



Creating and sustaining the 21st century physician workforce in Oregon

Presentation to the Senate Commerce and Labor Subcommittee on Health Care Reform

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December 07, 2007

Overview

- Impact of physician shortages
- Background and data:
 - Factors driving shortages
 - Forecasts
 - OHSU grad trends
- Changing our future: solutions

The impact of shortages

- Physician shortages and mal-distribution:
 - Limit access to health care
 - Drive up health care costs
 - Diminish our quality of life
 - Constrain local economies
- Meaningful health care reform requires a robust and highly qualified physician workforce:
 - For example, the concept of a “medical home” will be ineffective with too few physicians.

Factors contributing to physician shortages

- Flat med school graduation
- Aging physician workforce (retirement)
 - Nearly half of Oregon's physicians are 50 years or older.
 - 22% of our physicians plan to retire within 5 years.
- Capped residency training opportunities
- Shifting lifestyle expectations (productivity) of new physicians

Factors contributing to physician demand

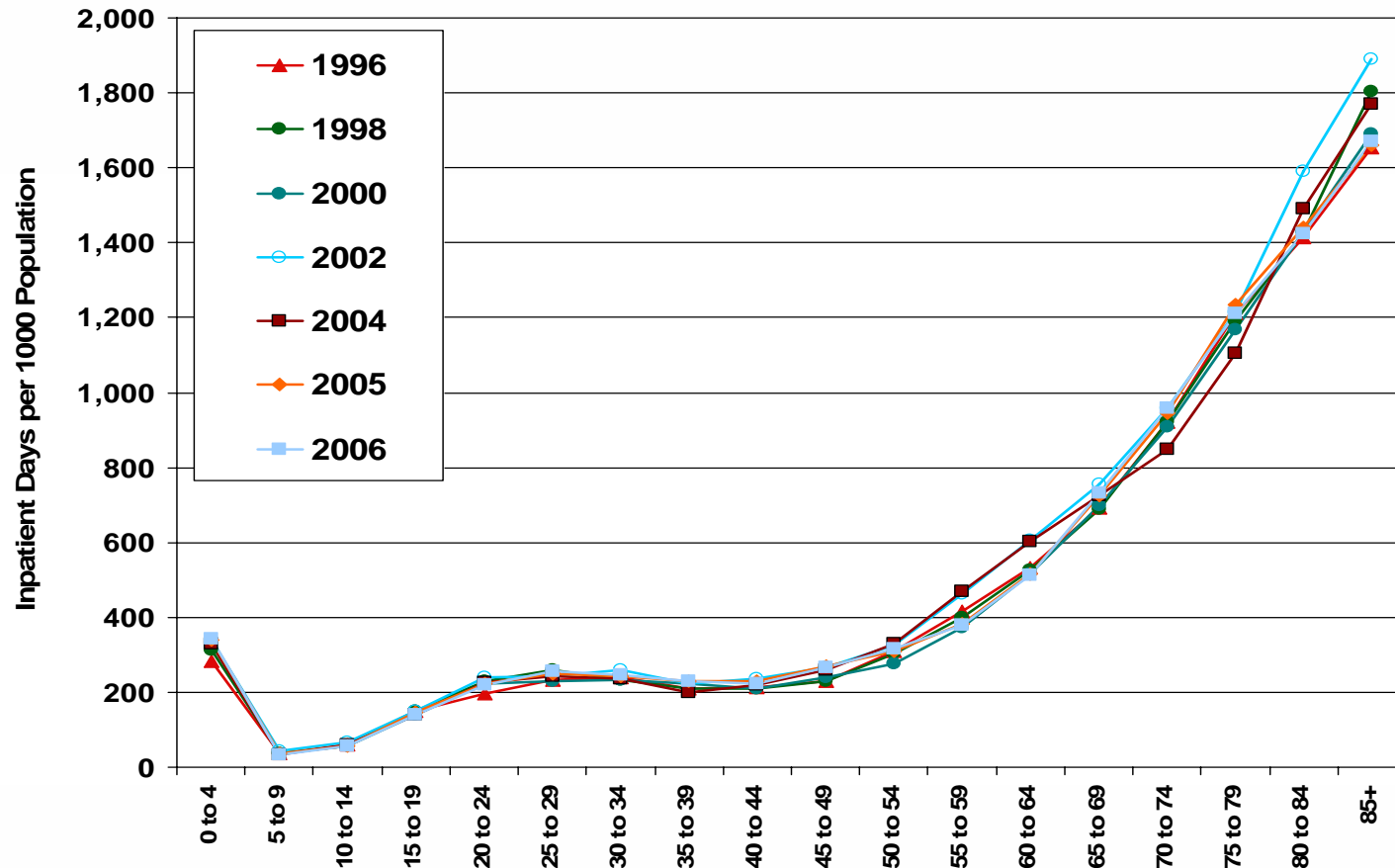
- Primary drivers
 - Growing population
 - Aging population
 - Prevalence of chronic illness
- Secondary drivers
 - Public (“baby boomers”) expectations
 - Lifestyle factors
 - Economic growth
 - Medical advances

