Rural Medicine in 2026: Dr. Lance Hansen’s Life as a Full-Spectrum Family Physician in Idaho Transcript

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Podcast Introduction and Guest Preview

Welcome to the Doctors Making a Difference podcast, where we help physicians to be empowered with the tools they need to successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. Today, you get to meet one of my great friends, Dr.

Lance Hanson. I think you'll really enjoy this episode. You'll get an insight of what it really is to practice rural medicine in Idaho in 2026. Maybe some of you have wondered, what would it be like if I had kept all the skills I have in medical school?

Or what will it like to be a small town doctor that I read about or maybe someone like that took care of me when I was a kid? Or maybe you're a resident or a student or even a pre-med student who's saying, I want to be that kind of doctor that can do all these different things.

It still exists. And I'm excited to present this episode with Dr. Lance Hanson. In this. You'll hear me talk a little bit about some changes that I need to make in my own practice related to my.

And it's a little bit hard to share that information, but I think it is important to the journey. And I appreciate all the support and kindness that you, all my listeners have shown to me and I look forward to presenting this.

I'm pleased today to welcome my friend, Dr. Lance Hanson. In this case, I have the privilege of knowing the guests for a lot of years. Dr Hansen and I worked side by side for.

A decade. I used to joke that I would see him more than my wife sometimes because we'd go through some of those busy weeks and it just build a friendship and a camaraderie over that kind of work.

But anyway, Lance, would you mind introducing yourself to our audience? Sure. Thanks Peter for having me. I appreciate the opportunity to talk with you and I've enjoyed your podcasts.

Dr. Hansonu2019s Path to Rural Family Medicine

I then did a rural training track residency, first year in Boise, the second and third year and Caldwell, Idaho. And then as Dr. Crane or Peter was mentioning, my first job outside of residency was almost 11 years in Bear Lake, sharing the same office together.

So it's good to be back together Yeah, it is. No, I agree. I've missed that time. It was, we've learned a lot. And I think anytime you work with somebody for a long time, you gain perspective and you see how the other person does it.

Then I guess the thing is I couldn't have possibly done that. Time without you by my side. and I don't think anybody could do rural medicine without good partners.

We're going to talk a little bit about rural medicines today. People have this in mind that they're gonna be the only person in town. You can never leave and can ever do anything.

And I think that would probably be true if it weren't having partnership, but tell us a little bit more about your journey. Why did you choose to become a physician?

And then specifically, why did. You choose these somewhat insane path of being a rural doctor? They say it's insane. I can speak from personal experience.

Yeah. I think just growing up I was really interested in the sciences. I loved AP Biology in high school and then I took Anatomy for my first course in college and just really liked it.

And I had a friend growing we always said he was going to be a neurosurgeon and so it was on my mind a little bit but I learned over time like what brings me satisfaction of fulfillment and part of that that I learnt throughout my undergrad years was just relationships of trust that are meaningful and developed over And as I was learning that about myself, I saw that in family positions that I shadowed in undergrad.

So that's really what attracted me to it in the first place. As far as ending up in a rural environment, and I came from a real environment. I enjoy the culture, the values, hard work, independence.

that I learned on a farm and I wanted my kids to have a similar experience and also I want to make kids grow up closer to their grandparents. So my wife and i both from southeast Idaho area always wanted to come back to the area.

I knew that family medicine was a great option to be able to live anywhere you want. Although I was interested in other things in medical school family, medicine, I just found a lot of meaningfulness in the challenges rural family.

Medicine as well as the relationships that you develop over time that just seemed to be more substantial and meaningful than what I had experienced in bigger settings in medicine.

Yeah, I can relate. I think you have the opportunity to pursue a lot of specialties. Most people I talk to that are family docs will say I liked obstetrics and I like pediatrics, and surgery, medicine, hospital medicine and everything.

And it sounds like you and I kind of had a similar interest set that way, but you're right. There is something really powerful and genuine when you are a key or integral part of a small community and you get to know the people, not just in one setting, that you see them in the community.

You see. At the grocery store or at the basketball game, or you say I'm in church or wherever it is. And you form these really deep bonds with people.

It's challenging in some ways, cause you don't have a lot of privacy, But on the other hand, you would do anything for those people because you genuinely love them.

