

**How Can  
Medical Education  
Address the  
Primary Care Crisis  
in Michigan?**

# DECLINING INTEREST IN PRIMARY CARE BY MEDICAL STUDENTS

- Primary Care accounts for nearly 30% of physician workforce
- Yet, only 17% of medical students enter Primary Care programs

*Steinbrook et al, Easing the Shortage in Adult Primary Care- Is It All about Money? NEJM, July, 2009.*

Figure 4

Comparison of Potentially Non-Primary Care Positions Filled With US Seniors in March, 1997–2009

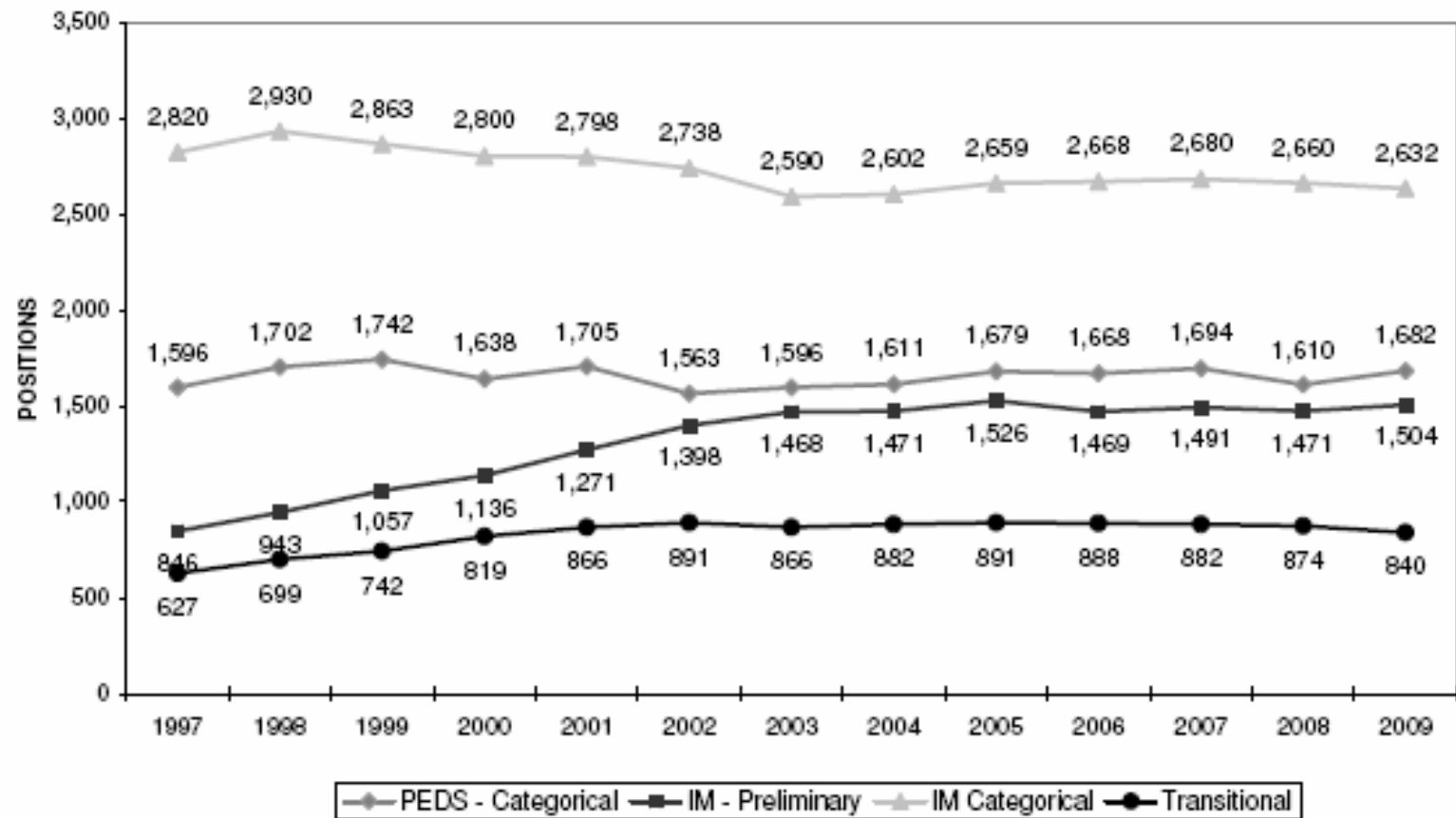
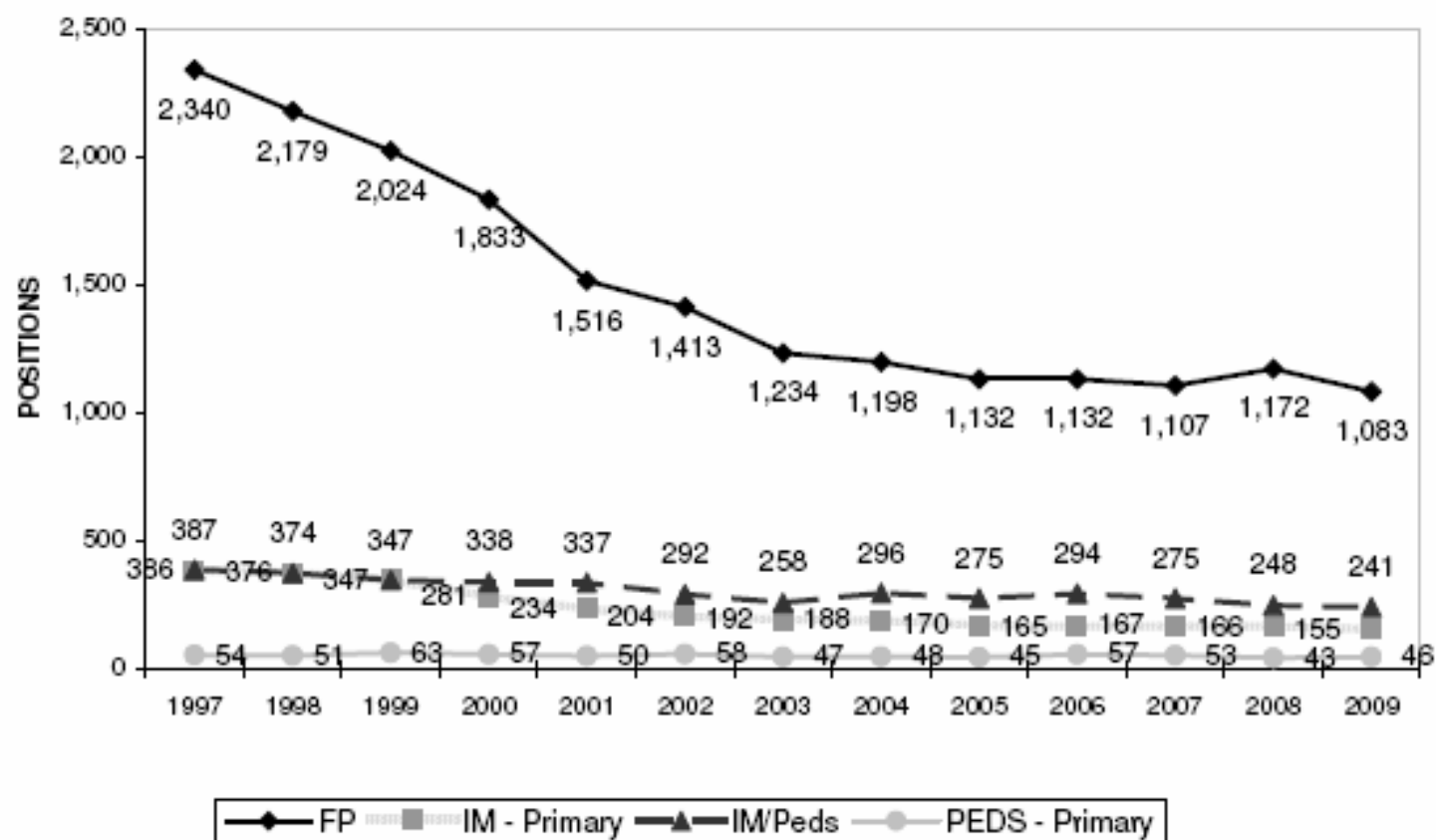


