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IS THERE A DOCTOR IN THE CITY?

Medical school, hospitals aim to boost physician workforce through education, residency programs

BY BRANDI SCHLOSSBERG | PHOTOS BY CHRIS HOLLOMAN

If you've ever sat in a doctor's waiting room for way too long only to have an appointment that seemed way too short — an appointment that was tough to get in the first place — there's a good chance you felt the impact of Nevada's poor doctor-patient ratio, which equates to about 450 patients per doctor.

"We have a disproportionate ratio of patients to providers here across the board," says Dr. Helen Gray, FAAFP, a family medicine physician with Saint Mary's Medical Group. "As a physician, you notice it when you are unable to see every patient or unable to get patients in to see you in a particular time frame."

Looking at factors such as increased access to health care, an improving economy, population growth, and an aging physician workforce, health policy researchers predict an even more out of whack ratio of patients per doctor in the coming years. In response, health-care leaders are looking for ways to beef up the physician workforce and bring a better balance to the Silver State's doctor-patient ratio.

Solving the doctor shortage

Working hand-in-hand with local hospitals, the University of Nevada School of Medicine has developed a plan to combat the lack of doctors in our state. The plan hinges on the expansion of graduate medical education — the residency and fellowship training that takes place after students complete their four-year medical degrees.

With about 220 doctors for every 100,000 people in Nevada, the state ranks 47 in the nation when it comes physicians per capita, according to the 2014 report "Physician Workforce in Nevada." The data also shows doctors tend to stay and practice in the state where they receive their



Dr. Jeremy Bearfield, left,
Dr. Helen Gray and Dr.
Derek Beenfeldt.



residency or fellowship training, which highlights the need for more graduate medical programs in Nevada.

“We rank near the bottom in doctors per capita in our state, and a big part of that problem is that the medical school does not have enough residency and fellowship programs,” says Anne McMillin, public relations manager for the University of Nevada School of Medicine. “The best way to keep our medical-school graduates here is to provide the residency programs they want. Right now, we have to send them out of state to become an eye doctor or an orthopedic surgeon or an anesthesiologist and so on — and once we send them out, there’s only a 40 percent chance they’ll come back to practice.”

If medical students are able to receive their desired residency or fellowship training in Nevada, there is about a 60 percent chance they’ll remain in the state to practice as doctors, and if they receive both their four-year medical degree and their graduate medical training through the University of Nevada School of Medicine, that number rises to about 80 percent, according to data from the physician workforce report.

“When students receive both their undergraduate and their graduate medical education here in Nevada, that’s a person who’s invested six or seven or eight years living in this state. All things being equal, they’re probably going to stay here to practice,” says John Packham, director of health policy research for the University of Nevada School of Medicine and one of the lead authors of the annual

doctor workforce report. “As for those students who complete only their residency or fellowship training here, we keep anywhere from five to six out of every 10, which is not a bad number.

However, when medical students leave the state because the residency program they want doesn’t exist here, Nevada tends to lose those students, Packham adds.

“They might say they’ll come back, but people go to Scottsdale or New York or wherever else, and they make connections, they like the food, they find a spouse — and they don’t tend to come back,” he says.

In order to remedy that situation, the University of Nevada School of Medicine is teaming up with Renown Health and Saint Mary’s Regional Medical Center to expand the residency programs available in Reno.

Growing the medical school

Late in 2015, the Board of Regents for the Nevada System of Higher Education approved an agreement between the University of Nevada School of Medicine and Renown Health, giving the green light for these two organization to work together to build a full four-year medical school and increase the number of residency programs available in northern Nevada.

“Reno really has never seen what it means to have a full medical school here, because the clinical campus, in large part, has always been based in Las Vegas. We’re now in the process of building the Reno campus up to full clinical

teaching capacity,” says Dr. Thomas Schwenk, dean of the University of Nevada School of Medicine. “To do that — to become a full academic medical center and full teaching hospital — we needed a major partner, and Renown has agreed to be that partner.”

