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Written Testimony by:

**Dr. Mark Richardson, Dean, School of Medicine, OHSU
Before the House Interim Committee on Business and Labor
Subcommittee on Workforce Development
Thursday, November 19, 2009**

Mr. Chair, and members of the Committee, I am Dr. Mark Richardson, Dean of the School of Medicine at Oregon Health & Science University. I am also the President of the OHSU Faculty Practice Plan, which includes about 800 physicians employed by OHSU.

Thank you for inviting me to testify; it is my pleasure and privilege to be here today. And thank you for your commitment to Oregon and to health care access in this state.

As you know, nationally and in Oregon, we have a health care workforce shortage. From my vantage as Dean of the School of Medicine, I will speak primarily about the physician workforce shortage; however I want to make it clear that other health care occupations also face serious shortage issues.

OHSU is working hard to educate more health care providers for the state. In total, about 2,425 students are enrolled in MD, PhD, physician assistant, nursing, dental, nutrition, radiology, bio-engineering and many other health care educational programs at OHSU.

This past year, we graduated the most students ever in our 122-year history. We are proud of our contribution to Oregon's health care provider workforce:

- One-third of all Oregon's licensed physicians completed all or part of their training at OHSU;
- Two-thirds of the most recent class of Physicians Assistants plan to practice in Oregon;
- Half of all of our dental graduates live in Oregon;
- Nearly half of our MD graduates choose primary care;
- Over half of our trainees and fellows in our Graduate Medical Education (GME) program stay in Oregon to practice.

In addition, we have numerous biomedical research education programs that provide the intellectual engine necessary to discover future cures that have the possibility to change the lives of Oregonians (and the world) and also provide an economic engine for Oregon.

Speaking about physicians specifically, Oregon's workforce challenge relates primarily to mal-distribution – by region, by age and by specialty.

Figure 1 (*below*) shows the number and distribution of physicians per 1,000 Oregonians and clearly demonstrates that the rural part of our state is the most severely affected by shortages. Most of us have heard the stories from our friends and from patients in rural Oregon about the challenges of accessing health care.

Oregon's physician population is also disproportionate by age. Ideally, the number of physicians nearing the end of their careers would be comparable to the number beginning their careers, but that is not case: 24% of our physician workforce is over age 60 – significantly higher than the 18% who are under 40.¹

And while OHSU MD graduates continue to buck national trends – nearly half in the 2009 class chose primary care – it's not enough to meet demand and to support health care reform goals. This trend away from primary care affects both MD and osteopathic education programs.

As we appropriately focus on the primary care workforce, there is a related important point: we must be mindful of our collective responsibility to ensure that Oregonians do not have to leave the state for specialty health care. OHSU offers some of the only instate training programs for certain specialties in, for example, neurosurgery, ob/gyn, ophthalmology, orthopedics, cardiology, even pediatrics. Maintaining this educational resource for Oregon is important.

In sum, the optimal health care workforce is a complex equation of many interrelated factors. I'll summarize some of these factors today around four themes: *recruit, reduce, retain, reform* – the four “Rs.”

RECRUIT

First, we must start at the very beginning of the health care education trajectory and focus on recruiting and supporting a diverse and qualified student population to enter the health care professions.

OHSU has many outreach programs that expose diverse high school and other student groups to the health and science professions. But we can do more. Dr. Lisa Dodson, Director of the Area Health Education Centers Program at OHSU, will also address this issue in her testimony to the committee today, particularly as it relates to rural communities.

We are proud of the OHSU Rural Scholars program: OHSU preferentially accepts and nurtures MD students who were raised in and will return to their rural homes to practice. Students who are from or otherwise have strong ties to rural communities are more likely to return there to practice.

We continue to support the Oregon student preference when we recruit students to the MD program; OHSU received about 5,000 applications for our 120 MD slots last year. About 400 applications were from Oregonians – yet our Oregon preference resulted in 88 students out of the total 120 being from Oregon. I would like to thank the legislature for helping OHSU prioritize Oregonians in this way. Ideally, we would like to partner with you to further increase our ability to support Oregonian applicants.

OHSU is ranked #3 in primary care education, #4 in rural medicine and #8 in family medicine nationwide². Our nursing and physician assistant programs are also ranked among the Top 10 nationally. Protecting and investing in this strong reputation helps us recruit the best and the brightest to OHSU and Oregon, increasing the chance they will remain in Oregon to practice.

REDUCE

Too many times, I hear MD students say: “I want to be in primary care or to practice in rural areas but the reality is I don’t know if I can afford it.”

We will make little progress in our goal of creating a robust and well-distributed workforce without reducing student debt load.

Unfortunately, according to a recent report³, in-state tuition for medical education at OHSU is currently among the highest for public medical schools; which is, in turn, a result of the state-per-student investment being the second lowest in the Western states and 71 out of 75 nationwide.

