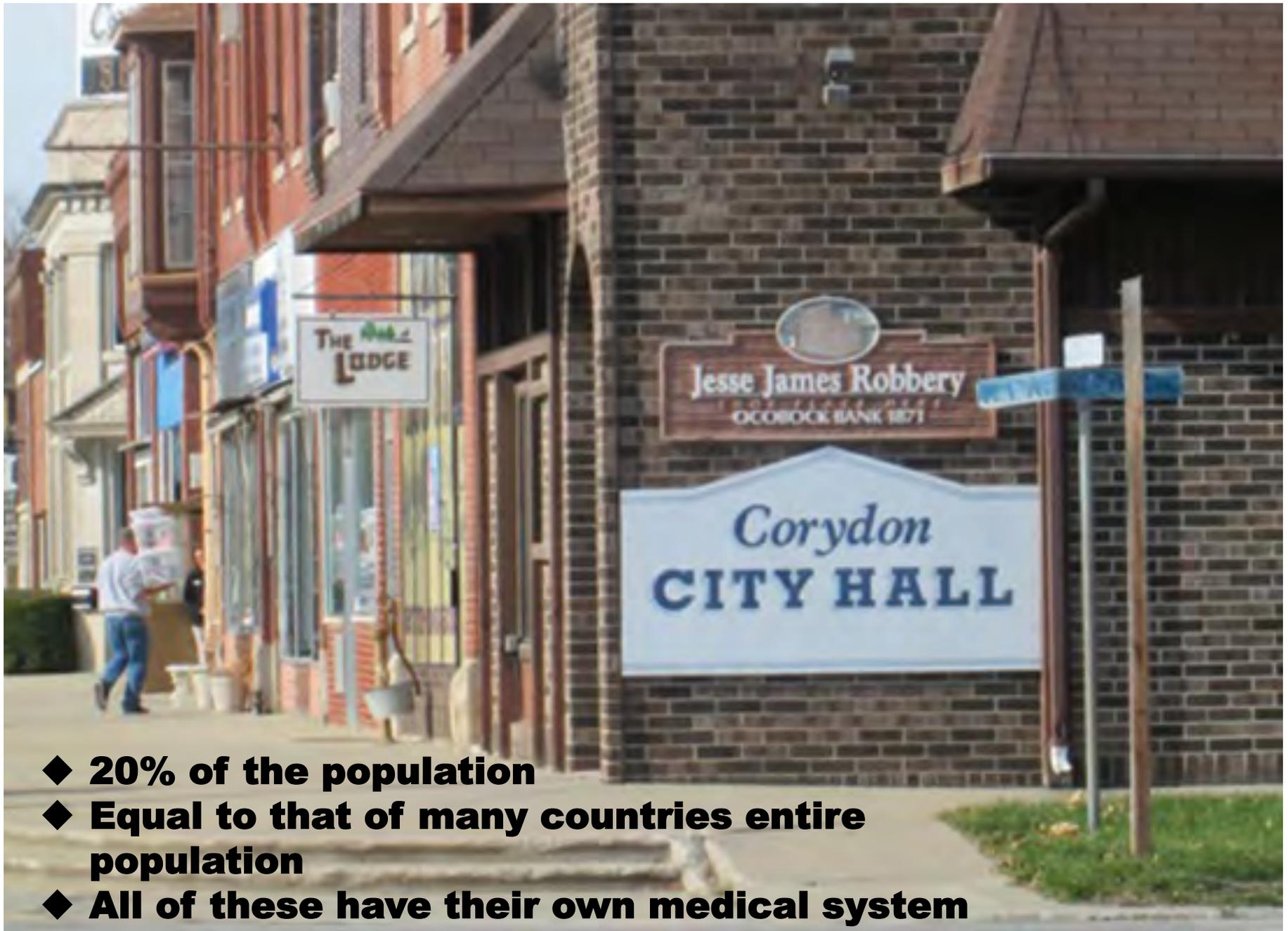


Place Based Surgery

David S. Kermode, D.O., F.A.C.O.S.





- ◆ **20% of the population**
- ◆ **Equal to that of many countries entire population**
- ◆ **All of these have their own medical system**



