Inner city insights

Medical students get immersed in the needs of the urban underserved.

BY NANCY CROTTI

Ben Pederson didn’t follow the path that most of his classmates took during their third year of medical school. Rather than rotate from hospital to hospital in the Twin Cities doing clerkships, the University of Minnesota student spent nine months working with a group of family physicians and following a panel of patients at a clinic in North Minneapolis and working with specialists at North Memorial Medical Center in Robbinsdale.

Pederson, now a fourth-year medical student, was one of the first participants in the University of Minnesota’s Metropolitan Physician Associate Program (MetroPAP), which places third-year students at the Broadway Family Medicine Clinic in North Minneapolis and North Memorial.

The three-year-old program is an offshoot of the university’s Rural Physician Associate Program (RPAP), which for more than 40 years has dispatched third-year students outstate for nine months to cultivate their interest in rural practice. MetroPAP aims to help students appreciate the unique health challenges of the urban poor, according to director Kathleen Brooks, M.D.

MetroPAP accepted two students in each of its first three years. Three will be accepted for the 2013-14 academic year. Brooks says because student demand has been high, the program has added a second clinic site, the Neighborhood HealthSource Clinic in northeast Minneapolis. Students will divide their time among the two clinics and the hospital.

Pederson and Anastasia Kolasa-Lenarz were the first MetroPAP participants. In addition to working in the hospital and clinic, each completed a mandatory project while in MetroPAP. Kolasa-Lenarz facilitated the opening of a satellite clinic at a homeless shelter for neighborhood youths. Pederson surveyed university faculty and residents about their impressions and understanding of medical homes. His poster presenting the data was displayed at the Society for Teachers of Family Medicine Conference in New Orleans in April 2011.

Both speak positively about their MetroPAP experience.

“Living in the community, walking to the clinic, knowing my neighbors—it was really the opportunity that I’d been looking for in medicine,” says Pederson, who also found housing in the neighborhood. (Students in RPAP live in the community where they work. That’s not necessarily the case with MetroPAP students.)

“I learned how very involved family medicine physicians and clinics can be in the communities in which they work and how involved they can be in the social determinants in health,” Kolasa-Lenarz says.

Both say the MetroPAP experience has influenced their career path. Kolasa-Lenarz went on to earn a master’s degree in public health before returning to medical school. She plans to become a family physician. Pederson spent a year in Kenya as a Fogarty International Clinical Research Scholar, leading a team that introduced a tuberculosis diagnostic device recommended by the World Health Organization into three rural areas. He plans to one day return to north Minneapolis to practice family medicine and says he would love to be a preceptor for MetroPAP.

“I so strongly believe in this type of educational programming,” Pederson says. “It’s really the direction we need to be going in how to train compassionate and reflective and very empowered medical students.” MM

Nancy Crotti is a Twin Cities writer.
The earnings gap

Primary care physicians earn between $1 million and $3 million less than other specialists over the course of their careers. That is the finding of investigators from the University of California, Davis, Center for Healthcare Policy and Research who evaluated incomes of more than 6,000 physicians in 41 specialties. Medical oncologists, for example, earned $7,127,543 over a 35-year career, whereas family physicians earned an average of $2,838,637.

When they divided specialties into four broad categories, they found lifetime earnings for physicians in
• surgical specialties were $1,587,722 higher, on average, than for those in primary care
• internal medicine and pediatric subspecialties, $1,099,655 higher
• all other specialties, $761,402 higher.

The authors say that one reason for the lower primary care earnings was recommendations from the American Medical Association’s committee on physician pay that priced specialty procedures higher than primary care office visits. Both Medicare and commercial insurers utilize those recommendations.


Why go to the doctor?

Skin issues are the No. 1 reason people visit their doctor, according to a recent report in Mayo Clinic Proceedings.

A team led by Mayo researcher Jennifer St. Sauver, Ph.D, M.P.H., analyzed the medical records of 142,377 Olmsted County residents who visited Mayo Clinic, Olmsted Medical Center and other health care providers in the county between January 1, 2005, and December 31, 2009. They found the five most common reasons for medical visits were:
• Skin disorders such as acne, cysts and dermatitis (42.7%)
• Osteoarthritis and other joint disorders (33.6%)
• Back problems (23.9%)
• Cholesterol issues (22.4%)
• Upper respiratory illnesses (22.1%).

Others in the top 10 were anxiety, depression and bipolar disorder; chronic neurologic disorders; high blood pressure; headaches/migraines; and diabetes.

The authors noted that they were surprised the most common reasons for doctor visits weren’t chronic conditions related to aging but instead were concerns that affect both men and women of all ages.