TSET Better Health Podcast Transcript

Episode 5: Rural Health Care and PMTC

July 20, 2020

Summary: James and Cate head to McAlester to take a look at rural health care and the importance of the TSET-funded Physician Manpower Training Commission (PMTC) during COVID-19. Janie Thompson, PMTC executive director, and Michelle Mabray, physician recruiter at McAlester Regional Health Center, discuss how PMTC incentivizes physicians to practice at rural hospitals through medical student loan debt forgiveness. David Keith, CEO of McAlester Regional Health Center provides a bird's-eye view of the state of rural health care in Oklahoma during the pandemic and the crucial services his facility provides. Dr. Kamron Torbati, an award-winning PMTC physician, tells his story from life in California to the Marines and what brought him to McAlester Regional.

[Theme music]

[0:15]

James Tyree: Hello, good day, and welcome to the TSET Better Health Podcast. This is James Tyree.

Cate Howell: And Cate Howell.

James: And we are today to discuss rural health and medicine.

Cate: Yes, James. This is a really important and timely topic to discuss right now, especially with the pandemic and everything that's going on, really evaluating the state of rural health care and access to it. As you well know, the voters of Oklahoma recently passed State Question 802 to expand Medicaid, and the fact that it was even on the ballot really shows that a majority of Oklahomans are concerned about this particular topic and health care access. And according to ProPublica, 9 rural hospitals have closed in Oklahoma in the last 10 years, and many others are on life support, and they lack certain vital services.

James: That is so true. You know, data is showing – information is showing that among 77 Oklahoma counties, 72 of them have a shortage of primary care physicians throughout the county and another four have a shortage in at least part of those counties. So 76 out of 77 totally or partially have a shortage of primary care physicians.

Cate: And that's a big problem. I mean, when we're going into this unprecedented global crisis situation, you know, and people can't even get their regular everyday medical needs met, you know? So this is a really important topic to explore as it affects many Oklahomans, and it's another area where TSET is making a difference. A key part of that is the Oklahoma Medical Loan Repayment Program, which is a matching program that TSET funds through the Physicians Manpower Training Commission, or PMTC. Basically, it is designed to incentivize primary care physicians to practice in rural areas by covering up to $200,000 in student loan debt.

James: That's right. The Physicians Manpower Training Commission, or PMTC as you say and we will hear throughout this podcast, works to put physicians and other health care workers in underserved areas, primarily rural areas, but also other places where there is a shortage. And we're fortunate to have PMTC executive director Janie Thompson, discuss this issue with us and about her agency and what we learned more about the state agency in general and the medical loan repayment program in particular, including the community impacts that the TSET-supported program makes throughout the state.

Cate: We were really fortunate to be able to travel to southeast Oklahoma to talk about this with David Keith, the president and CEO of McAlester Regional Health Center. And we also were able to talk and kind of shine a light on a special physician down there in McAlester, Dr. Kamron Torbati, who just received the Rural Health Physician of the Year Award, and we got to know a little more about his personal journey that brought him from California and several years in the Marine Corps to when he decided to practice medicine and what then brought him and his family to McAlester, and he says he just couldn't be happier to be there. So that was exciting.

James: I think our listeners are going to appreciate that. He had a very compelling story, just about what brought him here and what he thinks about working and living here. So I think I think they'll enjoy that very much.

Cate: Yeah.

James: Now, you'll also hear our conversation with Michelle Mabry, who is McAlester Regional's physician recruiter. We happened to speak with her prior to our trip to McAlester, but she did share some of the challenges and also advantages of bringing doctors and health care workers to rural areas.

CH: We are really excited to share these rural health care insights and personal experiences from these great people, but let's start with a statewide kind of bird's-eye view perspective from Janie Thompson and the role that PMTC has played in boosting medical access in our state.

[4:49]

James: We are here today with Janie Thompson. She is the executive director of Physician Manpower Training Commission, or PMTC, here in Oklahoma. Janie, thank you for joining us. It's wonderful to have you here.

Janie Thompson: Thank you, James, for having me.

James: PMTC, of course, their mission is to increase access to medical care in rural and underserved areas. Can you talk a little bit about how great the need is for medical professionals in rural areas, and how does PMTC address this need?

