

Primary Care Physician Shortage in Idaho

NOTE: This paper was reviewed or approved by the Medical Staff leadership and governing boards from St. Luke's Boise/Meridian, St. Luke's Wood River, and St. Luke's Magic Valley. Subsequently, it was adopted as an official position by the board of St. Luke's Health System.

Framing the Issue

Idaho ranks 48^h in the number of primary care physicians per 100,000 people,¹ making the national physician shortage more severe here than in most states. This shortage is particularly acute among primary care doctors² willing to live and practice in the state's rural communities.

For example, Idaho has 16 internists per 100,000 people compared with a national average of 40. Our state has fewer than eight pediatricians per 100,000 people compared with a national average of nearly 20. We fare better today with family medicine physicians, as Idaho has more than 42 per 100,000 people compared with a national average of 32.³ The Treasure Valley alone has only 54% of the internists and 57% of the pediatricians needed to serve its population.⁴ These shortages are expected to dramatically increase in the next few years.

The physician shortage in Idaho is made all the worse by the growing number of physicians nearing traditional retirement age. In Idaho, roughly 21% of active physicians are age 60 or older.⁵

Much of the recent debate over Idaho's physician shortage has centered on how to increase the number of physicians practicing in the state, particularly in rural communities. Some think the primary solution is to increase the number of seats available for Idaho students at established medical schools in the Northwest through existing affiliations, and by expanding such associations to other reputable medical schools like the Oregon Health and Science University. Others believe the answer primarily lies in establishing Idaho's own medical school. Some advise a combination. Most call for increasing in-state medical residencies no matter where physicians attend medical school.

These approaches have varying degrees of merit, but by themselves do not address the two most fundamental questions underlying this issue:

1. How can we sufficiently increase the number of primary care physicians practicing in Idaho in the most effective, timely manner?

¹ Association of American Medical Colleges (AAMC), 2007 State Physician Workforce Data Book, Nov. 2007, pg. 10.

² Primary care includes internal medicine, family medicine, pediatrics, general surgery, and obstetrics/gynecology.

³ AAMC national data, per Dr. Suzanne Allen at WWAMI's Boise office; confirmed with her via e-mail on 10-15-08.

⁴ St. Luke's Boise/Meridian Service Area Physician Needs Analysis – Camden Recommendations, CY 2008-2011.

⁵ AAMC 2007 State Physician Workforce Data Book, Nov. 2007, pg. 16.

Issue: Primary Care Physician Shortage in Idaho (cont'd)

2. How do we motivate these physicians to practice in the areas of our state where they are needed most?

More doctors willing to practice in Idaho won't help to the degree necessary unless they are motivated to practice the type of medicine that is in short and dwindling supply, and to practice it in the communities where needed.

Choosing What Type of Medicine to Practice

For some time, the vast majority of medical students nationwide have been rejecting primary care disciplines in favor of more attractive medical specialties. Compared to primary medicine, specialty fields often offer physicians more alluring benefits including: higher salaries and other income-producing opportunities; regular business hours that allow physicians a more appealing lifestyle; fewer patients, and patients whose cases are less complex and time-consuming; less paperwork; and the opportunity to live in urban settings many find more desirable.

Choosing Where to Practice

For physicians overall, studies clearly demonstrate that when it comes to where doctors choose to practice, where they completed their residencies matters more than where they attended medical school. It is during their residencies that most physicians begin building a patient base, creating important professional relationships, and laying down roots in the community.

On average, two-thirds (66%) of physicians in the U.S. who both graduate from medical school and complete their medical residencies in the same state stay in that state to practice. However, among physicians who graduate from medical school in one state and complete their residencies in another, place of residency is a stronger determinant of where they practice than location of their medical school. Nationally, 39% of these medical school graduates on average remain in their school's state to practice, while 47% stay in the state where they completed their residencies.⁶ (More than 70% of the new family practice physicians St. Luke's recruited in 2008 completed their residencies in Idaho.⁷)

Successfully addressing Idaho's primary care physician shortage requires devising a comprehensive strategy that recognizes these realities and focuses finite resources in the state in ways most likely to achieve the desired outcomes in the shortest time possible. Failure to act has very real consequences already being felt around the state. As doctor-to-patient ratios worsen, patients have to wait longer and longer to see a primary care physician, if they can get in at all. Such delays undermine preventive medicine and miss opportunities for early detection and treatment of ailments, resulting in the higher costs often associated with treating medical conditions in their later stages.

⁶ AAMC 2007 State Physician Workforce Data Book, Nov. 2007, pgs. 30, 34, & 36.

