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Good morning ladies and gentlemen. My name is Todd Hansen. I am the Program Administrator of the Montana Family Medicine Residency Program in Billings. In my past, I have served as the administrator of rural hospitals in our small towns, and struggled mightily to recruit much-needed providers to those rural areas. I have served on the Board of Directors of the Montana Hospital Association, as President of the Montana Health Care Association, and I presently serve as a member of the state Primary Care Liaison Group and as a member of the National Rural Health Association.

The Montana Family Medicine Residency Program is the only medical residency program in this state. We graduate 5 or 6 residents each summer as board-certified Family Medicine specialists. I have three quick things to boast about:

1. Our residents are scoring above the 76<sup>th</sup> percentile among all national family medicine residencies.
2. Over 60% of our graduates stay in Montana.
3. Over 85% of our graduates take a position in a rural or medically underserved area.

This means we are placing very smart, well-trained doctors in rural areas that need them most – primarily in Montana.

That is the good news. The bad news is that we are a very tiny drop in the bucket of primary care providers needed in this state. You all probably are very familiar with these statistics:

37 of our 56 counties are designated as Medically Underserved Areas

43 of our counties are designated as Primary Care Health Professional Shortage Areas

Montana has a higher percentage of our hospitals designated as Critical Access Hospitals than any other state.

The US Census Bureau identifies Montana as the most rural state in the nation, meaning that a higher percentage of our population lives in rural communities than any other state.

There is a serious need for additional primary medical care providers in almost all of our rural communities. This need is historical and ongoing. Our various stopgap measures simply are not solving this problem. They have not adequately addressed these needs in the past, and simply will not address the needs in the future.

We have before us today a bill to undertake the most serious and comprehensive study ever done in this state to try to address this shortage in a new and very progressive way. Despite the awkward depiction of this bill by some of the press and most of the naysayers that this is a bill to construct a medical school in Billings, this bill is not for bricks and mortar, but rather for questions and answers. Everyone has a ready opinion on whether or not Montana should have a medical school, what kind it should be, where it should be. But opinions are just that, and most are based on very limited understanding of the facts. This bill is an attempt to get the facts, to ask the hard questions, to engage in proper

debate, to weigh alternatives. We want to look at alternative models for medical education, evaluate the financial challenges and assess the impact on this state under different scenarios. The advisory planning council will include healthcare leaders, education leaders, economic specialists and appointed representatives from both the house and senate, from both political parties, working together to find solutions.

Notice carefully in the wording of this bill and in the fiscal notes, not one penny of Montana's money will be used to construct buildings, pay faculty, buy textbooks or cadavers or test tubes. The money will be used only to enable some of our brightest men and women to come together in a very important study that will have far reaching impact on an issue of serious and ongoing concern to all of us.

Honorable committee members, please do not be swayed by those who protest that WWAMI is doing a good enough job, or that the residency is doing a good job, or that our fine hospitals with dedicated but overworked doctors are doing a good job. Yes, we are all doing our very best, but still it is not enough, and the shortages continue. Do not be swayed by the naysayers who protest that Montana could never afford to have a medical school that looks, feels and costs like UCLA, or the U. of Washington, or some other prestigious and expensive medical program. Do not be dissuaded by those who insist we could never recruit enough capable faculty, never recruit qualified students, or never produce competent physicians in our sparsely populated state.

There are many of us who believe the time is right for Montana to start developing a primary care medical school. There are a number of very interesting, innovative new models for medical education that would be affordable and workable in Montana. We believe strongly that we can recruit excellent physician faculty. We are very sure that we could recruit the best and brightest of Montana who are now leaving our state in large numbers to attend fine medical schools throughout the country. We believe that starting on this path gives us the best hope to alleviate our provider shortages in the future.

You may doubt or even disagree with my beliefs. That is OK. I do not claim to have all the answers, just as no one in this room has all the answers. What we are asking you for is a chance to FIND those answers – to explore this option – openly, completely and fairly, and then bring those answers back to you, our elected representatives. At that point, you people, speaking for all Montana, will make the decision you think is best.

Thank you.