Oregon's population is growing and aging

- From 1990 to 2010 Oregon will add nearly 1 million new people to its population.
 - Population growth of 1.9% per year
 - National average is 1%
- In 2006, 12.5% of Oregonians were 65 or older.
- By 2025, this number will double to 24%.

Elderly use health care more frequently

Oregon residents: Inpatient day trends (1996-2004)



Sources

Hospital Data:
COMPDATA,
Oregon Assn. of
Hospitals & Health
Systems

Population Data:
PSU Center for
Population Studies

Excludes normal
newborn and
VAMC.

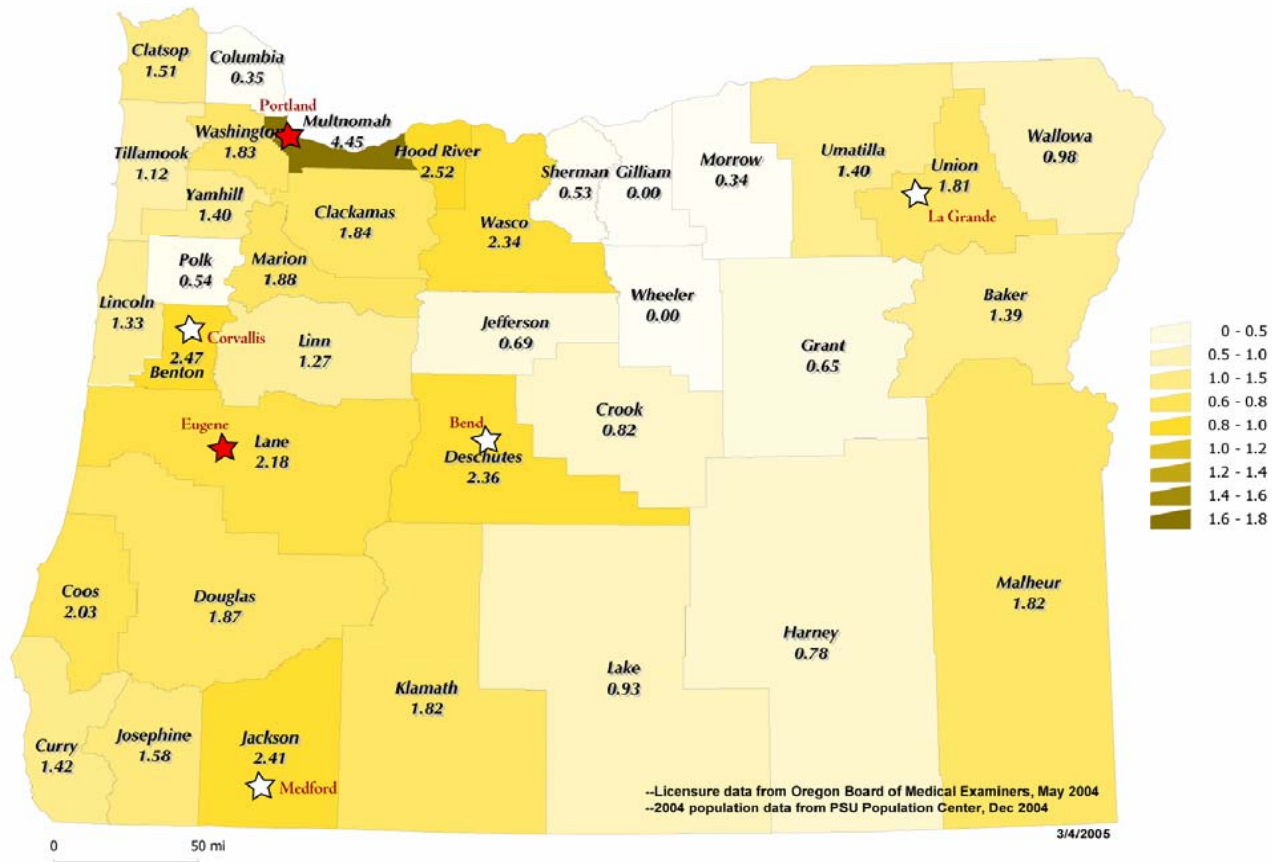
Revised 5/07.

