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Testimony:

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before the

New York State Division of Budget

Good morning. Thank you, Director Francis, and other Division of the Budget staff.

I am pleased to have this opportunity to discuss the SFY 2008-2009 Budget on behalf of Associated Medical Schools of New York (AMSNY), a consortium of the fifteen medical schools in the State. I am Dr. Michael Cain, Dean of SUNY at Buffalo School of Medicine and Biomedical Sciences. I have been in this position for 15 months, and during this time I have had the opportunity to learn about Buffalo, the University at Buffalo and the funding of healthcare services in New York State. However, today I am speaking in the interest of all of the State's medical schools on spending needs and priorities for the coming fiscal year.

We are all aware of the anticipated budget challenges that the State faces in 2008 – 2009 and of the discussions underway at the State Department of Health regarding Medicaid reimbursement and GME funding. I am here to ask that as you deliberate on these issues, you keep in mind the risks in access to healthcare that many people are facing in this State and the role NYS medical schools play in helping alleviate this problem. I will focus my remarks on what NYS' medical schools are doing and will need to do in the future to help ameliorate the physician shortage problem.

PHYSICIAN WORKFORCE SHORTAGE

There is growing evidence that NYS faces a looming physician workforce shortage. The aging of the current physician workforce and the inadequate number of young doctors moving in to replace them as they retire are creating an increased need for health care. This coupled with a greater demand for healthcare services as the "baby boom" generation ages add up to a perfect storm--making this truly a crisis.

These are complex problems and will not be solved by simple solutions. I will suggest an approach supported by AMSNY that includes a structure for a pipeline channeling students into medical school coupled with meaningful incentives for young professionals to move to and stay in underserved areas. AMSNY continues to lead statewide initiatives to increase the pool of students seeking a career in medicine through pipeline and medical school programs. The three areas I will highlight today are: 1) Post Baccalaureate (Post

Bac) – Match Program; 2) Science and Technology Entry Programs (STEP) and 3) Graduate Medical Education (GME).

PIPELINE PROGRAMS

In the past, the Executive and State Legislature have been instrumental in funding the AMSNY recruitment and retention efforts. We would like to thank you for your continued advocacy and support on our behalf and respectfully request that funding for the Post Baccalaureate (Post Bac)-Match Program and the STEP be placed in the Governor's budget next year to ensure that our continued efforts to increase minority representation in medicine are not hindered in any way.

Post Baccalaureate (Post Bac)-Match Program

Last year, AMSNY was able, for the first time, to secure budgetary funding for the Post-Bac Match Program. It is imperative that a commitment of funding of \$750,000 for the Post Bac-Match program be made in order for the participating medical schools to continue this successful and important program.

The goal of the Post Baccalaureate (Post Bac)-Match Program, which is housed here at the School of Medicine and Biomedical Sciences, University at Buffalo, is to increase the number of college students from economically and educationally underserved areas, to follow a career path in medicine. Since its inception, approximately 250 students have participated in the program – 85 percent have matriculated in medical school.

Studies have shown that medical students and residents from underserved communities who train in those areas are more likely to practice in shortage areas. A systemic problem in society is a lack of enrollment and achievement of students who are underrepresented in medicine. African Americans constitute 15.9% of the population in NYS, but only 8% of the medical school enrollment and graduates. NYS' Hispanic communities constitute 15.1% of the State population, but only 5% of the enrollment (Sources: AMS, AAMC, US Census 2000).

Science & Technology Entry Program (STEP)

Additionally, funding for the STEP program, at minimum, should be maintained at last year's level of funding.

The AMSNY Science and Technology Entry Program (STEP) is the only statewide consortium in the State. It's strength lies in the ability of the medical schools to reach out to communities all over NYS, into rural and urban communities with a large minority population.

This program is designed to motivate and increase interest in students in grades 7-12 in fields of medicine, science, and the health-related professions. Currently 10 medical schools collaborate with 100 junior and senior high schools across the State. Since the fall of 1988, AMSNY has provided academic enrichment for 3,817 students. Approximately 420 students participate each year statewide.

