



To: Oregon State Legislature, House Health Care Committee  
From: Dr. Christopher Swide  
Assistant Dean for Graduate Medical Education  
OHSU School of Medicine

RE: Support state incentives to increase residency programs in Oregon

For the record, my name is Dr. Christopher Swide. I am an anesthesiology physician and I am also the Assistant Dean for Graduate Medical Education in the OHSU School of Medicine. I am here to testify on behalf of OHSU to strongly support the state's efforts in addressing Oregon's physician mal-distribution and shortage through incentives to increase physician residency capacity in our state. Thank you for the opportunity to speak with you today.

Oregon, like most states, faces a shortage of health care professionals. Oregon's workforce challenges relate to both mal-distribution -- by region, age and specialty -- and absolute numerical shortages. Shortages are particularly acute in primary care specialties. Most of us have heard the stories from our friends and from patients in rural Oregon or other medically underserved areas about the challenges of accessing health care.

The reasons for this shortage are deeply intertwined with other challenges we face in how our state and nation deliver and reimburse health care, as well as how we fund our educational system. An enduring solution, thus, will be multi-faceted. Yet, an essential aspect of any solution is to increase Graduate Medical Education training capacity in Oregon.

As Oregon's only public academic health center, OHSU has been educating physicians for Oregon since 1887. OHSU's role in educating the highest caliber of health care professionals and leaders for Oregon is long-standing and we continue to prioritize our contribution to Oregon's health care workforce.

To help address physician workforce shortages, OHSU has been gradually increasing the size of our medical school class by seven students a year until we reach 160. Further, on average 80 percent of our entire medical student body is Oregonian; these homegrown future physicians are inherently inclined to remain in Oregon to practice. And we have good success at retention; currently, about half of each OHSU medical school class ends up practicing in Oregon, a retention rate that is among the top 20 in the nation.

While this retention rate is ranked high compared to many other states, the question is, how can we do better? One answer is to allow more of Oregon's medical students to remain

in Oregon to pursue the second required phase of their medical training, internship and residency. To do this we must increase in-state capacity for these training opportunities.

Upon completion of medical school, all new graduates pursue a “residency” in Graduate Medical Education (GME) in a specialty of his or her choice in one of thousands of GME training slots in teaching hospitals and clinics throughout the country. The process by which graduates are assigned to teaching hospitals for this training purpose is overseen at the national level.

Studies show a strong correlation between where a new physician completes GME training and where s/he ends up practicing. Specifically, expanding GME capacity in Oregon to areas where physicians are most needed could have an immediate and ongoing impact on workforce shortages. Yet, Oregon capacity is significantly constrained.

The federal government is the largest single funder of GME, through the Medicare program. Additional contributions to GME programs come from a variety of sources including states, other federal agencies, such as the Veterans Administration, along with individual teaching hospitals and medical schools.

OHSU’s GME program is Oregon’s oldest and largest, by far, with about 820 training spots in 79 programs (accredited for both MD and DO trainees). These programs, many of which are nationally ranked, provide a crucial physician workforce pipeline to Oregon. In particular, our national reputation for excellence in primary care specialties results in a large number of applications each year to these programs. For example, in 2014, 5,732 applicants vied for 69 slots that open up each year in our primary care GME programs (defined as pediatrics, internal medicine and family medicine).

OHSU also currently has three offsite training programs – a Family Medicine program in Klamath Falls, and two surgery rotations, one in Grants Pass and another in Coos Bay. Our data show that these programs have a strong record of retaining physicians in rural areas.

The federal government in 1997 froze the number of GME positions it would support for hospitals participating in this type of training *at that time*. This number is known as the federal “cap” on residents/trainees, and OHSU is currently well above its cap. OHSU is currently fully funding about 190 slots over our 1997 cap at a cost of about \$19M a year. However, hospitals that do not have an existing GME training program are eligible to receive federal funding to help support new programs, if they are able to achieve accreditation and meet other programmatic requirements and quality standards.

New physician residency programs are challenging to start. The programs require significant up-front investment in program design and faculty recruitment. Equally important, the national accreditation standards for GME are complicated and meeting them requires educational and clinical expertise and experience to ensure that new programs demonstrate the needed breadth, depth and quality of training opportunities for physicians. Of note, accreditation standards nationwide are currently undergoing an

evolution related to shifts in health care due to reform, as are others aspects of physician training.

OHSU supports the state's efforts to provide incentive funds for hospitals and other training sites throughout the state to create new intern and residency programs in primary care. OHSU stands ready to work with potential new programs to position them and the state for success on this issue. As the state's largest provider of GME with 79 accredited programs, we are eager to bring to bear our long-standing expertise and experience to partner with entities across the state to help address program design and to achieve necessary program accreditation. Our collective goal must be to provide highest quality training opportunities for Oregon's future physicians in ways that support Oregon's physician workforce goals.

### **OHSU Principles for GME Reform**

OHSU has adopted six principles to guide discussions about the transformation of Graduate Medical Education, and to aid in evaluating specific ideas and policy proposals. The six principles were developed with input from education leaders, faculty and trainees. These principles clarify OHSU's position on the essential attributes and themes of reform proposals.

1. Transforming graduate medical education and other aspects of training health care professionals requires developing the capacity to accurately identify workforce needs across disciplines and regions, using adaptive, data-driven methods.
2. The nation's medical schools and teaching hospitals have the responsibility to lead change in our system for training physicians.
3. Shifts in educational focus should reflect the evolving environment of health care delivery and future workforce needs.
4. Federal funding that maintains or expands physician training is essential to obtaining a high quality health care workforce and funding should be linked to proven capacity to provide high quality training.
5. New partnerships and innovation by government, communities and health care systems will allow for growth aligned with public needs.
6. Any change in our current system for training physicians, including the distribution and amount of funding, should proceed cautiously in order to minimize the potential of unintended consequences to patient care or access.