Resource-intensive medical conditions are far more prevalent among the elderly

Condition	Treated prevalence per 100,000	Spending (millions of dollars)	% In total health care spending
Heart Disease	6,226	56,700	9%
Trauma	12,338	41,100	7%
Cancer	3,348	38,900	6%
Pulmonary conditions	15,526	36,500	6%
Mental disorders	8,575	34,400	5%
Hypertension	11,382	23,400	4%
Diabetes	4,260	18,300	3%
Arthritis	6,966	17,700	3%
Back problems	5,092	17,500	3%
Cardiovascular disease	854	15,000	2%
Pneumonia	1,370	12,600	2%
Total		312,000	50%

Oregon is already experiencing physician shortages

2004 ALL ACTIVE DOCTORS PER 1000 OREGON POPULATION



Oregon's geographic distribution of physicians is lopsided

- Multnomah County: 463 physicians per 100,000 people
- Hood River County: 266/100,000
- Tillamook County: 126/100,000
- Willowa County: 98/100,000
- Wheeler County: 0/100,000

Gap between supply and demand is growing

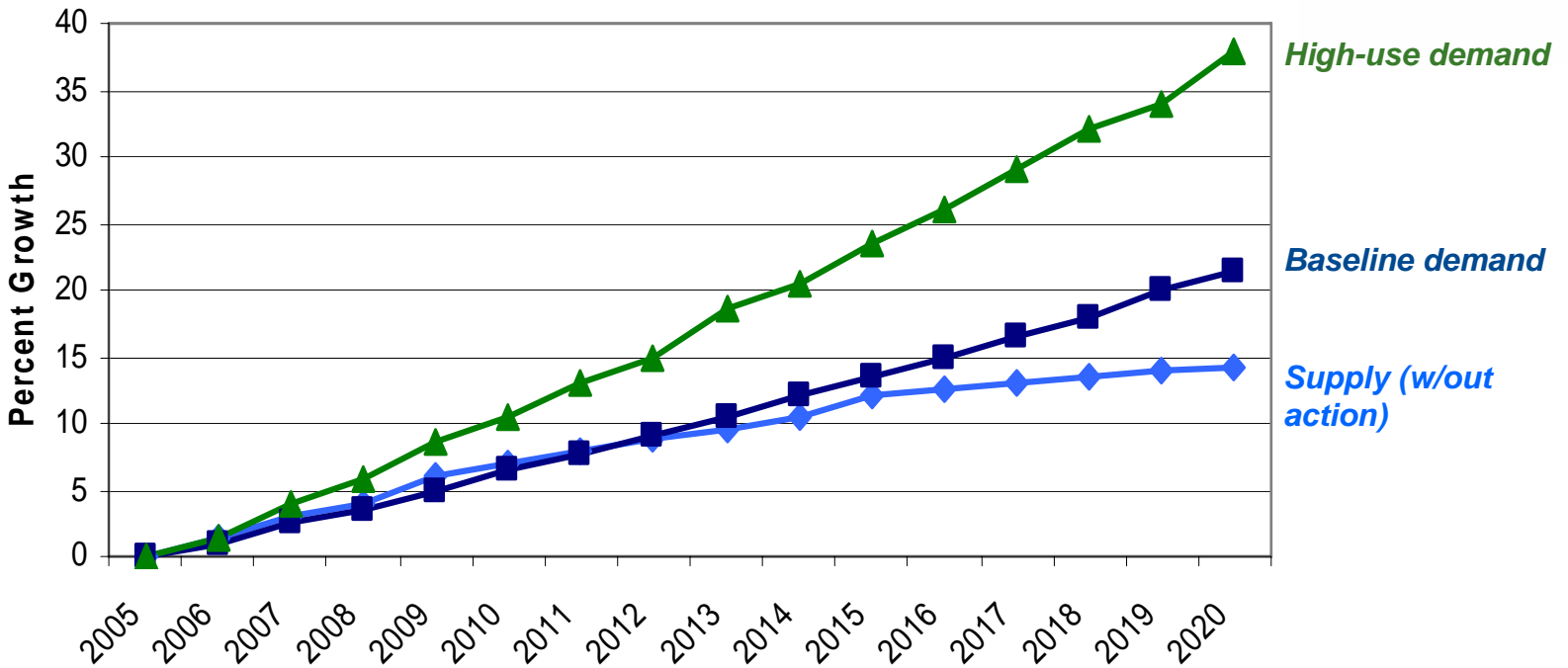
- Forecast of need: 193 new physicians per year from 2004-2014
- “Understated estimate” by at least 12%
 - Does not capture self-employed physicians
 - Rural = many self-employed physicians
- Every year we wait, gap widens

