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Testimony in Support of LD 904 An Act Supporting the Rural Health Care Workforce in Maine

Senator Baldacci, Representative Meyer, and members of the Health and Human Services Committee:

My name is Jane Carreiro, I am the Dean of the College of Osteopathic Medicine at the University of New England (UNE COM) and a family doctor by training. The University of New England is submitting testimony in support of LD 904, and we thank Representative Osher for bringing the bill forward.

Maine is facing a lack of healthcare professionals, specifically physicians and nurses, practicing in rural and underserved areas. As you probably know, Maine's population is the oldest in the nation and is tied with Vermont as being the most rural state. Our healthcare workers are also among the oldest in the country, with many practitioners approaching, or even practicing beyond, retirement age. At 39.3%, Maine ranks first in the nation for the percentage of active physicians who are age 60 or older.[1] In 9 of 16 Maine counties, 50% or more of physicians are 55 or older.[2]

For many years, UNE has been working with Northern Light, MaineHealth, MaineGeneral, Central Maine Healthcare, the Maine Hospital Association, and the Maine Primary Care Association to address our physician shortage. As a result, UNE's College of Osteopathic Medicine is the number one provider of physicians for the state of Maine. Our graduates make up the majority of physicians in every health care

[1] Association of American Medical Colleges. (2019). Maine physician workforce profile. https://www.aamc.org/media/37931/download

[2] Skillman, S. M., & Stover, B. (2014). Maine's physician, nurse practitioner and physician assistant workforce in 2014. Seattle, WA: WWAMI Center for Health Workforce Studies, University of Washington. https://www.familymedicine.uw.edu/chws/wp-content/uploads/sites/5/2018/08/maines_physicians_nps_and_pas_2018.pdf

system in Maine, with 67% of them practicing primary care. Progress is being made, but there is still much work to be done.

Years ago, I had a busy family practice in Waterville, which I loved. When I first went into practice, I became very busy, very quickly. I was astonished that some of my patients were driving 60-90 minutes to see me because I was the only doctor with an open practice. This was the early 1990s, and our neighbors in rural areas were already dealing with a physician shortage. Since then, it has only worsened. I decided I could help more patients by training medical students to practice in rural areas, and so I took a position at UNE. Almost 30 years later I am now dean of a medical school, and still working on this problem. In those 30 years I have learned some things and I would like to share with you.

Two of the best predictors of where a physician will practice is where they do their clinical training, (years 3 and 4 of medical school and their residency), and where their partners are from. After two years of classroom training, medical students do 2 years of clinical training, then graduate from medical school and enter a residency program. Doing one's student training in community and rural-based hospitals increases the likelihood that physician will return to that community to practice. **From 2012 to 2018, up to 53% of UNE COM's graduates who completed third year training in Maine community hospitals returned to practice in those communities later, regardless of where they did their residency or where they were from.**

Likewise, medical school graduates who complete their residencies in rural and community-based settings are more likely to practice in those settings. **Between 75% and 80% of UNE COM graduates who complete their residency in Maine, stay in Maine to practice.**

What does this tell us? It tells us that we should ensure that Maine has ample clinical training opportunities for medical students and residents, so that the students we're training can become embedded in Maine communities and return to practice here upon completing their program.

Unfortunately, Maine has a dearth of training opportunities for both third- and fourth-year medical students and for medical residents.

Each year there are 223 second-year medical students training in Maine (178 at UNE COM and 45 in the Maine Tufts program). When they become third-year students, 108 of them must leave the state to get their clinical training. Currently, our state's healthcare system can train 115 third-year medical students (70 from UNE's medical school and 45 from the Tufts Maine track program). Thus, each year, Maine effectively loses the opportunity to retain 108 physicians.

The second bottle neck is the limited number of primary care residency positions in Maine, especially in the central and northern regions. Embedded training in a rural or community-based residency program engages physicians with their communities and prepares graduates to practice in those environments.

In the entire State of Maine, considering all hospitals and programs, we can only graduate 65 primary care physicians each year: 4 obstetricians, 7 pediatricians, 31 family doctors, 4 psychiatrists, 13 internal medicine, and 4 combined internal medicine-pediatrics. Each year 223 medical students graduate from Maine based medical programs, but only 65 of them can complete primary care residencies in Maine.

What limits capacity of hospitals and clinics to train students and residents? Medical students and residents need to be trained by physicians, and Maine has a physician shortage. Training medical students and residents results in decreased productivity by approximately 25%, meaning if a doctor can typically see 4 patients in an hour without a medical student, they can only see 3 patients with a student in tow. Our hospitals, especially our community hospitals, are struggling to keep up with patient loads and expenses. They do not have the personnel or financial resources to take on more students and residents without support from federal and state sources.

As federal funding has remained fairly stagnant for decades, states have taken on a larger role in funding clinical training for medical students in residents. Maine recently used a small portion of its

American Rescue Plan Act (ARPA) funds to expand clinical training opportunities. LD 904 would allow the State to continue along that path.

Maine has been facing a growing physician shortage since I left my practice 30 years ago to help tackle this issue. Since that time, I have learned that many of the factors preventing us from addressing this shortage are in plain sight and within our control. The funding included in this bill will begin to address some of the bottlenecks facing our state when it comes to increasing our healthcare workforce.

Increasing the number of opportunities available for students to train in rural and community settings, and growing our primary care residency programs will bring us one step closer to solving this problem.

Thank you.