



Philip M. Farrell, MD, PhD

Dean's Corner

Plan to address physician shortage requires proper support

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Nearly five years ago, the University of Wisconsin (UW) Medical School made a concerted effort to expand and centralize its rural medicine initiatives when it recruited Dr Byron Crouse to become the first associate dean for rural and community health. In this role, he has worked diligently to enhance the school's relationships with the Wisconsin Area Health Education Center system and the Wisconsin Office of Rural Health. Both these programs strive, ultimately, to improve the quality of health in rural and underserved Wisconsin communities.

Dr Crouse now is leading a planning group that is helping the Medical School develop the proposed Wisconsin Academy for Rural Medicine (WARM), which is envisioned as a "school within a school," dedicated to training physicians for careers in rural Wisconsin. The WARM four-year curriculum and training experience will target students with roots in rural

Wisconsin who have plans to practice medicine there.

The rationale for such a program is compelling, the need undeniable. First and foremost, according to a 2004 report by the Wisconsin Hospital Association and the Wisconsin Medical Society, the Badger state can expect a serious physician shortage in the next decade. In all likelihood, rural areas will be the most severely affected regions. According to alarming projections, they will experience an increasing shortage of specialists as well as generalists.

Secondly, residents in rural Wisconsin already are medically underserved. While more than 33% of Wisconsin citizens live in rural areas, only 11% of the state's physicians have rural practices. More than 80% of Wisconsin counties are designated as totally or partially underserved, and 77% of these underserved communities are rural. Additionally, the state's rapidly aging population will significantly increase the demand for health care in coming years. By 2015, the unmet need is projected to exceed current shortages by 14% for primary care professionals and approxi-

mately 20% for other specialties.

Furthermore, rural residents must face the geographic challenges of living and working long distances from medical centers, and they often function in small clusters that make purchasing health insurance difficult. Finally, many rural residents are members of farm families, and, as such, they frequently are too busy to seek care for existing medical problems, not to mention preventive activities.

We want to begin the WARM program as soon as possible, starting with a pilot program of five students and then adding five new students each year so that 50 new WARM alumni can be practicing in Wisconsin communities by 2015. The program will require that we expand the size of our student body incrementally from about 150 to 175, and that we allocate significant resources to designing and executing the curriculum and training opportunities.

We are enthusiastic and optimistic about this new program and the important impact it can have on the health care needs of our state. However, a major challenge exists for the Medical

Doctor Farrell is Dean, University of Wisconsin Medical School, and Vice Chancellor for Medical Affairs at UW-Madison.

School related to financing WARM, and, unfortunately, this may be an insurmountable barrier. It has to do with reimbursement.

Initial funding for WARM planning has been provided by the Wisconsin Partnership for a Healthy Future, which resulted from the Blue Cross conversion, but those funds are restricted. And students, of course, will be paying tuition. But surprisingly, those incremental revenues from tuition do not typically reach the UW Medical School.

During my decade of deanship, two of my biggest disappointments have related to medical student tuition. First, it was very disturbing to learn in my second year that UW-Madison deans have essentially no role in setting tuition levels. This accounted, in part, for the upward spiraling of costs for our students during 1994-2001, when a 66% increase occurred, and we became one of the nation's most expensive public medical schools. Fortunately, however, a combined push by students and alumni persuaded the UW System Board of Regents to intervene and restrain further increases.

The second big surprise was that increased tuition revenues do not influence our UW-state support. This is unique among US medical schools.

Frankly, this arrangement, in which individual UW-Madison schools are not provided access to new tuition dollars coming from their own students, came as a total surprise to me. I believe it's a major disincentive

to expanding class sizes and creating new educational programs, such as WARM or our new Master in Public Health degree program. For instance, during my early years as dean, when we increased our class size by 10 students, the tuition revenue increased by \$220,000, but our support didn't improve.

I feel very strongly that this policy must be changed for WARM to be successful. It will take action from the Regents and the state Legislature, but it's a challenge that should become a priority for my successor. Now that the stage has been set for WARM with a great leader like Dr Crouse to guide its development, I trust that my successor will make this a top priority for 2006.

The UW Medical School is committed to carrying out its responsibility of serving the people of Wisconsin by offering timely and creative programs to address urgent state health needs. But the school can't proceed effectively to combat the physician shortage without the proper resources.

Since the pipeline for supplying new physicians is so long (typically seven to 10 years), it seems imperative to me that medical schools like UW must act now before the shortage of practitioners further impairs health care delivery. The lessons from the nursing profession are clear. We must proactively prevent the health crisis rural citizens will face without an assured supply of physicians in the future.

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