

Rural Medicine and COVID-19

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Original Project Plan

- I wanted to investigate and uncover any similarities and differences that exist between rural and urban specialty clinics in terms of job duties, responsibilities, work load, and job satisfaction

“What kind of factors come into play when a specialist is deciding between taking a job with an Urban facility, as opposed to a Rural facility?”

- Serve as a model to inform new healthcare providers
- Bring awareness to the health disparities faced by rural communities
 - Most disadvantages are confined by economic, social, ethnic or racial boundaries
 - Extreme lack of healthcare workforce in these areas

Modified Project

- I wanted to analyze the impact of COVID-19 on various healthcare facilities
 - Specialty clinics
 - Hospitals
 - General practice
- I included a few urban facilities as an attempt to draw conclusions upon the similarities and differences faced during the global crisis
- My research sought to identify how the global pandemic affected the daily operations, employee safety, and economics of the facility

A few of the questions I wanted to answer

- Has there been any furloughing of medical staff?
- Did the facility stop any normal medical services during the pandemic?
- Is the facility still able to see/treat patients? If so, has it been altered in any way? (virtual appts, no waiting room, etc.)
- What protective precautions is the facility taking to protect the medical staff and employees of the facility?
- What protective measures are being taken to protect the patients at the facility?
- Will this pandemic permanently change the way the medical facility operates?
- What is the biggest change in the facility?

Communication Methods

Phone Interviews

- Primary method of communication
- These were preferred - I could ask questions regarding specific answers and information as the provider explains their facility's situation

Questionnaire

- Communicated with providers through an emailed questionnaire
- 12 questions in length
- Give the providers and opportunity to put details into their response

Providers and Facilities

Rural Facilities

- **Robeson Health** - Montgomery & Star, NC
- **Black River Family Health Practice**- Burgaw, Atkinson & Maple Hill, NC
- **Chatuge Family Practice** - Hayesville, NC
- **Chatham County Health Department** - Siler City, NC

Urban Facilities

- **Cone Health** - Greensboro, NC
- **EmergeOrtho** - Greensboro, NC
- **Select Specialty Hospital** - Durham, NC

Providers and Facilities



Robeson Health - Montgomery



Black River Family Practice - Burgaw



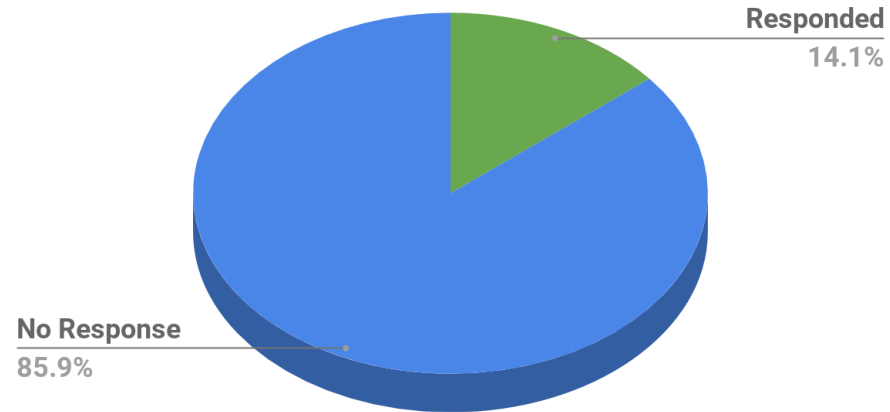
Chatuge Family Practice



Black River Health Center - Atkinson

Obstacles I faced

- Being forced to conduct all research remotely presented issues with response rate
- I discovered that many physicians were short staffed during this time, making it difficult to set up phone interviews



36% from Phone Interview
64% from Questionnaire

What I discovered

- Several facilities had furloughs, and some even permanent layoffs
 - Urban facilities = much more furloughing
 - Only 1 rural facility had furloughing, but no layoffs
- All of the urban facilities either discontinued normal services, or heavily restricted elective procedures and visits
- All of our rural facilities were able to continue providing the same level of care throughout the pandemic
- Over 50% of the providers feel that the increase in PPE usage (masks, gloves) and wellness screening will be a *permanent* change at their facility
- Pre-screening wellness checks of some type were deemed necessary at all locations
 - These were much more formal in the urban setting (checking temperature)

What does this mean for Rural Medicine?

- I think this gives a different outlook for providers when deciding to practice in a rural or an urban setting
- Based on my findings, it seems that there are many benefits to practicing in a rural setting during a global pandemic or health crisis
- COVID-19 did not affect the rural communities as harshly, therefore allowing flexibility in rural clinics when determining what services they can provide

Lee Ann Amann, MHA, *CEO of Black River Family Health Practice:*

“We had not had a person at the front door taking temperatures and asking questions of patients as they come in. We relied on self reporting, but we are now hiring a person who will do that at our Burgaw office. We are very rural so it has not been a problem up until this point, but I can see the winter months bringing more challenges.”