



MONTANA FAMILY MEDICINE RESIDENCY

Mission:

The Montana Family Medicine Residency provides the education and experience to prepare graduates to confidently practice medicine in rural communities and to provide healthcare for underserved populations in Montana.

Shared Vision:

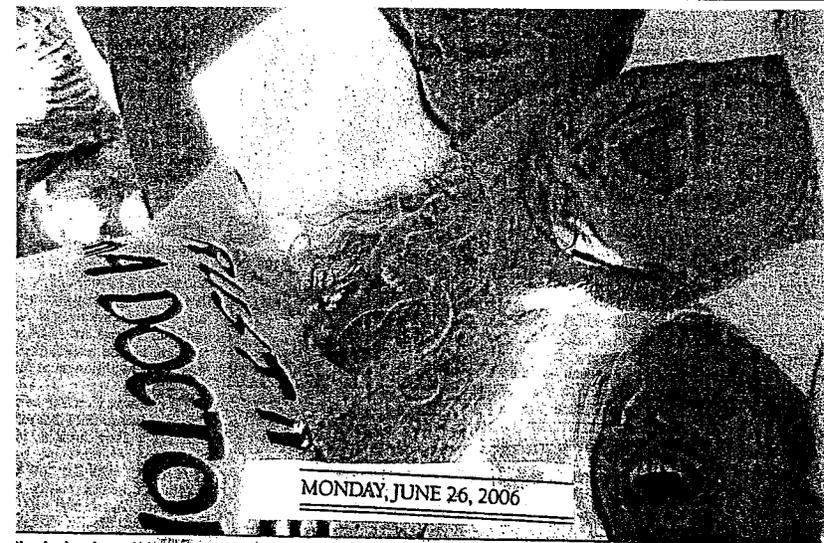
The Montana Family Medicine Residency Program is recognized as a Center of Excellence in health professional education. Graduates of the Residency Program are equipped with the knowledge, skills, and experience to enable them to be exemplary family physicians and strong community leaders.

Fast Facts:

- Program was established in 1995 to meet the need of a shortage of family physicians in Montana, 49th state to have a family medicine residency
- Only three year family practice residency and only medical residency of any kind in the state
- Just one of the sixteen WWAMI residency programs affiliated with the Department of Family Medicine at the University of Washington
- Merged with the Yellowstone City-County Health Department in September 2005
- Accepts six new medical school graduates each year
- 47 graduates to date, each having passed the Board Certification Exam; national test scores are at the 75th percentile for the past three years
- Three sports medicine fellows completed fellowship to date
- 60% of program graduates begin their first practice in Montana
- 29 residency graduates are currently practicing in:

Billings - 6	Bozeman - 2	Columbia Falls - 1
Conrad - 1	Cut Bank - 1	Deer Lodge - 1
Great Falls - 1	Hardin - 1	Havre - 1
Helena - 4	Kalispell - 1	Lewistown - 1
Libby - 1	Livingston - 1	Miles City - 1
Missoula - 2	Red Lodge - 1	Scobey - 1
Stevensville - 1		

- 85% of the program graduates currently work in rural, frontier, community health centers, military, or Indian Health Service programs
- The *Journal of the American Medical Association* reports many Community Health Centers across the nation have primary care physician vacancies, however the partnership between Residency and Health Department's Deering Community Health Center has ensured full physician staffing and serves as a model
- For more information logon to: <http://www.mfpr.org/>



MONDAY, JUNE 26, 2006

Clockwise from left, graduates Drs. Jennell Duey, Kirsten Morissette, Cameron Gardner, and Emily Colson gather for a group hug while friends and family sneak in to take a picture at the graduation of the Montana Family Medicine Residency Program at the Shiloh Barn Saturday.

Montana's lone medical program celebrates 10 years

Story By DIANE COCHRAN
Photos By REBECCA M. STUMPF
The Gazette Staff

To medical student Mike Geurin, it seemed too good to be true: A residency program within driving distance of Yellowstone National Park?

