Paula Termuhlen, regional dean of the University of Minnesota Medical School Duluth Campus, says physicians who choose to work in rural areas of Minnesota have great satisfaction in their work and their lives.

“I think you’re going to see a real joy in practice,” she says. “People who love the challenge and really appreciate being there.”

The challenges of medicine in rural areas can be easy to click off: limited access to specialists, inability to provide some medical services (many—but not all—rural clinics and hospitals have stopped doing obstetric care), feeling like you’re on call 24/7, isolation from physicians outside a small practice group, lower pay …

But for most physicians working in a rural area, that is a choice they made deliberately. And, as Termuhlen has found, they feel like they belong—because often, it’s either where they grew up or very much like the place they grew up.

*Minnesota Medicine* talked with a number of physicians in rural areas of Minnesota, some by phone, some in person. The same themes came up as they discussed their challenges—and their joy.

*Interviews by Linda Picone, editor of Minnesota Medicine
Photos by Rich Ryan Photography*
SAWTOOTH MOUNTAIN CLINIC

Grand Marais (Population 1,359)

Sawtooth Mountain Clinic is a Federally Qualified Health Center, established in 1979. It offers family practice medical and behavioral health services and a variety of public health services.

Jenny Delfs, MD

• Family practice physician
• Medical training: University of Iowa Medical School; residency in Duluth 1991-1994
• In practice since 1996

Delfs wanted to be in a small community, but with more going on than she had seen while in training in Iowa. She looked at clinics in Northfield and Decorah, Iowa, but in each, she would have been the first woman working there. She wanted to make sure that her practice and patient load would be varied; she didn't want to end up doing more women's health and less other kinds of medicine. When she came to Sawtooth Mountain, she was the third woman physician to work there.

Jenny Delfs, MD, and her husband, Jeff Kern, are each, in their own way, an integral and important part of the community of Grand Marais.
The work
All of the family practice physicians at the clinic do prenatal care, and emergency deliveries may happen in the emergency room—or in the ambulance on the way to the hospital in Duluth—but Sawtooth Mountain Clinic is not equipped to handle surgeries,
C-sections or other major medical procedures; there is no anesthesiologist and no operating room. It was tough for me to give up doing deliveries, but there are a lot of different skills I use that keep me challenged.

The challenges
What we have going for us is that we are a Federally Qualified Health Care Center. I hope we can stay in this bubble—but we know it’s a bubble.

The joy
I feel like the community has so much pride in this clinic—and so much pride in me. I really feel embraced by all of Cook County.

It would be nice to make it through the grocery store without doing a consult, but as a new person in town, anywhere I go, people know me. I think there is an ownership of the doctors here. We are theirs.
Jeffrey Scrivner, MD

- Family practice physician and chief medical officer
- Medical training: Medical College of Wisconsin, residency at University of Wisconsin Department of Family Medicine, Eau Claire 1978–81
- In practice since 1981

Scrivner grew up in a small town in rural Wisconsin. “Medical school galvanized my thoughts that I did not want to work in a large area,” he says. “Being in family practice allows you to work anywhere.” He thinks about the number of people and the traffic in the Twin Cities and says, “I want to be in the less-crowded lane going the other direction.”

The work

The rural family physician has to have a broader approach to medicine. We all take ER call at the hospital. We have to be able to take care of trauma, cardiac emergencies and the spectrum of urgent care. We stopped doing obstetrics about 15 years ago because the numbers just didn’t justify it; medical and nursing staff were not getting adequate experience to maintain their skills. Now women go to Grand Rapids or Hibbing for obstetric care.

Our family doctors have to have a broader skill set other family physicians don’t generally use.

Being a Community Health Center with federal funds allows us to have a robust quality improvement program. We’ve pursued quality improvement for about 30 years and have been able to steer the organization to be physician-oriented, not administratively-oriented.

Because we’re not part of a big health care organization, we can refer people to the best consultant for specialty care;
we’re not restricted to a consultant within a specific system.

We share a lot of clinical experiences and constantly are consulting each other. We do phone consultation with specialists.

We learn to integrate continuing education into our daily work. RPAP students help keep us on our toes—and we offer them experiences they may not get elsewhere. Because we provide a continuum of care, when people have exhausted their experiences with the oncologist or the surgeon, they come to us for their end-of-life care. We’re always the patient’s advocate, from birth to end of life.

Once a month, we do a patient care scenario in the ER. All of the nursing and medical staff available attend and we go through an exercise of what we would do in a particular critical/emergency care situation.

