

Testimony from
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before the
House Education Budget Committee
February 25, 2009

Thank you, Chairman McLeland and the members of the Committee, for allowing the University of Kansas Medical Center to present testimony regarding the dire budget situation facing the State of Kansas. I hope my remarks and our dialogue today paint a clear picture of the many ways we contribute to our workforce and our economy in the state, while serving the health care needs of its citizens.

Joining me today are: Dr. Karen Miller, Senior Vice Chancellor for Academic and Student Affairs and Dean of the KU Schools of Nursing and Allied Health; Dr. Heidi Chumley, a family medicine physician and the Senior Associate Dean for Medical Education; and Dr. Garold Minns, an internal medicine physician from our Wichita campus and the Associate Dean for Academic and Student Affairs.

As you know, the University of Kansas Medical Center's main campus is located in Kansas City, Kansas, with an additional School of Medicine campus in Wichita. In addition, we train resident physicians in Salina, Kansas, and have three Area Health Education Centers across the state in Pittsburg, Hays and Garden City. However, our reach extends beyond our physical facilities. Through the use of university aircraft, our physicians are able to serve approximately 2,300 patients throughout Kansas from nearly every county in our state (*see attachment*).

Our mission at the University of Kansas Medical Center is to provide Kansans with continued excellence in education, patient care and research. We have a total enrollment of approximately 3,000 students, spread across the schools of allied health, medicine and nursing, as well as our graduate studies program. This includes more than 700 resident physicians, primarily in Kansas City and Wichita. These students and residents are the future health care workforce, and essential to not only the physical health and well-being of Kansans, but also to the economic health and well-being of our state.

It is no secret that our state, like many others across the country, faces the ongoing challenge of a health care workforce shortage. A recent Association of American Medical Colleges (AAMC) report titled *The Complexities of Physician Supply and Demand: Projections Through 2025* shows that, according to a baseline projection, there will be a national shortage of 124,000 physicians by 2025. A recent study coordinated by KU Medical Center shows that in Kansas we are currently below the national average by 42 physicians per 100,000 population. Because the state's population is approximately 2.7 million, we would need an additional 1,134 physicians just to achieve the national average. Additionally, according to the Kansas Department of Labor's *2012 Kansas Occupational Outlook*, workforce projections for 2002 to 2012 forecast

that the state's physician employment growth would be 580 physicians by 2012. Kansas also has a mal-distribution of physicians, with physician/population ratios below the national average in five of our six major geographic regions. This means that our rural regions, especially in the Southeast and Southwest, are severely underserved. Similarly, the *2008 Primary Care Health Professional Underserved Areas Report* from the Kansas Department of Health and Environment shows that 76 Kansas counties have designation as a primary care health professional underserved area in some capacity.

Shortages aren't, however, limited to primary care physicians, although these providers constitute our greatest need. We are experiencing significant workforce shortages of both primary care physicians and some specialists like surgeons and radiologists, as well as nurses and nurse practitioners, physical therapists, occupational therapists and respiratory therapists. In addition, our state is facing a looming crisis with the shortage of public health officials. Add to this dilemma an aging population in need of greater health care services, including chronic disease management, skyrocketing health care costs and a stream of young people leaving our state to pursue opportunities elsewhere in the country, and one quickly gets the picture of the perfect storm taking shape.

As you can imagine, our programs are expensive to administer, requiring very small class sizes, and our students require an extraordinary amount of faculty supervision and teaching.

In terms of education and training physicians, the University of Kansas School of Medicine is the only accredited medical school in the state. According to the AAMC's *2007 State Physician Workforce Data Book* (the most recent version available), 38.1 percent of active physicians in Kansas completed their undergraduate medical education in Kansas, and 35.4 percent of active physicians in Kansas completed an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency or fellowship in Kansas. Both of these numbers are higher than the national median and, in total, more than 50 percent of practicing Kansas physicians completed either their undergraduate or graduate medical education – or both – at KU. Recent data compiled by the University of Kansas School of Medicine indicates that 39 percent of active physicians in Kansas completed their undergraduate medical education at KU. Statistics to be proud of certainly, but they will be woefully inadequate for our future workforce needs.

One example of a successful effort to address physician workforce shortages in Kansas, established by the Legislature, championed by the Kansas Academy of Family Physicians and administered by KU, is the Kansas Medical Student Loan Program (KMSLP). The KMSLP provides medical students with payments for tuition and living expenses, in return for entering a primary care residency and, upon completion, practicing primary care in the state of Kansas, generally targeting an underserved area of our state. Between 1992 and 2004, 333 graduates completed training, of which two-thirds of the physicians (222) practiced in underserved areas of Kansas. Nationally, medical school rural placement programs have a 53 to 64 percent success rate. Currently, all of the KMSLP slots are filled, and it would be particularly devastating to our future primary care workforce if this program were scaled back due to budget cuts.

Allied Health professionals are also in great demand. According to the Kansas Department of Labor, the state's workforce demand for physical therapists, for example, will increase almost 27 percent from 2002 to 2012. Between the 2008 and 2009 academic years, our enrollment in our

physical therapy program increased more than 13 percent to help meet this need and, in fact, almost 40 percent of our physical therapy graduates end up practicing in rural Kansas. However, with budget cuts greater than eight or nine percent, we will have to cut faculty, thus reducing our ability to accept greater numbers of students and provide physical therapists for the state.

In addition, the continued record enrollment of our nursing programs will have to be seriously curtailed with significant budget cuts. The Kansas Department of Labor predicts a workforce demand of roughly 27 percent more nurses from 2002 to 2012. One of the greatest influences on the number of nurses who can be educated in Kansas is the number of available nursing faculty. KU School of Nursing graduate programs are particularly successful in preparing nursing faculty for other nursing programs in the state, and, as such, we've seen a 119 percent growth in graduate programs in the last five years. But this increase cannot be sustained under severe budget restrictions.

Drastic budget cuts at KU Medical Center could mean the elimination of some programs or some degrees offered. In recent years, we have been able to make a noticeable difference in the number of nurse practitioners trained in the state thanks to the Kansas Primary Care Family Nurse Practitioner Program. This program, which included KU, Fort Hays State University, Pittsburg State University and Wichita State University, enabled these programs to train 880 nurse practitioners, the majority of whom are practicing in Kansas. With budget cuts greater than eight or nine percent, many of these successful efforts will cease.

Budget cuts to KU Medical Center for FY 10 will be particularly difficult because state funding is a significant percentage of our budget. Thus far, we have indicated that we must do everything we can to minimize, at all costs, the impact budget cuts will have on our students and residents. Realistically speaking, though, as potential budget cuts become more and more severe, we lose the ability to minimize the impact. For instance, in FY 10, a 15 percent cut would mean \$18.2 million for the Medical Center – more than twice the size of the \$8.9 million School of Nursing budget. This means fewer faculty teaching students, which means fewer students, which means fewer nurses in the state to care for Kansans. Obviously we would never close our School of Nursing, but because we are training the future health care workforce, significant budget cuts will negatively impact the number of future physicians, nurses, nurse practitioners, physical therapists, occupational therapists, and other health professionals in Kansas. Considering the shortage we're already facing, a further reduction would be devastating.

I believe that higher education institutions, and the Medical Center in particular, are willing to make difficult sacrifices to help the state address this budget crisis. But the burden on higher education must not be so severe that we cannot continue to educate and train the very workforce we must have to recover from this economic recession.

Thank you for the opportunity to present before the committee.