Unfortunately, as state support has declined over the past decade, our MD tuition has increased in parallel and by necessity. This debt forces students to choose higher paying specialties in urban areas.

The median debt at OHSU it is about \$172,000; nationwide it is about \$150,000 for public schools and \$177,000 for private schools.

Student debt load is an issue everywhere but if we can develop strong programs here to help reduce that debt it will be a significant incentive for MD graduates to practice in Oregon. We need a comprehensive solution that includes scholarships, loan repayment and higher state support for OHSU MD students who commit to practicing in Oregon.

RETAIN

Three issues dominate a physician’s choice of where to practice:

1. Debt load – as covered above.
2. Personal lifestyle concerns/preferences – there are many innovative ways to address this, especially for rural areas, and Dr. Dodson will highlight some of these methods in her testimony.

3. Where they complete graduate medical education, also known as GME.

GME offers significant opportunities to retain physicians in Oregon and is an important component in addressing workforce shortages because, as national shortages become more acute, Oregon will be competing for physicians with other states.

GME training occurs after a student receives their MD degree – every new physician completes this hospital-based training in the specialty of their choice. Physicians completing their GME are known as “residents.”

Studies confirm that where a physician completes their GME is a strong predictor for where he or she will ultimately practice.

OHSU has about 750 GME slots of which 200 are primary care. The federal government supports some of this training, but that was frozen at 1997 levels as part of the Balanced Budget Act. Since then, OHSU has increased the number of GME slots by supporting training costs with our own revenue base. Now, we are paying for about 130 slots above the cap but with the economic pressures facing academic health centers, we cannot continue to increase these training slots.

Statewide, Oregon is ranked #40 in terms of GME per capita (Figure 2 *below*) – meaning that our current capacity to train GME is among the lowest in the nation and thus the numbers of new physicians entering Oregon is also among the least in the nation.

Yet, for those who complete their GME training in Oregon, we are #10 in the nation for retention – over 55% of OHSU GME trainees remain in Oregon to practice. We all know that Oregon is a great place to live, and if we can get new physicians to come here to train, many will stay here to practice.

OHSU is working with our federal delegation to lift the cap and/or provide new federal support for new GME slots in Oregon.

We are also working to catalyze new programs in other Oregon health systems that would qualify for federal funding, specifically: the Oregon GME Consortium – a partnership with Cascade Health care (Bend), PeaceHealth (Eugene) and Asante (Grants Pass). The Oregon GME Consortium is modeled on two existing programs:

1. OHSU/Sky Lakes Klamath Falls Family Medicine Residency has 25 training slots – our studies show significantly higher retention from this program in rural areas.
2. OHSU Grants Pass surgery rotation – our surgery trainees spend a year in Grants Pass learning how to be rural surgeons. We have seen an increase in applicants to OHSU GME who are interested in rural surgery.

REFORM

We can also address workforce shortages in important ways through health care reform:

1. Increasing educational capacity and support for health care professions (and associated curriculum reforms).
2. Introducing new care delivery models that provide continuous and coordinated care in which providers work at the “top of their licenses.”

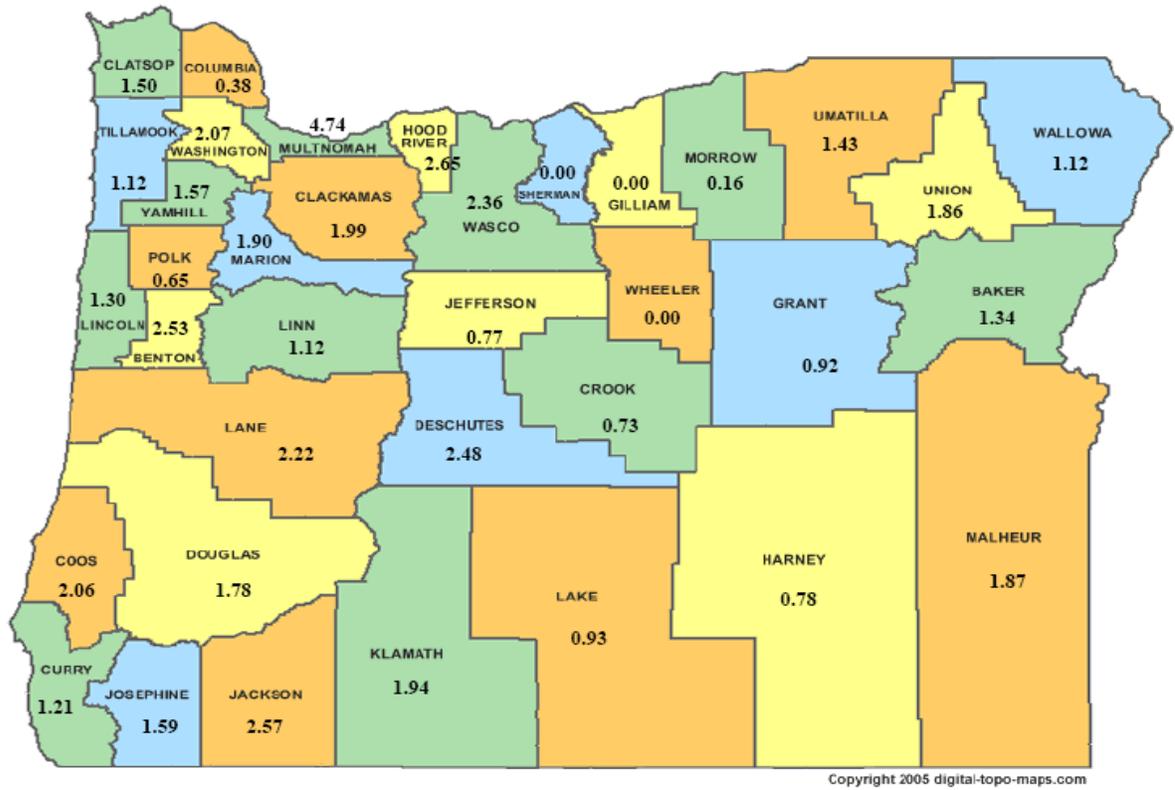
These new delivery models will require parallel health care education reform – inter-professional, collaborative education models. If we educate physicians, nurses, physician assistants, dentists, scientists and others together, they will naturally align in health care teams – the foundation of the future and of a reformed health care landscape.