The challenges
Helicopters weren’t in use when I first started working here. They’re great, but they depend on the weather. There are all kinds of things that can interfere with our transporting a patient. If we can’t get them out of here for 90 minutes, we have to focus on initial care and stabilization before they go.

Electronic health records (EHR) are really good at organizing data for retrieval, but you also feel like you’re collecting data for someone and you don’t know why. EHRs require a lot of maintenance. Have they improved health outcomes? That hasn’t been shown yet. Have they increased costs? Absolutely—and there’s no place to recoup it.

The joy
I am here by choice, not by necessity. If I didn’t like my job here, I wouldn’t still be here. Part of my joy is having my son in the same practice.

Here I can pretty much be my cynical self, and practice high-quality, evidence-based medicine the way I want.
The challenges
Everyone has call shifts one day a week and every fifth weekend. Where we’re covering the urgent care clinic, the emergency department and the hospital for a 24- or 48-hour shift. There’s just one person on call at a time to handle everything. The hours can be tough; we’ll have our usual 10-hour clinic day on Monday start as our 48-hour weekend hospital shift ends.

The joy
I considered hospitalist work, “but that would require being in a much larger place.” I can go home from the clinic and jump in my boat or even just fish off the end of my dock.
FirstLight Health System is a county-owned hospital and clinic system serving Pine and Kanabec counties with primary and secondary medical services, including surgeries, emergency care and obstetrics. FirstLight includes Mora Hospital, Clinic and Community Pharmacy; Hinckley Clinic; Pine City Clinic; Pine City Pharmacy; and Mora Eye Center. The clinic is affiliated with the Allina Health System.

**Ryan Kroschel, MD**

- Family practice physician,
- Medical training: University of Minnesota Medical School—first two years in Duluth, finished in the Twin Cities. Family medicine residency at St. John’s Hospital, Maplewood
- In practice since 2014

Kroschel was born in what was then the Mora Hospital—which is where he works today. When he first started working at FirstLight, people would ask, “Are you a Kroschel from Kroschel?” a nearby township. And he would answer, “Yes, of course I am.” The family farm—and his parents—still live there and he lives about 10 minutes away with his wife, Kathleen Kroschel, MD, and two sons. Kathleen Kroschel is also a family physician at FirstLight.

“I feel really fortunate to have the hospital health system to be able to come back to,” says Kroschel, “because it’s an impressive little gem in the middle of small town, rural Minnesota.”

**The work**

A typical week is clinic days, 7:30am to 5pm, with 15 to 20 patients a day. Those days can be somewhat complicated if you have a baby to deliver. I’m one of about 10 of us in family practice, so we take turns once every 10 weeks or so being the rounding doctor. Intermixed with all of that is being on call. For us, call means you’re the doctor overnight for admitting patients, taking questions from nurses.

All of the family practice doctors here do OB, which is somewhat rare. We have four doctors in our group that do C-sections, but I’m not one of them.

Our group here is really quite incredible in terms of skill sets and being what family practice is all about. The culture here is such that it’s really incredibly positive, supportive environment. It speaks to the type of people in the group.

We have a lot of students here through RPAP. This week I have a med student with me and another one in two weeks. I think that’s a really important part of keeping up to date and having a culture of learning. It kind of helps hold us accountable. We’re the ones doing the teaching, so we better be up to date.

You do your reading, of course, like everybody—and winter seems to be a great time to find a conference somewhere warm. But on a day-to-day basis, having students around and having grand rounds is more important.

**The challenges**

I’ve been practicing for five or six years. In my limited experience, medicine is becoming pretty corporatized. There are all these measurements and surveys and patient satisfaction and “quality” measures that really seem to be getting between the patient-doctor relationship. It increases the demands put on doctors tremendously but there isn’t a similar increase in resources.

Doctors are going to do the right thing, and sometimes that comes at the expense of their personal life. We know these people. I see them at the grocery store, at church. Can you squeeze Mrs. Johnson in? Well of course I can. But at the expense of my son’s T-ball practice.

People know where I live. I’ve had people swing by at my house and talk to me about doctor stuff.

**The joy**

I think joy can take many forms in doing what we do. There’s nothing much better than delivering a healthy baby after having followed the mom during her pregnancy. That’s pretty awesome. At the same time, helping a teenager with anxiety and depression to recover and become him or herself again is personally rewarding. So, too, is helping a critically ill patient in the hospital get better.