Exactly. In residency, when I was just seeing people, you know, the world training track was in Caldwell, Idaho, which was a town of 35,000 people. And when i'd see patients there, it was really only in clinical up most of the time.

You wouldn't see them, like you said, at the basketball game or the school function or wherever it is, The grocery store. What I found was when you see people in different settings, actually get to know them much better.

You get know their social circumstances, their family.

What Full-Spectrum Rural Practice Looks Like

And as such, you see them more like that. you don't just see him as that patient that I see every three or six months or every year who has this diagnosis and that diagnosis, You see the more as a person, a family member, or a friend.

I think with that becomes a deeper responsibility and I can add a lot of stress to when you're not sure what's happening or when there's really something stressful going on.

But it also, it's really fun to just share in those triumphs and also just be there in times of trial of someone that you really know and understand a lot more than just superficially in the clinic.

Yeah. Maybe just talk a little bit because those who are listening may not understand what you mean when you say you're a full spectrum family doctor.

It's interesting as I visit with people all over the United States, primarily in other places, most people have specialized in something. And even those are primary care doctors, a lot of them work in environments where they're really a bit more focused on one patient population or their one practice setting.

Like I'm mostly in the clinic or I mostly a hospitalist in a And so describe a little bit about what a small town rural doctor in Idaho does. That's something I understand deeply because it's what I do, but maybe describe that for, especially for those who are residents or students who might be contemplating to understand what that means.

Sure. So I'm in full spectrum. I've taken care of everyone from birth until death. And for example, a normal, I wouldn't even call it a week because it's just, it just is ongoing and perpetual what I do.

But every week I mean clinic four days a. My first patient I see a little after eight, the last patient is a lila around four 30, but then I am of course.

doing paperwork and doing medication refills, answering questions, building phone calls, doing what you would see in any clinical setting. On top of that, before I even get to clinic, I've gone to the hospital.

I have rounded on patients that are inpatient or swing bed rehabilitation patients. That can range from anywhere from zero to eight patients a day. So sometimes when I have a lot of getting there early in the morning around on most of them, sometimes that carries over into lunch or even after clinic.

Often throughout the day, you're interrupted by phone calls from nurses for those patients or texts from the nurses or patients in a small town. There's lots of patients who have your phone number and are texting you about this and that if they need to be seen.

And so you're multitasking in many ways between many different environments. So that's two of them. But I take ER call twice a month, ER, call here and there and barely oftentimes as on for 24 hours at a time.

When I'm still doing all my other regular duties, I've seen patients in clinic, but when a patient moves to the ER. Sometimes, you know, your popping over to ER sometimes your canceling.

clinic because the patient's really sick. And so you're doing ER medicine. I'm on a call 24 seven from my own obstetrical patients. So they contact me day or night if they need something.

Obviously they don't schedule when they're going to labor. There's a lot of disrupted sleep. Then of course, I am taking care of patients in the nursing home.

That's usually scheduled out one morning a month, but I once again, building a ton of phone calls or texts concerning their needs throughout the month.

There's one morning a week where I do colonoscopies and EGDs before going to clinic. So it's just a wide variety of the patients I'm taking care of and the challenges that they're facing and that I've been encountering every day based on full spectrum family medicine, not just solely in the clinic, but taking of them in so many other settings and.

And honestly, taking care of them doesn't end when I go home. Like I said, I'm on call 24-7 for obstetrics, but oftentimes I am thinking about certain patients and still studying at home and getting texts from patients or those Yeah, no, it's exhausting when you say it that way.

You're like, whoa, but it is a lot. And maybe one other point to just clarify for the folks out there, you mentioned that you do obstetrics. So who does all the C-sections for you, Dr.

Hansen? I would be myself and my other two family physician partners. There were, when I was in Bear Lake, It was you and I. Yeah. And Dr. Campbell. So full spectrum family medicine, you're expected to do a lot of things in a lotta different specialties.

You gotta get comfortable being uncomfortable, really. I remember learning how to chest tubes on dummies, but my actual real first chest tube was on a patient.

And I needed to it in the ER in Bear Lake. A lot things don't happen that way. We have excellent training ahead of time. But sometimes you don' get those opportunities and you just have to roll with the unknown punches that are coming your way Yeah.