Figure 5

Comparison of Primary Care Positions Filled  
With US Seniors in March, 1997-2009



In 2006, some 57% of IMGs  
were in Primary care vs.  
46.2% U.S. Medical  
Graduates

Steinbrook, NEJM, June 2009

- Over a 35-40 year career, the difference in incomes results in a 3.5 million gap, average, between the “ROI” for primary care physicians vs. sub-specialties

*Steinbrook, NEJM, June 2009*

# Michigan Match Results

<u>School</u>	<u>Total</u>	<u>FM</u>	<u>Percent</u>
<i>MSU-CHM</i>	89	12	13.5%
<i>U of M</i>	169	7	4.1%
<i>WSU</i>	227	23	10.1%
<i>MSU-COM</i>	137	18	13.1%
<i>National Total</i>	16.336	1.341	8.2%

# Number of Residency Positions in Michigan 2008-2009

## ■ Primary Care ACGME

- 1787
- 32%
- Primary Care included FM (498), IM (882), Peds (283), Med/Ped (124)

## ■ ACGME Specialty

- 3743
- 68%

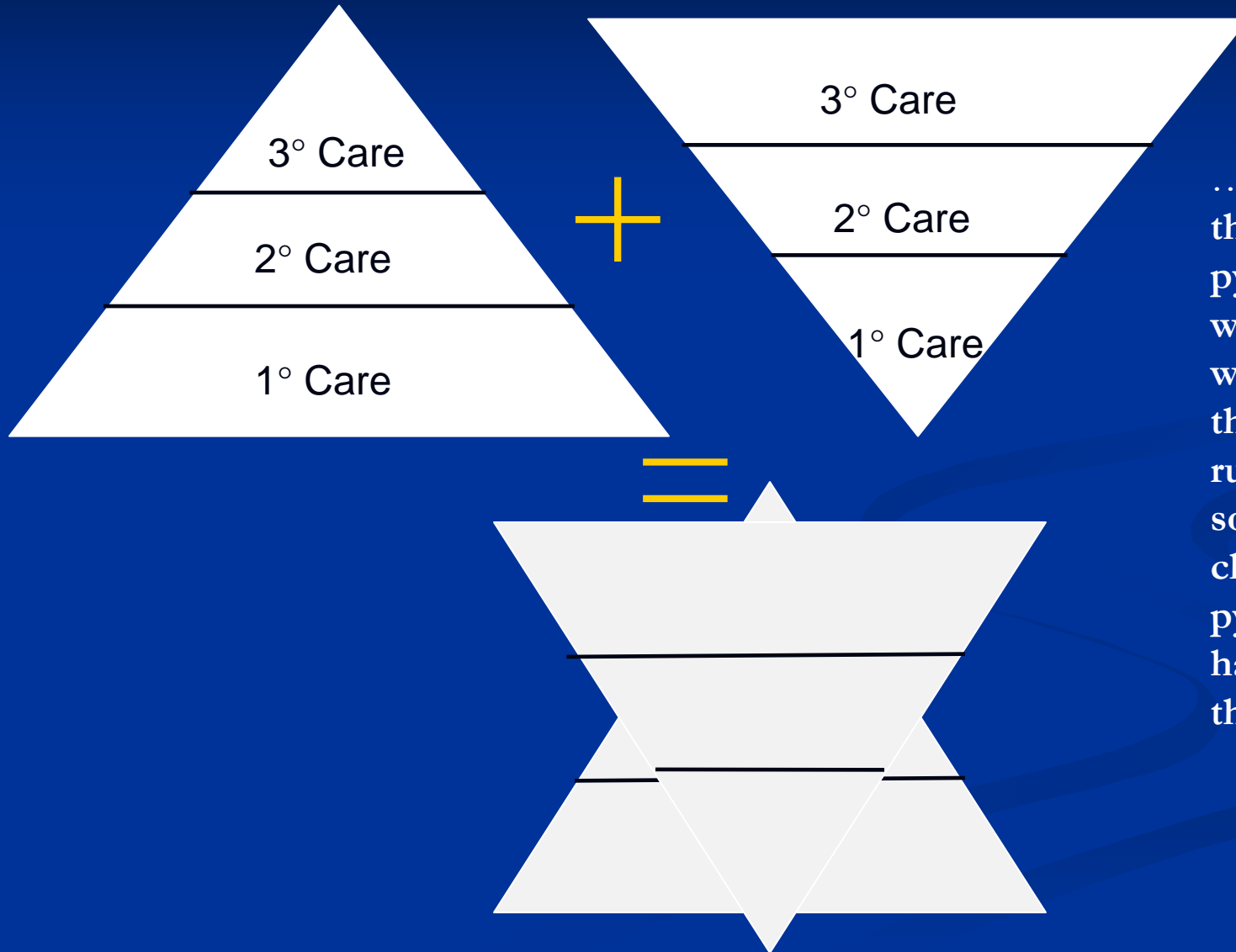
## ■ Primary Care AOA

- 575
- 27%
- Primary Care included FP (241; ER, 12; OM, 15; Integrated,6), IM (293), Peds (41)

## ■ AOA Specialty

- 2104
- 73%

Senator Daschle, Senate HELP Ct Confirmation Hearing Jan 8, 2008:  
**“Every country starts at the base of the pyramid with primary care, and they work their way up until the money runs out.”**



... “We start at the top of the pyramid, and we work our way down until the money runs out...And so we have to change the pyramid. We have to start at the base.”

**Michigan Primary Care Consortium  
(MIPCC)**

**Recommendations Related to  
Medical Education**

- Rec: Engage evidence-based educational practices that encourages student choice for primary care
  - Engage Admission
  - Curricular experiences (departmental support)
  - Debt containment
  - Potential income and specialty choice

*Bennett, Phillips, Teevan. Virtual Mentor. AMA Journal of Ethics, May 2009*