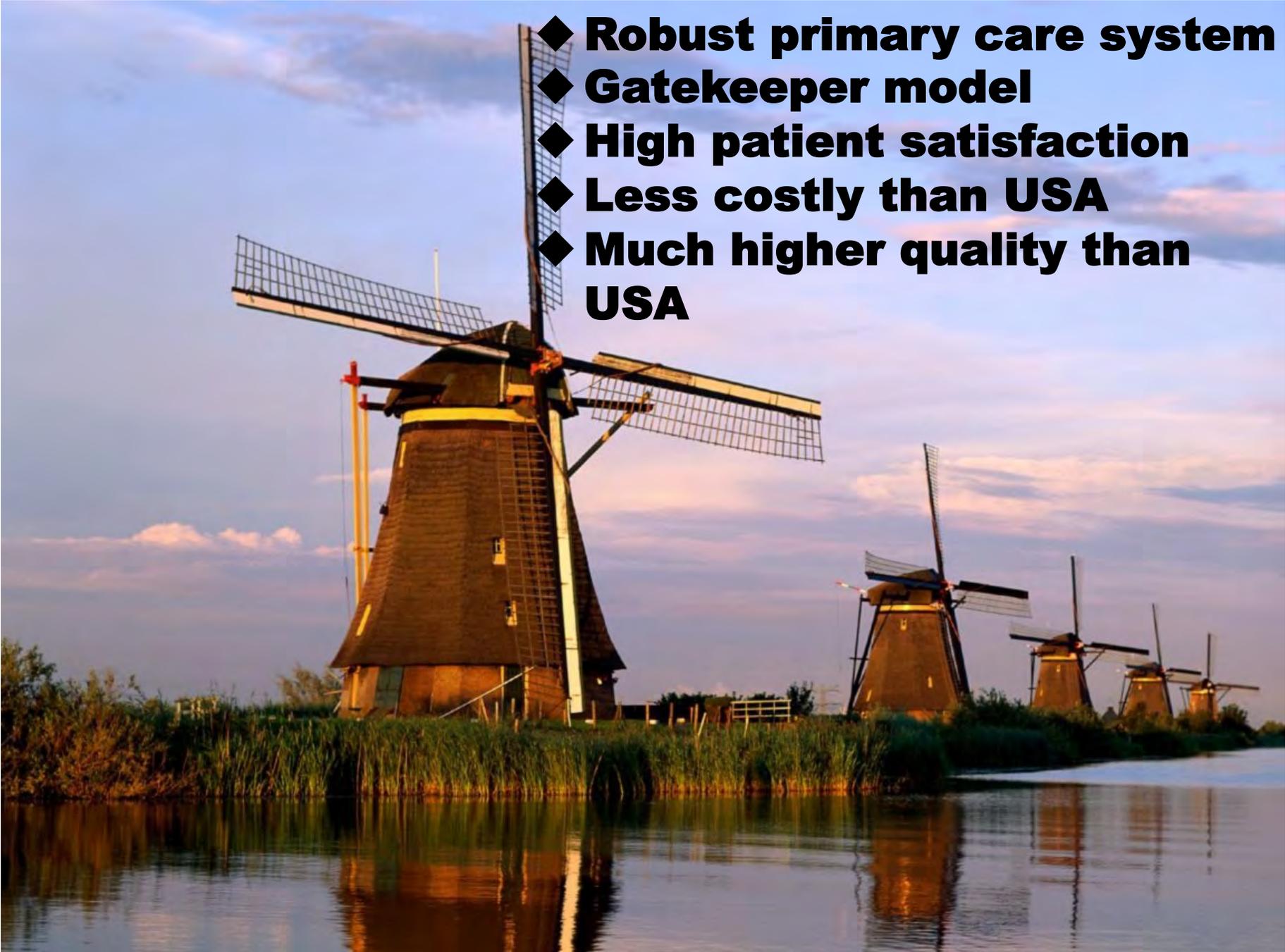
- ◆ **Large Employer**
- ◆ **Local Care**
- ◆ **Patients desire to “stay home”**
- ◆ **Acceptance of limited capabilities of local hospital**



