

Medical School Graduate Practice Accountability

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Rural Distribution of Docs a Long-standing & Worldwide Problem.

- Canada
- Latin America
- Scandinavia
- Kurdish Iraq
- China/ Taiwan
- South Africa

An Invitation for a Talk:
“New Federal Initiatives to Address
the Rural Health Workforce
Shortage”

There HAVE been a few significant federal initiatives:

- National Health Service Corps, 1971
- PAs, NPs in Rural Health Clinics, 1980's
- J-1 Visa progression: First particular agencies, then the Conrad sequence.
- Federal grants to med schools can keep faculty and curricular seed stock alive but that's about all.
- Bottom Line: Significant federal initiatives exist, but they are rare.

A Couple Quotes:

- “Medical students are by-products for all American medical schools.” Dr. August Swanson, Academic VP, Association of American Medical Colleges (speaking ~ 1977)
- “I’ll never do another workforce study. It is not an information limited issue. What is lacking is the political will to solve the problems.” Dr. Roger Rosenblatt, Professor, Family Medicine, U of Washington (Speaking ~ 1980)

States Should Take Responsibility

- Why Wait for Washington?
- Public Allopathic Medical School Ownership:
Federal.....1
State63

A medical School Can Select and
Prepare Physicians for Rural
Practice if the School Has the:

- Incentives
- Commitment

- Your Challenge:
Create The Incentives

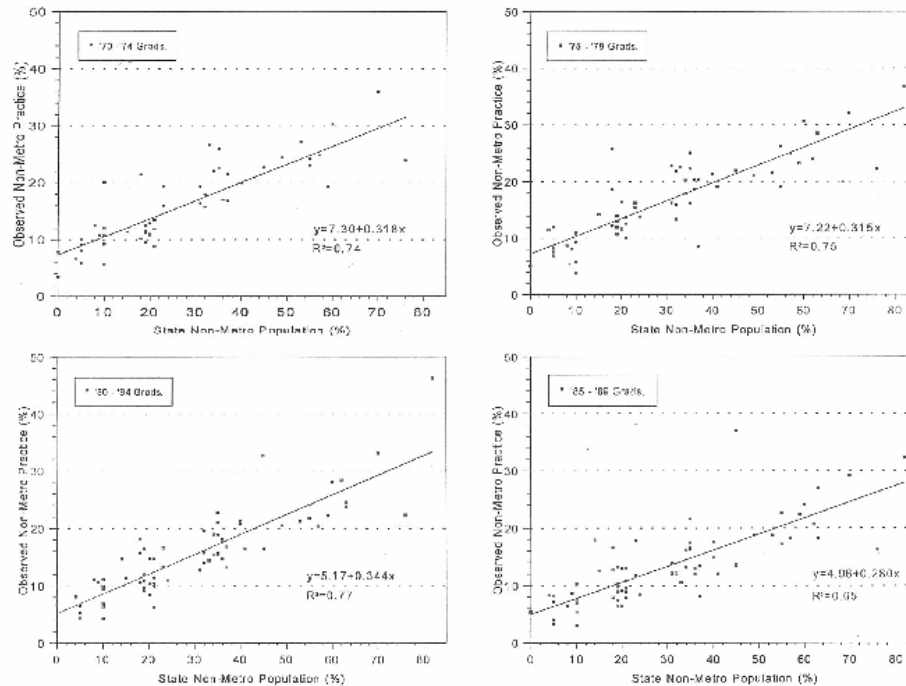
The Limiting Case: U of MN, Duluth vrs All US Grads, 1988-96,

	Non_metro Practice	Metro Practice
Duluth Female Grads	49.6%	50.4%
Duluth Male Grads	50.5	49.5
All US Female Grads	2.9	97.1
All US Male Grads	3.9	96.1
All US data from Ellsbury et al, FamMed2000 <u>32</u> 331-337 Duluth data from James Boulger, A Different Kind of Medical School		

Variation in production of rural docs depends on rurality of the state. Reasonable expectations CAN BE SET

Figure 1.

Medical School Production of Rural Physicians



The West Virginia Story

- Three Medical Schools: Old, respected WVU; newer conventional Marshall, weird newer WV College Osteopathic Medicine.
- Gov. Caperton: “Too Many Schools. Close One!”
- BUT rural & primary care production inversely proportional to prestige & political support.
- Appointed a Czar with some budget authority. Seemed to work. See Hilda Heady, Don Pathman

Other Success Stories

- Mention in the Discussion
- Osteopathy deserves credit, while acknowledging that the schools generally haven't had the capital to go so far astray as the MD schools

Motivating Your State Medical School: Things to Find Out

- State annual appropriation.
- Allocation of the appropriation.
- State Charter...What is the medical school expected to do with the appropriated funds?
- Medical student annual enrollment.

What state agency manages the educational franchises?

Optional and More Difficult things to Find Out:

- Total Budget
- Ownership of occupied buildings and grounds

Building Your Political Structure

- Pick Your Partners in moving your school toward a social mission. Who else cares?
 - Primary care association? Farm Groups
 - Inner city interests? Groups serving the underserved
 - Entirely state specific, school specific and legislature specific.
 - Remember, though, that you are undertaking a ten to twenty year effort and legislators turn over much more quickly. Don't put too much weight on today's strong legislator. Use her to pass strong legislation.

Stay Away From Process Items.

- Stick to Outcomes Mandates!!!!
 - You only care about results.
 - The Supreme Court Frankfurter decision says processes aren't your business.
 - The School will suck you in and grind you down.
 - “We tried that and it didn’t work”

What Might You Consider Linking to Practice Outcomes

- Budget Appropriation...the most reasonable, depending on the school's charter.
- Rental or lease payments on school clinic & /or lab occupied properties, if state owned.
- MD Degree granting authority per state higher education authority or equivalent.
Problem: This is an all-or-none value which can only be transferred or discontinued.

Possible Roles

- ORHP or BHPR to fund reviews of several decades of research on educational outcomes.
- An Imaginative HRSA could fund partnerships with state governments that require outcome accountability of their medical schools
- NOSORH or BPHC through PCAs could foster interstate communication on strategies and results.

Sixty Four Dollar Question!!!!

- The Rural Population is not big enough to win in many states.
- What data can be found regarding inner city and other under served potential allies?
- What deals can be struck?

Your Thoughts & Recommendations?

Many Thanks To

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