- Rec: Create equitable distribution of clinical education slots
  - Formation of Statewide Consortium for Clerkship placement shared across universities
  - Examples:
    - North Carolina AHEC
    - South Carolina AHEC

- Rec: Endowments to recruit students in Michigan

- Even small scholarships that improve clinical experience can make a big difference in career choice

- Rec: Incentive Primary Care infrastructure development through state funding
  - Health information technology for primary care
  - Protect care funding for primary care academic departments and faculty

- Rec: Admission preference to primary care interest

- Must be willing to stick with mission
- State should give preferential funding to schools

- Rec: Financial aid preference to primary care students
  - Need full and prestigious scholarships
  - Stipend for 4<sup>th</sup> year of medical school as acting intern (University of Missouri Model)

# *I ask – What is more intellectually challenging?*

*Carlos Morino, MD*

- Performing your 2000<sup>th</sup> knee arthroscopy
- Performing your 3000<sup>th</sup> laparoscopic cholecystectomy
- Performing your 4000<sup>th</sup> bronchoscopy
- Performing your 5000<sup>th</sup> colonoscopy
- Performing your 6000<sup>th</sup> intubation
- Performing your 7000<sup>th</sup> breast augmentation
- Performing your 8000<sup>th</sup> cataract removal
- Reading your 10,000<sup>th</sup> MRI
- Seeing your 15,000<sup>th</sup> case of acne (achievable in 7 years seeing 10 cases a day, 20 days a month, for 45 weeks a year)

OR

Taking care of a 55 yo with diabetes, hyperlipidemia, hypertension, coronary artery disease, chronic renal insufficiency, who is depressed, has a rash, erectile dysfunction, esophageal reflux and who is taking care of his elder mother with Alzheimer's dementia.

