

New Mexico's Academic Model for Providing Practice Relief for Rural Physicians

A major unmet need of New Mexico's primary care practitioners in rural areas is locum tenens practice relief; that is, giving physicians "a break" by having others serve in their stead for a while (1). These physicians put in long hours, receive less compensation than urban practitioners, and have difficulty obtaining practice relief at a reasonable cost. They feel unable to take vacations, go to conferences, or take personal medical leaves. Thus, once a physician is recruited to rural practice, the risk is high that he or she will suffer professional burnout and leave after a short period of time (2,3).

Mindful of this problem, the University of New Mexico Health Sciences Center ("the Center"), a public institution with the state's only medical school, has worked since 1993 with the state government and local practice communities to develop and support a successful locum tenens program for the state's rural physicians. We believe that the model we have developed can be useful to other academic health science centers that are seeking to serve their rural doctors and provide outstanding training opportunities for qualified residents. This paper summarizes the goals, operation, and ongoing results of our program.

OBJECTIVES

From the Center's perspective, relief needs of New Mexico's rural practitioners were best addressed in conjunction with the institution's education and recruitment missions. Thus, five program objectives were identified in developing and implementing the UNM Locum Tenens Program, which links the academic mission with community service.

1. *Practice relief.* To provide relief for rural community physicians from the duties of their practices so that they can take vacations, pursue continuing medical education, or tend to personal medical needs.
2. *Rural training.* To strengthen and expand the rural component of the primary care residency programs of the UNM School of Medicine by allowing upper-level residents to participate in the locum tenens program as providers.
3. *Recruitment.* To involve residents in the locum tenens program and thereby increase their exposure to possible future practice sites.
4. *Continuing medical education.* To expand the continuing medical education available to rural health providers by offering on-site education.
5. *Collaboration with the Center.* To collaborate with rural health organizations and providers to improve the availability of health care to those in medically underserved areas.

IMPLEMENTATION

In 1993, the state legislature awarded the UNM School of Medicine \$200,000 per year to initiate and support the locum tenens program. The dean appointed a medical director, who organized an advisory committee, hired a program coordinator, and appointed an administrative director. The interdisciplinary advisory committee included representatives from the Center and external partners, including the New Mexico Department of Health, the New Mexico Primary Care Association (an affiliation of federally funded community health centers), and New Mexico Health Resources, Inc., a nonprofit, publicly funded organization that helps recruit physicians to New Mexico practice sites.

Primary care faculty were asked to participate in the program. Residents from the primary care departments were encouraged to obtain state licenses after completion of their internships. Upper-level residents on annual leave, leave of absence, or other leave were also invited to participate, and were paid a flat hourly rate. To align "moonlighting" efforts with priority state needs, chairs of departments and residency directors requested their faculties and residents to conduct all of their "moonlighting" and locum tenens activities through the UNM Locum Tenens Program.

Departments encouraged faculty participation by various means, ranging from accepting a 1.0 full-time-equivalent salary in exchange for 40 weeks of locum tenens coverage to applying faculty-earned locum tenens money as deferred compensation to individual faculty participating in the program.

Fees expected from sites were on a sliding scale ranging from heavily subsidized rates (covering about 50% of the costs of placement) to unsubsidized rates (covering the costs of the placement excluding travel and per diem costs). The rate determination was based on the practice area's federal designation as a rural or medically underserved site and on guidelines developed by the UNM Locum Tenens Advisory Committee. The patient care billings generated were retained by the practice requesting the UNM Locum Tenens coverage.

OUTCOMES AND BENEFITS

Since the initiation of the locum tenens program in October 1993, community requests for locum tenens coverage have grown rapidly, with placements exceeding 100 days per month. Twenty-eight of New Mexico's 33 counties have received placements.

1. *Practice relief.* In its first 19 months (October 1993 to April 1995), the program provided 1,508 days of coverage for physicians in rural or medically underserved areas. The large majority of the placements during this period were for primary care physicians (1,430 days). Twenty faculty members and 54 residents provided locum tenens coverage.

2. *Rural training.* The program was able to strengthen and expand the rural component of the UNM School of Medicine's primary care residency programs. The majority of the placement days were provided by upper-level, licensed, primary care residents during their weekends, annual leaves, or leaves of absence. Resident physicians provided 1,151 days of placement (76.1% of the total placement days).
3. *Recruitment.* The UNM Locum Tenens Program was able to identify and help place seven resident providers into rural practices after graduation.
4. *Continuing medical education.* The Center's traditional manner of providing CME has been for individual departments to sponsor CME seminars in urban areas (such as Albuquerque and Santa Fe). However, UNM Locum Tenens providers have identified unmet CME needs and have acted as a conduit for CME requests to the Center. The institution's rural outreach committee is working with the CME office to meet the CME needs thus identified.
5. *Collaboration with the Center.* By increasing its presence in rural and medically underserved areas around the state, the Center has developed a closer working relationship with another, major public provider of health services in rural New Mexico, the state department of health. This has resulted in collaboration on a number of other projects in rural communities.
6. *Benefits to residents.* The program offers licensed, upper-level residents a variety of practice settings in which to make extra money while learning about practice opportunities around the state.
7. *Benefits to faculty.* Participating UNM faculty feel the locum tenens experience has made them better consultants for rural doctors and better advocates for rural health needs.
8. *Benefits to physicians.* The participating rural primary care physicians feel more comfortable about leaving their practices, since they are confident that their patients will receive highquality care and that there will be no loss of patients or income because of closed practices.
9. *Benefits to "sites in crisis."* The program has helped "sites in crisis." In some New Mexico counties, the loss of a single provider precipitates a health care and economic crisis. The UNM Locum Tenens program has provided ongoing practice support while more permanent solutions were planned and implemented in several communities. In addition, many federally qualified health centers and Indian Health Service sites have ongoing retention problems that the UNM Locum Tenens Program has alleviated by providing weekend and other coverage to relieve the physicians working in understaffed sites during the recruitment process.

Practitioners who have been covered by the UNM Locum Tenens Program have been overwhelmingly positive in their reviews. Also, UNM residents and faculty have rated the experience highly.

FEASIBILITY OF LOCUM TENENS PROGRAMS

Our experience in New Mexico convinces us that a locum tenens program can be a feasible and useful endeavor for an academic health sciences center. Partial subsidizing of such a program is important, since that allows for the development of the incentives necessary to "level the playing field" and give a high priority to rural and medically underserved practice sites that otherwise cannot compete against the lucrative and nearby urban opportunities for locum tenens positions. In short, without state or other subsidies, the locum tenens rates would be prohibitive for most primary care physicians in rural practices.

A creative locum tenens program in an academic health sciences center can address a state's rural and medically underserved health care needs while

broadening the educational experiences of its residents and the perspectives of its faculty. We hope that the model we have briefly described will be useful to those who are considering such programs.

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