

SUPPLEMENTAL TESTIMONY PROVIDED TO THE LEGISLATIVE COUNCIL SPECIAL COMMITTEE ON HEALTH CARE ACCESS

Submitted by the Medical College of Wisconsin

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HEALTH INSURERS SHOULD WANT TO INVEST IN PHYSICIAN EDUCATION, ESPECIALLY GME

- **Access** – need competent providers with right knowledge and skills in right place and time
- **Quality** – starts with making correct diagnosis and implementing best therapies
- **Medical errors** – caused by system failures
- **Population outcomes** – insurers have data
- **Smart medicine is efficient and intellectual capital would be a good investment**

STATES WITH ALL-PAYER SYSTEMS FOR GME

- **Maryland** – public and private payers pay same rates; GME financed through proportionate assessments on all payers
- **Michigan** –Medicaid, Medicare, and Blue Cross/Blue Shield support the GME costs in 49 teaching hospitals
- **New York** –Medicaid, Medicare, private insurance companies, and Veterans Administration collectively support GME

WWAMI RESIDENT PHYSICIAN RETENTION

<u>State</u>	<u>Retention of residents</u>	<u>U.S. Rank</u>
Alaska	74.0%	1
Montana	59.7%	3
Idaho	55.8%	9
Washington	48.5%	17
U.S. Average	47.4%	
Wyoming	29.3%	49

Note: the number of residency programs influences the number of practicing physicians.

RESIDENT PHYSICIANS PER 100,000 POPULATION BY REGION AND STATE

Middle Atlantic (NJ, NY, PA)	63
New England (CT, ME, MA, NH, RI, VT)	62
East North Central (IL, IN, MI, OH, WI)	40
US average	35
West North Central (IA, KS, MN, MO, NE, ND, SD)	35
West South Central (AR, LA, OK, TX)	28
South Atlantic (DE, DC, FL, GA, MD, NC, SC, VA, WV)	28
East South Central (AL, KY, MS, TN)	27
Pacific (AK, CA, HI, OR, WA)	25
Mountain (AZ, CO, ID, MT, NV, NM, UT, WY)	18