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FOR YOUR INFO

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PHOTO BY GLEN LANDBERG

Scott Smith, standing, director of the internal medicine residency program in Boise, talks with potential candidates.

Internal medicine residency program to double in size

By Anne Wallace Allen

IDAHO BUSINESS REVIEW

A University of Washington Medical School Internal Medicine residency program in Boise will nearly double in size and increase its scope this year, adding eight new physicians who will train in Idaho for three years.

Program organizers hope the residents will stay in Idaho after their training. Ideally, those new doctors would fan out to the rural areas to staff clinics and hospitals. Research shows physicians are 50 percent more likely to stay in the geographical area where they served their residency.

Partly to offset Idaho's physician shortage, all of the state's residencies have been slowly adding positions over the last several years. The Family Medicine Residency of Idaho, which has five clinics in Boise, Garden City and Meridian, has grown from 24 residents in 2001 to 38 this year, program director and CEO Ted Epperly said.

The family medicine residency at Idaho State University in Pocatello this fall won a \$960,000 federal grant to expand its residency program from 18 to 21 over the next five years.

And there is talk of starting a residency program in Coeur d'Alene.

And a new psychiatry residency program in Boise recruited its first class in 2007 and this year graduated its first class of two.

Idaho policymakers in many sectors have been working for years to get more physicians to rural areas of the state. The shortage is well documented. Scott Smith, director of the internal medicine residency program in Boise, has heard stories of people who moved to Idaho but couldn't find a physician willing to take Medicare.

"They ended up having to move back to wherever they came from," he said.

Meanwhile, many Idaho physicians are reaching retirement age. The state has the sixth-oldest physician workforce in the country.

Elderly physicians "aren't retiring because they know as soon as they do the community won't have a doctor anymore," Smith said.

Residencies aren't the only way to attract physicians to Idaho. There are state and federal incentives for physicians who go on to work in rural areas. Idaho has a \$50,000 loan repayment program for students, and Epperly said Idaho is looking at a scholarship for family physicians.

Meanwhile, several stakeholders in Idaho are working on the problem separately. And the federal health care law passed by Congress last winter includes a commission on the health care workforce that will look at ways to steer more medical students into family practice.

In Boise, Smith is busy this fall interviewing candidates for the expanded residency, which will have residents arriving in July for a three-year stay. Until now, the residency had 10 residents who spent one year in Boise. Now eight will spend all three years in Idaho.

The residency is supported financially by the federally-funded VA and by Saint Alphonsus and St. Luke's Health Systems.

The new VA physicians in Smith's program are internists, not family practice physicians, but in rural areas their work often overlaps, said Smith, himself an internist.

The new physicians who complete their training in Boise are unlikely to move to rural area without incentives to do so. Rural medicine tends to pay less, and physicians who cover a large area alone find themselves on call 24 hours a day, seven days a week.

"It's pretty difficult to talk people into that," Smith said.

Meanwhile, interest in Smith's program is growing, said administrator Jay Keller, noting 164 people applied last year for the six spaces available. This year 510 applied for 12 spaces. Most of the applicants are from the western states, but there are also people from the East Coast, Keller said.

"We're able to choose among the absolutely very best," Keller said.

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