Already, OHSU has programs in place in which our physician assistants train side-by-side with our MDs, and we have a pilot effort underway for a nursing and MD curriculum. We are also interested in partnering with our osteopathic colleagues to ensure a collaborative framework is in place to increase educational capacity in ways that demonstrably benefit Oregon.

OHSU is prepared to be a strong partner and leader for health care and related educational reform, including inter-professional education. We look forward to continuing to partner with the state and other key stakeholders in addressing the important issue of our health care workforce.

Thank you for your time and I am happy to answer any questions.

FIGURE 1: Number of physicians per 1,000 people - Oregon is already experiencing physician shortages



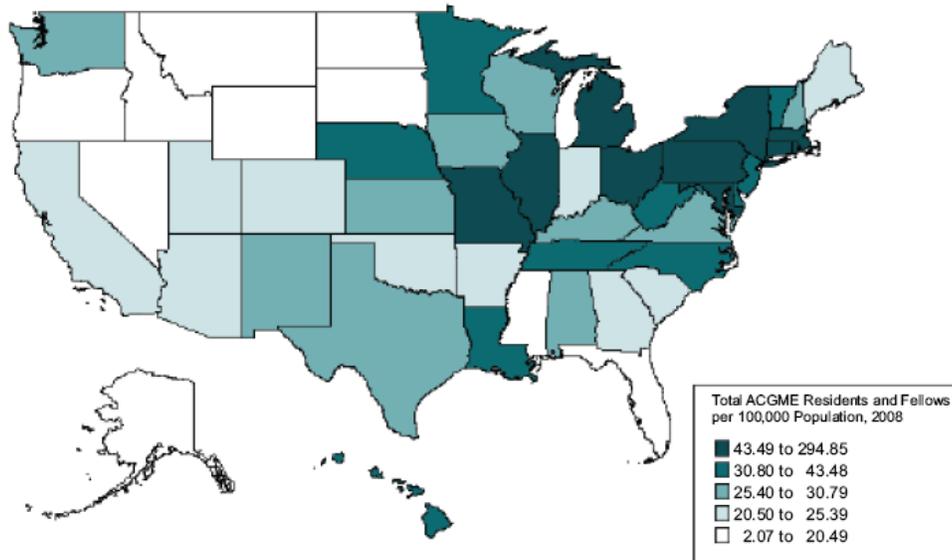
Source: Physician data, Oregon Board of Medical Examiners, June 2007; Population data, Portland State University Population Center, December 2007.

FIGURE 2: Oregon's Graduate Medical Education (GME) capacity is among the least in the nation

Key Findings – Graduate Medical Education

- In 2008, every state in the US had at least one ACGME-accredited GME program. The number of residents and fellows in ACGME-accredited training programs per 100,000 population varied widely across the US from a low of 2.1 in Montana to a high of 80.4 in New York (see Map 6, Figure 12, and Table 12). The national average was 35.7 residents and fellows per 100,000 population.

Map 6. Residents and Fellows in ACGME-Accredited Training Programs per 100,000 Population, 2008



Source: July 1, 2008 population estimates are from the U.S. Census Bureau (Release date: December 22, 2008). Physicians in ACGME-accredited programs are from the 2009 AAMC/AMA National GME Census.

Source: AAMC 2009 Physician Workforce Data Book, November 2009

REFERENCES

¹ AAMC 2009 Physician Workforce Data Book, November 2009

² US News & World Report annual rankings

³ AAMC data from the web site, pulled November 2009

https://services.aamc.org/tsfreports/report.cfm?select_control=PUB&year_of_study=2010