

December 12, 2008

Members of the Idaho State Board of Education Medical Education Study Committee and
Members of the Legislative Interim Committee on Medical Education,

The Idaho Business Coalition for Education Excellence (IBCEE) appreciates the chance to provide input into the conversation regarding strategies for meeting Idaho's physician workforce shortage.

For the past several months, representatives of IBCEE's higher education committee have attended your meetings on medical education. As part of this process, we studied the MGT report, and reviewed white papers and presentations from the University of Idaho, WWAMI, Idaho State University, Boise State University, the Idaho Hospital Association, St. Luke's Health System, and St. Alphonsus Regional Medical Center, among others. We have also relied upon the insight, expertise and business acumen of our committee members.

As we conducted our deliberations, we have been struck by several factors. First is the need for stakeholder and hospital agreement around problem identification. Various solutions have been put forth, yet there seems to be lack of agreement about the fundamental challenge. IBCEE sees the challenge as overcoming the current and projected shortage of primary care physicians practicing in Idaho, and would like to see this universally accepted as the starting point for future discussion and decision-making.

The second involves the anticipated length of time it would take to overcome Idaho's primary care physician shortage through organic growth, especially in light of the disproportionate need. The MGT study says, "The time required to establish a medical education program and to train physicians for the workforce is significant. A decision made now to expand medical education would not have significant impact on the workforce for a decade or more." Idaho clearly has a short-term need with which to contend, and as such, IBCEE supports the following short-term strategies:

- Aggressive pursuit of additional medical school seats for qualified students through WWAMI, University of Utah, or any other cost-effective, high quality means.
- Increase the number of in-state residencies for students willing to practice primary care medicine in Idaho where needed.
- Expand the use of incentives for those who wish to practice primary care in Idaho.

We are fully aware of the State's fiscal situation, yet feel that investment in these short-term, cost-effective strategies provides a much needed stop-gap measure until a long-term game plan is in place. This brings us to our third issue.

There is a crying need for a collaborative process involving all stakeholders – universities, medical community, policy leaders, etc. – working together to assess the facts and figures, and develop a single, comprehensive business plan for realizing an adequate primary care physician workforce in Idaho.

In the absence of such a plan, IBCEE will not be inclined to weigh in on individual programs or plans that -- while they may have merit on their own -- do not address the problem in a comprehensive, inclusionary fashion.

As this business plan is being developed, the IBCEE higher education committee feels strongly that the following items be addressed:

- Expanded support for Idaho-based primary care residency programs.
- Expanded use of incentive programs to facilitate recruitment and retention.
- Strong cost/benefit analysis of alternatives and preferred alternative.
- Feasibility analysis for options and recommendations.
- Impact of economic developmental benefits on the State and the opportunity for increased State revenue from outside sources.
- Financial plan that demonstrates ongoing funding mechanism and sustainability strategies.
- Realization of fully integrated service delivery models and acknowledgement of the supporting role of nurses/nursing programs, telemedicine, and the like.

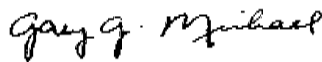
We have much appreciated the chance to participate in this process, and hope the State Board of Education's medical education subcommittee and other committees charged with looking at this issue will embrace the value and efficiencies derived from collaborative, cost-effective, strategic problem solving.

Please let us know if you have questions, or need clarification. We look forward to our continued participation in this process and to realizing the day when every Idahoan – rural or urban – has access to a high quality primary care physician close to home.

Respectfully submitted,



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