Janie: I would be happy to, James. So, the areas of rural Oklahoma, when we listen to the news report the shortage of medical professionals all across the nation, even in our

metropolitan areas. So you can imagine how much greater that need is in rural Oklahoma, simply because as physicians come out, in many instances, they're trained in a metropolitan area, and so they've become acclimated to those areas during that period of time, and so it becomes more of a challenge to provide incentives to encourage them to relocate, often not just themselves, but their whole families to a rural area. And while we have a metropolitan areas that are also what we would call underserved areas, an underserved area in rural is even greater because they're miles from a larger medical institution. And so, being able to have that provider right there for those emergency situations that happen – and I think right now, we're becoming more and more aware of that with the crisis that we're in with COVID-19.

James: Yeah.

Janie: Patients can't make those hour-long travels, or two hours in some cases, or even longer, in order to get medical care, and so it becomes very crucial. And, in rural areas, you have agricultural accidents that happen that you've got to have immediate care. We have an older population often times in our rural areas. So, it's vital that we address this for our state in particular. The way PMTC approaches that is that we have scholarship programs so that we begin to try to start in that pipeline while they're still in residency to get them committed to go to a rural area and assist them financially as they're completing their training. And then we also have loan repayment. Loan repayment has become probably the number one desire of those new physicians coming out, and even physicians that have been practicing four or five years. They still have loans coming out there. Education costs have gone up, and we've seen loans going up. Most of them range from $150-200,000. It's not unusual for us to have loans totaling $400,000.

James: Wow, wow.

Janie: So, this is a crucial factor in getting physicians to where we think in terms of what is going to be best for their families to help get them in a financially stable position.

James: This sounds like a very mutually beneficial program. I mean, obviously it benefits the communities greatly where these physicians go, but it also helps these physicians who just have all this incredible debt. Can you tell us about how many people – how many physicians have gone through the program?

Janie: When you look at all of our fellowship programs that we have had since the agency began in 1975 up to our current time frame where we now have loan repayment, physicians only (this is not counting programs for physician assistants and our various nursing programs), over a thousand physicians have been assisted since 1975.

James: Wow, that's amazing. About how many are currently involved?

Janie: I can tell you, right now, on loan repayment, we have approximately 55 physicians on some form of loan repayment. And we also have about 15 physicians that are on a scholarship program. And many – that does not count our physicians that are out in the field providing services to complete their service obligation.

James: Wow. Your reach is amazing, it sounds like, and you mentioned PMTC has been around since 1975. Since then in more recent years, how has TSET entered the picture, and how does TSET help PMTC to accomplish this very important mission?

Janie: Well, in the very beginning of loan repayment, it would not have actually initiated itself had TSET not stepped in. In 2012, the legislature passed legislation that allowed for loan repayments for physicians. But, of course, there wasn't funding to provide for that. So it set for just a little bit until TSET and PMTC worked together to find a way of creating a grant for TSET to be able to help finance and sponsor loan repayment. It started out with financing 10 physician slots, and it was being matched with federal dollars through a Medicaid 1115 grant, and so it didn't require any type of state money to be involved in it as far as appropriations.

James: Wow.

Janie: And so, we were able to make that program survive from 2012 until 2018. And, of course, each year, TSET would provide 10 additional slots until they were willing to – their board could see what was being accomplished with the program, and allowed us to have 42 rolling slots. So, in other words, as a physician would come off of the program, we could fill that spot for the following fiscal year. The program was a maximum of $160,000, and so it paid in graduated amounts $25,000, $35,000, $45,000 and $55,000 over a four year period.

James: It sounds like a lot of teamwork, a lot of collaboration to keep this great program going. Just dozens of physicians out there. That's great.

Well, with so many people who have gone through the program and communities throughout the state – so many wonderful stories, I'm quite sure, but is there one that you can talk about briefly as an example of just how great this works at the local level?

Janie: One that stands out in my mind just recently is Dr. Dylon Howard just began his practice in Ada, Oklahoma was Mercy in February of this year. Dr. Howard is from Oklahoma, but as often happens, his residency program was actually in North Carolina, so he has spent the last three years in North Carolina training for family medicine, and so sometimes it's difficult to get those physicians back once they leave.

James: Yeah.