Geurin was half-joking a few years ago when he told one of his medical school instructors that he wanted to work at a national park clinic after graduation.

"That night, I Googled 'Yellowstone National Park clinic,'" Geurin said. "The clinic doesn't have a Web site. The site I found was the residency site."

Geurin, who grew up in Oklahoma, realized he could fulfill his post-graduate training requirement at the Montana Family Practice Residency in Billings — 70 miles from Yellowstone.

"I would dream of retiring here," said Geurin, whose family vacationed in the park before moving to Montana. "I hadn't thought of working here."

Now, Geurin plans to launch his career somewhere in the state after he



Friends and family take pictures of a group of graduates at the graduation on Saturday.

finishes his third and final year of training in the Montana Family Practice Residency next year.

This year, the Montana Family Practice Residency turns 10. It is the only post-graduate medical training program in the state, and it almost didn't get off the ground.

"There was a lot of resistance in Montana," said Dr. Frank Michels, a Billings physician who was instrumental

Please see Residency, 8A

Details

The Montana Family Practice Residency is unique to Montana — it's the only program like it in the state — but it's also a standout on the national level.

It is among a minority of residency programs across the country associated with community health centers. The Montana Family Practice Residency is based out of Deering Community Health Center.

The partnership is becoming a model for others because it addresses two problems in health care — a declining number of family practice physicians and an increasing number of physician vacancies at community health centers.

Doctors

Continued from 1A

vacancies had been recruiting unsuccessfully for at least seven months, the study reported.

"It would require more than 400 (full-time) family physicians to fill all of the vacancies for this discipline," the authors wrote.

But there aren't enough family doctors out there, and the number is steadily dropping.

In the past seven years, new doctors who opted to practice family medicine — the kind of medicine most often hired by community health centers — decreased by almost 52 percent, according to the journal study.

New medical school graduates are more likely to specialize as family medicine.

Together, the decline in family practice physicians and the increase in physician vacancies at community health centers have some experts sounding a dire alarm.

If the 450 other family medicine residency programs around the nation joined forces with community health centers in their neighborhoods, a dent could be made in both shortages, Fahrenwald said.

"It's a great idea," said Lil Anderson, chief executive officer for the health department. "We will take our model forward and try to get other community health centers and residency programs to join."

Combining programs helps both types of agencies. Community health centers benefit because the partnership provides them with medical providers. A steady stream of resident doctors cycles through to treat patients, and it is easier to recruit permanent physicians because of the teaching component of the positions.

Likewise, the arrangement is attractive to residency programs because it guarantees patients for the new doctors to treat, and they are typically patients in dire need of care.

"Some residency programs don't have enough patients," Fahrenwald sees another benefit. Doctors who train through community health centers take away a community service mindset, she said.

Treating patients at places such as Deering is often more rewarding than the traditional

By the numbers

- 3,500 American cities and towns have community health centers.
- 14 million people access health care at those health centers each year.
- 17,000 different people got care last year at Deering Community Health Center in Billings.
- 70 percent of the U.S. population lives in rural areas.
- 9 percent of U.S. physicians practice in rural areas.
- 37 percent of the nation's community health centers are in rural areas.
- 42 percent of rural community health centers report that recruiting family physicians is very difficult.
- 21 percent of urban health centers report high difficulty in recruiting family physicians.

Source: Journal of the American Medical Association

work because the patients need so much care and are so grateful for the attention they receive.

"Even if they (doctors) go into private practice, they're still going to have that in their hearts," Fahrenwald said.

The nation needs more community-oriented doctors, she said. "I see it (medicine) as a ser-

Residency

Continued from 1A

in starting the residency. "They felt medical training was best accomplished in major metropolitan areas in coordination with medical schools."

But Michels and others in Billings thought that, not only could a residency succeed in Montana, it was desperately needed.