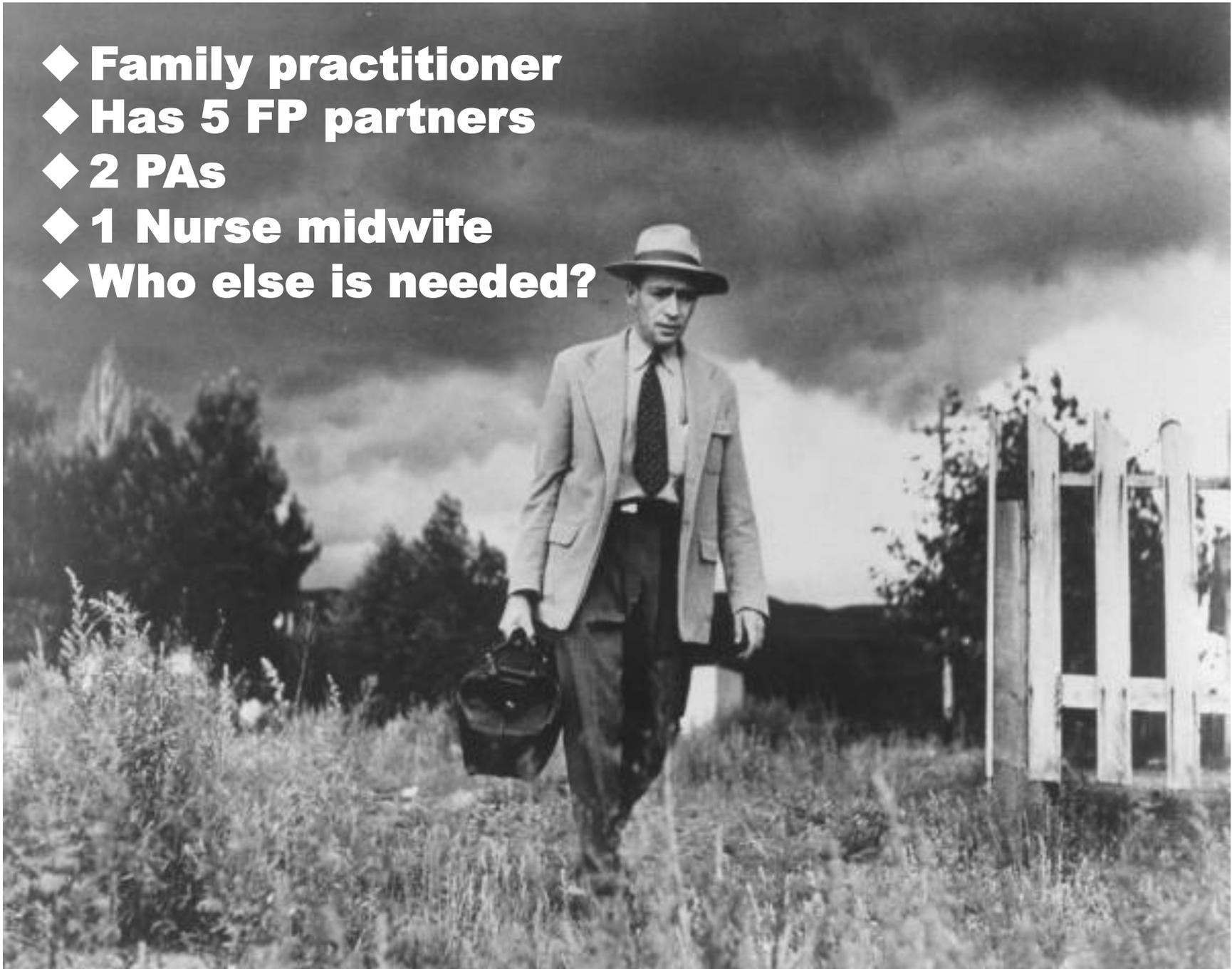
- ◆ **Where training is done**
- ◆ **“All surgery should be done here”**
- ◆ **? Rural Presence**



- ◆ Solution imposed
- ◆ Scraps that fall off the table
- ◆ No intentional need to help rural places

- 
- A photograph of several traditional Dutch windmills along a canal at sunset. The windmills are made of wood and have large, lattice-like sails. The sky is a mix of blue and orange, and the water in the canal reflects the scene. The windmills are arranged in a line, receding into the distance.
- ◆ **Robust primary care system**
 - ◆ **Gatekeeper model**
 - ◆ **High patient satisfaction**
 - ◆ **Less costly than USA**
 - ◆ **Much higher quality than USA**

- ◆ **Family practitioner**
- ◆ **Has 5 FP partners**
- ◆ **2 PAs**
- ◆ **1 Nurse midwife**
- ◆ **Who else is needed?**





- ◆ **No specific training for the role**
- ◆ **Trained over 5 years at an academic medical center**
- ◆ **Got “some” experience in c-sections, urology, and gynecology during training**

- ◆ **Should we accept this “method” of training**
- ◆ **Has it worked in the past**
- ◆ **Will it work now**
- ◆ **Is it scientific**
- ◆ **Is justice served to rural patients**



