



Primary Care Physician: Education/Recruitment/Retention

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Overview

- Physician Education and Training
 - Admissions
 - Medical School
 - Residency Programs/Fellowships
- Recruitment/Retention: underserved/rural
 - KUMC Rural Health Education and Services
 - Loan Programs



Physician training

- Competitive holistic admission process generally after college Interview MCAT/GPA
- 4 years: medical school
 - Years: 1-2: Basic Sciences USMLE 1
 - Years 3-4: Clinical Sciences USMLE 2-CS and CK
- Match into a residency program that determines future specialty
- 3-7 years: residency training USMLE 3
- Fellowship training if desired Specialty Board



Key context

- Medical student career choice is:
 - Complicated
 - Well studied
 - Major driver of primary health care
- Physician choice to practice in a rural or underserved area is:
 - Complicated
 - Well studied
 - Highly dependent on choice to do primary care



How is KU doing?

- Medical School Missions Management Tool
 - 2011 data compared to all medical schools
- Focus Area 2: Graduate a workforce that will address priority health needs of the nation
 - 38.5% in primary care medicine 1996-2000 (85%)
 - 17.4% practicing in rural areas (90%)
 - 15.7% estimated family medicine 2007-09 (>90%)
 - 35.8% estimated primary care 2007-09 (>90%)
 - 35.9% practicing in state (45%)



What is our strategy?

- Evidence-based admission practices and educational offerings
- Specialty and Geographic Distribution of the Physician Workforce: What Influences Medical Student and Resident Choices?
 - Robert Graham Center
 - Robert L. Phillips, Jr. MD MSPH
 - Josiah Macy, Jr. Foundation Grant
 - March 2, 2009



Specialty and geographic distribution of the physician workforce

Key Recommendation	KUSOM/Kansas
Opportunities to trade debt for service	KMSLP
Resolve disparities in physician income	
Admit students likely to choose primary care/rural	Admissions practices
Study educational debt effects on choice	
Shift training to community, rural areas	Rural training, campus expansion
Support primary care departments	
Revitalize Title VII funding	
Study making rural areas more likely options	
New medical schools public and rural	Salina campus as model



Opportunity to trade debt for service

- Kansas Medical Student Loan Program
 - Full tuition and stipend for 120 students per year
 - Line-item funding in the state budget
 - One year of service for one year of funding or pay back with 15% interest
 - 66% fulfill service obligation
 - 18 physicians begin repaying with service each year
 - 50 counties with new physicians in 15 years