And it is crazy. It sounds overwhelming in some ways when you say, man, I do everything in obstetrics, inpatient, outpatient nursing home, pediatrics.

and I'm available for my OB patients pretty much all the time. I have thought about that over the last few years here, especially it's challenging, but the only way you can really make it work is because you have great practice partners.

I remember you and I had a case a few years ago. It was a nice lady that was in the ER and she needed a chest tube. She was short of breath, she had pneumothorax and all sorts of stuff going on.

I placed a pneumothorax a couple of times just by being in an ER, but you need a set of hands. I think it was probably 6 or 7 p.m. and something was happening and everybody was walking by and everyone was getting the supplies and the ER.

And then I heard Lance Hanson's voice coming down the hall just coming to round on somebody or check on something like, Lance, get in here. Which was so helpful because you just need another set of hands, another sort of experience, eyes to look at it and say, try this, do this.

Or even though you have done something quite a few times, the things that we don't do It's important to have backup and have somebody there at your side.

And I think having other doctors in rural areas that can do the same spectrum makes all the difference.

Why Rural Medicine Needs Backup and Broad Skills

It sure does. If you don't have some good colleagues who are willing to back you up and help you out, it would be a lot more stressful, I. Think, and it's nice to be able to return that favor too.

Yeah. Another challenge I've observed, and you've been part of medical education, so I think you can talk about this. In my experience, working with students and residents, I don't see quite as many people who are targeting a kind of a rural lifestyle like this, or I see some who say, yeah, we'll do that, but I will do this part, not that part.

I didn't come across very many who said, Yeah, want to be the person who has this broad skill set and still uses basically everything that I learned in medical school.

And I'm curious what you've observed and what is a future option for rural communities that really need these full spectrum family docs that can do all these services.

Yeah, I definitely think it's been hard for rural areas to recruit and retain positions. I do feel like there's just been a change in people's preferences over the years to more work-life balance.

And that includes usually more scheduled type shift work. In the ER now it is all shiftwork. You're even seeing OB hospitalists who are now covering shift-work and not delivering your own babies.

Of course you have hospitalists who are taking care of in-patients and so many people want to leave work at work and in that work-life balance. And so I think that's one reason why you're saying that.

I also think people aren't getting as much exposure to rural medicine if they haven't come from that background. One thing that was beneficial for me in training was even though I was in a rural training track, I still went out to rural sites.

I went to sort of Springs for a couple of weeks and to Preston where I'm currently practicing for couple weeks to see what it really looks like to practice there.

And so I think when you get true exposure, it helps you to better see some of the challenges, but also some other rewards that are sometimes understated.

Yeah. So, you know, if somebody was facing that saying, okay, I've got this rural background and I want to do it. What do you suggest now? I have observed there's some rural training tracks and there are some fellowships within the specialty of family medicine in particular that are rural focused.

And there is a high risk obstetrics tracks that people can take. You and when we graduated, that wasn't really common. It seemed like that was more the exception than the rule.

Seems like more people are doing those. And I wondered if, do you find that those actually have helped people? Have you worked with residents or fellows that have done those kind of training?

Do you think that like gives an answer for the future of rural communities? I can be part of the equation. I haven't had a lot of experience specifically with a lots of those things other than OB fellowships.

But I do feel like there's a few reasons why people don't want to go to rural medicine or they don' t stay in rural medicines. One being cultural, maybe the value system or the culture or isolation geographically can kind of be a downer for some people.

People are leaving because it's long hours, it can be hard work, but also it could be scary. You're out there on an island. Even though you have colleagues, a lot of times you're on and island, you don't have specialists right there.

And so I think that any extra training you can get is going to help you to feel a little bit more comfortable being uncomfortable. And I think that builds confidence where you figure out that you can do it.

That's something I would say to people training that are a little bit apprehensive is you, can, do, it, but you do everything you. Can in residency. I, think, that sometimes people are pigeonholed themselves too quickly to say, Oh, I'm not going to do that.

And we're going, to worry about learning it that much. But I. Would say in residence, your medical school, you learn as much as you possibly can. Cause as we've talked about in the past, You can always narrow down your spectrum of practice, But you never going.

To broaden it once you get out and start practicing. Yeah, that's a good point because no matter what it is, our brains tend to forget things if we don't do them routinely.