Janie: This loan repayment program played a big part in getting Dr. Howard to relocate and come to Ada. At the same time, his sister-in-law was completing OB (obstetrics) training, and with him locating his family in Ada – Mercy was also needing an OB-GYN – and because of that, his brother and sister-in-law decided to relocate there as well. So because of loan repayment for Dr. Howard, Ada was also able to receive an OB/GYN. His brother is actually an Oklahoma Highway Patrol trooper, and so he now is stationed in Ada. And so that community has expressed just how great an impact that has been for them. They received two physicians, increased protection for their community, and all

because of loan repayment being what brought Dr. Dylon Howard to Ada in the first place.

James: That's an incredible ripple effect there, Janie. I bet that happens quite a bit, too. That's terrific.

Janie: We often fail to look at the economic impact that physicians have on a community as well, because with physicians coming, more jobs are created to support that physician, all the way from the pharmacist to the hospital to the procedures. Often times in a rural community, a hospital is one of the largest employers in the community. And so, there is a huge impact that even just one physician can make on a community.

James: That is so true, so true.

Well, we've talked about PMTC's history and just the large impact that it's had over the past 45 years, and we've talked about the great things it's doing now, the lives and communities that are impacted. Could you share with us maybe anything that you're looking forward to looking ahead?

Janie: We have made some changes. Recognizing the fact that we're competing against all the states around us, and, of course, Texas is one of our biggest competitors pulling our physicians away from Oklahoma to them. And so, having to re-evaluate and think, "What can we do to make Oklahoma more competitive?"

The decision was made to increase our total amount eligible to $200,000, and to make the payment where it's a flat $50,000 each year for four years as long as the physician owes at least $200,000. We're able to do that because the Oklahoma State Medical Association has come alongside us as well. They, too, are sponsoring and often teaming with TSET to assist us. So as we begin to expand our sponsorship and begin to blend other sponsors with our TSET sponsorship, it expands the number of opportunities we can provide for physicians, but then increasing it to $200,000 puts us in a much more competitive light. And that begins with physicians starting their practice after July 1, 2020. We have already recruited 12 new physicians to begin under that new program, and it's just now July. And so we're excited. We're already beginning to see what the future can hold as we invest in that future.

James: Well, thank you for your time. We've really learned a lot about this very valuable program, and we appreciate the efforts that you and your staff put into this. Thank you, Janie.

Janie: You are welcome, James. Thank you for helping us spread the word of what we have to offer.

[15:57]

James: You know, it's worth repeating Janie's point on the economic impact that each physician makes on his or her local economy. The TSET website cites The American Medical

Association in saying that, “each physician in Oklahoma supports an average of nearly 12 jobs and $2 million in annual economic activity.’ And you know what else? Janie also went on to tell me that physician and nurse placements from PMTC truly stretches throughout the entire state. She said from Guymon down to Idabel, from Grove down to Altus, and everywhere in between, except in the Oklahoma City and Tulsa metro areas.

Cate: That's great. We experienced one of those places recently with our trip to McAlester, which is where we met Dr. Kamron Torbati, who is an OB-GYN, and he went through the PMTC program and ended up being placed in McAlester, and he says it has just been an immensely rewarding experience for him and he would not want his family anywhere else. So that was an interesting perspective that really showed that ripple effect that Janie Thompson described in her interview of how that PMTC program impacts and affects not just the physician, but many other factors, so.

James: Let's hear that conversation. I’m really interested to share this with all of our listeners here.

[17:25]

[Blues music - Improvisation: Fast Blues in A by Reverend Gary Davis]

David Keith: Here’s what I know about Dr. Torbati.

Cate: That’s David Keith, CEO of McAlester Regional Health Center.

David: I have yet to meet a patient that has said anything but fantastic things about his care. He's personable, and his skills are excellent. And besides that, he's a good friend and a good community member. What more can you ask for in a gentleman like that?

Cate: Dr. Kamron Torbati isn't someone you'd expect to see practicing obstetrics and gynecology in McAlester Oklahoma. But for the last five years, he's been providing elite reproductive health care to not just McAlester, but many nearby rural areas.

Dr. Kamron Torbati: My name is Kamron Torbati. I'm an OB/GYN. I've been practicing in McAlester for the last five years.