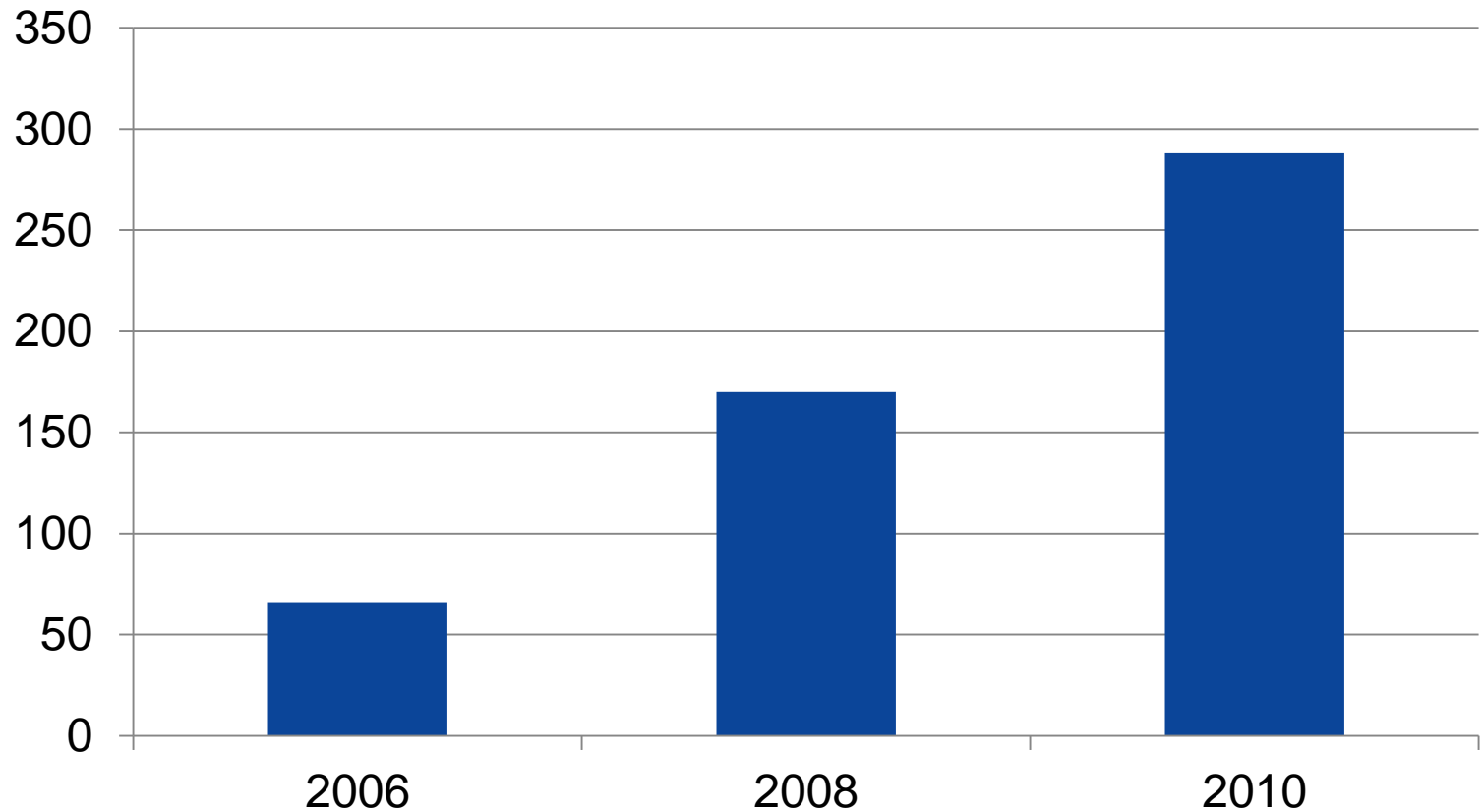


Admit students likely to choose primary care and/or rural practice

- Admission practices
 - Rural scholars, up to 16 per year
 - Preference for students from rural areas
- Admissions/Selection committee
 - Partially elected, partially chosen by Dean Atkinson
 - Very time consuming committee
 - Very tenuous