And so I feel like that was one of the blessings of doing a broad spectrum residency and then jumping right into rural medicine for the last 15 years.

I just feel I have never really stopped doing all that stuff. And so it's one of those things that the community needs and almost takes for granted. Where you say, Hey, yeah, we can get you into a doctor that can do it.

Yeah. You need a colonoscopy, you need an upper endoscopies, need someone to deliver your baby or take care of your family member. Sure. Lance Hanson can, do at all.

We'll get in a couple of weeks. And I think people in bigger areas, maybe forget that it is not so parsed out or not broken into so many pieces. And that's both challenging for a physician and rewarding.

But it's an older model of medicine. Doctors in the past seem to do that a little more, but it has become more of the standard that doctors seem find one little slice of medicines and stick with it, which I like.

I wonder, what do you think the effect is on rural communities specifically if we have doctors narrow their spectrum a bit? I think first of all, cost-effectively, it's just not there.

Like these critical access hospitals can't afford to run like a bigger hospital.

Training, Recruitment, and the Future of Rural Care

They can have full-time OB on call or hospitals on-call or ER doctor on the call. And that's where full support and family physicians really fill a void is they can do so many different things just because of numbers.

You can. sustain having an OBGYN or you're actually going to need probably two of them in a rural community. And even then they're going be on call 50% of the time.

You can't sustain those wages for the number of deliveries you can have in rural communities. I think cost effectiveness wise, it's just not there for critical access hospital to run like a bigger hospital.

you need to have physicians who can fill multiple voids, whether that be ER in clinic or that the obstetrics in the clinic. or inpatient in clinic at minimum, you know, that I think that's what these rural communities need is a jack of all trades and someone who can do a lot, but also knows when they're getting in over their head and they need extra help or need to transfer patients.

Yeah. And that, I, think the big piece of this, we haven't talked about is I. Think you develop a big network of people that can help you. They remember in residency, they always would say, Never go down on the ship by yourself, fill up the boat, bring everybody in.

And when somebody's having a crisis and so you have to have your colleagues to help you. It can't just be you and then the second thing is in your network, like our closest referral center is an hour and a half drive each direction.

So if a person wants to drive there and back, they're going to be spending three hours just on. And you start to find these colleagues and connections of folks that you can call.

And then the other challenge is you practice where I live now for a lot of years and on all sides of the area, you're surrounded by canyons or high elevation places where people have to drive.

Sometimes you cannot fly a helicopter and even getting an ambulance out is tenuous, at least for few hours during a big storm. But usually the phone works.

And so there's been plenty of times when we've accessed a phone call to a colleague or a telecritical care type of service has helped or tele neurology.

There's some services that we can bring into the community. So you really aren't a hundred percent by yourself. To me, that kind of helps because it does sometimes feel like you are all by herself and you need that.

You need either the reassurance or someone to look over your shoulder or you're so busy and need another set of eyes to. Look at it. And so I really appreciate my colleagues.

What have you found as helpful as far as when you get an overload or in a bad weather situation? Well, yeah, someone like you, you can bounce things off of them.

But yeah. I think telemedicine has really been a good development to help the patient and myself sometimes allay our concerns or figure out the next step.

And, so, I've definitely used that. and I, think that teleminicin probably isn't the answer. Full tour, like all the time, but it's a great adjunct. I think as you've mentioned, though, it not only helps me as a doctor, this can help patients stay in their hometown a lot of times.

Not only in the hospital, full spectrum family physician also helps them not to travel an hour and a half each way to a. Unnecessarily when you got an internal medicine doctor or family medicine, doctor who can take care of you at home.

Yeah, but telemedicine is really useful for information and follow-up with specialists, especially on the outpatient side or even in telecritical care.

We've found that to be pretty helpful. But sometimes I hear policymakers, both at the state level and the federal level, saying, we'll just open up tele medicine and we will have a kiosk or something like that where patients can go get their care, tele delivery babies or telesuchers and tele broken bone doesn't really work.

Like you have to still have a physician on site that knows how to handle all this stuff. And I don't know, Lance, you and I can think of probably a hundred stories, but we live near a Western Wyoming, which is a big OB desert.

There's a large area of land that encompasses lots of little towns and they have no obstetrics for a long time. And I remember one, we only tell HEPA protected stories, but I remembered one a few years ago, this poor patient who needed a c-section.

