

Testimony in support of SB 490

Supporting Oregon's Family Medicine Residencies and Primary Care Workforce training

Chair Patterson, Vice-Chair Hayden, and Members of The Committee

My name is Joyce Hollander-Rodriguez, MD and I am offering testimony in support of SB 490. I am a family physician and residency program director working for Oregon Health & Science University running a rural family medicine residency in Klamath Falls, Oregon. While I work for OHSU, my views are my own. I am testifying as a rural family doctor who has spent the last 23 years in a rural community and the last 20 years working in a residency program to train the next generation of family doctors so that we have access to high quality primary care in our rural communities.

Running a residency program is both demanding and rewarding work, but being the only residency program in a rural and remote community can also lead to isolation. We are navigating a complex mix of accreditation requirements, educational programming, and supervision of physicians in training who are learning to care for patients in communities with significant unmet healthcare needs.

The Oregon Office of Rural Health recently released its Area of Unmet Healthcare Needs report and some of the areas of greatest need in Oregon are places where we have residencies, are building or expanding residencies; places around Klamath Falls, Roseburg, Hood River, and Madras.

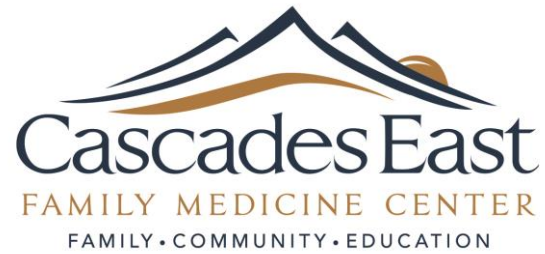
We need to sustain existing residency programs and build new ones where Oregonians need them most – because training physicians in these areas of unmet healthcare needs leads to the best chance of these physicians practicing in these same communities or areas like them. We know that physicians are most likely to practice within 100 miles of where they trained.

To combat isolation, find inspiration and bring back best practices in rural family medicine training, I went to national meetings for other program directors. I joined the board of the Rural Training Track Collaborative; this network brings together rural residency programs and helps facilitate the creation of networks and collaboratives across the country. Networks create shared learning, shared resources, sustainable practices, and combat burnout. They are so important that the national accrediting body for residency programs - the ACGME - strongly recommends that family medicine residencies be part of a collaborative network and in the new guidelines being put into place in July 2023. We expect this will be a requirement in the future.

The best practices for residency collaboratives are for these to occur at the state level. I have been envious of states like Colorado, Wisconsin, and Washington, who have had statewide networks for years –and have leveraged this to grow more residency programs within their

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state and make the existing ones stronger through the shared development, curricular and training resources, and support. Comparing ourselves to these states, we are “under-residencied” and it is because we are playing catch up from not having a collaborative to coordinate efforts to build and grow residencies and support existing ones. If we want to train an excellent primary care workforce for all of Oregon, then we need to have residency programs across the state with graduates prepared to serve our communities.