If I had my way there would be a lot more family practice doctors because I think that’s the heart of medicine. If we’re going to lower costs of medicine, good primary care is the way to do that.
Robert S. Ross, MD

- Family practice physician
- Medical training: University of Minnesota Medical School, residency in the Hennepin County Medical Center Family and Community Medicine program
- In practice since 1977

Ross grew up in Ortonville. His parents died when he was quite young and he was taken in by the local physician. When he finished medical school and residency, he came back to Ortonville to go into practice with the man who helped raise him.

The work

We have six family practitioners, soon to be nine. I work five days a week, although most of my partners take the day off after they’re on call.

At HCMC, I had the opportunity to spend extra time on what I would need in rural practice. I learned to do appendectomies and I’m competent in some orthopedic surgery. I’ve delivered 1,500 babies in my career and have at least one more I promised to deliver in December. We deliver 90 percent of the babies in our area—the closest ob/gyn is 90 miles away. I do C-sections if I’m on call. I delivered one of my partners 40 years ago; she’s doing the most obstetrics in the practice today.

In order to be successful in rural practice, you have to be good at knowing when you’re in over your head; if you start to venture out beyond what you’re capable of, you can get into trouble.

The challenges

It’s hard to recruit physicians to a small town because if there are only a few partners, call is really a burden. We’re big enough now where it’s easier for us to recruit.

When small hospitals give up obstetrics, that’s kind of the death knell.

The joy

I tell medical students that practice in Ortonville is real medicine. I feel like I have to be on my toes every day.

I don’t think about retirement; I don’t feel burned out at all. I’m a firm believer in not retiring until you’re ready to retire.
Diane Kennedy, MD

- Family practice physician
- Medical training: University of Minnesota Medical School, residency in Sioux Falls Family Practice
- In practice since 1993

Kennedy grew up in Pipestone, about 30 miles from Luverne. She married her high school sweetheart and has three daughters—one born during her second year of medical school, one during residency and one when she started practice.

“I could have lived anywhere and anyplace,” she says, “but my husband was more interested in getting back to a rural area because he wanted to farm and to raise cattle. I try to go where I’m needed, and this is where my skills were needed the most.” She and her husband live on a farm two miles from town.

“I was the first woman physician to come to Luverne—and I was a mom,” she says. “People were okay with that; some of the older men maybe weren’t so okay, but everyone’s gotten used to it. Now we have three women family medicine providers, our ob/gyn is female and my daughter will be joining us when she finishes residency.”

The work

On a typical day I do rounds at 7 or 7:30am—usually 24 to 30 patients—then the clinic opens at 8:30. I have a brief lunch, then more clinic, and the end of the day, usually 5:30pm—and then I have one to three hours of lovely charting to do.

We’re down to five doctors taking call, so we went to a modified weekly call system. We always have someone available to cover admissions to the hospital and I sign up for shifts in the ER.

We also cover the nursing homes in the area—I cover one in Ellsworth—and we take turns covering patients at the Veterans’ Administration Hospital in town.

I also do some outreach, about a half day each week, in our two other clinics. They are covered by a nurse practitioner or a physician’s assistant, but for some things, Medicare requires that you see a physician.

I try to attend conferences. I learn on the fly. If I have a case I’m kind of concerned about, I research as I go throughout the day from online courses and then I grab a book. When I send a patient off for referrals, I look closely at what they’ve recommended. I read practice journals when they come in.

The challenges

I only have so many tests I can do here and only so much knowledge I can draw from. I often need to refer patients on for more, but some specialty physicians don’t always understand what I’m working with and what I have to offer. The younger generation of specialty physicians coming out don’t have any knowledge of what it’s like to be in family practice in a rural area. We refer a patient over and all the tests are repeated. Or when I call from my small outreach clinic and the physician on the other end of the phone says, “why didn’t you do this?” There is that sense that we’re looked at as less adequate, when actually we’re doing more.

When I have a med student with me, it never fails that someone will say, “What kind of doctor do you want to be—or will you just be a GP.” I think family medicine as a whole gets overlooked and underappreciated.

The joy

I have never, ever, ever wanted to do anything but this. When I reflect on that, it’s all about relationships for me. I have an incredible group of partners. We support each other, we hold each other to a standard of care that I think is exceptional. I love the relationships with the patients. I’ve now delivered babies of moms that I also delivered—it’s that whole cradle to grave philosophy.

My daughter did a rotation with us and when I would introduce her to a patient, it was as if I was introducing her to a friend. MM