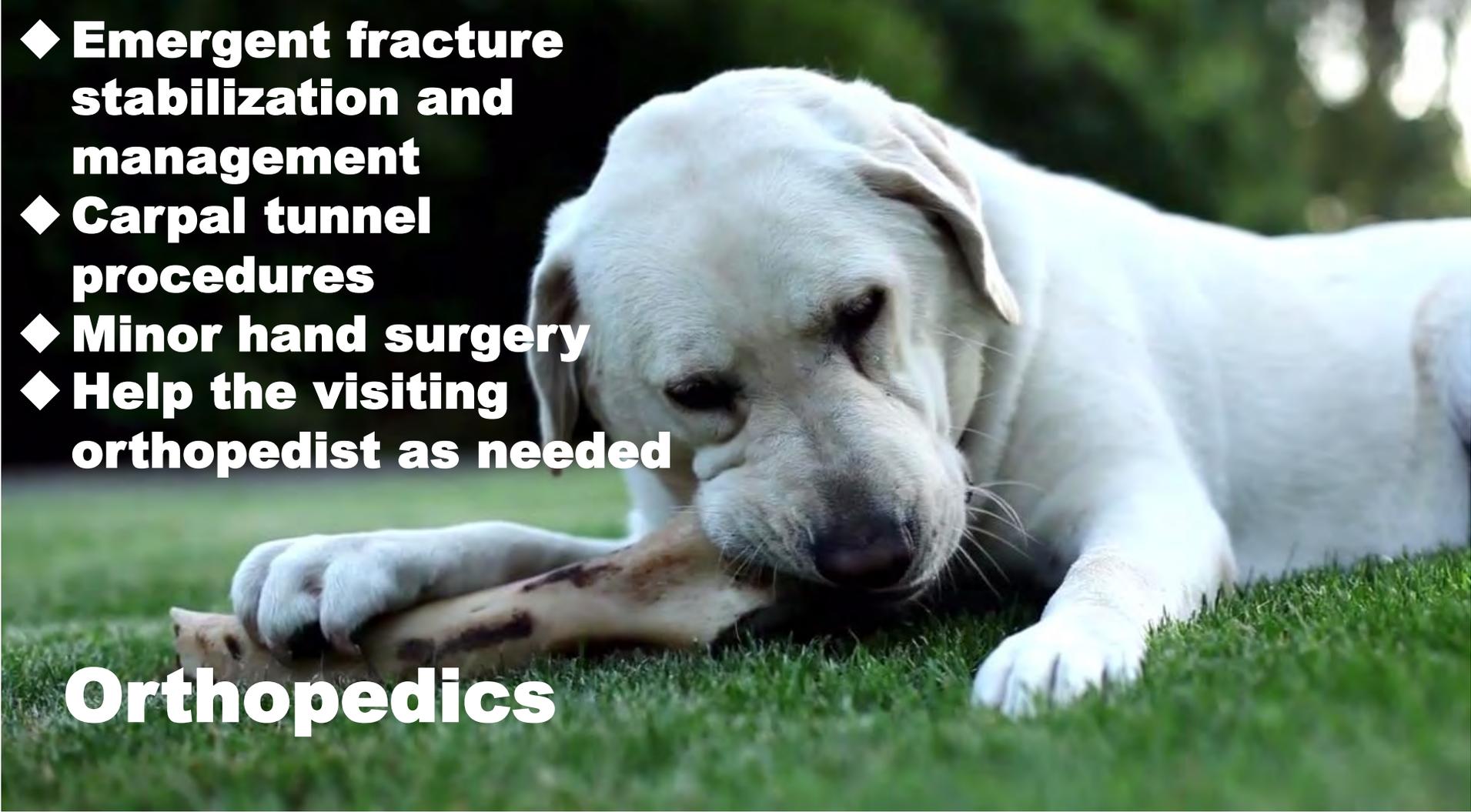
- ◆ **Surgeon recruited from a rural background**
- ◆ **Broadly trained**
- ◆ **Able to provide appropriate surgical services right away needing only limited additional training.**





Training

- ◆ **Needs extra training in:**
 - ◆ **Operative obstetrics**
 - ◆ **Operative Gyn**
 - ◆ **Operative ENT**
 - ◆ **Some operative urology**
 - ◆ **GI endoscopy**
- ◆ **Leadership training**
- ◆ **Teacher training**

