

# 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**



**Chatuge Family Practice**



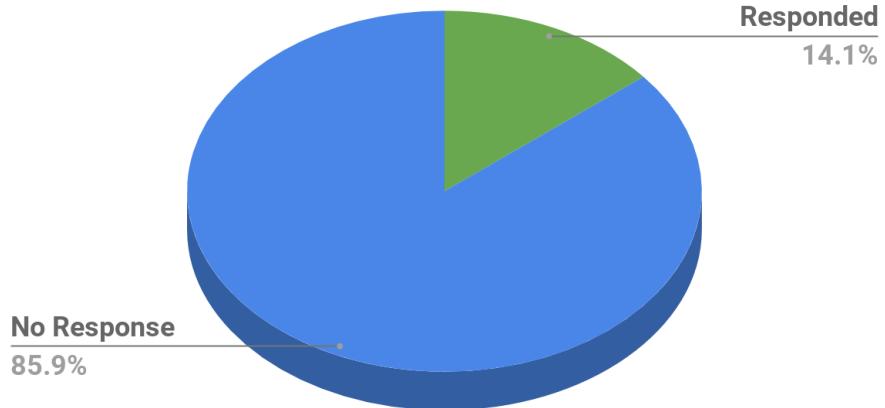
**Black River Family Practice - Burgaw**



**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."