**Interviewer**: Kari Bernhardt  
**Interviewee**: Savannah Kramer   
**Type of Interview**: Face to Face

**Date of Interview:** 10-23-2021  
**Length of Interview (minutes):** 60mins

**Rural Health: Underserves Primary Care Provider Interview**

Growing up in a rural community, I never realized I how fortunate I was to have an organization that provided a plethora of services to our small, rural community. Because I grew up in Linton, I thought it would be interesting to gain a deeper understanding of rural health from a provider’s perspective. On October 23, 2021, I had the privilege of interviewing Savanna Kramer PA-C in person about her experience providing care to the rural/underserved community in Linton, ND. While interviewing Savanna, I had a set of predetermined questions I used to guide the interview process.

**Interview Details**

The town of Linton is one of the most well-known rural communities in the state; Linton is located in south, central North Dakota in Emmons Country along Highway 83. The population is nearly 1300 and home to people of all ages; Linton is a safe, family-friendly community, that is suitable place to raise children with very little crime. Furthermore, this community is perfect for people who enjoy a quieter, slower paced lifestyle. It is predominantly a “farming town” built upon generations of hard work; however, there is a mixture of people who have moved to Linton over the years simply for its slower paced lifestyle. As Savanna mentioned during my interview, this small Midwestern town touts itself as the ideal place to raise a family, hunt on the weekends, start and grow a new business, and maintain a fit and healthy lifestyle. According to the United States Census Bureau, the median household income in Emmons County is $40,375 which is lower than the $55,579 state average of North Dakota. The unemployment rate is 4%; however, there is an expected 36% increase in job growth within the next 10 years. Within the last five years, the community has been thriving with the addition of the Cobblestone Inn, the Family Dollar, and a local shopping boutique. Although there are several local businesses: a grocery store, elevator, public school, several banks, among many others there are limited employment opportunities due to high retention rates. During the interview, it was mentioned that community members often voice a need for more employment opportunities, especially positions offering incomes at a livable wage.

Linton Hospital opened in 1953 and was managed by Sisters of St. Francis of Ohio. Today, Linton Medical Center is a federally recognized critical access hospital that is a nonprofit organization. It is currently operated under the direction of an administrator, chief medical officer, and board chair. Although Linton population is nearing 1300, this trauma level V facility provides services to approximately 4,500 individuals in the surrounding areas. Linton Medical Center is comprised of 14 acute-beds and 6 observation beds with 24-hour emergency services. The closest tertiary healthcare center to Linton is located in Bismarck which is approximately 65 miles or 60 minutes. This organization is also connected to Linton Medical Center Clinic that operates Monday- Friday. Additionally, Linton Medical Center has two sister clinics in Hazelton and Herreid. In addition to Savanna, this facility employs two doctors, two PA-C, and one FNP-C. The clinic provides many specialty services that travel to the area one day a month: general/critical care surgery, podiatry, urology, orthopedics, OB/GYN, sleep diagnostics, and cardiology.

**Interview**

Listed below includes question posed during my interview with Savanna and summarization of her responses:

1. *What healthcare services is your facility lacking? What healthcare specialties/providers are lacking?*

For a rural healthcare facility, Savanna felt fortunate for the health care services they do have within the community compared to other rural facilities. Because the community is predominantly older adults, traveling to Bismarck is often not possible. When patients are not able to see a specialty provider within the community, the “old, stubborn Germans” will opt to never seek care. For this reason, traveling providers make a world of difference and Linton is privileged to have several. Every month a general surgeon and critical care surgeon visit, the last Thursday of every month a podiatrist visits, urology is available on the fourth Monday of every month, orthopedics every 2nd Tuesday of the month, the 3rd Wednesday of every month OB/GYN is available, cardiology on the second Tuesday of every month, and monthly visits from sleep diagnostics. Savanna did mention that Linton does not have a dermatology provider that travels nor a pediatrician. Unfortunately for patients needing these services, the only option is to travel. Although this facility has many providers and visiting specialties, Savanna did say that Linton lacks enough full-time providers. The MDs within the organization are part-time and one PA is part-time which makes is challenging for patients to be seen in a timely manner and increases on-call time for other providers. Turnover of providers can be attributed to a significant commitment to being on-call as a full-time provider. Finally, this facility is lacking a full-time ultrasound technician; on days without this service patients simply must wait which is not ideal in acute/emergent situations.