- Rec: Develop team training in clinical and simulation sites
  - Critical events- ACLS, ALSO, PALS, etc.
  - End of Life Care
  - Train in continuum of care: PCMH, FQHC
  - Certificate in team performance

- Rec: Institutional support for planning/design for multidisciplinary team training in primary care
  - MDCH grants
  - Foundation grants: RWJ, Kellogg
  - HSRA grants

- Rec: State support of primary care residency programs
  - Line item funding in Wisconsin, Texas, South Carolina
  - Hospital funding beyond Medicare direct/indirects
  - Third party investments in primary programs

- Rec: Develop training partnership with FQHCs and new application for FQHC status for medical residency training
  - Models: University of Louisville
  - Ingham County and Pediatrics
  - Ingham County and Geriatrics
  - “Teaching Community Health Center”

- Rec. Establish priorities for primary care education funding in Michigan
  - Redirect substantial portion of Medicare GME funds to primary care residency programs
  - Change reimbursement from WRVU to quality coordination of care
  - Payment to foster PCMH

# Medicare Payment Advisory Commission Report to Congress, 2008

- Medicare GME “payments are provided to hospitals without accountability for how they are used or without targeting policy objectives consistent with what Medicare’s goals are”
- “policy makers should also consider ways to use some of the Medicare subsidies for teaching hospitals to promote primary care. Such efforts in medical training and practice may improve our future supply of primary care clinicians and thus increase beneficiary access to them.”
- “medical education subsidies could also be used to help pay student loans for clinicians committed to primary care specialties.”

Recommendations of the Council on Graduate Medical Education, 19<sup>th</sup> Report to Congress (2007):

*Enhancing Flexibility in Graduate Medical Education*

1. Align GME with future needs
2. Broaden the definition of “training venue”
3. Remove regulatory barriers limiting flexible GME training programs and venues
4. Make accountability for the public’s health the driving force for GME

- Rec: Teaching systems of graduates and Michigan retention
  - Reward institutions with high Michigan Retention rates
  - Examples of success: Marquette General FM Residency- >50% Retention to UP

- Rec: Develop funding sources for loan forgiveness for service
  - NHSC- Success to serve the under served
  - Attract lower income students
  - Drawbacks:
    - Stringent repayments
    - Inflexible terms
    - Productivity demands
    - Less appeal to women
  - Limited funding and capacity

# Incentivizing Primary Care Through the National Health Service Corps

- 6000 sites seeking NHSC placements in 2008
- In 2008:
  - 950 applicants for 76 NHSC scholarship awards
  - 2713 applicants for 867 NHSC loan repayment awards
- Good evidence that NHSC participants tend to remain in practice in underserved areas, even if not at initial service site
- Legislative proposals under consideration:
  - Fund at least a doubling of NHSC scholarships and loan repayment positions (from current \$155M to >\$300M)

*Source: Office of NHSC Director*

# Community Health Centers and Primary Care Saves Money, Regardless of Income

	CHC	Primary Care	Specialist	Difference Specialist VS CHC	Difference Specialist VS PCP
< 100 % FPL	\$2288	\$3427	\$8254	\$5966	\$4827
301- 400% FPL	\$1756	\$2828	\$6890	\$5134	\$4062
> 400% FPL	\$1721	\$2841	\$6525	\$4804	\$3684

# So What If We Provided Primary Care To All Americans?

- Say we changed the primary care infrastructure, so who now has a usual source of care has access to a practice that was organized on a community health center model – *and* we gave everyone without a usual source of care health insurance *and primary care* ?
- Anticipated *Savings*, \$59-371 Billion

# So What If We Provided Primary Care To All Americans?

- Now say we just gave *health insurance* to everyone without a usual source of care ?
- Anticipated new spending, \$ 119 Billion!!!
- (*Know how to spell “Massachusetts”?*)