Family Medicine Manteo/ Primary Care Access

Frequently Asked Questions

- 1. If I want to get on the wait list for an Outer Banks Medical Group primary care provider, what is the phone number? The phone number for the Outer Banks Medical Group primary care provider wait list is 252-449-4540.
- 2. Why was a letter sent to some Outer Banks Family Medicine–Manteo patients telling them that the practice could no longer provide care? When we learned that the two temporary providers at the Manteo practice would be not be renewing their contracts, we worked diligently to replace them with new temporary providers while at the same time continuing the search for permanent providers. Because we were not able to replace the temporary providers on short notice, we were required by law to inform patients that we would not have care coverage for them.
- **3.** How can patients who received the letter get their prescriptions filled? The letter sent to 2,418 patients included a dedicated phone number for them to call if they had questions or needed help with medication refills. The number is 252-449-6150. Our local team has provided refill assistance to hundreds of patients since the letter was mailed. A team from ECU Health is also assisting patients with complex needs.
- 4. Why couldn't the 2,418 patients simply be transferred to another provider in the practice?

The two other providers at the clinic already have full patient panels. It would be physically impossible for them to accept more patients and still provide high-quality care to everyone. Patients are assigned to the provider and not the practice as a whole.

5. Why was a list of primary care practices accepting new patients included with the letter?

Because of the primary care shortage, we maintain a list of primary care practices that are accepting new patients in Dare and surrounding counties so we can help people





6. Why didn't the practice just hire more temporary providers to replace the two who left?

The severe shortage of both permanent and temporary primary care providers prevents us from hiring quickly. Even if we were able to locate a temporary provider, it would take 90 days to legally clear him or her for practice. There was not a 90-day lead time when we learned that the temporary providers were not going to renew their contracts.

7. Is the Manteo practice closing?

No, it is not. We have a future vision for Manteo and are in the planning stages of expanding the practice and restoring access to primary care.

For several years we worked with the College of the Albemarle to find a location on the Manteo campus; in the end, that location did not pan out. Now we are currently in conversations with other individuals, and we are working on a plan to expand the physical size of the practice in order to accommodate more providers long term for Manteo.

We have one physician under contract arriving July 2022 to practice at Outer Banks Family Medicine - Manteo. We began recruiting for this position in summer 2021. In fact, we had our first recruiting conversation with this provider in August 2021 (11 months ago).

We are involved in active discussions with several additional providers, but the process is lengthy.

8. When a provider is hired, will those who were patients of the former physicians be the first to become patients again?

We will be mailing another letter to the 2,418 patients who received the first letter. This letter will provide information about getting on a wait list to rejoin the practice. Once our new physician is here and the scheduling template is ready, we will be plugging patients into care using the waiting list.

To set realistic expectations, a new provider can only care for a limited number of patients per day. We will advise those who have located a new primary care provider to continue with that practice until we are able to accommodate them.

9. Why are doctors leaving?

Several have retired after serving our community for over 50 years.

Several have decided to make a career change from family medicine to urgent care.

Some have relocated out of the area to be closer to family.

Another health system left the area and several private practices closed over the past few years. This took seven providers from our community.

We have been through a global pandemic and some of our providers report burn out.

10. Why is it so hard to recruit providers?

Primary care specialties that include family medicine, internal medicine, and hospital medicine physicians have the most sought-after yet lowest-paid medical employment opportunities, making them the hardest positions to fill locally.

There are currently 3,800+ openings for family medicine doctors in North Carolina.

In a recent presentation at the conference for physician recruiters in the Carolinas, data revealed this year's graduating primary care residents had an average of 90 viable job openings to consider in their respective markets.

Locally, physician candidates have turned down offers because of reasons that include the small selection of available housing, this being a niche area, the scope of service required, and the cost-of-living premium.

11. Why can't doctors just open their own practice on the Outer Banks?

They absolutely can and we welcome those who choose to do so. We have assisted several practices outside of our medical group when they have requested it. For instance, we helped Beach Medical find a new home when the practice had to leave Kitty Hawk.

The reality is that the current housing shortage, healthcare provider shortage, and Medicare/Medicaid reimbursement models make opening a new practice extremely difficult.

We are the safety net for all patients in the community regardless of ability to pay.

12. Why can't we just pay physicians more?

We do our very best to set pay as close to fair market value as we can. STARK Law prevents us from exceeding fair market value.

The law is in place so that we can't otherwise incentivize physicians to send referrals to us. That means they can practice medicine and send their patients where they believe they will receive the best care and patients have the freedom to choose where they go for care.

13. Why doesn't the hospital just purchase property and build housing for employees?

The Outer Banks Hospital and Medical Group owns or leases 12 properties for temporary situations.

For more than six months, we have been working to acquire housing given the current crisis. We currently are in discussions with developers in Kitty Hawk, Kill Devil Hills, Nags Head, and Manteo.

We are thankful to community members who have stepped up to rent their properties to Team Members at an affordable price.

14. Wouldn't the money spent to move the urgent care practice and build a new cancer center be better spent on housing?

Cancer is the number one cause of death in both North Carolina and Dare County. Planning for our new cancer center has been in place since 2016.

Our community has stepped up to fund a large portion of the project. We are thankful for this.

Because we were outgrowing the old urgent care facility and needed the land to expand cancer care for our community, it made sense to relocate our urgent care.

That new urgent care building also houses a family medicine practice and we are currently recruiting family medicine providers for that location as well.

15.What are you doing to solve the lack of access to primary care on the Outer Banks?

We have been extensively recruiting since 2019. We have the resources of ECU Health working specifically on recruitment for Outer Banks physicians. Multiple vendors have been hired to implement large-scale marketing campaigns. We currently have two new family medicine providers under contract, and two pending offers with family medicine doctors.

It is important to note that the time from initial engagement with a candidate to his or her start date can take a year. For that reason, we are constantly evaluating and adjusting to meet the needs of the patients by utilizing temporary providers, and when possible, partnering with Chesapeake Regional Healthcare, ECU Health, and Premier to assist with referrals, and thinking outside the box about innovative care models.