

# University of Wyoming Family Practice Residency Study

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Wyoming  
Department  
of Health

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# Legislative Requirements

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- Footnote 2 to Section 167 of SEA 19 (2016 Budget Bill) required the Department of Health to conduct “...a comprehensive review of the state medical residency programs including the services provided; past, present and future revenue streams; alternative service delivery options; and alternative organizational structures...”

# Legislative Requirements

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- Not a new topic. Studies have been conducted throughout the history of the residencies:
  - **1960-64**: WICHE studies
  - **1972**: Wyoming Medical Society study
  - **1974**: Dr. Joseph Report (foundational)
  - **1983**: UW report
  - **1985**: Legislative report
  - **1988**: Internal UW report
  - **2005**: Legislative report
  - **2009**: UW report

# Study Scope

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This study focuses on the big picture:

(1) What is the **core purpose** of the residency programs? Is this purpose still valid?

(2) **How** are the programs meeting this purpose?

(3) What **alternatives** does the State have in achieving the same outcomes?

# Study Scope

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## Part I: Background

- ◆ The medical education pipeline
- ◆ Graduate medical education and funding
- ◆ The core purpose of the UW Family Practice Residencies

## Part II: Operations review

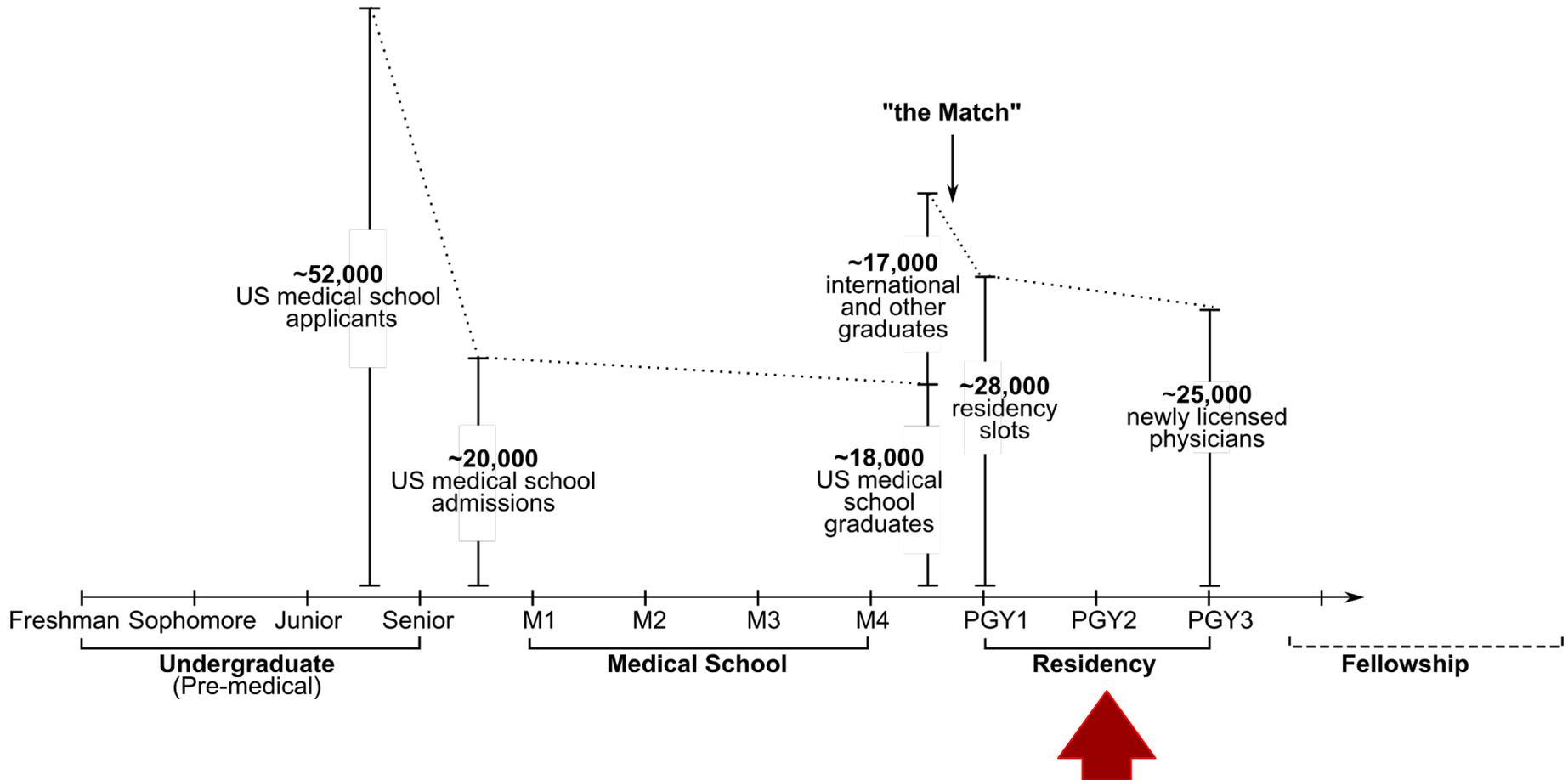
- ◆ Services delivered
- ◆ Inputs / Outputs
- ◆ Efficiencies and outcomes

