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The Spokesman-Review
Spokane, Washington
Thursday January 11, 2018
Betsy Z Russell
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Idaho lawmakers mull ambitious plan to address state's severe doctor shortage

Idaho is severely lacking in doctors, and many of its existing ones are nearing retirement age, Dr. Ted Epperly told lawmakers Wednesday as he presented the state's new 10-year plan to increase graduate medical education in the state.

"We're 49th out of 50," Epperly said, both in the number of doctors per-capita and in the number of medical residents per capita. "This plays out in terms of not having ready access to care, especially in rural and frontier areas across our state."

If the plan is enacted as proposed, Idaho would move up from 49th in the nation to 41st in 10 years. The state Board of Education is recommending that it launch this year.

But even though the board, which is appointed by Gov. Butch Otter, is unanimously backing the plan – and started developing it at the governor's behest – Otter isn't recommending full funding for it in his budget proposal for next year.

"The governor is generally supportive of the effort to increase the number of physicians, but ... the proof's going to be in the details," said Jon Hanian, Otter's spokesman.

Otter's budget calls for spending about \$1.1 million to expand medical residencies in Idaho next year, though the 10-year plan calls for spending \$5.2 million next year, with smaller increases in each of the next nine years. The governor also wants a "third-party review" of the 10-year plan before investing further in it.

Idaho Medical Association CEO Susie Pouliot called the governor's budget approach "disappointing," and said she's hearing strong support from legislators for launching the plan as recommended.

"Timing is of the essence," she said, noting that Idaho's first medical school, the Idaho College of Osteopathic Medicine, will start enrolling students in the fall, and four years out, it expects to produce 150 graduates a year. Right now, there aren't enough medical residencies in Idaho for those grads to continue their education in the state – and medical residents tend to stay where they do their residencies.

"If we don't have a very ambitious buildup of our residency slots, Idaho is really poised right now to become a major exporter of medical graduates," Pouliot said. "That would be a sad brain drain, to have these awesome, smart medical school graduates leave the state to continue their education."

The 10-year plan, developed by a broad group of stakeholders convened by the state Board of Education and backed by all the state's universities, existing medical education programs and dozens of stakeholders, would

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sharply expand medical residency training in Idaho, producing 2,000 new physicians for Idaho over the next decade. Without it, under the existing system, just 520 would be trained over that time.

The proposal is for a public-private partnership, with the state paying a third of the cost.

“We have a hole in Idaho, a hole that’s important for us to start to fill now, because this problem will not go away,” Epperly warned.

Epperly was brought on by the state board to develop the 10-year plan, after Otter charged the board to work with the medical community and Idaho’s higher-education institutions to come up with a new plan to address the future demand for health care providers in Idaho. The board convened the stakeholders in a task force that’s been working on the plan since May. Epperly was selected by the board to assemble it. An Idaho native and a graduate of the WWAMI medical education program, which trains 40 Idaho students a year at the University of Washington medical school, Epperly is one of the nation’s foremost experts in graduate medical education.

The plan would add new graduate medical training programs in Idaho at locations all around the state in an effort to create the equivalent of a “sprinkler system,” Epperly said, spreading the training to all regions of Idaho. That’s because 50 to 75 percent of medical residents stay in the location where they do their residency.

Idaho has 6.7 medical residents per 100,000 people; the U.S. average is 28.1. And 27 percent of Idaho’s physicians are over age 60 and will reach retirement age in the next 10 years.

Idaho now has nine residency programs around the state; under the new plan, that figure would rise to 21 in all geographic regions of the state. It would increase the number of residents and fellows training in Idaho from 141 to 356 and raise Idaho’s per capita number of medical residents from 6.7 per 100,000 to 17.7, which still would be far below the national average.

“This plan provides a once-in-a-generation opportunity that will start to serve multiple generations in Idaho, for generations to come,” Epperly told the Legislature’s joint budget committee. “We’ve got a lot of work in Idaho to do, but we’re in this together to do it.”

Lawmakers on the Joint Finance-Appropriations Committee had several questions about the plan; one was about the inclusion of psychiatry in the new residency programs. That brought this news: Idaho ranks last among the states in its number of psychiatrists per capita.

“Every single county in Idaho is a mental health profession shortage area, every single county, including Ada,” Epperly said. “So we are well behind the eight ball.”

This 10-year plan, he said, “will start to populate that team.”

JFAC Co-Chair Rep. Maxine Bell, R-Jerome, said the plan makes “good sense.”

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“We’ve been outgrowing our ability to have the medical care we need,” Bell said. “How grateful I am that they’ve developed this plan that I think we can afford. I don’t think we can afford not to take a look at the doctor shortage.”

Sen. Shawn Keough, R-Sandpoint, the Senate co-chair of the joint budget panel, also said she supports the concept.

“Our rural areas are particularly underserved,” she said.

Rep. Wendy Horman, R-Idaho Falls, asked Epperly whether federal Medicaid matching funds could be tapped for a portion of the state’s costs, and he said that’s being explored right now. If they can, he said, the state’s costs wouldn’t be as high as the plan anticipates.

David Hahn, a budget analyst for Otter in the state Division of Financial Management, said that’s a key concern for the governor.

“We want to make sure that we have the full picture of what the cost to the general fund is going to be, and I think that Medicaid component is going to be real critical to complete that picture,” Hahn said. “So the governor wants there to be further research and analysis into that.”

The plan for having the state pay for a third of the cost of medical residency training would double what Idaho’s currently spending on residencies, from \$30,000 to \$60,000 per resident, Hahn said.

“We really don’t know to what degree Medicaid may be able to offset that general-fund impact,” he said. “And until we have a clear picture of that, why should we put a train on the tracks and start moving it down the road beyond what the governor recommended? I think that needs to be fully vetted.”

Otter’s budget calls for expanding medical residency slots at two locations next year, but only at the current \$30,000 per resident funding level.

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