Attracting Doctors to Rural Areas

By 2035, Wisconsin’s population is expected to grow by 12 percent, while the projected supply of physicians is only expected to grow 8 percent. In addition, Wisconsin’s senior citizen population is expected to increase 69 percent and this population group tends to go to the doctor three times as frequently as the rest of the population. 26 percent of Wisconsin’s population lives in rural areas, but only 14 percent of all physicians practice in these communities. The combination of the increase in the senior citizen population and the disparity in the numbers of physicians in rural versus urban areas has raised concern for a number of years.

Recognizing this issue, the state has focused on ways to train physicians in rural areas and encourage them to stay in these communities as they begin their practice. In 2010, Wisconsin enacted a new law instructing the University of Wisconsin system to establish a rural physician residency assistance program called Wisconsin Rural Physician Residency Assistance Program (WRPRAP). The program receives $750,000 annually. Establishing rural residency programs is important because doctors who train in rural areas are more likely to stay there.

WRPRAP grants awarded in the past year include projects in faculty development, planning and implementing a new women’s health curriculum, as well as the creation of two new rural residency tracks. The first one, the Aurora Lakeland Rural Training Track Family Medicine Residency Program plans to have 20 students by 2020. They are currently recruiting their first four students. The second track is the nation’s first Obstetrics & Gynecology rural residency track started by the UW Medical School. It had 100 applicants apply for one position. Since
WRPRAP began in 2010, it has awarded grants to support eight new programs and sustain 14 existing ones. 80 percent of its budget goes directly to grants.

To be eligible for a WRPRAP grant, programs must be in a rural area, defined as a city, town or village with less than 20,000 residents that is at least 15 miles from the nearest city town or village with a population of 20,000 or more residents. The programs must specialize in family medicine, general surgery, internal medicine, obstetrics and gynecology, pediatrics or psychiatry.

Another program intended to encourage doctors to practice in rural areas is a loan forgiveness program administered by the Wisconsin Higher Educational Aids Board (HEAB). The Primary Care and Psychiatry Grant Program began in 2014 to bring more family care doctors and psychiatrists to underserved areas. The program offers grants to 12 primary care doctors and 12 psychiatrists each year who completed their medical school training in Wisconsin and who work in underserved areas. An underserved area is defined by the federal government as one with a shortage of medical care professionals or personal care services. Doctors may apply for these grants for up to three years if funding is available. I was the lead Senate author on the bill that created this program. I supported this program because of the need for improved primary and mental health care access around the state.

The Wisconsin Council on Medical Education and Workforce estimates that the state could be short more than 4,000 physicians by 2035. Grant programs like WRPRAP, which expand medical education residency programs into rural areas and the Primary Care and Psychiatry Grant Program which encourages doctors to practice in underserved areas, some of which are rural areas, are two ways to begin addressing this potential shortfall.

If you have any questions about any of the information I have included or if you have suggestions on other topics or issues you would like learn more about, you may call my office toll-free at (800) 991-5541; write me at P.O. Box 7882, Madison, WI 53707; or e-mail me at: Sen.Olsen@legis.state.wi.us. You can also sign up for our newsletter at our website: