California’s Primary Care Physician Shortage to Worsen as New Family Medicine Residents Are Forced to Leave State

Hundred(s) of Primary-Care-Focused Medical Students Learn on Friday Whether They Can Stay in California to Train at State’s Primary Care Training Programs

Family physician leaders back proposals to keep more physicians in state, create more primary care training opportunities

San Francisco – The state of California will miss a key opportunity to address the primary care physician shortage on Friday, March 20, when scores of qualified medical students here learn they will have to train in family medicine programs in other states because our state lacks a sufficient number of training spots to meet our aging and growing population’s healthcare demands.

Thousands of California medical students learn on Friday, national Match Day, where they have been accepted to begin their practice of medicine. Match Day is the day graduating medical students nationwide learn the location of their residency programs, the next step in training after four years of medical school. Medical students select a residency program based on the medical specialty they plan to pursue as well as the specifics of a program, which may include particular aspects of training or desired location.

Because of a lack of investment, California – where significant areas of the state already face primary care physician shortages – does not have a sufficient number of primary care residency opportunities for graduating medical students. Each year, scores of well-qualified new physicians who would like to train here instead must leave the state, often not returning to practice. This year, for example, the Family Health Centers of San Diego Family Medicine Residency Program received 744 applications for six slots, the White Memorial Family Medicine Residency Program in Los Angeles received 600 applications for seven slots and the UCSF Fresno Family Medicine Residency Program received 762 applications for 12 slots.

“California is home to 51 family medicine residency programs that together welcome some 140 new residents into training each year,” said CAFP President Del Morris, MD. “That’s just not enough as one-third of physicians in the state will retire by 2030, our population is growing, and millions more Californians have gained coverage under health care reform. Making matters
worse, primary care residency programs are threatened with nearly $50 million in funding cuts from federal, state and private sources.”

These cuts include:

- The five-year Teaching Health Center (THC) Graduate Medical Education Grant program,\(^1\) which has brought more than $16 million to California residency programs located in THCs,\(^2\) and is set to expire in 2015.
- The Primary Care Residency Expansion program, which awarded more than $18 million in grants to California to create new resident positions in primary care residency programs,\(^3\) is ending.
- A three-year $21 million California Endowment grant supporting the Song-Brown Health Care Workforce Training Program\(^4\) expires in 2016.
- In 2014, the Legislature appropriated an additional $4 million from the California Health Data and Planning Fund to Song-Brown, but it was a one-time-only appropriation.

**CAFP Efforts**

In state budget negotiations, CAFP is seeking an $8 million infusion into the Song-Brown Program, which supports primary care physician residency programs. This budget investment is critical, given the shortage of funding residency programs are facing. By supporting Song-Brown, California can gain an immediate return on investment as each primary care resident provides an average of 600 additional patient visits per physician per year during training alone.

California’s long-term workforce also would grow significantly as the vast majority of physicians who train in a region stay there to practice. California leads all fifty states in the percentage of residency training program graduates who stay in the state in which they trained.\(^5\) In fact, nearly 70 percent of medical residents who train in California practice here after graduation.

At the national level, CAFP and the American Academy of Family Physicians are spearheading an effort to renew the THC federal appropriation, as it has been an essential support to programs in underserved areas. This bipartisan effort is led by two members of Congress, Doug LaMalfa (R – California) and Niki Tsongas (D – Massachusetts), to encourage House members to sign a support letter to House leadership urging them to fund the THC program, which funds more than 500 GME positions nationally. California received grants for six Teaching Health Center sites. These residency programs in Redding, Modesto, Fresno, Bakersfield, San Bernardino and San Diego all train primary care physicians in community-based settings preparing them to care for patients in underserved areas. The end of the THC grant will have immediate and drastic effects on the physician workforce. One of these programs, based at Clinica Sierra Vista in Fresno, will not match a new class this year because of the impending loss of funds.

“Californians’ health depends in part on a sufficient number of primary care physicians to treat them,” Dr. Morris said. “Our state must increase its family medicine training capacity.”

**About the Match**: The National Resident Matching Program® (NRMP®) is a nonprofit organization founded in 1952 by medical students seeking to standardize the residency selection process and establish a uniform date of appointment to positions in graduate medical education (GME) training programs. The NRMP conducts its matches using a mathematical algorithm that...
pairs the rank-ordered preferences of applicants and program directors to produce a “best fit” for filling available training positions.

Graduate Medical Education (GME) is the hands-on training phase of physician education that is mandatory for physicians to obtain licenses for independent practice. Federal, state and private funds pay for GME, with Medicare contributing the bulk, about $9.5 billion annually.

The Medicare portion of the funding has been frozen since 1997, despite a 20 percent growth in California’s population during that time. In addition, many residency program leaders say that funding received from Medicare and Medicaid does not fully cover the cost of even the current residency training slots, so sponsoring institutions must absorb residual costs.

About the California Academy of Family Physicians: With more than 9,000 members, including active practicing family physicians, residents in family medicine, and medical students interested in the specialty, CAFP is the largest primary care medical society in California. Family physicians are trained to treat an entire family’s medical needs, addressing the whole spectrum of life’s medical challenges. FPs serve a broad base of patients in urban, suburban and rural areas, often in California’s most underserved areas.

1 http://bhpr.hrsa.gov/grants/teachinghealthcenters/payments.html
2 http://www.hrsa.gov/about/news/2014tables/teachinghealthcenters
5 https://members.aamc.org/eweb/upload/State%20Physician%20Workforce%20Data%20Book%202013%20(PDF).pdf