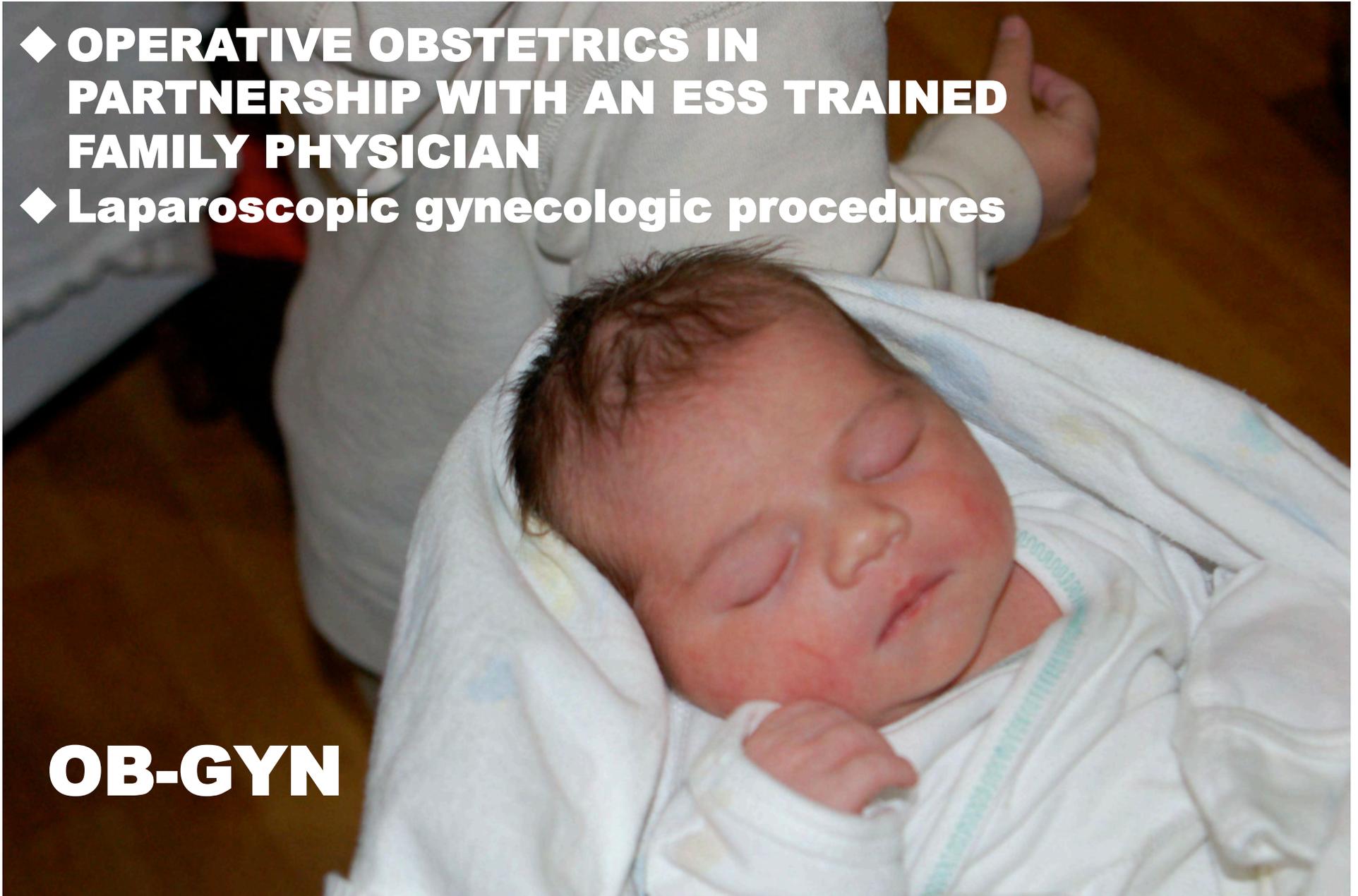
- 
- A white dog, possibly a Weimaraner, is lying on a green lawn. The dog is looking down and chewing on a large, light-colored bone. The background is a soft-focus green lawn and trees.
- ◆ **Emergent fracture stabilization and management**
 - ◆ **Carpal tunnel procedures**
 - ◆ **Minor hand surgery**
 - ◆ **Help the visiting orthopedist as needed**

