

**Testimony Before the House Committee on Appropriations  
Tuesday, March 25, 2008  
514 South, Kansas Statehouse**

**Regarding 2008 House Bill 2983**

**By Glendon G. Cox, MD, MBA, MHSA  
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University of Kansas School of Medicine**

Madam Chair and Members of the Committee:

My name is Glen Cox. I am a radiologist at the University of Kansas Medical Center and I serve as the Vice Dean and Senior Associate Dean for Educational and Academic Affairs at the University of Kansas School of Medicine. I am pleased to be here today at the invitation of the committee to offer my thoughts on House Bill 2983.

First, let me say that I appreciate the time and attention this committee and its leaders have devoted to the issue of physician workforce development. As you know, with a record number of physicians set to retire in the next several decades and with the aging of the baby boomer generation, the need for more physicians in Kansas and in our nation will grow significantly in the coming years. Doctors, however, are not the only health care providers for which a shortage is predicted. You have already taken steps to address the shortage of nurses and this year you are considering steps to enhance the workforce of pharmacists and dentists. Last year you passed legislation to enhance the Kansas Medical Student Loan Program and as a result, more students are now committed to practice in underserved areas of Kansas upon completion of their medical training. As you know, no one solution will be adequate to address the physician and health care professional workforce need. Many strategies will need to be pursued and it is certainly not too early to begin addressing this pressing challenge. But I appreciate the foresight you have demonstrated in considering these issues as a top priority. We know too well that when a Kansas community loses its doctor life is never the same for those who call that community home—and that is why we work so hard at KU to make sure we are educating doctors for rural Kansas. It's also why we are proud to be ranked as the number one medical school in the U.S. for the training of family physicians.

Over the past two years, I oversaw the development of the Kansas Physician Workforce Report which confirmed that we do, in fact, have a shortage of physicians in Kansas and a critical situation in many of the rural areas of our state. I have distributed with this testimony a copy of the executive summary of our report. I would be pleased to discuss any aspect of that report that interests you at the conclusion of my testimony. A full copy of that report is available online at the KU Medical Center's website at <http://www.kumc.edu/som/documents/KansasPhysicianWorkforceReport.pdf>.

This year you have been asked to consider appropriating more state funds to support graduate medical education programs offered by the consortium known as the Wichita Center for Graduate Medical Education or WCGME. The University of Kansas School of Medicine-Wichita along with Via Christi Regional Medical Center and Wesley Medical Center work together to provide graduate medical education programs in Wichita and at the Smoky Hill Clinic in Salina. Many of these students choose to remain in Kansas to practice medicine and the graduates of this program are an important element of our school's mission to educate doctors for Kansas—especially primary care physicians such as family medicine doctors.

The community based model that has allowed this consortium to be successful in the past is now under considerable stress. With cutbacks in federal reimbursements, the adverse impact the proliferation of specialty hospitals in Wichita has had on Via Christi and Wesley, and the emergence of expensive, new accreditation requirements, a significant funding gap has emerged that now threatens graduate medical education opportunities in Wichita and Salina.

Our school's Executive Dean, Dr. Barbara Atkinson, M.D., previously briefed this committee on this need earlier this session.

Clearly, all of us at the University of Kansas School of Medicine recognize the viability of the Wichita and Salina-based residencies must be preserved and that is why we have been supportive of WCGME's request.

At the Kansas Board of Regents meeting earlier this month the Board agreed to appoint a task force of board members to study this issue and develop recommendations for future action.

The Governor has included \$1 million dollars in her proposed budget to begin to address the WCGME funding gap. While the amount recommended falls far short of addressing the need, we appreciate your consideration of that recommendation and would urge you to maintain that position through conference committee and omnibus action on next year's budget.

As you consider this legislation you should know the Executive Dean of the KU School of Medicine, Dr. Atkinson, and the Dean of the KU School of Medicine-Wichita, Dr. Ed Dismuke, have convened a Kansas Primary Care Collaborative to study a wide array of primary care issues. This group emerged out of the work of several study groups and task forces that came together last year during the Summit on Enhancing Primary Care in Kansas, held in Wichita in October.

The Summit brought together more than 40 participants including leadership from KU Medical Center in Kansas City and the School of Medicine in Wichita, the Wichita Center for Graduate Medical Education, KU Hospital, Via Christi and Wesley Medical Centers, primary care departments and programs in Wichita and Kansas City, physicians

and professional organizations, including the Kansas Academy of Family Physicians, Kansas Association of Osteopathic Medicine, Kansas Medical Society and the Medical Society of Sedgwick County, as well as government agencies including the Kansas Department of Health and Environment and the Kansas Health Policy Authority.

This collaborative is now under the leadership of Dr. Robert Moser, a primary care physician from Tribune, Kansas. I have distributed with this testimony a copy of the charge given to the collaborative's coordinating committee which I hope will convey to you the scope of their work. A set of specific recommendations for your consideration during the 2009 session should emerge from this group.

I would hope that any action to appoint the task force outlined in House Bill 2983 would not detract from or be viewed as a substitute for the important work of this collaborative and that you would give active consideration to any recommendations that emerge from the collaborative's work.

The bill before you today would create another group to wrestle with this issue. While I would note that the board of directors of WCGME and the Kansas Board of Regents have not had the opportunity to consider the merits of this bill and therefore I cannot offer a position on the bill, if you were to enact the bill, I do see some value in including legislators among the participants. I believe legislators who participate would better understand the complexities of these issues and be even better prepared to guide policy discussions within the Legislature. I also believe the perspective of legislators participating on the task force would provide valuable insights for the other members of the task force.

I also want to sound a note of caution. The workforce challenges facing our state are much bigger than just addressing the WCGME issue. This bill is very limited in its scope and as such may create only a limited forum for addressing workforce issues. As policy makers I would urge you to take a broad view of the challenges we face and recognize that a holistic approach will be needed to craft solutions to this problem. I would not want any legislator to leave this hearing today with the belief that by passing this bill you have somehow done all that is necessary to address the health care workforce needs of our state.

I would also want to remind the committee that the scope of workforce shortages goes beyond the need for more primary care physicians but includes the need to educate more specialists as well. We have worked hard over the past year and a half to forge agreements with hospitals in the Kansas City area to create up to 200 additional resident slots over the next decade for which no additional state funding will be required. Still, the need for specialized care will grow and the need for specialists will need to grow with it.

I recognize this is a very tight budget year. As legislators you have the difficult task of establishing priorities and then allocating limited funds to address those priorities.

Regardless of how you choose to proceed, I would encourage you to keep the issue of WCGME's viability as a very high priority. Kansans need the doctors trained by this program and this is not the time to allow any aspect of the program to become jeopardized. Our partners at Wesley and Via Christi have invested heavily in the success of these programs and they and the patients they serve have benefited. But, it is simply unrealistic to expect them to continue to fund the shortfalls created by federal policy, market conditions and new accreditation standards. New investments will have to be made or programs and the doctors they train will be lost.

I am willing to work with you and any other group to avoid that result. I appreciate your interest in this issue and would be happy to respond to any questions.

Respectfully submitted,

Glen Cox, MD, MBA, MHSA