

Doctors Making a Difference

J. Miguel Lee, MD



Building better rural health, one resident trainee at a time.

Growing up in Guatemala City, J. Miguel Lee, MD, learned about the power of helping others. Seeing people in need, particularly in rural areas of his country, stuck with him and pushed him toward a career in rural medicine. In 2014, Dr. Lee and his wife, Rein Lambrecht, MD, started the Providence Chehalis Family Medicine Residency, and the two now serve as program director and associate program director for the residency. Dr. Lee talks about the genesis of the program.

WSMA Reports: What sparked your interest in creating a rural training program for family medicine residents?

My passion, aside from teaching, has always been taking care of underserved and underrepresented communities. By training residents, my hope is to create sustainability and equity in the delivery of health care. When rural doctors retire, they typically leave a serious gap in the care of their patients. If I train others and share with them my mission, they'll make the mission theirs and continue taking care of these patients.

Is it important to tailor health care for rural communities, and how does training need to be different?

Rural health care is extremely gratifying, but it has many challenges. People tend to have lower health literacy, more serious conditions, less access to other aspects of care (like specialists and social workers), and more trauma, as well as adverse childhood events, which set them up for chronic and serious disease including mental health and substance

use disorders. Rural doctors need to be prepared to take on more than their urban counterparts, as we need to fill in the gaps to compensate for the lack of resources.

Have thinking or procedures related to rural health care evolved since you helped start the program? Any lessons learned?

I think that Washington has been proactive in addressing the problem, and so something that is different is the number of rural training sites that have started since then.

We learn something new every day. One recent change we were at the forefront of was bringing telehealth services to the county. Expanding the availability of telemedicine, together with helping rural underserved people gain access to these technologies, could significantly shape the future of rural communities for the better.

How do you think residents can benefit from training in a rural community?

I think that the biggest difference between us and our urban counterparts is mainly the reduced reliance on specialists and other advantages found in larger cities. A rural doctor will tend to be a little more comfortable with less help and be more self-reliant. This would be an advantage for any resident regardless of where they end up.

You've also presented innovative ways of helping residencies start addiction medicine curriculums. Can you tell readers a little about that?

One of the first problems we noted in our community was the complete lack of

access to addiction services. Given that rural and underserved areas tend to be more affected by addiction, this was a problem. We quickly started a medication assisted therapy program. We partnered with the Lewis County Drug Court, which at the time was focusing more on the traditional approach to drug offenses. We helped them start a recovery component in their protocols to address the opioid epidemic, which they've implemented very successfully. We partnered with the local Gather Church and were a resource for the start of their low-barrier clinic, which the residents now staff. We were able to use the tools at our disposal creatively and were proactive in involving partners in the community.

Rural communities may also need help reducing the stigma of substance use disorder. It should be a part of all rural training programs.

What advice would you give to residents who may be hesitant about working in a rural community?

Go for it! Practicing in a small community allows for patient relationships that are very special. Small programs allow for more personalized attention to the resident's wellness and training. I'd advise potential applicants to reach out, talk to us, and to come and visit us. While it may be scary to practice without an abundance of resources, it also allows for creative solutions, meaningful practice, and self-fulfillment. ■

—KATIE HOWARD



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