruit physicians from the area. Every physician from the area that I interviewed said their main motivator for practicing at Highlands was to return home. My findings suggest that further research should be conducted to understand if the desire to return home held true for all physicians at Highlands from the area. Highlands needs to target physicians from the area to recruit. I know through conversations with the physician recruiter that a close eye is kept on medical students from the area; however, there may be a more formal way to achieve the goal. There is a hospital in the region that has on the front page of its Internet site a link called find-a-doc. That link takes you to a form that can be filled out which consists of basic demographic information, contact information, and the reason for interest. There could be medical students interested in Highlands and this would be a way for them to let the hospital recruiter know. This website is an avenue Highlands could take into consideration.

Furthermore, the University of Kentucky has launched a rural health track for the incoming medical school class of 2013. The students will be spending two years doing rotations in Morehead, Kentucky. I am not sure if it is possible, but perhaps Highlands could petition the medical school to allow the students do a rotation there. This would allow medical students to experience physician life at Highlands and would potentially lead to new recruits. If this is not possible, Highlands could send information about the opportunities available at Highlands to each student participating in the rural health track. Furthermore, Highlands could sponsor a weekend visit by the students to let them see the area and use that time to discuss any questions they have about Highlands or the area.

Moreover, the Syrian physicians I interviewed expressed a sense of community in the eastern Kentucky area that they liked. They felt the conservative culture was like home. If Highlands wants to recruit Foreign Medical Graduates, I think it would be beneficial for them to look for candidates who like small, conservative communities. I suggest they do this by having these candidates come for a visit to see the area and talk to Foreign Medical Graduates at Highlands to understand their experience.

The second most commonly cited reason the twenty physicians decided to practice at Highlands was the salary that was offered. This was not surprising and I anticipated salary playing a role, just not this important a role. Although being back home was the initial reason people were drawn to eastern Kentucky, the salary was what made them choose Highlands. I was unable to obtain any information regarding the salaries of Highland's physicians. I have no way of knowing whether they are significantly larger than other hospitals in the region or state, but suspect they are.

To begin with, I would recommend that Highlands keep on paying physicians competitive salaries. They have obviously been successful by doing this. Highlands needs to keep paying physicians salaries high enough for them to choose Highlands over other hospitals. However, if Highlands target native physicians, perhaps they might get them with a lower salary, since the top reason they come is to be near family.

Secondary motivators are the factors physicians said were important, but not the one factor that made them make their decision. They were desire to help an underserved population, Highlands paying back their medical school loans, Highlands helping build their business, and that the administration being approachable and helpful. In the interview with the physician from Canada, he discussed how truly appreciative his

patients were for the care he gave them and how he had never experienced that before. It is difficult to make recommendations regarding the nature of people in the area, but this could be something Highlands should acknowledge in their interviews, particularly with people not from there.

Another secondary motivator the physicians that I interviewed cited was that Highlands helped set up their practice. To continue doing this, it is important that Highlands maintain their reputation. When people hear the name Highlands, they need to think quality care and exceptional service. Name recognition will allow them to sustain and grow their patient base. There were several physicians that said the administration at Highlands was very easy to work with. Although I have no data regarding physicians in other hospitals, I did get the sense that they had worked with difficult administrations before. One physician said he was amazed that when he meets the CEO in the hall, he knows his name and always asks how things are going and if he needs anything. I would encourage Highlands to keep up this working relationship with their physicians.

In conclusion, unequal geographic distribution of physicians has been a concern in the United States since the formation of the American Medical Association in the mid-19th century²⁴. It is unwise to think this problem is going away anytime soon. I have focused my research on physician shortages at Highlands because I believe there are things they can do. I believe that Highlands should first seek physicians from eastern Kentucky to employ. I think they would have a better understanding of the area and the patients. I also believe that Foreign Medical Graduates are a good option too. Both groups portrayed themselves as the happiest and most comfortable with the area. I would

²⁴ "Physicians Recruiters Say Doctor Shortage is Changing Their Approach." *Medical News Weekly*. 14 Aug. 2008. <http://www.medicalnewstoday.com/articles/118237.php>

also recommend that Highlands continue to pay their physicians competitive salaries. It is my intention that these recommendations prove to be constructive and that Highlands can strengthen their physician recruitment by them.

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Attachment A

My name is SaraBeth Blankenship and I am working on the final project for my master's at the University of Kentucky's school for Public Administration. The purpose of this survey is to determine what motivated you and a group of your peers, to practice in eastern Ky. Your name will not be used and I am only going to use your answers for my personal research. By participating in this interview, it will allow me to draw conclusions regarding best practices for recruiting physicians to the area.

1. Where are you from? (What type of community is it? rural, urban, suburban, etc.)
2. If you are married, where is your wife from?
3. Do you have family in eastern Ky?
4. Where did you attend medical school?
5. Did you participate in a rural health track?
6. Where did you do your residency?
7. Where you recruited to come to eastern Ky by a hospital or private practice?
8. What made you want to come here to live and practice?
9. What other alternatives did you consider? (other places you were going to go practice?)
10. What were the incentives that lead you to make the decision to practice here?
11. What would you say that most motivated you to practice at Highlands?
12. what are the negatives to returning to eastern Ky?
13. In your opinion, what is challenging about recruiting physicians to this area?