According to Schwenk, the partnership between the University of Nevada School of Medicine and Renown Health means that the two organizations will have integrated leadership. In other words, doctors who practice at Renown and throughout our community will become teachers and university faculty members as well. Among the first concrete benefits of the partnership are two new residency programs right here in Reno: neurology and pediatrics.

“One of the reasons the university and Renown are so happy to be partners is the opportunity to integrate clinically, where we hire one group of doctors to fulfill the mission of both organizations,” says Dr. Anthony Slonim, president and CEO of Renown Health. “It just happened that we had a good fit with our current neurologists. They already teach the medical students neurology, and they are very excited to create the residency program and take that to the next level.”

Officials say the neurology residency could be up and running at Renown as early as 2016, whereas the start date for the pediatric residency will be a bit further down the road.

“Right now, we’re recruiting for a chair of pediatrics, who will also serve as the leader of Renown Children’s Hospital,” Schwenk says. “The pediatric initiative also calls for the recruitment of many pediatric subspecialists as well.”

The addition of graduate medical education in the areas of neurology and pediatrics will bump the number of residency programs available in Reno up to five, which includes the existing residency programs in family medicine, internal medicine, and psychiatry. For the future, Schwenk says the aim is to gradually continue to expand the residency and fellowship programs available in Reno.

Primary care crunch

Even though two primary care residency programs are offered in Reno — family medicine and internal medicine — experts report that there are too few primary care doctors all across the country, including Northern Nevada. Reasons for the shortage range from basic population growth to the fact that more people now have insurance through the Affordable Care Act and Medicare.

“There is a severe shortage of primary care physicians in Nevada,” says Dr. Derek Beenfeldt, who completed both his undergraduate and graduate medical education through the University of Nevada School of Medicine





and is now in practice as a family medicine physician with Renown Medical Group. “We need graduates from both the medical school and from the residency programs at the University of Nevada to stay here to ebb that shortage.”

In an effort to allow and encourage more students to stay in state to receive their primary care residency training, Saint Mary’s Regional Medical Center is working with the University of Nevada School of Medicine to develop a second Reno-based family medicine residency program.

“Instead of having just one family medicine residency program, now there will be two, which will open up more residency positions,” says Gray, who completed both her undergraduate and graduate medical education through the University of Nevada School of Medicine. “When you look at the research, most physicians end up practicing where they do their residency, so if we have more family medicine residents in Reno, our chance of retaining them here is higher.”

According to Schwenk, the family medicine residency at Saint Mary’s is in the “middle stages” of development and is expected to begin accepting residents by 2017. Dr. Richard Bryan, chief of staff at Saint Mary’s, says the hospital is eager to begin training family medicine residents through its own dedicated program.

“If medical students have to go elsewhere for their residency, to some degree, we’re going to lose those

students,” Bryan says. “If we can keep them here with qualified residency programs, we’ll have a much better chance of keeping them here as practicing doctors.”

Though Northern Nevada Medical Center does not have a designated residency training program, CEO Alan Olive says the hospital does work to retain recent graduates by building relationships with each round of residents and recruiting them to remain in Reno as practicing physicians.

“Our biggest hope is that these residents will stay in this region,” Olive says. “They understand our community, they can relate to our patients — they see them in the grocery store, on the ski slopes, on the mountain-bike trail.”

Dr. Jeremy Bearfield, is one such family medicine resident turned Reno doctor, now in practice with Northern Nevada Medical Group in south Reno. Like Beenfeldt and Gray, he completed both his undergraduate and graduate medical education through the University of Nevada School of Medicine and is a real-life example of the fact doctors tend to stick around and practice where they’ve invested the time to train.

“During my training, I was involved with the student outreach clinic, and I was the chief resident. I got to work a lot with the community, and I realized how much Nevada needs physicians,” Bearfield says. “I’m from Nevada, and I knew I wanted to stay here and help.”