## Part III: Alternatives

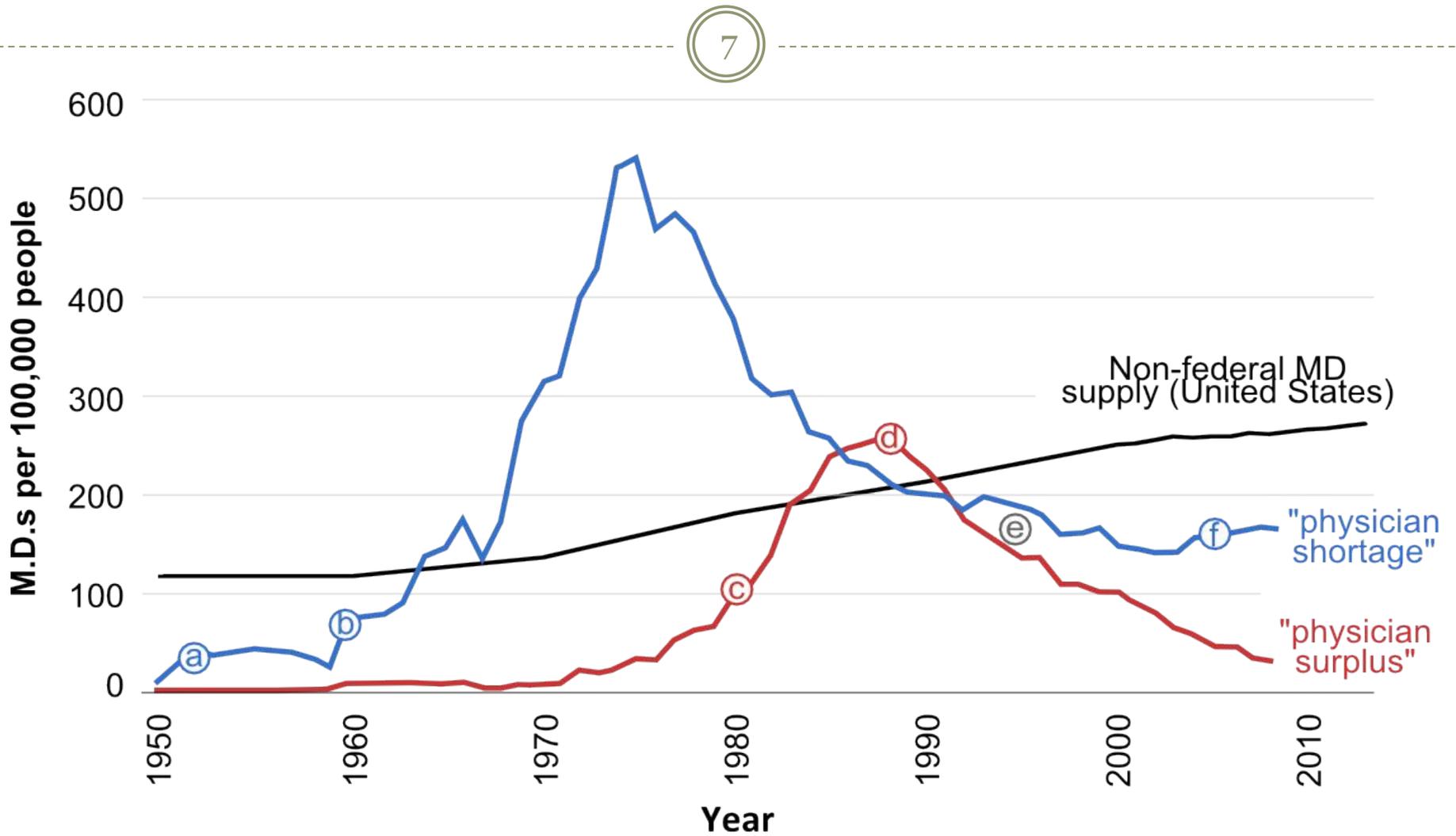
- ◆ Considerations
- ◆ Options

