

ITEM: 156-102-R0912**ATTACHMENT****Nicolle R. M. Benz, D.O.**

Hospitalist, Libby, MT

MEDICAL SCHOOL: University of North Texas Health Sciences Center, Texas College of Osteopathic Medicine, Fort Worth, TX
1997-2001

RESIDENCY: Internal Medicine Residency; Methodist Hospital Dallas, Dallas, TX
2002-2004

PRACTICE SITE: Hospitalist
St. John's Lutheran Hospital, Libby, MT
Start Date – June 4, 2012

SUPPORTING INSTITUTION: St. John's Lutheran Hospital
Libby, MT 59923

HOSPITAL PRIVILEGES: St. John's Lutheran Hospital

POPULATION: 16,000

PHYSICIAN/PATIENT RATIO: 1:2,666

BASIS FOR MRPIP ADVISORY COMMITTEE RECOMMENDATION:

Libby is a geographically isolated and rural location designated as a federal Health Professional Shortage Area (HPSA), a Medically Underserved Area (MUA), and a Medically Underserved Population (MUP). St. John's Lutheran Hospital has been actively recruiting for two hospitalist positions for over a year and a half; Dr. Benz fills one of these vacancies. Her acceptance of this position will help to provide relief for local primary physicians, allowing them more time to see patients in their clinics. This community will greatly benefit from the assistance of the MRPIP loan repayment to help retain Dr. Benz's services.

Gabriel D. Charbonneau, M.D.

Family Medicine (Part-time), Stevensville, MT

MEDICAL SCHOOL: University of Utah School of Medicine, Salt Lake City, UT
2000-2004

RESIDENCY: Family Medicine; University of Washington Family Medicine Residency Program
2004-2007

PRACTICE SITE: Family Medicine (Part-time)
Lifespan Family Medicine Specialists, Stevensville, MT
Start Date – December 2, 2011

SUPPORTING INSTITUTION: Providence Medical Group/St. Patrick Hospital
Missoula, MT 59802

HOSPITAL PRIVILEGES: St. Patrick Hospital

POPULATION: 23,099

PHYSICIAN/PATIENT RATIO: 1:2,640

BASIS FOR MRPIP ADVISORY COMMITTEE RECOMMENDATION:

The committee considered the size and location of the community, the physician-to-patient ratio and the difficulty the community has recruiting and retaining a sufficient number of physicians to serve their community. Stevensville is a rural community designated as a federal Health Professional Shortage Area (HPSA). Lifespan Family Medicine Clinic is a small family practice in Stevensville, which together with St. Patrick Hospital has been recruiting for a second family medicine physician since 2010. In order to retain Dr. Charbonneau's part-time services, the community needs the assistance of the MRPIP loan repayment.

ITEM: 152-118-R0911
ATTACHMENT

Rishona Y. Corson, M.D.

Emergency Medicine, Anaconda, MT

MEDICAL SCHOOL: St. Christopher College of Medicine/Medical University of the Americas, Dakar, Senegal
2001-2005

RESIDENCY: Family Medicine; University of Wyoming Family Medicine Residency, Casper, WY
2005-2008
Emergency Medicine; Geisinger Medical Center, Danville, PA
2008-2010

PRACTICE SITE: Emergency Medicine
Community Hospital of Anaconda, Anaconda, MT
Start Date – 01/17/2011

SUPPORTING INSTITUTION: Community Hospital of Anaconda
Anaconda, MT 59711

HOSPITAL PRIVILEGES: Community Hospital of Anaconda

POPULATION: 11,000

PHYSICIAN/PATIENT RATIO: 1:3,100

BASIS FOR MRPIP ADVISORY COMMITTEE RECOMMENDATION:

The Community Hospital of Anaconda (CHA) is a rural critical access hospital that provides medical care through its hospital, ER Department, Convenient Care, nursing home, and family and internal medicine clinics. CHA has seen a 30% increase in patient volume in the past five years, largely due to patients having to utilize convenient care services in place of primary care services where there is a shortage. Anaconda is designated as a federal Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), and Medically Underserved Population (MUP). Anaconda is an extremely difficult area to recruit to. Only 50% of the providers in the area have remained in the community for more than 5 years. Over the past five years, CHA has recruited and lost six primary care physicians. The availability of loan repayment assistance under the MRPIP program continues to play a vital role in CHA's ability to recruit physicians to the Anaconda community.

Douglas L. Dunham, D.O.