You know, I'm new to Oklahoma. I was born and raised in California. All of my medical education and training and residency and all that were in the northeast, so, you know, I was, I guess, a city kid.

You know, it wasn't always destined that I was gonna go into medicine. I enlisted in the Marine Corps right out of high school and my parents had to sign a permission slip for me to go. Joining the Marine Corps was probably the smartest decision I ever made. Through hard work and discipline, there's nothing you can't achieve in life, and there's no way in which you can’t reinvent yourself. And it was during that that I realized that I could do anything I wanted to, and, you know, I liked the idea of working with my hands,

but also being able to help people. And I decided at that point that I was going to be a doctor, and the day I got out of the Marine Corps, I went about making it happen.

Cate: Kamron embarked on his medical journey about as far away from McAlester as someone could possibly be: the West Indies.

Kamron: I did two years of medical school in Grenada, so I lived there for a couple of years. I've traveled a lot throughout the U.S. I lived in the northeast for medical training, and then – me and my wife, we, prior to here, we were a little bit like nomads. We liked to experience new places, but McAlester is where we've decided we're settling roots. We've been here five years with plans to stay for the foreseeable future.

Cate: While Kamron completed his residency in the northeast, his wife, Tiffany, gave birth to their son. It was then they decided to leave the nomadic city-dweller life and find the perfect place to raise a family.

[Folk/blues music: New Boots Rag by Doctor Turtle]

Kamron: I was looking for something that I think is difficult to articulate, but, you know, I was looking for the kind of community that felt right and the kind of hospital and administrative staff that felt right. And when I came to McAlester, I met David, and other places where it was sort of formal, you know, here, we had dinner at David's house and hung out, and I mean, it was just – it had the kind of family vibe that I was looking for. I knew as early as my first time here in the community that this is where I was coming.

Cate: He describes a place that's got a small town atmosphere but isn't uncomfortably isolated. And he was glad, he says, that the hospital needed him. He likes a fast-paced environment and the opportunity to make a difference.

Kamron: Professionally, I couldn't be happier here.

Cate: Kamron says the hospital administration has compassion and common sense, and they gave him autonomy to run his practice the way he sees fit. According to him, the care they provide is top tier.

Kamron: I mean, it's a really great hospital that – I really believe in the care they provide. I delivered my daughter here, actually. And you know, it's been all around fantastic.

I love that it's a really welcoming community with nice people who are, you know, just really good, kind people who will do anything for you. It's like the polar opposite of New York City that I came from where someone will, like, step on your face for a dollar, you know? Here, it's different. People will help each other. People are good to each other. And that's great. That's how I want my children to grow up.

Cate: And the Physician Manpower Training Commission made a great partnership even better.

Kamron: The PMTC was really like the icing on the cake. It was another element that really sealed the deal on bringing me here. And I feel like it did exactly what it's supposed to, you know: I came here from out of state. It got me to a rural town in McAlester, and I'm staying now. I mean, if that isn't success for the program, then I don't know what is, you know?

Not that finances matter ultimately. You know, in life, I always try to do what feels right. As cheesy as it sounds, I've tried to always be on God's path, and I feel like if I'm doing that, then I'm always going to be happy and success comes.

Cate: And so it has for Dr. Torbati, who received the Rural Health Physician of the Year Award for 2020.

Kamron: That was really insane. I wouldn't have even thought I'd be on anyone's radar for any kind of award. I'm just some guy out here McAlester, you know, delivering babies. But it was a huge honor and I'm really appreciative to have gotten it, and I hope to continue to practice an excellent way that's deserving of that honor.

[Americana music: Back to the Woods by Jason Shaw]

Cate: Fellow award recipient David Keith commends Kamron for not only providing excellent care, but for exuding a passion that inspires others.

David: Dr. Torbati's passion and commitment to rural health care has helped us recruit additional physicians. We have a gastroenterologist here now. We have a trauma surgeon here now. We have a cosmetic surgeon here. And basically, you can tie a lot of our recruitment efforts back to a passionate doctor, and Torbati is one if not the most passionate doctor about rural health care. And doctors like working with good doctors who are passionate about what they do.

Cate: McAlester Regional Health Center has been lucky not only to receive doctor Torbati and all the physicians who have followed his lead, but perhaps, according to Kamron, an even more impressive addition to the team: Tiffany Torbati.

