



ADVANCING INTEGRATED HEALTHCARE

Re: House Bills 7902 and 7903

May 15, 2024

Dear Members of the House Committee on Finance:

I am writing to express support for House Bills 7902 and 7903 – Acts supporting primary care medical education and scholarships to recruit and retain primary care clinicians in Rhode Island.

I am proud to be a family physician and have served the communities of Rhode Island for many years - redesigning primary care to deliver high-quality patient-centered care at an affordable price. While primary care is never boring, it's usually not very dramatic. No one is going to make a television show about a neighborhood clinician battling insurance companies to get a diabetes medication approved for their patient. Yet without that regular medical home, people get frustrated and can end using very expensive sources for care such as emergency rooms. But don't take my word for it. I am certain your constituents have told just how hard it is to find a primary care provider in Rhode Island.

The root causes of the primary care shortage fall into two broad categories: those now providing care are aging out or burning out for all the wrong reasons, and those in training often do not have the opportunity to train in our state's advanced medical homes where practice transformation has been creating a system that is healthier for both patients and staff.

The average debt load for a physician entering the workforce is now \$250 - 350,000. Nurse practitioners and physician assistants likewise can have educational debts in excess of \$150 - 250,000. Primary care specialties such as pediatrics, family medicine, and general internal medicine have by far the lowest average salaries. Is it any wonder that we continue to see declining interest to enter these foundational areas of the health system? **House Bill 7903 would create a mechanism to recruit students from Rhode Island to stay in Rhode Island and augment our primary care system.** Funding scholarships for primary care clinicians is an investment for both the current as well as the next generation of clinicians who want to call Rhode Island their home.

It's no surprise that medical education takes several years. But the influence of having a mentor is timeless. Yet most medical education is still done within hospitals and by specialists. If a training program has a plethora of triple-boarded sub-specialists providing most of the clinical training, that school will almost always graduate more triple-boarded sub-specialists. If we want to restore primary care, we're going to need to offer more clinical rotations where students can learn the value of coordinated primary care and see that not everyone hates their job. So where are all of those charismatic and philosophical primary care teachers?

Rhode Island has some extraordinary primary care practices that love to train students and show them meaningful care that makes a huge difference for people and is almost livable. But there's an unfortunate math for teaching a student in one's office – it reduces your ability to see the usual number of patients needed to

make payroll, or it adds more than an hour to your workload that already requires 90 minutes at home after the kids go to bed in order to finish all of the necessary digital work. While the decision to precept a student is usually made for all the right reasons, it is too often limited for all the wrong reasons. The best teachers are the ones under the tightest constraints for time and money. The training capacity of Rhode Island's medical homes is extremely limited. All too often I hear my colleagues say "I can only afford to have 1 student per year," or "The manager says we can't afford to slow down the clinic to teach."

House Bill 7902 creates a new pathway to develop and support the training opportunities for primary care clinicians. This program would not be a stipend to support the status quo of medical education. Participating practices and teachers would expose students to "advanced practice" concepts with services such as integrated behavioral health, community health workers, and population health strategies. Teaching practices would receive additional training for their staff to emphasize resiliency and teaching, while functions such as the standard orientation to medical homes and population health would be centralized to free up the teaching practices.

These proposed House Bills will not fix the primary care shortage. But they can provide some necessary incentives to improve the resiliency of those now practicing and teaching primary care while encouraging the next generation of Rhode Islanders to stand up and serve their communities. I encourage the members of the committee to vote in favor of these bills.

Sincerely,



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