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Sent: Wednesday, September 10, 2008 7:30 PM
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Subject: Editorial in the Des Moines Register Tomorrow

<<FYI - Dr. Robillard Editorial will be in the DR tomorrow.doc>>

Dear Regents:

Attached please find a copy of an editorial written by Vice President Robillard for the Des Moines Register tomorrow. I discussed this issue with Dr. Robillard and his executive team last week during my visit to the Medical School and UIHC. My concern was principally that we are educating medical students who will not be able to stay and practice in Iowa because there are an insufficient number of funded residency positions for medical students to be placed during the annual "match day" on March 15th. One of the challenges I faced in the Florida system, a challenge faced by many states, was that Florida lost some 435 residency slots due to the fact they did not have enough medical students. Iowa on the other hand has the reverse challenge as outlined by Dr. Robillard.

I mentioned to Dr. Robillard that while I worked for the Florida Board of Governors, I met with the deans of the medical schools and the governmental affairs directors who in turn worked with US Senator Bill Nelson to sponsor national legislation (bi-partisan sponsorship) to address the residency issue. The legislation (still pending in congress) calls for the lifting of the cap on the number of funded residencies available through Medicare. As Dr. Robillard points out, the cap has been in place for ten years as it was included in the Balanced Budget Act of 1997. The 1997 act placed a cap on the number of residents Medicare would support through its direct graduate medical education (GME) payment and indirect medical education (IME) adjustment. These direct and indirect costs are about \$135,000 per student.

Regards,

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Addressing Iowa's physician needs

By Jean E. Robillard, MD

There is growing concern about whether there is a shortage of physicians in Iowa. The real question is if Iowans have access to the right physician to meet their needs.

The question of access to physicians is most serious in rural areas where many communities have been unable to recruit or retain a family physician, a doctor who meets basic primary care needs and serves as a "gateway" to specialists. The lack of a doctor affects a small community in numerous ways beyond access to health care: it hurts the community's ability to attract and retain new residents and businesses, and it diminishes the quality of life.

Addressing physician need is a complicated issue. Some have called for Iowa's medical schools to increase their class sizes in order to train more doctors. While that may seem to be a relatively easy solution, we have good evidence that it is not a quick or even the best solution for Iowa. However, there are some things we can do immediately to begin to address the situation.

About two years ago, a task force on the Iowa physician workforce was convened to study this issue. The task force was composed of representatives from Iowa's major health care systems and hospitals, and medical educators from across the state. This group took a careful look at Iowa's doctors...where they come from, where they practice, when and why they leave their practices in Iowa. The results of this study give us some clear directions for addressing physician need.

The task force learned that Iowa isn't short of medical students. In fact, we rank sixth in the nation when looking at the number of medical students per 100,000 population. We are graduating more than enough doctors. It's what happens after they leave medical school that presents the challenge, as also suggested by the recent report on Iowa's Health Care Infrastructure from the Iowa Medical Society.

After completing medical school, new physicians must enter a residency training program. If every medical student we graduate in Iowa wanted to stay in Iowa, only half of them would be able to find a residency position. Data show that the more residents who complete programs in Iowa, the more are likely to remain in Iowa after the completion of their training.

The message is clear: if we want to increase the number of all specialties of doctors who practice in Iowa to meet our needs, one important strategy is to expand the number of residency positions. To do this, federal support is crucial. The number of federally funded residency positions in Iowa has been capped for more than 10 years. This is the major challenge to expanding the number of resident physicians. One of the most important actions we can take is to work at the state and federal levels to fund these new residency positions.

In addition to providing new residency positions, we must encourage recruitment and retention of physicians, especially Iowans who have left the state after medical school. We can do this by increasing the size of the loan forgiveness program for new physicians.

We should also establish a tax credit program to attract physicians to practice in underserved communities and in specialties where there is high demand and low numbers of doctors. The tax credit will actually increase tax revenues by expanding the economic base of the communities in which the new physicians practice. (Each family physician has at least a \$1 million impact on the local economy.) These tax credits would be extended for a period of five years, during which time the doctors would establish their practices and become part of the local community.

Finally, we must develop a network of physician assistants and advanced nurse practitioners to make sure Iowans have access to health care as close to their homes as possible. Iowa must establish a mechanism by which we can coordinate efforts to educate and retain health care workers in all fields.

We are fortunate in that we know where our challenges lie. It is important that we take action immediately to address those challenges, beginning with expanding our residency positions and developing innovative economic incentives to recruit and retain doctors for our Iowa communities and assure access to medical care for generations to come.

Jean E. Robillard, MD, is vice president for medical affairs for University of Iowa Health Care, encompassing University of Iowa Hospitals & Clinics, providing more than 775,000 inpatient, outpatient and emergency treatment visits a year; the Roy J. and Lucille A. Carver College of Medicine, offering medical education to 1,200 students, residents and fellows, with numerous internationally recognized medical research programs; and 750 University of Iowa Physicians.