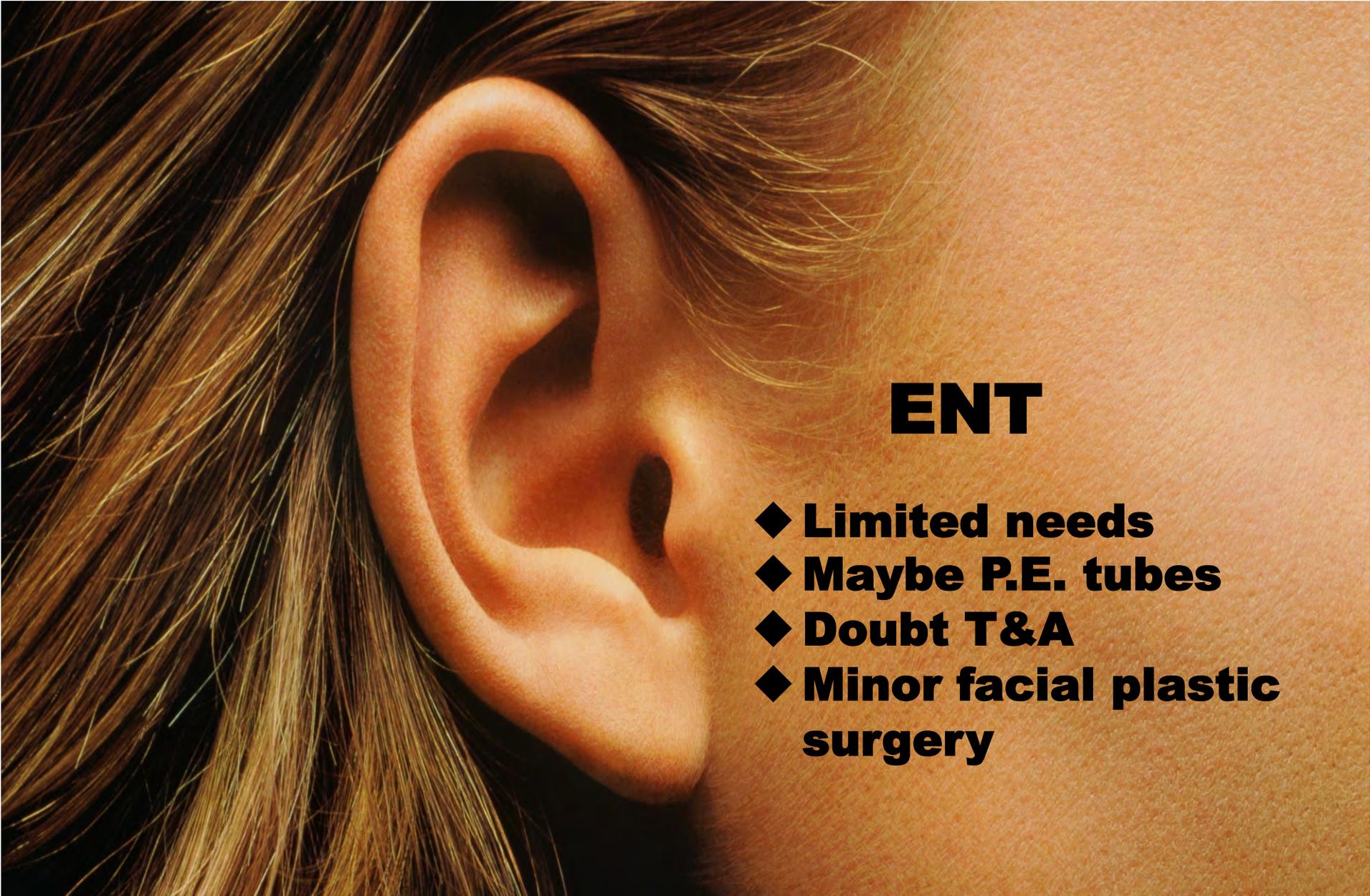
Orthopedics

◆ **OPERATIVE OBSTETRICS IN
PARTNERSHIP WITH AN ESS TRAINED
FAMILY PHYSICIAN**

◆ **Laparoscopic gynecologic procedures**

OB-GYN



A close-up photograph of a human ear, showing the outer ear (pinna) and the ear canal. The ear is set against a background of light brown skin and dark brown hair. The lighting is soft, highlighting the contours of the ear.

ENT

- ◆ **Limited needs**
- ◆ **Maybe P.E. tubes**
- ◆ **Doubt T&A**
- ◆ **Minor facial plastic surgery**