And she had never decided to come in, even though we wanted to, come a little bit early. And so she went into labor and she, her husband was driving and we were on the phone and.

She was in Western Wyoming and it was like a, almost like the two and a half hour drive to get to our hospital. But that was really the closest place she felt like she could get obstetric services.

She was in labor and having contractions and it's supposed to be a V-back the next morning, but she ended up stopping at this little teeny hospital that doesn't, they just had one PA staffing the ER and she did a v- back right then and there.

One of those, and the baby thankfully came out crying and they did what they could and then put her on an ambulance and sent her to us. I'm like, well, to me, that's crazy to not be able to offer obstetric services in such a broad area.

And then the second thing that's crazy is, in our little teeny critical access hospital, suddenly we were the referral center. That's where she was headed for the definitive care.

And I think, what if we didn't do obstetrics? How far would she have to go then? What if that service just wasn't available and you have drive another hour to get a service?

It's just wild. It is. And I think that you make a good point that sometimes we're looking to save money, but we might be looking at saving money in the wrong places when it comes to support of hospitals and rural health clinics and whatnot, because they serve a genuinely really important purpose for a large population of people.

When you take that across the entire United States. Yeah, and you and I live in the state of Idaho. And I think every state is facing a little bit of financial constraints with like Medicaid cutbacks and things like that.

But if you take full spectrum doctors out of critical access hospitals, or you water down the critical-access hospitals and say we only do a limited array of services, you would need to do all these other procedures in a bigger facility.

It really crippled small communities and I worry a little bit about the safety net aspect of that being threatened by some of the current policies. And I don't know, I wondered if you had any other insights on that.

No, i think you've made a good point though that guess what? There's still going to be people showing up in emergency situations and if decide that you're shutting down obstetrics, you are even in a worse place because you have no one who really is trained to take care of, that OB emergency that's showing.

Yeah, and when it's your family, I guess that's the other thing, especially in a small town. You're not, you're at arm's length with folks because they're, not necessarily you seeing your relatives, but you are seeing people that you have other connections with and you really love them and care about them.

And you, really care, about their outcome. I feel really bad if somebody doesn't get the service they need because. they had to travel very far to get it and had suffered a negative consequence.

So I think that there's a real value in having a full-spectrum doctor that is nearby that can provide that service. And like I told you when we had that chest tube a few years ago, I was awfully happy to hear Lance Hanson's voice walking down the hall, like, all right, we're going to be okay because I know there is someone that has a calm, steady hand in a storm.

It's really important to have that. The feeling is mutual. There were plenty of C-section and you stat C sections. I was like, Oh, I'm glad Peter is right next door.

Let's do this. Yeah. And I think that you have to develop that. So, you know, speaking of that, Lance, haven't really talked about this on the podcast much, but I've told you and I, and, uh, shared with podcast listeners, my own experience with this tumor that I have a solitary fibrous tumor.

Telemedicine and the Limits of Remote Care

I don't know if you can celebrate a one year anniversary on chemotherapy. Should you call it your chemoversary? I dunno. It's kind of a terrible thing to either, either be happy about or sad about, but I'm doing okay.

And I feel really blessed to be able to do what I do. But one of the challenges is every other week I am on a treatment that causes me not to able, to, be at my same functional level.

So I've just recently announced at, my facility that I going to stop accepting new obstetrics patients. And so it makes sense functionally, but it kind of makes me die inside a little bit because it's something that works so hard to maintain.

And I worry about my patients. Like you say, you have to take care of yourself first. I don't know. It's just a crazy thing. Unless somebody's really walked that walk or realized what an important component of your practice that is, that you could really understand how challenging that it is to give up that aspect of my medicine and training.

Yeah, I identify with you. I think I just love that's a happy time, right? A lot of times people are seeing doctors when their worst day of their life or they're worried about something, but oftentimes pregnancy and a new baby, it doesn't look better than that.

So I can identify. That's kind of a tough transition, But you're right. You've got to do what's best for your health. And the fact is all of us, at some point we do transition away from that very few doctors retire still having been delivering babies right to the end, just because it's so tough.

on your health to go all night without sleeping and then just go to work the next day. Yeah, I'm recording this a little bit after one of those nights.