⁷ 10 of 14 recruited, cited on pg. 9 of Dahlberg's 9-15 presentation, "Physician Recruitment & Retention in Idaho."

St. Luke's Position

The Best Remedy Available

St. Luke's believes that pursuing a four-pronged strategy – the first three of which reflect recommendations from the Governor's Health Care Summit in August 2007 – offers the greatest opportunity to address Idaho's pressing shortage of primary care physicians:

1. *Increase the number of in-state residencies for students willing to practice primary care medicine in Idaho where needed.*

We agree with the Summit recommendation calling for increasing Idaho residencies in family medicine, internal medicine, pediatrics, obstetrics/gynecology, and general surgery. St. Luke's Health System and Saint Alphonsus Regional Medical Center each provide approximately \$1.4 million annually to the Family Medicine Residency of Idaho and support a newly created psychiatric residency with an additional \$300,000.⁸ Other Idaho hospitals also provide financial support. By comparison, the state contributes approximately \$867,000 to the Family Medicine Residency⁹ and approximately 10% for the psychiatric residency (\$113,000 in 2009).¹⁰

We also benefit from the internal medicine residency at the Boise VA Medical Center. We estimate that creating additional or new residency positions in just three primary care disciplines (e.g., internal medicine, pediatrics, and family medicine) would cost St. Luke's \$5 million to \$10 million in direct expenditures plus 1-2 times as much in lost productivity of involved physicians and nurses. Given our existing commitment and future needs and those of other Idaho hospitals, the state and other affected parties must be willing to share these expenses and significantly contribute toward the costs of these much needed additional primary care medical residencies.¹¹

2. *Increase the number of seats for qualified students at medical schools where Idaho has existing relationships – Washington and Utah – and at other schools in the region where new relationships could be established such as in Oregon or Nevada.*

Increasing medical school seats through existing relationships is the quickest, most efficient way to address Idaho students' access and admission to medical schools. Increasing the number of these seats requires building on existing medical school relationships while expanding such relationships to other medical schools. Idaho currently has 28 medical school seats at the University of Washington (through WWAMI) and the University of Utah with the capacity and demand to accommodate 60 seats. In addition, we estimate Idaho could add seats at other medical schools such as the University of Nevada and Oregon Health and Science University.

⁸ 2007 St. Luke's Community Benefit Report.

⁹ State contribution for FY2008, per Dr. Suzanne Allen at WWAMI

¹⁰ St. Alphonsus Perspectives "Medical Education in Idaho" present to Idaho Legislature, September 15, 2008

¹¹ "Medical Education in Idaho," pg. 3, March 2008, by Patricia Johnson.

Issue: Primary Care Physician Shortage in Idaho (cont'd)

- 3. Thoughtfully explore the realities of establishing a new medical school in Idaho using a business-plan approach involving all the stakeholders required to objectively consider and analyze the potential including universities, physicians, hospitals, and state representatives.*

Evaluating the potential for a medical school should be carefully and impartially considered before significant commitments are made. Establishing a new medical school with the resources and reputation to attract quality medical faculty and students is a costly and complex undertaking that will most likely take more time and money than funding Idaho's expanded use of existing medical schools in the region. Most importantly, establishing an in-state medical school provides no guarantee that such a substantial investment will address the state's physician shortage soon. Clearly, this evaluation should consider alternatives to the traditional medical school.

- 4. Offer additional financial and life-style incentives to a greater number of qualified medical students who wish to practice primary care disciplines in our state.*

This essential strategic element requires changing the playing field where we can. If the state increases the number of residencies and increases the availability of medical school to qualified students, the state should also search for incentives to keep those individuals practicing primary care in Idaho. Some have suggested tuition debt relief for primary care residents who remain to practice in Idaho where needed for a minimum number of years. Perhaps this debt relief should be increased for Idaho students who both attend an Idaho-affiliated medical school and return to Idaho for their residencies. Other suggestions include increasing compensation for primary care physicians, reducing their patient and corresponding administrative workloads, and offering these physicians various tax and reimbursement incentives. Most important is considering a reimbursement system that encourages primary care physicians to practice in rural communities. This complex issue requires pragmatic action by government, third party, and other payers.

Facing the Challenge Together

Idaho's physician shortage has serious repercussions for virtually everyone living in our state. Therefore, it is only fitting that finding and funding cost-effective and timely solutions to this challenge be a collaborative effort shared by a wide array of stakeholders, including providers, universities, the state and federal government, and third party payers. All interested parties must work together closely in one well coordinated effort.

St. Luke's remains committed to continuing to play an integral role in realistically addressing the state's shortage of primary care physicians. We view such participation as a critical component of our community service mission.



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