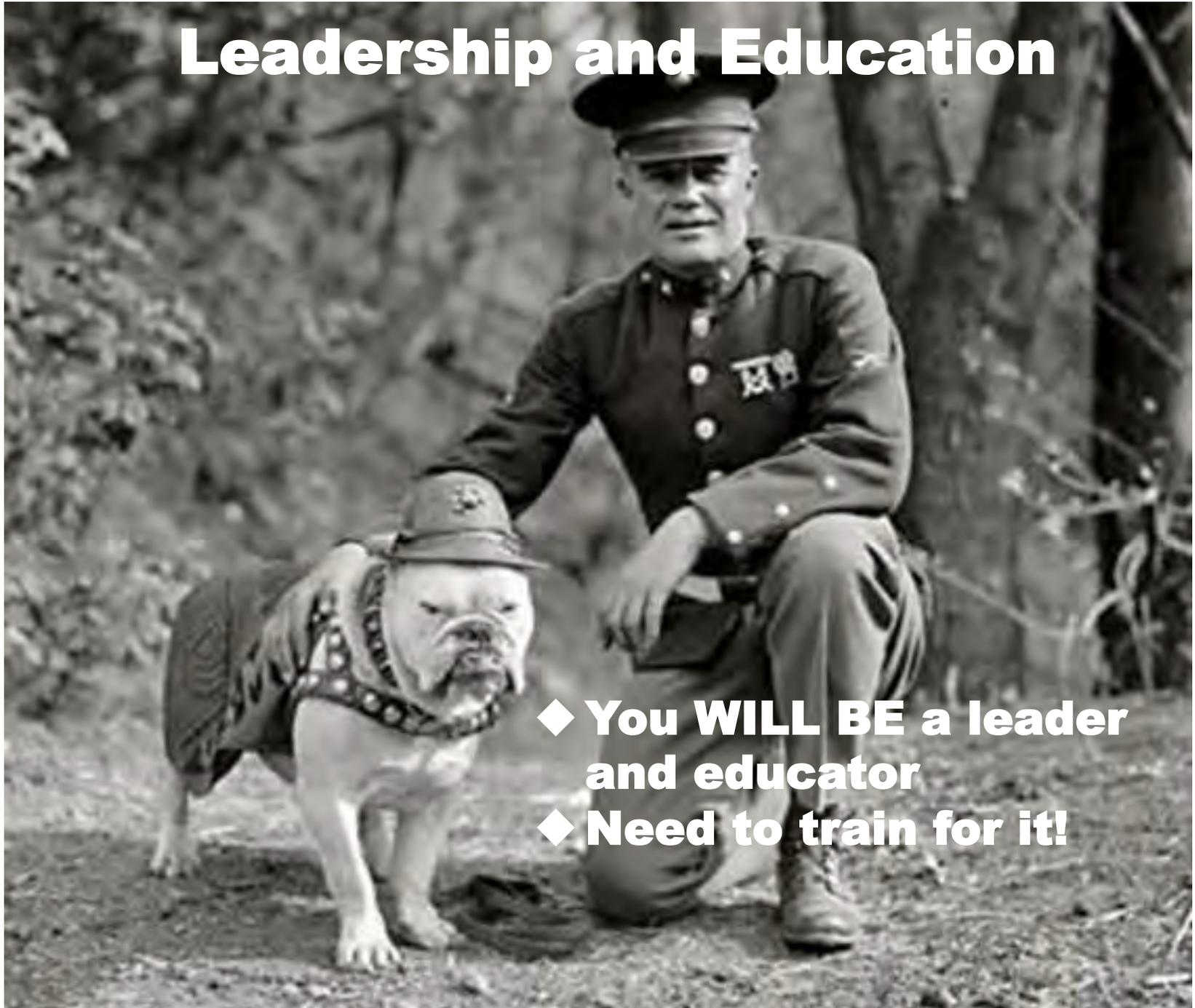
GI Endoscopy



- ◆ More than just passing the scope
- ◆ Need help from FPs in managing chronic conditions

Leadership and Education

- ◆ You WILL BE a leader and educator
- ◆ Need to train for it!



Call Coverage and Family Life

◆ This is the number one barrier to recruitment

◆ Consistent and fair arrangements and expectations

◆ No more “you’re on call when you are here”

Professional Isolation

- ◆ **REAL PROBLEM**
- ◆ **Need to have joint appointment or arrangement with referral hospital**
- ◆ **Call at “big” place to keep up skills and maintain quality assurance**



“Community” Help



- ◆ **Endoscopy**
- ◆ **C-section**
- ◆ **First Assistant**
- ◆ **Rounds**
- ◆ **Chronic Care**
- ◆ **ESS Fellowship**

