



University of Wisconsin
SCHOOL OF MEDICINE
AND PUBLIC HEALTH

TO: COMMITTEE ON RURAL DEVELOPMENT

**FROM: UW SCHOOL OF MEDICINE AND PUBLIC HEALTH
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DATE: MARCH 2, 2010

SUBJECT: SUPPORT AB 770

Thank you for the opportunity to provide testimony in support of Assembly Bill 770 relating to the assessment on critical access hospitals. As you may already know the bill, in an effort to help alleviate the worsening physician shortage in rural areas provides for funding through two sources. We applaud and thank the Legislature for its continued efforts to improve access to healthcare in rural areas with the creation of the separate family medicine line item in the state budget dating back to the 80s and the recent funding of the WARM program.

Currently housed within the UW School of Medicine and Public Health (UWSMPH) is the Office of Rural Health which oversees the Health Professions Loan Assistance Program. AB 770 authorizes an additional \$250,000 from the critical access assessment to increase the maximum payment of the loan amount from \$50,000 to \$100,000 for a physician who agrees to practice in a rural area.

Medical students graduate with an average debt of \$130,000. Family medicine residents will make about one third less than graduating radiologists. Debt reduction supporting physicians to choose primary care and practice in rural areas is a strong move to help alleviate the shortage.

AB 770 also provides from the CAH assessment \$750,000 for the Department of Family Medicine in the UWSMPH to either:

- To establish and support certain physician residency positions at hospitals or clinics located in rural areas or
- Include a minimum of an 8 week rural rotation begun after June 30, 2010 in a rural hospital or clinic

The UWSMPH is also directed to submit a plan and a yearly report on the status of the program.

Supporting rural residency training is critical to the supply of rural physicians. The strongest predictor of where physicians practice is where they train. It's a greater predictor than where they attend medical school. We are greatly appreciative of the proposed funds and think it might be helpful for the committee to understand how residency programs are established, funded and maintained.

Currently the family medicine program has 100 to 110 residents in training. After a student graduates from Medical School they must complete a residency program and the length of time varies depending on their specialty. A family medicine residency program takes 3 years to complete whereas a surgery specialty can take up to 8 years. The cost per year to fund a resident is approximately \$150,000. This cost includes the residency salary, educator costs and staff costs required to comply with a broad array of verification requirements and come through hospital funded residency training slots from CMS. The family medicine residency program is supported through a separate state line item in the budget. This has allowed the UW residency to fund a small number of resident experiences in rural and office sites outside of the hospitals and hospital CMS funding. The UW family medicine residency has programs in Eau Claire, Appleton, Wausau, Baraboo and Madison. Currently Baraboo is our only rural residency program with two students. We have had more slots in the past but there has not been student interest and so they were discontinued.

It is our hope with the Wisconsin Academy of Rural Medicine (WARM) located in the UWSMPH there will be a greater pipeline of students interested in practicing rural medicine. Now, as we are in the third year of WARM, over 50% of these students are interested in family medicine; 22 out of 36 students. This is an important first step.

I would like to sit before you today and tell you that within a year of receiving this money we would have residency slots available but that will not be case. That's because it is a very complex process by which residency slots are established. First, CMS must issue approval for the funding of these new slots and that is not a simple undertaking. After CMS approval the new residency slots require program accreditation from the Accreditation Council of Graduate Medical Education (ACGME) and this is too is quite extensive. Not only do training sites have to be established but also recruiting and training of educators. I would encourage you to view the ACGME web site for the vast list of requirements. This is not to say it's impossible but we think everyone should realize what is required.

The bill also allows us to create new 8 week rural rotations. This is a much more manageable task and one we could begin immediately.

Again, thank you for the opportunity to join with the state to ensure that rural Wisconsin citizens are able to access family medicine care. We hope this is helpful and I would be happy to answer questions.