1. *What are the benefits to working/providing care in a rural community?*

You could sense Savanna’s passion for rural health just through the tone of her voice when asked this question. Savanna stated, “Every day is different. I am not just going through the motions which I love because it keeps me on my toes.” A provider in a rural community is a “jack of all trades” providing care for people of all ages and varying complaints. Within the facility she works, she has become very well-rounded due to the responsibilities of covering the clinic, ER, and hospital. Another aspect of rural health perceived as a benefit is the ability to develop trusting relationships with patients and patients’ families. Patients confide in their provider with their biggest secrets and embarrassing complaints all the while trusting their information will not escape the exam room. Because she is often times the patients only provider, she sees them through every stage of life – college, marriage, starting a family, retirement, etc. Savanna especially loves the connectedness built through this long-standing patient-provider relationship allowing her to truly know the patient and provide the best care possible.

1. *Do you find it challenging maintaining privacy and confidentiality considering “everybody knows everybody” in a small town?*

I was surprised to learn that she does not find this aspect of patient care difficult. She recognizes the importance of preserving all patient’s healthcare privacy rights, regardless of how curious some people may be. However, she did mention that she must be careful about how she “words” things at times being “everybody knows everybody.” While working in a bigger city, Savanna said she would often make statement like, “Many of my patients are on antidepressants” to reduce the stigma. Now she realizes she cannot make statements like these because patients often know who else in the community sees her as a provider and might incorrectly assume healthcare information of another patient. She also states that she is very conscious about what she says because sometimes patients directly ask her “what happened to so and so” or “I heard the ambulance go out last night, what happened?” Savanna mentioned some patients call her “stingy” or “up-tight” when she refuses to share related community healthcare gossip but the longer, she has refused to share information patients eventually stop asking and it becomes easier. She has also found it helpful to remind patients that they would not like their information shared to others in the community; this helps when certain patients are persistent about sharing others information.

1. *Do you ever have to turn patients away because of number of available beds?*

Savanna has never been in a situation (yet) where she had to turn patients away in the hospital due to bed availability. Linton Medical Center only has 2 nurses and 1 CNA during the day shift and night shift; there would be a point that the facility would have to turn patients away or transfer them out if it became more than the nurses could safely care for being the nurse also cover the ER. The clinic does not turn “new” patients away either; however, sometimes it can take weeks for a “new” patient to be seen based on schedule availability. If someone is unable to be seen at the clinic in a timely fashion, the 24-hour ER service is always available.

1. *Do you encounter overlapping of professional/personal boundaries? (pts calling you at your home, people asking you questions at the grocery store etc.)*

Unfortunately, Savanna does encounter overlapping professional/personal boundaries which she attributes to one of the most difficult parts of her job. This most commonly occurs through social media. During the interview, she mentioned several times that people will message her on Facebook asking medical question or wanting something for symptoms they are experiencing. She manages this situation by telling them when she is available in the clinic and to call to make an appointment. She stated that she does not want to get in the habit of bringing work home with her, so if she can avoid it, she will. Most importantly, she avoid providing medical advice outside the clinic because of the potential consequences of providing “telephone medicine” and diagnosing something incorrectly. If she sees patients in the grocery store or at a community event, she does not approach them or mention seeing them at the clinic unless the patient volunteers this information. By doing this she maintains professional boundaries and abides by HIPPA.

1. *How do you manage patients who are unable to or unwilling travel for preventative services or necessary referrals? (Mammogram, DEXA, colonoscopy)*

Linton Medical Center provides several preventative services and health promotion options including mammography, physical therapy, cardiac rehabilitation, chiropractic care, and massage therapy. Unfortunately, patients cannot be forced into receiving screening services; however, as a provider we can educate them on the risks/consequences of opting out of a service. It is important as a rural health provider to be familiar with community resources. Linton has public transportation (South Central Transit) that residents can use at a small fee to make medical appointments in Bismarck. Informing patients of this service increases the likelihood of compliance. With the patients consent, Savanna said helping them schedule the appointment or including the patient’s family member in the plan of care increases the willing of patients to travel. Finally, the older population is often worried about the cost of services. Educating them about insurance coverage often changes patient’s minds as well.

**Reflection**

Upon reflection of my time spent with Savannah, I recognized the value of having well-educated rural healthcare providers. Because of geographical location, the rural provider truly serves the underserved patient population. The drive and location of tertiary facilities can cost patient’s their lives. For this reason, providers can make a significant difference in patient lives and amplify the number of lives impacted. I learned that practitioners gain a diverse skill set because they are usually the only ones available. Instead of picking a specialty, rural healthcare providers get to practice every specialty. They often build a wider range of skills and learn how to manage disease on their own rather than referring. This also builds skills, increased proficiency, adaptability, and confidence in areas of practice they might not have otherwise been able to gain experience. Another benefit is patient loyalty. Small towns have a stronger sense of community; the citizens value and respect the town practitioner. Finally, I learned about the benefits of continuity of care and the gratification received from care for patients in all stage of life. I gained a deep respect for individuals who choose to spend all or part of their career serving rural communities.