# Medical education overview

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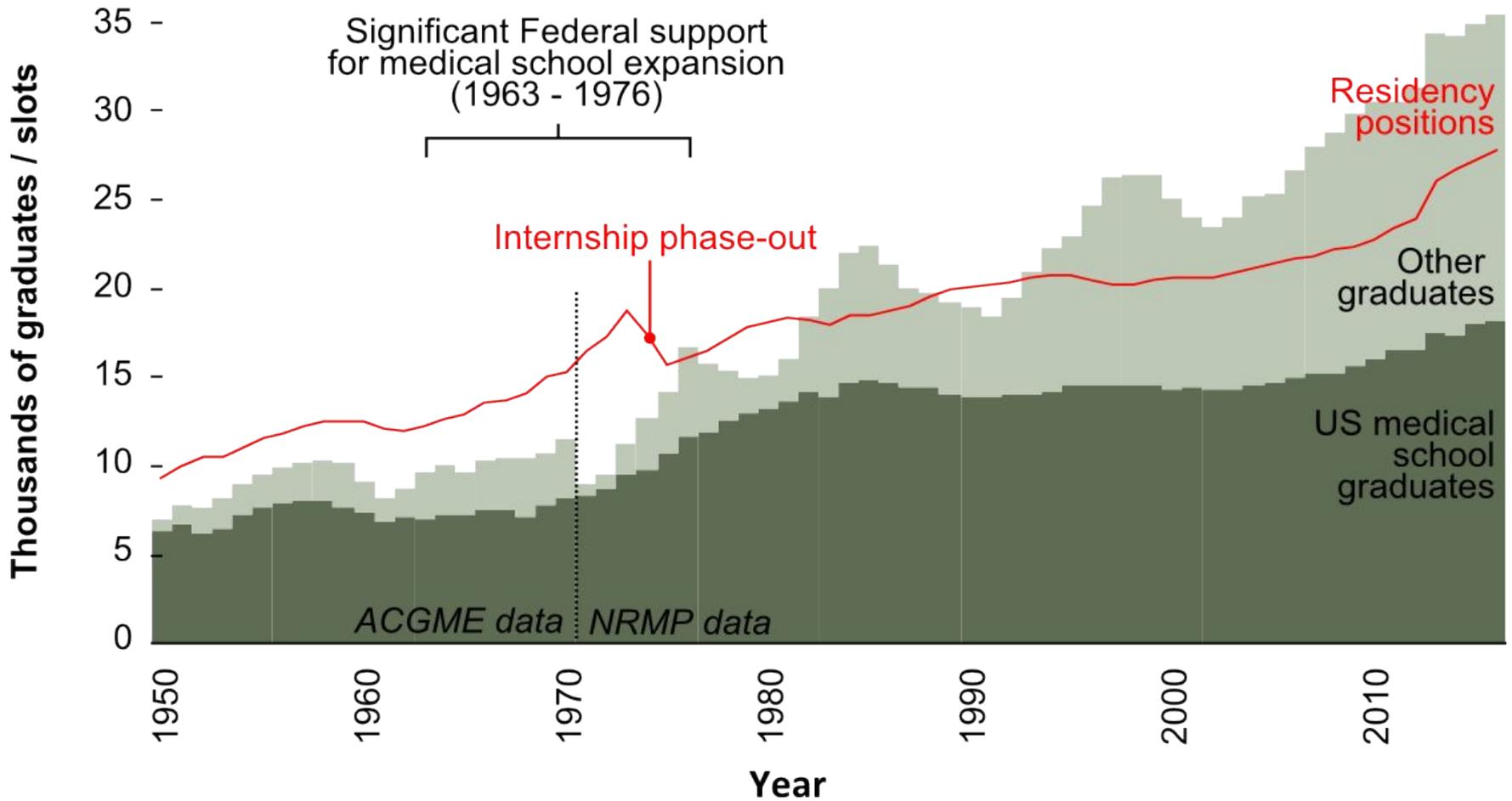