Oregon's physician shortage will worsen without action

- Constrained educational/training capacity
- Student debt load
 - Average debt load at graduation: \$155,000
 - 93% of OHSU grads have debt
 - Pressure to pay off debt discourages Oregon practice
 - Oregon has lower reimbursements than other states
 - Urban areas more lucrative
- Rural lifestyle may not meet new physician expectations
- Malpractice insurance costs

Competition with other states for physicians will surge

The government forecasts a 55,000 physician shortage by 2020



Based on projections by Health Resources and Services Administration, DHHS 2006. "Physician Supply and Demand: Projections to 2020", from AAMC

OHSU School of Medicine graduate data

- 120 medical student graduates per year
 - About 5,000 applications per year
 - 7% (350) of applicant pool is Oregonian
 - Current class is 70% Oregonians
- 200 GME trainees complete their training each year

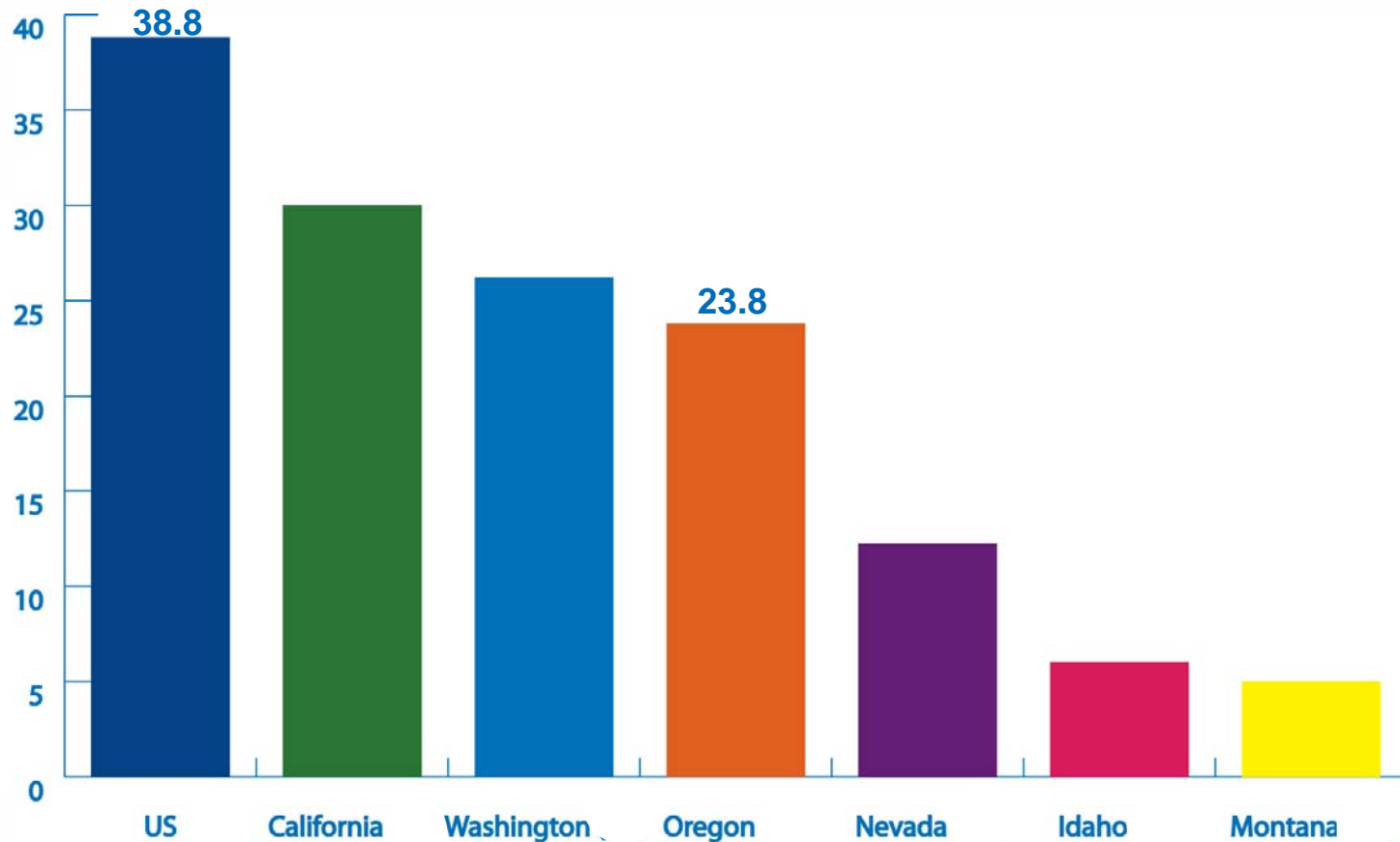
Recent data show high percentage of OHSU grads remain in Oregon