I have one those night last night. And it's important to recognize that we can do a lot of things, but it is really important and protect ourselves. As it pertains to the work that you're doing, Lance, you've done a lots of training with medical students, residents, and even the high school level students that are up and coming.

To the point that, we need obstetrics and we needed all these broad services in our community. We need to raise up future doctors or doctors in training who have this background and understanding and can carry on the torch and we hopefully leave medicine better than we found it.

So what have you found as you work with students and residents? Are there still people interested in doing rural medicine? Yeah, yeah, I think there are.

I just need exposure to it to see that, hey, there's lots of filling things you don't see other places. In my opinion with rural medicine, the variety and the challenge in those relationships, like I said, they just feel a lot more meaningful to me when I know them so well and their families so and it actually helps me to take better care of them as well.

It's been a passion of mine though, to try to develop rural positions. I was on the admissions committee for the university of Washington for seven years.

And I saw a paucity of candidates from rural backgrounds. So a lot of the candidates whose parents were subspecialists in Boise, Idaho, but. That's not going to serve our underserved or rural leads for the most part, most likely.

And so you and I were involved in a club. We started at the high school to try to introduce students to health professions, but to help them figure out, Hey, I came from a poor farming background.

I have no medical. in any of my family, if I can do this, you can this and instill that confidence and also a knowledge of what needs to be done in order for that to happen.

And then moving up the pipeline, I take medical students here on rural rotations. I pick residents here and it's the same thing. You just got to get exposure and see some of the cool things you don't see other places.

But also it's good to understand what you're getting into and maybe some of the challenges, the work-life balance challenges or other challenges for your resources that you might be dealing with.

And I think if we can find those people who come from rural backgrounds, they're more likely to return to those types of work experiences. So that's really, we need to be targeting those when it comes to medical school admissions and to exposure in training so that it is something that they think about doing.

Absolutely. I always tell people in rural medicine, you get to do everything, but you also have to everything. So it's the two sides of that point.

Why Rural Hospitals Need Full-Spectrum Doctors

As we, I want to transition just for a second to just the financial reality of it for second, because the, one of the questions I get when people say, Oh, are you working in Rural Medicine?

how do you feed yourself because there's not that many patients or you live in a community where the county only has as many people as there are in my high school or something like that where I think the County where i practice has somewhere between six and seven thousand permanent residents per year and there Are people who say that's how many People live In my little neighborhood or how Many people go to my community college or Something along those lines and so I Think people look at and say there is not enough business to stay in business.

How could I be busy? And so I wanted to know your perspective on loan repayment and how do you stay busy and people who look at it and say this is going to be an income deficit.

What comments do have regarding that? Sure. Medical education is expensive. And unfortunately, I think that pushes a lot of people away from primary care in general and also that perception that rural primary gets paid even less.

The fact is there's lots of loan repayment programs for primary care in rural areas. A lot of hospitals will also defray some of your student loans or costs.

And the fact that the average wage is actually higher in the rural area than it is in urban areas for family medicine. I think a lot that has to do with the workload too.

You're doing more work, you're more procedures, which in our healthcare system are valued more financially than just seeing someone in a clinic. But actually, as we pointed out, it's definitely financially viable.

And you can do just fine. Financially should not be a reason not to practice in rural medicine. Yeah, I like to listen to that to Jim Dolly on the white coat investor and he's famous for saying the range of income within a specialty varies more than the.

Range of Income variability between specialties. And I think that's true. So sometimes people say, if I wanted to be a primary care doctor. in a rural area, perhaps I'd make more money.

I would be able to get my loans paid off quicker. And sometimes that really is a big incentive for people to say, I like that anyway, and it's financially advantageous.

You can get toward your financial independence type numbers a lot earlier if you get your loans, paid-off quickly and you have a little bit better income stream.

So it really can be a benefit that way. Just echo what you said, Lance. That's not a reason to not choose family medicine in the rural areas if that's one of your passions or your interests.

I think also something to point out that most people probably don't know is critical access hospitals in rural areas, their financials are a little bit different than other hospitals and so they are supported differently.

The government does help because there aren't as many numbers to help subsidize the care and base reimbursement on cost rather than a set number for is how much you get per golf blotter, it's more based on the cost.

