

Specialty Physician Services

Primary care physician services are fundamental to quality rural health care systems, but there is still a need for some access to specialty physician services. Typically, most visits to a specialist will be to the larger urban facilities in the metropolitan areas. Specialty services are often technology driven and the necessary infrastructure is cost prohibitive for a smaller rural hospital. Furthermore, the demands for specialty services do not support full-time specialists in the rural areas that have sparse populations. However, rural residents could and do receive a range of specialty services in the local community.

To illustrate the need for specialists for a specific medical service area population, data were obtained from several sources. The results are shown in the table. Population to physician ratios show the average population needed to support one full time specialist. For example, on average, a population of 93,782 would support one allergist.

These ratios can be applied to the population of an example rural medical service area to estimate the need for a specialist in some of the more common medical and surgical specialties. The last column details the number of FTE (full-time equivalent) specialists based on an example population of 9,138. For example, the average need shown for a cardiology specialist is 0.36 FTE (9,138/25,501). This can be compared to a specialist visiting the hospital on a basis of one to two times per week. If the average specialist spends five days per week and 47 weeks per year in practice, a 0.2 FTE specialist would practice 47 days per year or average one day per week. Likewise, a 0.4 FTE specialist would practice 94 days or average two days per week.

The economic impact of a specialist on the local community is difficult to ascertain. The average cost per visit is going to vary significantly among different diagnoses and specialists. An additional economic benefit of having a specialist practice in the local community is capturing dollars from laboratory services. A 2006 survey in Louisiana found that over 90 percent of the patients who went out of town

Need for Specialty Physician Services		
	<u>Population to Physician Ratios</u>	<u>Specialist FTEs for Example Area</u>
	Average	Average
Medical		
Allergy	93,782	0.10
Cardiology	25,501	0.36
Gastroenterology	41,111	0.22
Hem/Oncology	46,667	0.20
Nephrology	65,333	0.14
Neurology	40,667	0.22
Pulmonary	58,589	0.16
Rheumatology	85,557	0.11
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Surgical		
ENT	35,370	0.26
General	12,834	0.71
Ophthalmology	23,638	0.39
Orthopedic	16,802	0.54
Urology	33,974	0.27

to visit a specialist also had their laboratory work at the specialist's location.

To determine possible need for specialty services in a rural area, a survey of rural hospitals in Oklahoma clearly indicated that even hospitals with average daily census of five or less required some specialty physician services. For example, 72.2 percent of the hospitals surveyed with a daily census of five or less said they had a cardiologist visit the hospital at least once a month with most reporting a visit from the specialist twice a month. The survey conclusions can be helpful to hospital decision makers exploring the feasibility of providing some specialty physician services in rural communities.

In conclusion, a rural community could capture revenues from the addition of selected specialty physician services and from subsequent laboratory services maintained in the local community. This study quantifies the potential specialty physician services needed in a rural medical service area population.

For a complete copy of "The Economic Impact of a Rural Primary Care Physician and the Potential Health Dollars Lost to Out-Migrating Health Care Services," see the National Center for Rural Health Works website (www.ruralhealthworks.org)