- 52% of OHSU medical students stay in Oregon
 - Average nationwide is 40%
 - OHSU ranks 15th in nation
- 56% of OHSU GME trainees stay in Oregon
 - Average nationwide is 45%
 - OHSU ranks 10th in nation
- 70% of those who complete both OHSU programs stay in Oregon (15% of current resident pool)

Historical Snapshot: Location of OHSU School of Medicine graduates

State	Frequency	Percent
Oregon	2,163	45%
Washington	637	13%
California	577	12%
Idaho	123	3%
Arizona	96	2%
Texas	87	2%
Utah	73	2%
Colorado	70	2%
Alaska	52	1%
Montana	52	1%
Wisconsin	46	1%
Florida	45	1%

Residents and fellows (GME) in training per 100,000 (2005)



Oregon workforce relies heavily on physician imports

- Despite very good retention, OHSU output is inadequate to meet demand.
- Of the total number of licensed physicians in Oregon, 32% did all or part of their training at OHSU.
- As national shortages worsen, Oregon will be competing for imported physicians.

Changing our future

- Increase the “supply” of physicians opting to practice in Oregon
- Improve their geographic distribution
- HOW?
 - Create opportunities to stay in Oregon
 - Leverage resources
 - Enhance regional partnerships
- Oregon Medicine (ORMED) Collaborative

Changing our future

- Three ideas:
 - Medical Honors Program
 - Regionalize and expand clerkships
 - The “GME Consortium”
- All still in development phase

Medical Honors Program

- 25% of US medical schools offer combined undergrad/MD programs.
- Basic design:
 - Seven year curricula
 - Advanced fourth year undergrad/first year med school
 - Accreditation by OHSU
 - Estimated numbers: 10-12 per site
 - Preferential Oregonian acceptance
- U of O, OSU, PSU

Medical Honors Program

- Shortened time frame increases output
- Less student debt
- Creates “marquis” program for undergrad institutions
 - Potentially enhances undergrad pool
 - Feeds the pipeline earlier
- Leverages existing resources

Regionalize and expand clerkships

- Clinical clerkships essential to maintain class size at 120 or grow
- Students introduced to state's providers
 - Encourages future practices
 - Enhances community partnerships
- Now, too few sites
- Training, accreditation, housing needed

The “GME Consortium”

- 56% of OHSU GME trainees settle in Oregon
- More training sites in Oregon needed
 - Exposure to rural settings
 - Connect rural communities with potential future providers
 - Enhance Oregon’s reputation in rural/primary care to attract more trainees
- OHSU manages/supports regional partners

The “GME Consortium”: Sky Lakes Model

- OHSU Cascades East Program in Family Medicine
 - Klamath Falls/Sky Lakes Medical Center
 - 24 trainees
 - Three-year program
 - Six participating community clinics
 - Started in 1993

The “GME Consortium”: Sky Lakes Model

- OHSU is accrediting body.
- OHSU provides administrative, curriculum and faculty support.
- Sky Lakes has independent federal cap.
- Sky Lakes is reimbursed by federal government for direct and indirect costs.

The “GME Consortium”: Grants Pass Model

- General rural surgeons in short supply
- Training in urban centers is highly specialized
- New surgeons may not feel qualified for general practice
- Rural rotation – one year (out of six)
 - Introduces surgeons to rural practice
 - Provides surgical staff to community hospitals
 - Pairs new surgeon with regional surgeon

The “GME Consortium”: Grants Pass Model

- Grants Pass hospital (Three Rivers/Asante) pays costs
- OHSU provides curriculum support
- Families accompany surgeons
- Program began in 2003
- Already, applications to OHSU from surgeons interested in rural practice are increasing

Summary

- Oregon needs more physicians.
- Addressing physician shortages is integral to meaningful health care reform.
- OHSU is part of the solution.
- Details still being developed for:
 - Medical Honors Program
 - Regionalized and expanded clerkships
 - The GME Consortium
- ORMED provides a framework.