

Testimony for Informational Hearing on Family Medicine Doug Gruenbacher MD

My name is Doug Gruenbacher and I am a rural family physician, practicing in Quinter, Kansas.

Quinter is on I 70 at mile marker 107. We are 50 miles from Hays and 50 miles from Colby. Our population is just under a thousand.

I have practiced there for 13 years since graduating from Smoky Hill Family Medicine Residency in Salina. My wife is also a family physician and we practice with three other family physicians to provide care for patients of all ages from cradle to grave.

My wife and I decided to practice in Quinter because of the community and our great partners. Even after seven years of post graduate education we still knew we had a lot to learn and we knew our partners would help us advance our skills. We now are recruiting physicians to join our practice and have succeeded in signing one of our former medical students who will be done with his residency training in three years. We actually need help now and have for many years, but recruiting to a small town in northwest Kansas is difficult due to multiple factors. In short, it is difficult to attract a physician to a small rural town.

My wife was on the Kansas Medical Student Loan Program. She is originally from Stockton and received the loan during medical school at KU. She knew that she wanted to specialize in Family Medicine and practice in a rural setting. The KMSLP loan fit her perfectly and helped solidify her choice of specialty as well as guiding her toward rural practice. After four years of rural practice, her medical school loan was forgiven. This loan program has been a tremendous success in assisting rural communities in providing excellent physicians for their population.

Other programs that have greatly benefited rural family medicine are the Scholars in Primary Care and the Bridging Program. The Scholars in Primary Care helps to focus on potential medical students from rural locations. Students who come from rural locations are more likely to return to an underserved location. They apply to the program during their sophomore year in college and if accepted are guaranteed medical school admission with certain criteria completed and achieved. We are pleased that our future partner is a product of the Scholars in Primary Care Program.

In Quinter, we family physicians perform obstetrics including C-Sections. We cover the emergency room and take care of our patients in the hospital. We perform endoscopies to evaluate the stomach and colon. In our office we excise skin cancers, we inject joints, we provide fracture care, and we perform minor surgeries such as vasectomies.

Every day is a bit unpredictable, but I do know that I will be challenged and will make a difference in people's lives. One recent day went something like this:

I walk to work and start my day at 7:30.

- I begin by performing an EGD and Colonoscopy on an elderly patient who had been losing blood. I took off a large polyp that could have turned into colon cancer if left untreated.
- After the procedure, I round on hospital patients which include a 75 year old female recovering from a hip fracture, a 65 year old male with heart failure, and an 8 year old with pneumonia.
- As I am finishing up my paperwork, one of my pregnant patients come to the hospital due to possibly being in labor. She ultimately is admitted and I then go to the clinic to see patients there.
- I will go through an average day seeing 20 to 30 patients of all ages from newborns to centenarians.
- Today's problems included uncontrolled diabetes and hypertension as well as wellness exams that give me a chance to focus on prevention. As usual I do tobacco counseling, diet and exercise counseling.
- I coordinate care of a patient of mine with kidney cancer who became confused on what surgery she needed.
- At the end of the day, I realize I am lucky that I didn't have any emergency room calls, but that I saw eight patients who needed to be seen urgently.
- After my clinic, I go and coach my son's basketball team for an hour.
- Usually my day is done at this time, but tonight I walked across my back yard and did a house call to give my neighbor, my patient, and my friend the news that he has pancreatic cancer. We sit at his dining room table and explain his diagnosis and where to go for treatment.

Every day is a challenge, but being able to help my patients improve their lives in my rural community is the primary reason why I went into Family Medicine and why I love what I do.