Kamron: My wife also – she just graduated nursing school here in McAlester. We're basically high school sweethearts. We've been with each other since I was 19 and she was 17. And she's been on this whole crazy journey of medicine and the Marine Corps – she was there with me through all of it. She got her degree in political science, and she was – she's brilliant. She's honestly smarter than me. She was a 4.0. grad. She was an intern for a senator for four years. Could have gone probably to like an Ivy League level law school, but put it on hold to sort of chase me and my dream of medicine.

And we came here, and she wanted to do something else. She had sort of developed a love for medicine and women's health, and so she attended Eastern Oklahoma State University, and she's a nurse now. She just graduated in May, and she's one of the labor and delivery nurses now, one of the new nurses they're training, so we get to work together. And it's going really well so far.

[Upbeat piano music: Wheels by Jason Shaw]

Cate: While practicing medicine in and of itself is a noble pursuit, Kamron believes in an even greater sense of purpose in providing care for those who need it most.

Kamron: And I think it's important. I think that when you're coming out of residency like I did, sometimes there's a fear or apprehension about coming to a rural place because, you know, you're putting yourself out there and you may not have the same level of support you would somewhere else. But I also think it's a responsibility for good, well-trained, elite doctors to come and serve rural communities. I really think that that's a part of my purpose, too, is to be taking care of people and providing good, elite care in a place that might not otherwise have it – people who need more of an advocate than in other places, you know? So like I said, I always try to follow that path that I'm supposed to be on, and it led me to McAlester. And it's important for me to do my job well and take care of my patients here, you know, to the best of my abilities.

Cate: And while the Torbatis take care of McAlester, McAlester takes care of the Torbatis.

[Music fades out]

[25:35]

James: Man, that was pretty interesting. I enjoyed hearing just things that he's been through in his life and just how he came about coming to McAlester. But of course, you're the one who actually sat down and talked with him. What did you like most or what did you glean from this conversation?

Cate: It's funny 'cause, see, I was born here, you know, and anytime people move here from a cool place like California or New York or Grenada, like he said, you know, I'm always like, "Why? Why did you come here? And like, why did you – why McAlester?" And so I'm asking him these questions, and he really kind of sold me as far as showing the contrast between what it's like in New York and, you know, the tertiary care facility. He said there's tons of elite, qualified doctors there who all kind of just circle around, you know, in the same communities. But coming to McAlester, he said that that's a place where he wants to raise his family, and that's a place where he feels – he sees a really tight-knit, appreciative community, and he gets to really feel those profound benefits of having an elite doctor on staff, and, you know, feeling like he not only changes lives, but he feels involved with the lives of his patients.

James: Yeah. You know, finding physicians like Dr. Torbati and bringing them to McAlester Regional Health Center is what Michelle Mabray does for a living. Bringing doctors and nurses to rural areas, though, can be a challenge, but McAlester seems to do pretty well for itself as she explains here in this conversation with us.

[27:13]

James: Hello everyone. We are here today with Michelle Mabray of McAlester Regional Medical Center. Welcome, Michelle.

Michelle Mabray: Hi, James. Thanks so much for having me on. I appreciate it.

James: Absolutely. It's good to have you here.

Michelle: Yeah.

James: So your position there – you are a physician recruiter, which, of course, means you recruit physicians to work at your hospital. What does your job actually entail, you know? How do you successfully bring doctors to your hospital?

Michelle: Yeah, so, I am the physician recruiter, and with that, you know, my job is much broader than just recruiting. It's very important when we're sourcing candidates that we find individuals that have ties to the area and are interested in living in a rural area. You can have a really successful recruitment program, but if you're not able to retain physicians and find quality candidates that will remain in your community, essentially, you know, your hospital will still really struggle with lack of access to health care.

So, my job really starts out with sourcing candidates, from finding individuals, again, with a strong interest in serving in our area. But then also, recruiting ties so much more into other areas of lifestyle other than just professional interests. So finding areas – finding out what's essential to that provider and his or her family unit is really part of my job as well. So I would say half of it is learning the needs of the organization and finding physician alignment within that physician engagement, retaining the physicians that we have, but then also sourcing candidates that will fill the gap within health care in our community, and then looking at their family unit to make sure that we're meeting their needs: with education; they're always interested in how the economy is doing; what types of recreation opportunities are available; cost of living is a huge benefit to our area, and it's a way that we are able to attract people. If they're moving from the East or West Coast, typically housing is a third if not a fourth of the cost of housing in those areas.

James: Yeah.

Michelle: So that's a big draw to the area. But my husband joked last year that I had become a real estate agent on the side because finding housing that is good for families in this area can be really difficult. So just meeting all of the needs of the family for that transition is also part of my job as a recruiter.

James: You were able to hit on a lot of things that are involved with what you do to bring physicians to McAlester. Of all of those aspects, that alignment that you talked about, are there any particular challenges to bringing physicians to rural areas – not only bringing them there, but also keeping them there?

Michelle: Yeah. One difficulty in recruiting for a rural area is if you're recruiting a single specialist. For instance, we've been having difficulty recruiting psychiatry. Well, the first question a candidate asks me is, “How many other psychiatrists do you have in your organization?” And unfortunately the answer to that is that we don’t. And so, not having that physician to be able to have a second opinion, share call schedules, build a practice together – it's very difficult to recruit that single provider into such a large role. It could seem that they would reach burnout fairly quickly.

Another area is just recruiting to rural areas in general. Only 1% of the population that graduates medical school has identified that they would like to work in a rural area, whereas 30% of physicians are actually needed in those rural areas.

James: Yeah.

Michelle: So, you know, there's a major discrepancy there.

The other thing I would say is just, financially, it's very expensive to recruit a physician. So, when we have physicians come on site, you know, the national average for that is 20% will typically go into contract with you and successfully on board with you. And so, with that, you would think one in every five physicians. But we really focus on building a relationship prior to the physician coming on site, making sure that we screen that candidate heavily, and making sure that our ideals already align before they come, so we have a 75 percentile success rate for signing those physicians, and that really cuts back on the cost of overall recruitment, which makes it easier for us. However, I know across rural America, it’s extremely expensive to hire on a new physician, and it takes several years for that physician to become established. So it’s a very long term investment for recruiting.

James: Wow. Yeah. But, as you mentioned, that research and that advanced scouting and the alignment really helps your particular hospital in really having that super high sign rate, which is great.

Michelle: Yes, yes.

James: So we just discussed challenges on bringing physicians to a rural hospital, but are there any maybe hidden advantages to coming to McAlester or a place like that?

Michelle: Absolutely. Well, outside of the hospital, just the cost of living in rural Oklahoma is amazing. If you find a candidate and they’re interested in owning land or, you know, they are coming from a higher cost of living – that can be a major draw for families. We have really good education programs here and extracurricular activities for young children. You know, we do have a lot to offer here. Practicing in a rural area sometimes means that you have a much more diverse set of skills rather than specializing in any one area, which can really be a draw to providers because of the interest in medicine and serving and staying on with your population.

I would say the thing that providers absolutely love the most is just a relationship with your patients. Typically, you do know your patients. You know the families of your patients, which is really wonderful in providing medicine. It's really gratifying to see them later down the road at the rotary club or Walmart or your children's events. You know, it's just much more of a community atmosphere than in the metro area, which is really wonderful.

James: That's great. That is great.

My final question for you, Michelle, is this: of course, we've known each other for a while because in a former life you were a TSET Healthy Living Program coordinator –

Michelle: Yes.

James: – and a very good one, in Pittsburgh County. So I know that community health is a big deal to you – health and wellness. But what is it about this particular position at this medical center that really inspires you? What do you really love about what you're doing now?

Michelle: Well, when you think about the health of your community, access to health care is essential, and not just access to care, but access to quality health care is essential. And so working as a TSET Healthy Living coordinator, I absolutely loved that program. I was so integrated into the community, and we were able to really launch efforts to reduce tobacco use and reduce obesity in the area. But I felt that this was the next step in my career to really assist my community in an impactful way. I experienced it a lot in the community through family and friends, but I'll tell you a quick story if that's okay.

Recently, we have launched a pulmonology search, and when we were discussing the need for pulmonology in our area, we had a former family medicine resident that now works as a hospitalist in our organization say that one of his patients, to travel to a single pulmonology appointment two hours away, he had to load up six oxygen tanks –

James: Wow.