Emergency Medicine, Anaconda, MT

MEDICAL SCHOOL: Edward Via College of Osteopathic Medicine, Blacksburg, VA
2005-2008

RESIDENCY: Emergency Medicine; Geisinger Health Systems, Danville, PA
2008-2011

PRACTICE SITE: Emergency Medicine
Community Hospital of Anaconda, Anaconda, MT
Start Date – 08/01/2011

SUPPORTING INSTITUTION: Community Hospital of Anaconda
Anaconda, MT 59711

HOSPITAL PRIVILEGES: Community Hospital of Anaconda

POPULATION: 11,000

PHYSICIAN/PATIENT RATIO: 1:3,100

BASIS FOR MRPIP ADVISORY COMMITTEE RECOMMENDATION:

Anaconda is designated as a federal Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), and Medically Underserved Population (MUP). The Community Hospital of Anaconda (CHA) is a rural critical access hospital that provides medical care through its hospital, ER Department, Convenient Care, nursing home, and family and internal medicine clinics. CHA has seen a 30% increase in patient volume in the past five years, largely due to patients having to utilize convenient care services in place of primary care services where there is a shortage. Anaconda is an extremely difficult area to recruit to. Only 50% of the providers in the area have remained in the community for more than 5 years. Over the past five years, CHA has recruited and lost six primary care physicians. The availability of loan repayment assistance under the MRPIP program continues to play a vital role in CHA's ability to recruit physicians to the Anaconda community.

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ATTACHMENT

Anna S. Loge, M.D.

General Internal Medicine, Dillon, MT

MEDICAL SCHOOL: University of Washington School of Medicine (WWAMI), Seattle, WA
2000-2004 (Montana WWAMI Student)

RESIDENCY: Internal Medicine; Brigham and Women's Hospital, Boston, MA
2004-2005
Internal Medicine; University of Washington Internal Medicine Residency, Seattle, WA
2005-2007

PRACTICE SITE: General Internal Medicine
Barrett Hospital and Healthcare, Dillon, MT
Start Date – July 1, 2011

SUPPORTING INSTITUTION: Barrett Hospital and Healthcare
Dillon, MT 59725

HOSPITAL PRIVILEGES: Barrett Hospital and Healthcare

POPULATION: 9,600

PHYSICIAN/PATIENT RATIO: 1:1,200

BASIS FOR MRPIP ADVISORY COMMITTEE RECOMMENDATION:

Dillon is an isolated rural community that provides health services to a number of other surrounding communities that are even more isolated. The demand for primary care services in the area is quickly outpacing the availability of sufficient numbers of physicians. Over the past five years, Barrett Hospital and Healthcare (BHH) has lost three physicians to retirement or relocation; two more primary care physicians are expected to retire in the next three years; and they have three full time primary care physician openings they have been actively recruiting to fill for over a year. After considering the size and location of the Dillon service area, the physician-to-patient ratio, and the difficulties the community faces with their recruitment and retention efforts, the committee agrees the community would greatly benefit from the assistance of the MRPIP loan repayment to help retain Dr. Loge's services.

Angela R. Haugo, D.O.

Family Medicine (Part-time), Stevensville, MT

MEDICAL SCHOOL: Des Moines University School of Medicine, Des Moines, IA
2000-2004

RESIDENCY: Family Medicine; University of Washington Family Medicine Residency Program
2004-2007

PRACTICE SITE: Family Medicine (Part-time)
Lifespan Family Medicine Specialists, Stevensville, MT
Start Date – December 12, 2011

SUPPORTING INSTITUTION: Providence Medical Group/St. Patrick Hospital
Missoula, MT 59802

HOSPITAL PRIVILEGES: St. Patrick Hospital

POPULATION: 23,099

PHYSICIAN/PATIENT RATIO: 1:2,640

BASIS FOR MRPIP ADVISORY COMMITTEE RECOMMENDATION:

The committee considered the size and location of the community, the physician-to-patient ratio and the difficulty the community has recruiting and retaining a sufficient number of physicians to serve their community. Stevensville is a rural community designated as a federal Health Professional Shortage Area (HPSA). Lifespan Family Medicine Clinic is a small family practice in Stevensville, which together with St. Patrick Hospital has been recruiting for a second family medicine physician since 2010. In order to retain Dr. Haugo's part-time services, the community needs the assistance of the MRPIP loan repayment.

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ATTACHMENT

Jason I. McIsaac, M.D.
Emergency Medicine, Libby, MT

MEDICAL SCHOOL: Ben Gurion University, Beer Sheva, Israel
2003-2007

RESIDENCY: Emergency Medicine; Albert Einstein Medical Center Emergency
Medicine Residency, Philadelphia, PA
2008-2012

PRACTICE SITE: Emergency Medicine
Deer Lodge Medical Center, Deer Lodge, MT
Start Date – 07/16/2012

SUPPORTING INSTITUTION: Deer Lodge Medical Center
Deer Lodge, MT

HOSPITAL PRIVILEGES: Deer Lodge Medical Center

POPULATION: 6,700

PHYSICIAN/PATIENT RATIO: 1:2,333

BASIS FOR MRPIP ADVISORY COMMITTEE RECOMMENDATION:

Deer Lodge is rural community designated as a federal Health Professional Shortage Area (HPSA) that struggles to maintain sufficient numbers of primary care physicians. Over the past five years, Deer Lodge lost six physicians to relocation and one to retirement. Despite their extensive recruitment and retention efforts, the community finds it extremely difficult to attract physicians; the primary reasons cited are high burnout rate, a lack of colleagues, family isolation, a lack of shopping, Montana winters, and the Montana State Prison. Now that they have been successful in attracting Dr. McIsaac to the community, Deer Lodge Medical Center needs the assistance of the MRPIP to help retain his services.
