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Practice Commentary

When practicing in the northwest corner of Arkansas, I wondered why patients drove past our offices to seek medical care across the river or in the next state. There seemed to be a collage of explanation involving time of day, remarks in the grocery store, tradition, memories of family and friends, account status, billboards, television advertisements . . . and, as reported by Mainous and Matheny for patients with HIV infection, perceived incompetence and fear of loss of privacy. I have found the same behavior during my years in practice in Denver, Colo. How patients decide when and where they get health care is quite a puzzle, and I wonder how the behavior of these HIV-positive patients differs from that of the other patients in central and eastern Kentucky. Surely we clinicians should heed messages from our patients that point us toward our inadequacies based in ignorance and prejudice. But it seems likely to me that the message of this article is correct for more than our patients with HIV infection, ie, *patients* travel to or *within* urban areas for health care. Patient confidentiality concerns, as well as overt and covert referral in primary care, seem to be an impetus.

I readily concur with the plea to improve family physicians' knowledge base as a necessary precondition to meeting the needs of HIV-positive patients. It seems appropriate to me that about 80% of these patients were diagnosed in the area in which they lived, although I do not know if this is too high or too low a percentage for recognition measured in this manner. I am unconvinced, however, that an improved physician knowledge base alone would prove sufficient to interrupt the subsequent rural to urban traveling this group of patients described. While issues of convenience, cost, and comfort argue for health care close to home, I am unsure that retaining the health care of these patients in rural areas is automatically the best option. Given that good primary care is delivered in teams, rural areas may have an unavoidable absence of key components of the health care team needed to optimize care for patients with some problems. Yet, some, if not most, of the care these patients need can be well provided in rural settings by primary care clinicians and their local teams embracing professional and community resources, especially in the era of the Internet. This study frames the opportunity to determine under what conditions these patients might decide to get their care in the rural areas in which they live.

And what does it mean when this study finds that 95% of the individuals studied had been living in rural areas at 18 years of age?

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