



Addressing Physician Workforce Needs in Wisconsin

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As I write this column, we anticipate that 68 of our 4th-year medical students will match in primary care residencies in the upcoming annual residency match. This will be a significant increase compared to last year, when 53 students matched in the primary care fields of family medicine, internal medicine, medicine/pediatrics, and pediatrics. These are disciplines in which we face immediate and growing needs—both in Wisconsin and nationally.

While 1 year does not make a trend, we are gratified by this increase and believe it reflects the deliberate planning and hard work in our ongoing efforts to address Wisconsin's physician workforce needs in underserved areas. I was recently invited to testify before the Legislative Council Study Committee on Health Care Access to brief them on this urgent problem and describe our efforts to address it. The committee, consisting of Wisconsin legislators and public members, is studying potential solutions to the problem of health care provider shortages, particularly in rural areas and inner cities.

There are many root causes of physician shortage areas in the Badger State and across the country, including a disconnection

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between the geographic distribution of physicians and population needs, and the selection of specialty fields of practice by graduating medical students. Medical student debt burden and the current compensation models in primary care perpetuate these issues.

The School of Medicine and Public Health

TRIUMPH, or Training in Urban Medicine and Public Health, is our central-city Milwaukee counterpart to WARM. TRIUMPH medical students receive much of their clinical training at sites that serve disadvantaged populations, including Aurora Sinai Hospital, Milwaukee Health Services, Sixteenth

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(SMPH) is addressing these challenges in several innovative ways. Four years ago, we welcomed our inaugural class into the Wisconsin Academy for Rural Medicine (WARM); next fall, we will complete the planned expansion in class size to include 25 students in WARM each year. The selection criteria for WARM students include those factors that predict a career in rural medical practice. WARM medical students receive much of their clinical training in rural community sites, in partnership with our Marshfield Academic Campus, based in the Marshfield Clinic system, our Western Academic Campus, based in the Gunderson Lutheran Health System and, beginning this July, in Green Bay and the surrounding area based with Aurora Health Care and BayCare. To date, the program's performance has exceeded our expectations, and has received national recognition.

Street Community Health Center, Westside Healthcare Association, and the Bread of Healing free clinic. A cornerstone of the experience is a community service learning project in which each medical student works with a community organization on a project aimed at a specific public health challenge and opportunity. This training track was launched 2 years ago, and currently 8 students participate each year. We have begun planning for a possible expansion, but the availability of training sites and resources is the rate-limiting step.

In fact, clinical training site capacity is the rate-limiting step for both WARM and TRIUMPH. This is why we are very concerned about the ongoing discussion of the possible creation of a new medical school in the state. While this might seem to be a viable approach to expanding the physician workforce, we

believe it would, in fact, squeeze out students from current training sites unless new training capacity is created. The incredibly high costs associated with creating a new medical school, compared with the more modest costs involved in class size expansion in an existing school, is only one of the many reasons why this approach would be unwise, and in some ways counter-productive.

RUSCH, our Rural and Urban Scholars in Community Health program, is a pipeline program created in partnership with UW-Milwaukee, UW-Platteville, and Spelman College. It is designed to attract and train college students for entry into WARM and TRIUMPH, and also to increase the diversity of our physician workforce. Stellar college sophomores receive summer enrichment experiences at our school, and when they return to their campuses, are given the opportunity to shadow community physicians.

Another strategy for increasing the diversity of the physician workforce focuses on increasing the diversity of our faculty. The SMPH Centennial Scholars program offers

substantial support for the recruitment of faculty who represent segments of the Wisconsin population in which substantial health disparities have been identified. Launched in the spring of 2009, the program has already attracted 6 new faculty to our campus, and several additional recruitments are in process.

Medical student debt burden is an important challenge that must be addressed as part of an overall strategy for increasing the workforce of primary care physicians in underserved areas of the state. Our average medical student debt hovers around \$135,000 for medical school loans, and many of these students carry additional college loans. Research shows—and students report—that debt repayment has a meaningful impact on career choices, and primary care incomes are significantly lower than those of many other specialties. For this reason, we have identified need-based financial aid as our top fundraising priority with our alumni. We are very excited about the current UW Foundation “Great People” campaign, in which every dollar contributed

towards need-based financial aid for medical students receives a 50-cent match.

In addressing work force issues, we must remember that retention is just as important as recruitment. If we successfully recruit new physicians into underserved areas, but they experience a sense of professional isolation and lack of support, then we will lose them and will need to restart the process. The statewide medical and hospital community needs to design effective approaches for supporting clinicians in underserved areas, including support for multidisciplinary health care teams, strategies for sharing on-call duties and offering vacation coverage, and provision of ongoing professional development and consultation services.

Physician workforce issues are extremely important. They require immediate action, as well as long-term planning. We are pleased with the initial results of the innovative strategies our school has launched, and we will continue to carefully monitor their impact. But much more needs to be done. The health of our most vulnerable populations is at stake.

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