

OHSU's strategy for training physicians where they're most needed

One of the strongest predictors of where a new physician will choose to practice is the location of their graduate medical education, or GME.

Also known as a medical residency, these are the years of intensive clinical training immediately following graduation from medical school. The length of the training depends on the chosen medical specialty — family medicine is typically a three-year program and general surgery is five. Adding sub-specialty training like cardiology or critical care further lengthens the time to train. These training years coincide with new physicians putting down roots in a community, forming professional networks and personal connections.

Joyce Hollander-Rodriguez, M.D., knows this trajectory well. Although raised in Oregon, when it came time to attend college, Hollander-Rodriguez left for Stanford, where she explored a career in international health. Later, she returned to Oregon to attend medical school. After graduating from the OHSU School of Medicine, she accepted a position at the OHSU-Cascades East Family Medicine Residency Program in Klamath Falls to complete her GME training. A collaboration between OHSU and Sky Lakes Medical Center, this program has trained over 160 resident-physicians since its 1994 inception. A remarkable 80 percent of these graduates have opted to practice in rural settings, with more than half remaining in Oregon. This retention outcome in Klamath Falls is mirrored statewide, making Oregon among the top-ranked states nationwide for physician retention associated with education programs.

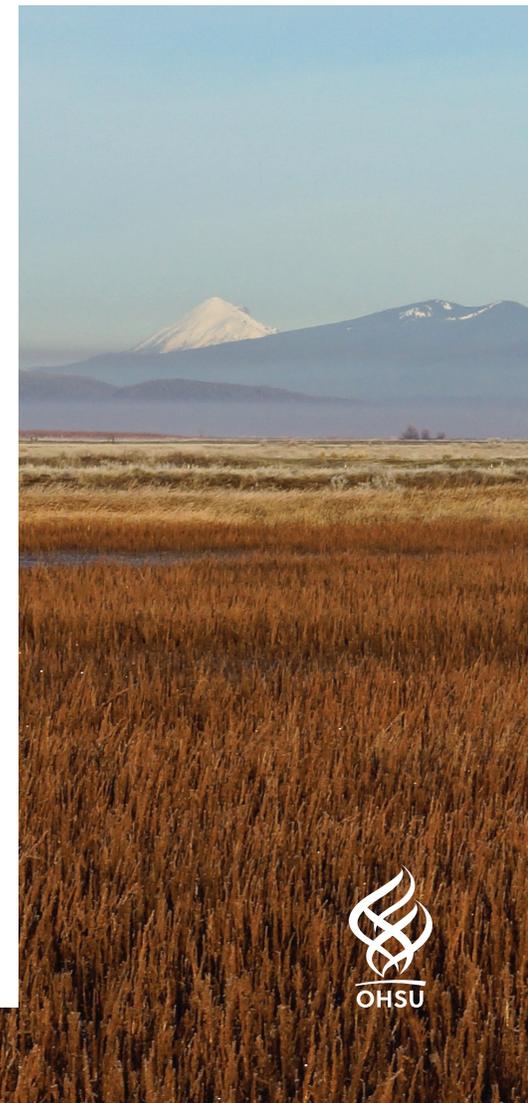
This turned out to be the experience of Hollander-Rodriguez as well. "My husband and I loved Klamath Falls so much that we decided to stay put," she said. Today, they live on a ranch outside of town with 40 sheep, six dogs, four cows, three cats and two kids. She manages a busy family medicine practice and is now the director of the Cascades East training program where she trained nearly two decades ago. Hollander-Rodriguez's experience illustrates how GME can be strategically developed and deployed to help meet Oregon's physician workforce goals — train physicians in the locations where they're most needed to promote recruitments. "The math is clear. The more new physicians who train in Oregon in programs located in areas of need, the higher the probability some trainees will remain in these underserved areas to practice," said Jim Anderson, M.D., director of OHSU's GME statewide initiative. "But setting up new programs is challenging."

One of the biggest challenges is funding. Through provisions that extend back to the establishment of Medicare in the mid-20th century, the federal government is responsible for paying the costs of residency training in partnership with medical schools and affiliated

"The math is clear. The more new physicians who train in Oregon in programs located in areas of need, the higher the probability some trainees will remain in these underserved areas to practice."

Jim Anderson, M.D.

Director of GME statewide initiative
OHSU



teaching hospitals, like OHSU. However, in 1997, the government capped (froze) the number of funded positions, with some narrow exceptions. The number of federally funded positions nationwide is now about 110,000, of which 423 slots are allotted to OHSU, the oldest and largest GME program in the state. About \$131 million in federal funds annually flow into Oregon to pay the salaries and benefits of these resident-physicians as well as to offset additional costs incurred by OHSU to train them. But since the 1997 freeze on funding, Oregon's population has grown and health care needs have shifted. Physician shortages are pronounced in many areas of the state, particularly in primary care specialties. Further, about one-third of Oregon's physician workforce is 60 years or older and poised to retire. The 1997 federal cap effectively eliminated absolute growth in existing GME programs as a tool to address Oregon's physician shortages, but OHSU has developed three tactics that, in part, are still able to leverage the powerful link between physician retention and in-state GME training.

First, OHSU collaborates with hospitals and clinics to encourage relationships between resident physicians and communities experiencing health disparities and provider shortages. In 2008, for example, in partnership with local surgeons, OHSU created a program in which general surgery residents lived, learned and worked in Grants Pass for one of their training years. In 2014, this option was expanded to include Coos Bay, and later, emergency medicine residents began rotating to Columbia Memorial Hospital in Astoria. "These cooperative programs have already paid dividends, with several physicians remaining in these rural communities to practice," said George Mejicano, M.D., OHSU senior associate dean for education.

In recognition of this success, OHSU, in partnership with UC-Davis, was recently awarded a \$1.8 million grant from the American Medical Association to explore expanding this model to more rural as well as underserved urban and tribal settings. The importance of this and related initiatives focused on health disparities have come into sharp focus amid the disproportionate impact of COVID-19 on Black, Hispanic, Indigenous and other communities of color. A key element of this work is to equip trainee-physicians to serve effectively in these communities. "This new initiative shows great promise and while we are eager to expand this approach, this model does not increase the absolute number of resident positions. And more training slots are what Oregon needs to really take advantage of our favorable retention rates," said Mejicano.

To meet this need for new GME positions, the second tactic is that OHSU self-funds 137 resident-physician training positions. OHSU makes this investment because, as the state's only public academic health center with the largest GME program, the university plays a unique role in supporting Oregon's physician pipeline. However, OHSU has reached its limit in terms of ability to self-fund more positions.

A third tactic is to help other institutions establish residency programs. One of the exceptions to the 1997 federal cap was that the government would fund new GME programs if they are developed at sites where none have ever existed. But these proposed programs must meet tough national accreditation standards – a complex, multiyear process for which only a few sites in Oregon have the patient volume to qualify.

After several years of design and accreditation work, however, Oregon is now poised to get a new residency program. OHSU Health Hillsboro Medical Center, formerly known as Tuality Healthcare, is ready to open its doors to new GME residents in family medicine, internal medicine and, eventually, other specialties. This new program will bring about 60 new federally funded medical residents to Oregon. OHSU is now in exploratory discussions to see where this third approach can potentially be repeated.