

Developing Much Needed Incentives to Practice Urology in Rural Communities

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Introduction

Almost two-thirds of American counties do not have a practicing urologist.¹⁻³ This means that millions of Americans have inadequate access to care that saves lives. From conditions as irritating as benign prostatic hyperplasia with lower urinary tract symptoms to undiagnosed renal masses to prostate cancer which cannot be appropriately biopsied and diagnosed, countless Americans are suffering in silence. The disparity is worst for rural communities and those outside of metropolitan areas.⁴⁻⁵

Many rural counties have patients of lower socioeconomic backgrounds while a lower urologist density leads to longer and more expensive travel to receive care.⁶ This reduces access to efficient and timely evaluation. The shortage of urologists is likely to worsen for rural communities over the next ten to fifteen years.⁷

Delaying care leads to more advanced diagnoses, not only for prostate cancer but also for conditions like hematuria which rely on evaluation via cystoscopy to quickly detect malignancy before it spreads.⁸ Multifaceted hindrances to care lead to greater disease burden and worse outcomes for patients.

Improving incentives to practice like through existing state loan repayment programs will be one of the most feasible ways to entice urologists to practice in rural and underserved communities.

Results

Aging Workforce From a review of the literature, the average American urologist is around 55-58-years-old.⁹⁻¹² This number skews older in rural communities. Many rural urologists are nearing or past the traditional retirement age of 65 with few younger urologists ready to replace them. Younger urologists typically received their training in large academic centers concentrated in metropolitan areas. Those who did not train in an urban environment likely received their training through a hospital or a large group practice partnered with hospitals in a suburban environment. Thus, many younger urology residents may not have been exposed to rural practice and the unique needs of the rural patient population.

Financial Considerations Medical school debt can average over \$200,000 without including the debt burden of prior undergraduate and graduate education. The NHSC and all state-funded rural physician loan repayment programs focus heavily on recruiting for a stronger primary care workforce. Some programs include OB/Gyns and psychiatrists while a smaller select few (e.g., Utah) include general surgeons and orthopedic surgeons. Importantly, no programs included urologists in their criteria. Rural communities across the country are dealing with a shortage of primary care physicians which has been softened but not completely alleviated with the successful recruitment of PCPs. However, these same communities with a lack of PCPs deal with a lack of urologists.¹⁰

Clinical Implications Rural Americans are typically older than those living in urban areas. Rural communities are also dealing with younger adults (less than 40-years-old) moving away leading to an environment of “aging-in-place”.¹¹ An older population needs urologic care since many conditions like urinary incontinence, BPH, bladder cancer, and prostate cancer arise at older ages. Screening for urologic cancers due to distance and logistical barriers are especially hard when the nearest urologist is many counties away from a patient's home.⁸ Advances in technology have made it easier to treat benign and malignant conditions, but such innovations are rendered moot if patients cannot access proper care.

Conclusions

1. Expanding the NHSC on the federal level to include urologists in its program criteria would be difficult. However, working with individual states on a local level could allow for a “domino effect” where when one state reaps the benefits from expanding rural urology access, other states will follow. A few states have already expanded their criteria to include physicians outside primary care; this would make it more feasible to add urologists to their programs.
2. More education needs to be done for both the state lawmakers who would vote for rural loan repayment program expansion and the civil servants who run these programs. Given that most Americans only go to the urologist when something is wrong or when they are older, many do not know the important work urologists do across the country, specifically as cornerstones of specialty care access in rural communities.
3. Highlighting the role that a young urologist/new or recent residency graduate can play in serving a chronically underserved community and staying in that community cannot be understated. Patients who have gone without urologic care for years will welcome filling the existing void in care, leading to greater job satisfaction for the urologist and better outcomes for patients.

Current Landscape

The National Health Service Corps (NHSC) and state-funded rural physician loan repayment programs have been successful in improving access in rural communities. However, these programs typically only cover primary care. Some state programs include OB/Gyns and psychiatrists, but none include urologists.

LOAN REPAYMENT FOR UROLOGISTS IN RURAL AREAS



Image generated using artificial intelligence.

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