RETENTION STRATEGIES THROUGH MEDICAL SCHOOL PROGRAMS

Working simultaneously with pipeline programs, our medical schools have developed a variety of programs to support and retain students. We continue to devise strategies to increase and sustain growth in the health professions. New York State has two premier programs for medical school students: the Sophie Davis School for Biomedical Education at the City University of New York and the Rural Medicine Program at SUNY Upstate Medical School. We request continued support for the Sophie Davis and RMED programs.

Sophie Davis

Established in 1973, the Sophie Davis School is a joint BS/MD program with a mission to expand the access to medical school education for talented inner-city youth, many of whom are minorities, and those from families with limited financial resources. The school encourages its graduates to pursue careers in the primary care medical specialties. In conjunction with this effort, the Sophie Davis School seeks to increase the availability of these medical services in documented medically underserved communities in NYS. In exchange for reduced tuition, the Sophie Davis students sign a service agreement to work

for two years as a primary care physician in a designated primary-care shortage area. More than 1400 men and women have graduated since the inception of this program.

Rural Medicine Program (RMED)

The RMED program at SUNY Upstate is a model for providing rural primary care experiences for third-year medical students who are offered the opportunity to spend the entire third year of medical school in a rural community. It tends to attract students with roots in rural areas. However, the RMED program is not limited to primary care. The workforce shortages in rural communities include surgery, orthopedics, obstetrics, psychiatry and other specialties in which the RMED students are also trained, and which some choose to enter, thereby serving equally critical needs for these communities. Furthermore, the best predictor of where trainees will settle is the location of their residency training.

MEDICAL EDUCATION DEBT

Beyond the expansion of the physician pipeline, AMSNY believes strongly that incentives, if we are smart about them, can make a large difference in the choices young doctors make. Of these, loan repayment will be increasingly important as the debt of medical graduates is rising substantially and relentlessly. We request increased funding for loan forgiveness/repayment programs.

A major concern for medical students and residents is the enormous educational debt that comes with completing medical school. Unlike students from other professional graduate degree programs who are ready to enter the workforce at competitive wages and can immediately start repaying their student loans, medical students enter extended residency programs at the end of medical school, where average salaries are as low as \$40,000. Federal loan deferment programs allow for residents to defer a portion of their loan repayment until completion of their residency training. Even still, the AAMC predicts that by 2031, loan repayment will consume 40% of resident salary for public medical school graduates and 60% for those from private school.

Clearly there is a need to investigate the concepts of a loan forgiveness program that will help alleviate some of the economic burden that medical students and residents face while addressing the societal burden of the physician shortage.

GRADUATE MEDICAL EDUCATION (GME)

Lastly, I will take this opportunity to urge the State to continue to fund GME, while developing methods of enhancing transparency and accountability.

Lately GME has been under siege at the Federal and State level. HCRA currently provides \$521 million for GME, a pool of funds that has not been increased since HCRA was enacted in 1996. Proposed reductions in GME funding will be crippling to teaching hospitals throughout the State and will severely impact the training of physicians in NY. For a variety of reasons, NY's teaching hospitals typically provide the most comprehensive and advanced medical care and technology available and serve the most severely ill patients. For the approximately 16,000 residents being trained in these hospitals, experience in treating a broad range of conditions and diseases is essential. Teaching hospitals take on patients with complex and serious illness and provide an array of specialized services such as trauma care, burn units and organ transplants. Working under the supervision of attending physicians, residents provide a major portion of medical care.

There should be transparency and accountability in all State funded programs; however the threat to GME will have widespread consequences in the hospitals and academic medical center's ability to provide quality patient care to the neediest populations. The intent to improve health care will require an optimal provision of resources across all aspects of the medical education continuum.

AMSNY is eager to work with the State on programs that will expand the pipeline of students into this workforce, and on a structure for loan repayment that will represent a real incentive for young physicians to start careers in these underserved communities.

Thank you for allowing me this time to testify. I will be glad to answer any questions.