Michelle: – to make it back and forth to that one appointment. And, with chronic disease, you know – unfortunately, our area of Oklahoma, we see a lot of COPD, a lot of cancer, a lot of chronic disease in our area, and so not having that access can be detrimental to the lives of people in southeast Oklahoma. So, my big drive is to have quality health care in our area and to service those individuals. Unfortunately, that gentleman was not able to keep up with his regular visits, and it greatly affected his health.

Also, working in public health in the past, I have a huge drive for preventative health care, and not having access to – or readily access to health care sometimes means that people go much later in their course of treatment, and if they had gone earlier, they would have had much different outcomes. So I'm just very passionate about providing that health care accessibility to our community.

James: Wow. Yeah, I'm glad you are, and thanks for sharing that story. It really illustrates the need of ready medical access in rural areas, so thank you for that.

Michelle: Absolutely.

James: And thank you for your time, Michelle, and for your insights and your experiences. We really appreciate it.

Michelle: Yes. I know that TSET is doing an amazing job of funding programs like PMTC and creating awareness and emphasis on access to health care, so I'm eternally grateful for your dedication to this as well.

James: Oh, absolutely. Well, take care, and we'll see you down the road, okay?

Michelle: Alright, thanks so much, James.

[38:03]

James: Well, that's a pretty involved process, Cate, but with a 19% national physician signage rate at rural hospitals and clinics throughout the country, it's important for a medical facility to do whatever it can, and it sounds like McAlester Regional is doing it quite well.

Cate: Yeah, hearing it from her shows how critical of a position this really is. The tasks that are left to rural physician recruiters was really surprising as far as how intensive it is. Like, it's so much more than just hiring people and finances and salaries. It's about having your ear to the ground in the community so you can balance those needs and then also the needs of the physicians and their families. So you're, like, negotiating and coordinating between all these different moving parts, and I really admired her passion.

And next up is another passionate advocate, David Keith, who is the CEO of McAlester Regional Health Center. Let's hear what he has to say.

[39:08]

James: We're here today with David Keith. He is the CEO of McAlester Regional Health Center. Welcome and thank you for joining us.

David: Well, thank you. It's really good to be here, and it's nice to have visitors.

James: Well, first question I wanted to ask is how extensive is the health center's geographical reach, and about how many patients do you see in an average year?

David: Well, McAlester Regional emphasizes the region. Over the decades, it's become very apparent that we've had to expand our footprint to support the hospital. So in today's environment, our primary service area is about nine counties. So we look at every county that touches Pittsburgh County as our own. Now, with regard to the southeast Oklahoma region, we find ourselves taking care of patients from all 14 counties. So we

are a true rural regional hub providing extensive care to 14 counties, about 250,000 people –

James: Wow.

David: – and that includes cardiac care, oncology care, obstetrics, and we're a level three trauma hospital. So we are the predominant rural regional hub serving a wide vast of geographic area.

James: That's impressive. Very, very impressive. Now, I understand that you're also involved with hospitals and clinics throughout this region, and every hospital, of course, wants to provide the best medical services that they can for their communities, but in your experience, what makes delivery of medical services unique here in southeastern Oklahoma?

David: Again, within an hour and a half drive, and I'm sure you made the drive –

James: Yes.

David: – you won't find another hospital that does the tertiary care services that we provide. Imagine yourself in an auto accident. We're level three trauma hospital. You're not going to want to drive, or you're not going to want to go in an ambulance drive for an hour and a half in order to get trauma care. We provide that. We do upwards to eight strokes a week. Can you imagine driving an hour and a half to two hours to find stroke care? Imagine delivering your baby and having to drive over an hour and a half to deliver your baby. And can you imagine if you had a heart attack? You come to this institution, our cath labs will take care of you. Other than that, you've got to drive to Oklahoma City, fly to Oklahoma City, or drive or fly to Tulsa. That's what makes us unique.

The other unique part of us is, if you notice, southeastern Oklahoma is losing rural hospitals. The hospital in Eufala's closed. The hospital in Wilburton's closed. Stigler's almost closed. Atoka filed bankruptcy. Other hospitals have filed bankruptcy. We are sustained because of our reach and our capabilities here. That makes us unique.

