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Navajo Nation helped by temporary medical experts

By Ryan Boetel

FARMINGTON — Since August, six doctors started and finished their tenures at the Dziłth-Na-O-Dith-Hle Health Center, south of Bloomfield.

The physicians' transience was expected.

Across the Navajo Nation, health clinics often rely on doctors and medical staff who work with a temporary contract. Called locum tenens, the freelancers fill vacant positions for months or longer.

Recruiting full-time, permanent doctors is an ongoing challenge on the Nation, said Gary Russell-King, the acting director at the DZ health center.

Hiring a temporary doctor "fills a void. It gives us a (physician) so our patient care can continue," he said. "That's where our contractors really help us. If they are not onboard we have to reduce the number of patients we see until we fill the vacancy."

The Indian Health Service works with several health care agencies who connect health care employees ready to work as locum tenens with clinics in need of staff. The result is a steady stream of doctors, nurses, lab technicians and other employees that come and go.

"I'd compare it to the Peace Corps. There's a lot of providers out there who really want to make a difference in the world, the providers who aren't in it for the money," Russell-King said. "Those are the types of providers we tend to attract to IHS, people who want to make a difference in native-health-care status."

CompHealth, a Salt Lake City-based business, introduced to IHS five doctors who worked short stints at the DZ clinic since 2007.

Recently, Dr. Jimmy Wallace, 34, completed a temporary contract at the clinic.

CompHealth "has a pool of clinics and clients that are in need of help and they matched me up with DZ," Wallace said. "I told them I was looking for a unique patient population and a place where I could practice a full spectrum of family medicine."

In the last year, Wallace worked in a small port town north of Seattle for two months, six months in Borneo in Indonesia for an environmental and health care organization and

several months at refugee camps on the Burma-Thailand and China-Tibet borders. After that, he spent a little more than a month at the DZ health center.

"The need for the services is so great (and) they don't have the physician work force to fill that need," Wallace said. "They contract with people like myself, who are mobile or between jobs and bring us in for a time."

Dzilth-Na-O-Dith-Hle translates to "revolving mesa," and the center took its name because a nearby mesa looks the same from all directions, Russell-King said. The center provides outpatient care and offers optometry, dental, pharmacy, family practice and psychology services for communities in the checkerboard area, Russell-King said.

Of the 66 staff positions at the health center, 55 are filled.

"We still can function on a limited basis," Russell-King said.

At the Northern Navajo Medical Center in Shiprock, 7 to 9 percent of medical staff is working with a temporary contract, said Dr. Stephen Bowers, the clinical director. About 15 percent of jobs at the hospital are vacant, but that percentage steadily decreased in recent years.

Most of these temporary employees "fill a gap when one provider leaves and a new provider starts," Bowers said. "There's often a one-, two- to three-month gap between the arrival of a person who is replacing someone who moved on."

Other temporary employees at the Shiprock hospital fill specialty positions.

"We have extended contracts for an orthopedic surgeon for many months because we simply can't identify someone who wants to work here in that particular specialty," Bowers said. "We compete with the private sector for all our positions. Sometimes salary is an issue, sometimes geographic occasion is an issue."

Some of the locum tenens on the reservation have their contracts extended several times, for more than a year in some cases. Several contractors have accepted permanent positions with Indian Health Service, Bowers said.

The downside of using locum tenens is that patients can suffer by the ebb and flow of their health care providers.

"The downside is a lack of continuity," Bowers said. "But of course, that's better than having no care for the patients during that time."