Shift training to community and rural areas: third year KC students

Weeks in Rural/Underserved locations





Campus expansion

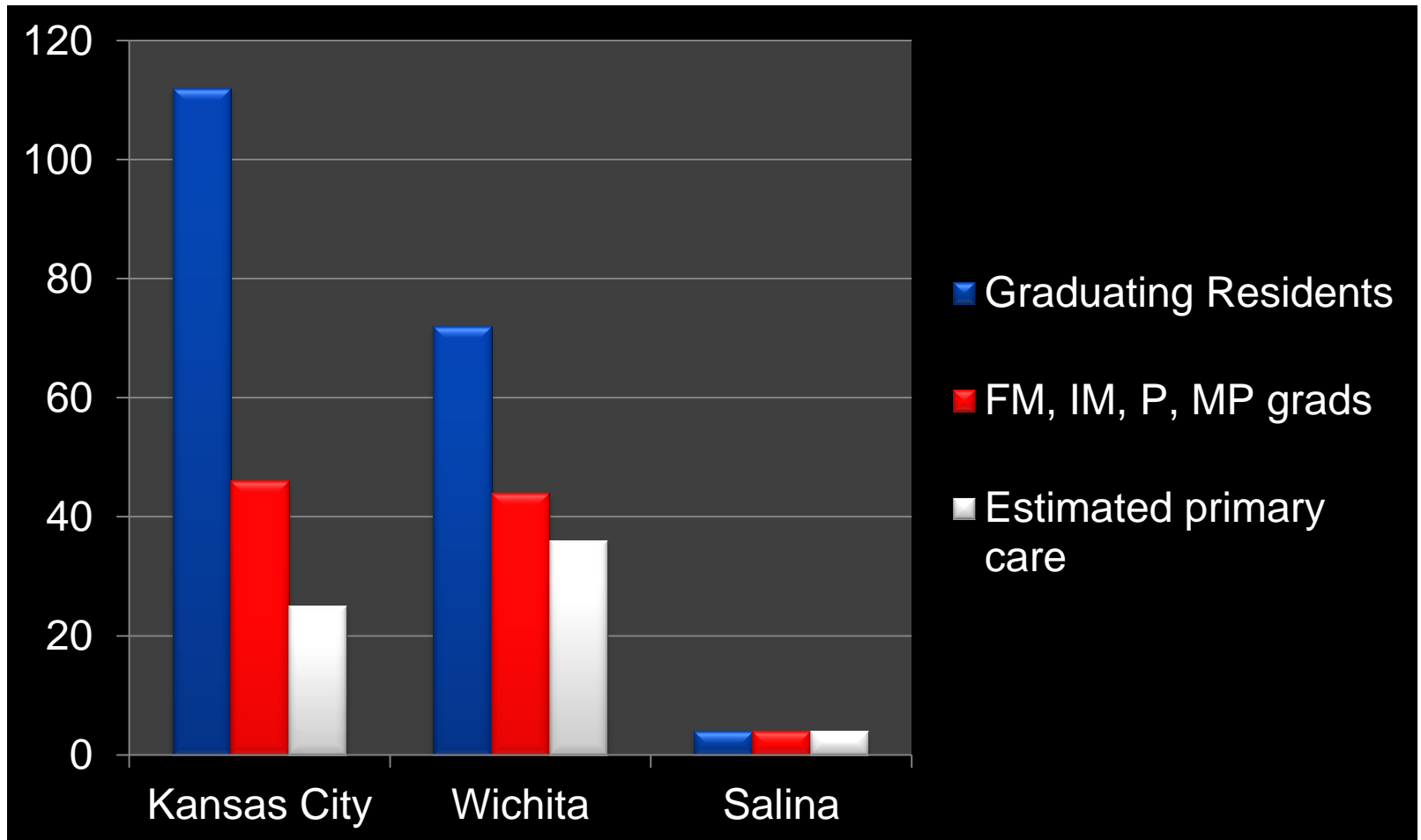
- Aug, 2011 – training 16 students for 4 years outside of Kansas City (8 Salina, 8 Wichita)
- Carefully selected students with interest in primary care and rural practice
- In Wichita, plan to increase to 28 students
- Salina as a national model for other states struggling with addressing rural workforce issues



COGME recommendations

- Recommendations in 5 areas
- Examples
 - Increase % of PCP to 40% (currently 32%)
 - Increase PCP salary to 70% of specialist's salary (currently 55%)
 - Increase primary care graduate medical education positions

Estimated number of residents entering primary care practice





Recruitment and retention

- Rural Health Education and Services:
 - Kansas Bridging Plan – 67 counties
 - Kansas Recruitment Center – placements in 42 counties
 - Kansas Locum Tenens – 59 counties served
- National programs
 - National Health Service Corps - \$50 K for 2 years



What to do

- Keep doing what we are doing well
 - Medical student loan program
 - Admission preference for rural students
 - Training outside of Kansas City
 - Rural Health Education and Services



Some possibilities

- National recommendations that may result in increases in primary care physicians
 - Ratio of primary care to specialty resident slots
 - Distribution of residency slots
 - Disparities in physician income
 - Support primary care departments
 - Advocate for federal programs such as Title VII



Concluding remarks

- Enough knowledge exists to design medical student education strategies to graduate a high percentage of students who choose primary care and rural practice settings.
- The national recommendations for changes in graduate medical education need to be seriously considered in Kansas.
- KUSOM works really hard on physician workforce issues. We are national leaders in producing primary care physicians and rural physicians.