James: You mentioned the closings of hospitals, which is a problem with rural medicine, people needing to get access, especially during emergency situations like that. So I wanted to ask just what is the prognosis, I suppose, just from your experience, from what you see, in terms of the future health of these rural hospitals so that people can get this access?

David: Well, when you talk to peers in this industry, and if you look at those who are following this industry and the impact on rural health care, there's about 300 rural hospitals in this nation that we expect to close within the next two to three years. Of that 300, there are 18 hospitals that are on the edge of closure in Oklahoma. We see a very poor prognosis for rural hospitals. You will see small rural hospitals, critical access hospitals, forced to partner with other health care systems for sustainability, and we're starting to see that model play out. I think small hospitals are joining rural hubs, like Stillwater and Duncan and Altus and so forth. You're starting to see kind of a consolidation of health care

services. I'll share we've helped support Atoka, we've helped support Idabel, and we are helping and supporting Poteau Eastern Oklahoma Medical Center. We feel like it's our duty in our accountability and responsibility to reach out and help sustain these small rural hospitals for the betterment of patient care.

James: Right, right. I mean, these actions will help the hospitals, but of course it also helps the people that they serve, because otherwise there's nothing else out there for them.

David: Well, remember, rural hospitals are major economic drivers in a community. And I learned this back in the 80s when I first got into health care: show me a community that loses its hospital and I'll show you a dying community. And so what rural hospitals have to do is reinvent themselves. You don't have to be a rural hospital to be substantial in the future. You have to have good clinicians, good infrastructure and good technology. You don't need the cost of brick and mortar to provide those services in the future. And so there's a paradigm change that has to happen for these rural communities. Providing health care is very different tomorrow than it is today. Much like you recording this podcast on your cell phone, I can record my EKG on my cell phone. So things are changing right before us. It's exciting times.

James: Very exciting times. It'll be interesting to see just how it keeps on going as these years go on.

Let me close with this: what do you like most about your job here?

David: Well, what I like most about McAlester Regional Health Center is it's a very complex hospital. People don't realize how complex we are. We are independent. What I really like about this hospital more than anything else, because I come from very large tertiary care hospitals, is I actually know the doctors. I know my executive team. I know the housekeeping employees. I know them. I work with them. I see them every day in this community. And I hear from this community the positive impact we're making. You don't necessarily get that in the large urban tertiary care centers. It is very much family.

James: Well, thank you for your time. I appreciate it.

David: It's been a pleasure, and again, I thank you for visiting southeastern Oklahoma. I think you can see the challenges we have, but we have a team here that will rise to the occasion.

James: Very good. Thank you, Mr. Keith.

David: Good. Good to meet you. Thank you very much.

[46:38]

James: Well, those are some very interesting points that he brought out. You know, the dynamics of rural medicine, like so many other things, they are a-changing, and it is so important to adapt in order to survive and provide communities with the medical care

that they need and deserve. It's a challenge, but one that so many health care providers in underserved areas throughout the state are really passionate about meeting and delivering for their communities.

Cate: Yeah, it was really rewarding to see all of the passion and knowledge and drive to meet this need, and I was happy that we were able to zoom in particularly on McAlester Regional Health Center for this episode because it serves so many surrounding areas, covers the whole gamut of care, from pregnancy to wellness to cardiology to neurology to hospice – everything. I mean, they are that whole hub of medical care for that entire region. So it was really eye-opening to see how vital this institution is for so many people and how the PMTC program adds a really critical incentive for bringing physicians to those areas.

James: Exactly. Exactly right. It was a privilege to go down and visit this particular medical center down in McAlester, but we know that there are dedicated physicians and clinics and administrators throughout the state who are doing whatever that they can in order to bring these services to their communities. You mentioned PMTC – there are other associations, agencies who are doing what they can, and I am so glad that TSET is involved and doing what it can, providing funding to bring much-needed physicians to places throughout the state. As Janie mentioned, you know, from Panhandle down to Little Dixie and everywhere else. And so I'm glad that TSET is very active and funds some very critical programs in this way.

Cate: Well, thank you listeners for joining us today. We hope you enjoyed this episode and we look forward to bringing you our next TSET Better Health Podcast. So until next time –

James: This is James Tyree –

Cate: – and Cate Howell.

James: Wishing you peace –

Cate: – and Better Health.

[Theme music]

[49:07]