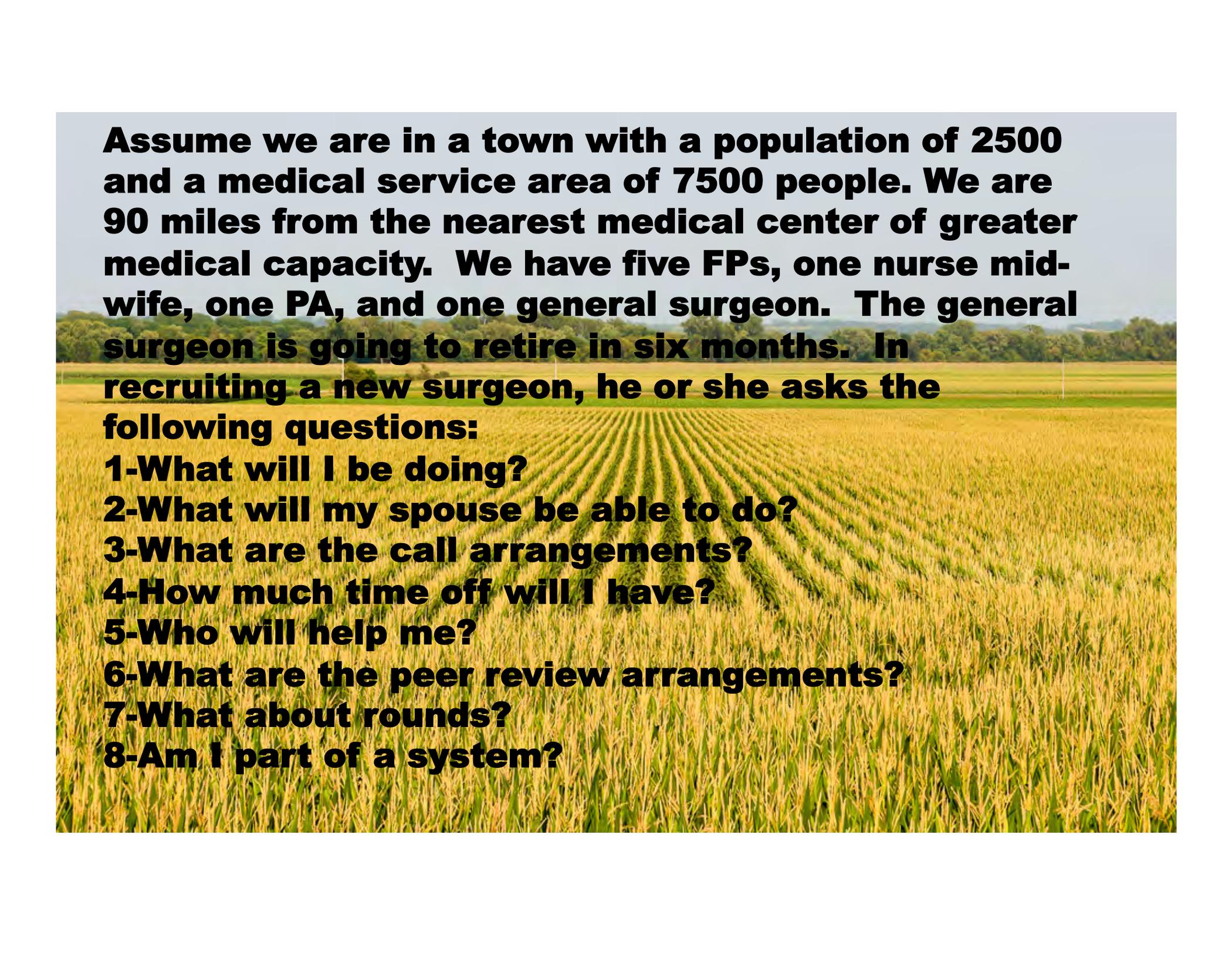
What We Have Now

- ◆ **Crumbling system of rural surgery**
- ◆ **Assurance that AMCs will “help”**
- ◆ **Danger to local economy**
- ◆ **Patients afraid about both quality and access**
- ◆ **Patients want and need to stay locally for care**

What We CAN Have

- ◆ Well trained
- ◆ Rural background
- ◆ Commitment to community
- ◆ Committed to quality with a support structure to survive practice in a rural community
- ◆ Part of a larger system





Assume we are in a town with a population of 2500 and a medical service area of 7500 people. We are 90 miles from the nearest medical center of greater medical capacity. We have five FPs, one nurse midwife, one PA, and one general surgeon. The general surgeon is going to retire in six months. In recruiting a new surgeon, he or she asks the following questions:

1-What will I be doing?

2-What will my spouse be able to do?

3-What are the call arrangements?

4-How much time off will I have?

5-Who will help me?

6-What are the peer review arrangements?

7-What about rounds?

8-Am I part of a system?

Further Reading

Weigel, P. PhD, Ullrich, F. BA, Ward, M.M., PhD, Mueller, K.J., PhD (2015) Surgical Services in Critical Access Hospitals, 2011. RUPRI Center for Rural Health Policy Analysis, Brief No. 2015-2, retrieved from

http://cph.uiowa.edu/rupri/publications_policybriefs/2015/Surgica%20Services%20in%20CAHs.pdf

Center for Rural Health Research (May 2014). Optimal Perinatal Surgical Services for Rural Women. *Policy Briefs Issues in Rural Maternity Care*. Retrieved from http://ess.rccbc.ca/wp-content/uploads/sites/5/2014/12/Policy-Brief_Optimal-Perinatal-Surgical-Services-for-Rural-Women_FINAL.pdf

Kornelsen, J. PhD, Iglesias, S. MD, Humber N. MD, Caron, N. MD, & Grzybowski, S. MD (March 2013). The Experience of GP Surgeons in Western Canada: The Influence of Interprofessional Relationships in Training and Practice. *Journal of Research in Interprofessional Practice and Education, Vol. 3.1*. Retrieved from <http://www.jripe.org/index.php/journal/article/view/75>

Further Reading Cont.

Center for Rural Health Research (May 2012). Rural General Practitioner Surgeons-Supporting Sustainability. *Policy Brief Rural Health Human Resources Issues*. Retrieved from <https://centreforruralhealthresearch.files.wordpress.com/2012/12/2-1-gp-surgeons.pdf>

Evans, D.V., Cole A.M., & Norris, T.E. (19 May 2015). Colonoscopy in Rural Communities: A Systematic Review of the Frequency and Quality. *Rural and Remote Health 15:3057*. Retrieved from http://www.rrh.org.au/publishedarticles/article_print_3057.pdf

Miller, K.J. MD, Couchie, C. RM, Ehrman, W. MD, Graves, L. MD, Grzybowski, S. MD, Medves, J. RN PhD. (Oct 2012). Rural Maternity Care. *SOGC Joint Position Paper No. 282*. Retrieved from <http://sogc.org/guidelines/rural-maternity-care-position-paper-replaces-72-april-1998/>

Further Reading Cont.

- Grzybowski, S. MD, Kornelsen, J. PhD, Prinsloo, L. MD, Kilpatrick, N. MD, Wollard, R. MD, (2011). Professional Isolation in Small Rural Surgical Programs: The Need for a Virtual Department of Operative Care. *Canadian Journal of Rural Medicine* 16(3). Retrieved from <http://sogc.org/guidelines/rural-maternity-care-position-paper-replaces-72-april-1998/>
- Doescher, M.P., Jackson, J.E., Fordyce, M.A., Lynge, D.C. (Feb 2015). Variability in General Surgical Procedures in Rural and Urban U.S. Hospital Inpatient Settings. *WWAMI Rural Health Research Center, University of Washington, Final Report #142*. Retrieved from http://depts.washington.edu/uwrhrc/uploads/General%20Surgery_%20Final_2015.pdf