

Views differ on how to solve Idaho's doctor shortage

By Zach Hagadone

IDAHO BUSINESS REVIEW

Experts in healthcare, education and government all agree: Idaho is facing a shortage of physicians, but there's disagreement over what to do about it.

"Idaho ranks last or near the bottom of per capita physician-to-patient ratio," said Idaho Medical Association CEO Susie Pouliot. "This shortage impacts patients' access to medical care – and not only in rural areas, but right here in Boise."

That ratio – about 140 doctors for every 100,000 residents – is blamed on several factors, including a high number of retiring doctors (average physician age in Idaho is 57, according to a state-funded 2007 study), an aging baby boomer generation that is ramping up demand for medical care and not enough new doctors entering the system.

"Specifically, we continue to see the need for primary care physicians, family physicians, in the rural areas of Idaho," said Paul Ramsey, dean of the University of Washington's School of Medicine.

But Ramsey agreed it's not just rural areas that are hurting, and the shortage isn't limited to doctors.

"The need to grow is across the health professions – physicians, nurses, dentists, physician's assistants," he said.

And Ramsey is in a position to know – the medical school traditionally has been the main source of Idaho's new physicians. The UWSOM leads the Washington, Wyoming, Alaska, Montana, Idaho (WWAMI) medical education program – a collaboration that allows students to attend UW-accredited

medical school while only spending one year away from their home states at UW's Seattle campus.

Tuition is heavily state supported – amounting to about \$46,000 per student per year – but only a limited number of seats are available. Idaho currently buys 20 seats from UW and eight from the University of Utah's med school (though Utah isn't part of WWAMI).

The WWAMI program in Idaho (a 34-year-old partnership with the University of Idaho) has produced 436 doctors, more than 50 percent of whom, according to WWAMI, practice in-state. Officials say the average for in-state medical schools is 39 percent.

Now, as members of the state legislature's Medical Education Interim Committee meet to discuss Idaho's health education, WWAMI officials are asking for an expansion of the program to provide more medical school seats and programs, but others – including Idaho Senate President Pro Tempore Robert Geddes, who co-chairs the committee – think it's high time Idaho started looking at investing in its own, home-grown medical school.

"We see a huge number of medical services being provided from out of state. Particularly in southern Idaho, people go to Utah. In northern Idaho people go to Spokane, to Seattle. In Boise, we have a pretty strong medical services contingency, but does that need to improve," he said. "A lot of people think WWAMI is the solution ... but we're not keeping pace with the number of physicians who are retiring."

Ramsey and other WWAMI officials agree the program isn't putting enough

doctors back into Idaho, and say by doubling the number of seats the state pays for, and forming partnerships around the state to offer more residency programs, the existing system would fulfill the need without requiring the time and expense of establishing an Idaho-based med school.

“Rather than starting a medical school – and we know how much that costs, and how long that takes, and how difficult accrediting a new school is as well – instead [we should] try and build upon our strengths and develop a model that’s equivalent to a four year program,” said Andrew Turner, director of the WWAMI program at U of I.

A central theme to both arguments is the UI-WWAMI program does not enable students to complete all four years of medical school in Idaho. Currently, Idaho WWAMI students do their first, third and fourth years in-state, with the second year – an intensive curriculum focused on the organ system – offered at UW’s Seattle campus, with access to resources that aren’t readily available in Idaho.

Geddes and other individuals, like Idaho State University President Arthur Valais, say those resources, and expertise, exist in-state, and a second year could be offered here through partnerships with Idaho hospitals and universities. Coupled with an expansion of existing residency programs, the “disseminated” med school model would help ensure students stayed in the state upon graduation, along with the dollars currently spent on the WWAMI program.

“We’re basically putting our resources and our assets, in my opinion, toward supporting their [Washington and Utah’s] institutions rather than our own,” Geddes said.

Again, representatives of WWAMI agreed the second year could and should be offered in Idaho, and even propose similar partnerships with hospitals and universities statewide, but returned to the high costs and time investment needed to establish a state-based program – saying that Idaho’s \$46,000 per student per year investment is substantially less than the national average of \$65,000 to \$85,000 per student per year at in-state med schools.

“Idaho ranks last or near the bottom of per capita physician-to-patient ratio.”

– Susan Pouliot

Idaho Medical Association

WWAMI officials also pointed to the program’s \$17,425 tuition cost – borne by students – which is also less than the \$19,700 average for public schools.

“The best model really is a combination of some of the things they [proponents of an Idaho medical school] are talking about,” Turner said, pointing to examples like the University of Arizona and Texas Tech, which are both opening branch campuses at other universities in their respective states.

“There are a lot of schools that are doing this rather than branching out and building a new medical school. And, UW is willing to explore this option with us and see about offering all four years of medical education in Idaho using the resources we have here,” he added.

Still, Geddes said a state-based program – with expanded residency opportunities – would ensure Idaho retains as much of its medical talent as possible. He added that at some point the state is going to have to face the fact that with a rapidly growing population, it will need its own state-based program sometime in the near future.

“We don’t have to go to the big city anymore because we’ve got three or four of those big cities,” he said.

But that doesn’t necessarily mean WWAMI is going away anytime soon. Geddes said if Idaho made the decision to fund its own med school it would take between eight and 10 years to realize, plus it would be unfair to currently enrolled WWAMI students.

“This doesn’t happen quickly and the wheels grind slowly, but if we don’t start taking those steps now when do we start?” he said.