"It's a formative time in young doctors' lives," said Dr. Tom James, the program's associate director and second employee, after Michels.

"They're generally in their mid-20s, the time they're getting married, settling down, planting roots. That was happening in states other than Montana. We were having to import doctors rather than growing our own here."

Hard draw

And importing physicians wasn't easy to do. Not many doctors who trained elsewhere were willing to move to Montana and especially not to the rural parts of the state.

The program's earliest supporters envisioned a residency to train family practitioners — the type of doctors who tend to work in rural areas such as Eastern Montana. The hope was that family practitioners who were trained here would be more likely to stay here.

"Statistically, people tend to end up practicing where they grew up or where they did their residency," said Dr. Susan Gallo, a Miles City physician who was in



REBECCA M. STUMPF/Gazette Staff

Friends and family gather at the graduation at the Shiloh Barn on Saturday.

Supporters also saw a family practice residency as the next logical step, after establishing the WWAMI program in the 1970s, toward a complete medical education track for Montana students.

"It was like planting a field and not having the mechanism to harvest it," James said of having WWAMI but not a residency program.

Under WWAMI, Montana medical students complete some of their schooling in-state and the rest at the University of Washington. The state of Montana helps pay for their out-of-state tuition.

Talk of a Montana residency began in the early 1980s, but it wasn't until a decade later that serious planning got under way.

"It took a long time and a lot of bull-headedness," James said. "We were the 49th state to have a residency program. We beat Alaska."

Michels led the charge, cut-

Six residents and one sports medicine fellow are accepted into the Montana Family Practice Residency each year. They study under nine faculty members, most of whom see patients alongside students at the Deering Community Health Center.

"The residency is based out of Deering, which is a branch of the Yellowstone City-County Health Department.

Residents also work with doctors at both Billings hospitals and complete at least two month-long rotations through rural medical offices."

The program relies on those established physicians to allow residents to treat their patients.

"They get nothing out of this but headaches and extra questions," said Dr. Kirk Crews, another member of the residency's first graduating class.

Because Billings is relatively small, Montana Family Practice Residency students get more

four residency programs, you might be standing fourth in line to do something," she said. "If you're the only one in town, you get to do it. You don't have to compete with anyone."

45 grads

Since enrolling its first class in 1996, the residency has graduated about 45 family practitioners, about 60 percent of whom are working in Montana, said the program's director, Dr. Roxanne Fahrenwald.

One of them is Crews, who practices at Lifespan Family Medicine Specialists in Stevensville. Crews, a Florence native, graduated in 1999.

He and Gallo, who grew up in Hysham, said it was risky to enroll in a brand new program. The residency could have foundered or left them poorly trained.

"I knew I wanted to be in Montana forever, so it was worth the risk," Crews said.

The program thrived during its first decade and has become one of the most competitive residencies in the nation, Fahrenwald said.

It has also helped create a community among family practitioners in Montana, Crews said.

Grews can point on a map to all the places across the state where his classmates and the residents who followed them practice, and he knows he can rely on them for professional advice — or a place to stay on a road trip.

"The residency has started to bridge the gap of all the doctors isolated in rural areas," he said.

Deering health center called model for U.S.

Dr. Roxanne Fahrenwald, left, the residency program director at Deering Community Health Center, discusses a pediatric case file with chief resident Dr. Jennell Duey. Unlike other community health centers across the country, Deering is almost always at full staff.



partner to the Deering clinic. How Deering maintains a full staff could become a model for the nation's community health centers and simultaneously help solve a booming shortage of family practice doctors.

Nationwide, 15 percent of full-time physician positions at community health centers are vacant, according to a study published last month in the Journal of the American Medical Association.

In rural America, more than 30 percent of community health centers with a full staff will never have a doctor here," said Roxanne Fahrenwald, director of the Montana Family Practice Residency Program, a

JAMES WOODCOCKY/Gazette Staff

Please see Doctors, 11A

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