

HB 2366: Recruiting Primary Care Physicians. Testimony to House Health Care Committee

The need to re-focus our resources – and investments – in prevention and early treatment – is great. The need for primary careⁱ professionals is great. I won't repeat the statistics and the rationale, which I'm sure you hear regularly. I'll just say that it's critically important. I've been concerned about this for several years, and this bill is intended to be one piece of addressing that need. Despite the warnings about the dire shortage of primary care physicians, now and in the future, it feels like there isn't much so far that we have done about it; and it's easy to set it aside, given our budget constraints to expand costly medical school programs, and the limited federal allowance for residencies.

Some of the other important ideas range from reimbursement rates for primary care to loan repayment plans for medical school students. This one is narrower, in a sense: to take advantage of Oregon's unique assets – the lifestyle, the natural environment, the health care environment – and more actively market that to attract primary care physicians to practice in Oregon.

I had already been thinking about how to make a difference, and then two unrelated visits to a local hospital clinched my determination to propose this idea. First was a tour and briefing at the Peace Health Riverbend hospital Emergency Department. In our wrap-up conversation, the head of the department said that one of the most important things we needed to do to help Emergency Departments and bring down cost was to improve access to primary care. Another conversation – unrelated – with the Chief of Staff, a cardiologist, also emphasized that point. So we discussed the idea, developing it with his encouragement, and we broadened the discussion to include hospital administrators, and others involved in delivering health care.

This idea has two components. For both, the Authority, through the Health Policy Board Workforce Committee, will collaborate with the Workforce Investment Board, medical schools, physician organizations, hospitals, county and city officials, local chambers of commerce, Travel Oregon, organizations that promote Oregon, and organizations that recruit primary care physicians.

First, develop materials that market Oregon as a desirable place to live, specifically targeted to this audience.

Second, create a pilot program to promote coordinated visiting and recruitment opportunities. Some of this goes on a little bit already, but not as a regional approach. Look at how expensive it is to recruit – and for someone to visit a potential new place to work. What if that long trip to Oregon could be leveraged into visiting a few different communities in the same region? Instead of town competing with each other, it might be possible to get *more* people visiting and checking out opportunities if they had several places to visit, not just one.

I've had a couple of very helpful conversations with the Oregon Health Authorityⁱⁱ, and they have helped clarify the intent of the bill, and you'll see an amendment. This bill is not meant to set up a whole new department and staff at the Authority. The Authority should be calling on the key partners already working, separately, on some of this – like AHECⁱⁱⁱ, and the Office of Rural Health. The goal is to have an agency as convener, drawing on resources and activities at a number of organizations, and together they'll come up with a plan, and together they'll figure out how to fund any specific activities or materials that are developed. It seems that, unfortunately, the state currently lacks an integrated approach. The activity is diffused.

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You have a letter from the Lane Workforce Partnership supporting this idea. They join health care advocates in appreciating the need, and point out the implications for Oregon's economy, as well. What the docs have told me is that doctors considering where to locate want a decent place to live, with decent people. Let's exploit the attractiveness of living and working in Oregon. Let's show them what Oregon has to offer. We need for everybody in the business of recruiting to pull together. What we can do in a coordinated approach should be more than what we can do independently.

ⁱ intent is to use "primary care" as it's usually used, incl. family practice, pediatrics, and internal medicine.

ⁱⁱ OHA: Sean Kolmer, Jeremy Vandehey, Dr. Jeanene Smith. AHEC: Lisa Dodson.

ⁱⁱⁱ Area Health Education Centers, with the program office at OHSU.