And so they're unlikely to lose as much money as a big hospital could. They're also less likely to make huge profits, but it makes it a little bit more stable.

So I think that there is actually some stability there. Also, if you want to look at our view numbers, just depends on how many staff there's in place, I would compare my RVU numbers to anyone in the nation and they are favorable.

Yeah, and I think that just maybe when somebody first starts, they'll have a little bit of a crescendo as they build a practice. But my experience is my practice partners and people that have come on, if you look at their practices after about two years in, most everybody is completely full.

Most every day, every spot is full for the most part. And we try not to have waiting lists, that kind of stuff. But I would say most days when you come to work, there's plenty to do and that maybe that first couple of years.

But some of those things that I hear people talk about, why would I choose that? I'm worried about the financial part or my viability to stay in business or I might lose out on opportunities.

Boy, There's some real neat opportunities in rural areas. And I think that you and I have lived that life. We're not, we didn't just read about it. You're both 15 years or so into this experience.

So I can speak with a voice of experience on that. Lance, as we get a little closer to our time as you kind of have the ear of a bunch of doctors and residents and fellows and students, what are some final thoughts you would want them to know about Lance Hanson and about rural medicine in general?

Personal Reflections on Practice Changes and Mentorship

No, I don't know. Nothing about me. There was nothing exciting about. I really have found a lot of satisfaction from rural medicine. Of course, it comes with a.

Lot of work and there's stress involved, but just the challenges, the relationships. I think of, there have been so many experiences that have pushed me out of my comfort zone, but I've also grown.

Talking about those relationships, I'll just give you one example. There's a gentleman that came to me. He had a constellation of kind of odd symptoms, blood tests, like low white blood cell count.

And he was having some nice sweats, a little bit of weight loss, some skin rashes. Lots of possibilities. And I think you feel like people are family and friends because you know them more and it's not like you can just on them off to a specialist and call it good.

Unless of course that specialist gets it right. But I had an experience where I sent a guy I was worried about some sort of cancer. I did some tests. Thought it might be the bone marrow biopsy.

Sent him off the oncologist. They screened it and said, oh, now he doesn't need to be seen and he's fine. Then he's getting more and more symptoms, symptoms of infectious disease after a big workup.

Did I miss something that way? He's traveled a lot. They say, no, this is probably just more rheumatologic. Then, he gets punted over to rheumiology who says, oh, that rash is, I'm going to send you to dermatology, who's, so this classic sweet syndrome, but I am looking at the big picture and everything, not this fragmented care.

I just don't think this still the right diagnosis. And then, just because you care so much about the person and you want it to be right, You dig deep and I'm like, after studying them, I think this is Vexus syndrome, which is a newer thing that I'd never heard of until I started researching all these odd constellation of things.

And then you advocate for your patients and call the rheumatologist and say, Hey, what do you think about this? Oh yeah. I've only had one other person who's ever had this.

But nevertheless, he gets tested for the gene mutation. That's what he has, but it's just an example of, and sometimes in a bigger place, it would be easy just to send them off and not worry about it.

There's not really any sort of connection. In our case, oftentimes we see these people at church, we know their families, We know them as fathers and as all the different responsibilities or hats they wear.

We no more personally and so it's more meaningful. I think that when you have those triumphs and it is also more difficult when When you have heartache, you and I have had many times where we have people that we know and care about deeply and things don't go well.

And so I think emotionally it can be swings both ways more to the extreme than it would be otherwise. Yep. the highest highs and the lowest lows for sure.

Medicine is such a unique job. It's really a gift to be a physician. I still think it's the greatest profession in the world. There's nothing quite like it and I'm thankful to have been a part of it.

Lance, as we tie up here, I just want to say thank you for what you do for your community. Your heart's in it, and you have a strong desire to leave medicine even better than you found it to continue to serve that community you're in.

If people wanted to follow along with Lance Hansby or contact you, if they had any questions, how would you recommend for them to contact? I have a Facebook and a LinkedIn profile.

So that might be the easiest way. Okay. Perfect. We'll put that in the show notes and Lance, thanks again for taking the time to do this and appreciate what you're doing and keep in touch.

Thanks. Appreciate it, Peter. Thanks for tuning in to the Doctors Making a Difference podcast. And thank you for what you do to help your patients and your community.

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