# Physician supply, 1950 - 2010



# Medical education, 1950 - 2010

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# Residency History

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## **UW Family Medicine Residencies established at peak of “physician shortage” crisis.**

- ◆ Frustration with previous efforts towards medical education in 1950s-1960s (e.g. WICHE)
- ◆ Options ranging from est. comprehensive system to contracting out.
- ◆ “Hybrid” model recommended by Medical Education Planning committee in Joseph Report.
  - Full spectrum of education in-State, integrated with community providers.
  - Contract out necessary rotations at medical centers.

# Residency History

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## **Recommendations adopted by Gov. Hathaway and Gov. Herschler, funded by Legislature in 1975.**

- ◆ Appropriation in Governor's office due to UW faculty resistance.
- ◆ Casper site est. 1976, Cheyenne in 1979.
- ◆ Larger medical education system voted down in 1978, but pieces of the vision (e.g. Creighton contracts, WWAMI) gradually implemented later.
- ◆ **Unclear why residency program was not established in hospital to begin with.**

# Core Purpose

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- Increase the number of family medicine physicians in Wyoming
- Improve distribution across counties
- Provide indigent care to uninsured

# Costs and Revenue

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	Casper	Cheyenne	Total
<b>Revenue</b>	<b>\$3,581,079.30</b>	<b>\$1,854,761.18</b>	<b>\$5,435,840.48</b>
<b>Costs</b>	<b>\$8,292,213.67</b>	<b>\$6,921,214.17</b>	<b>\$15,213,427.84</b>
100-series	\$6,607,638.51	\$5,084,936.43	\$11,692,574.94
200-series	\$1,014,283.57	\$682,903.71	\$1,697,187.28
300-series	\$173,379.25	\$111,965.59	\$285,344.84
400-series		\$3,676.40	\$3,676.40
900-series	\$496,912.34	\$1,037,732.04	\$1,534,644.38
<b>SGF Subsidy</b>	<b>\$4,711,134.37</b>	<b>\$5,066,452.99</b>	<b>\$9,777,587.36</b>
<b>SGF Subsidy (%)</b>	<b>56%</b>	<b>73%</b>	<b>64%</b>

# Efficiencies

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## **More efficient at training doctors**

- Average cost per graduate - \$407K
- National average est. \$420K - \$540K
- Quality of program improving, but is below average.

## **Less efficient at providing primary care**

- Marginal cost per FQHC visit - \$142
- National/State average - \$105

# Outcomes

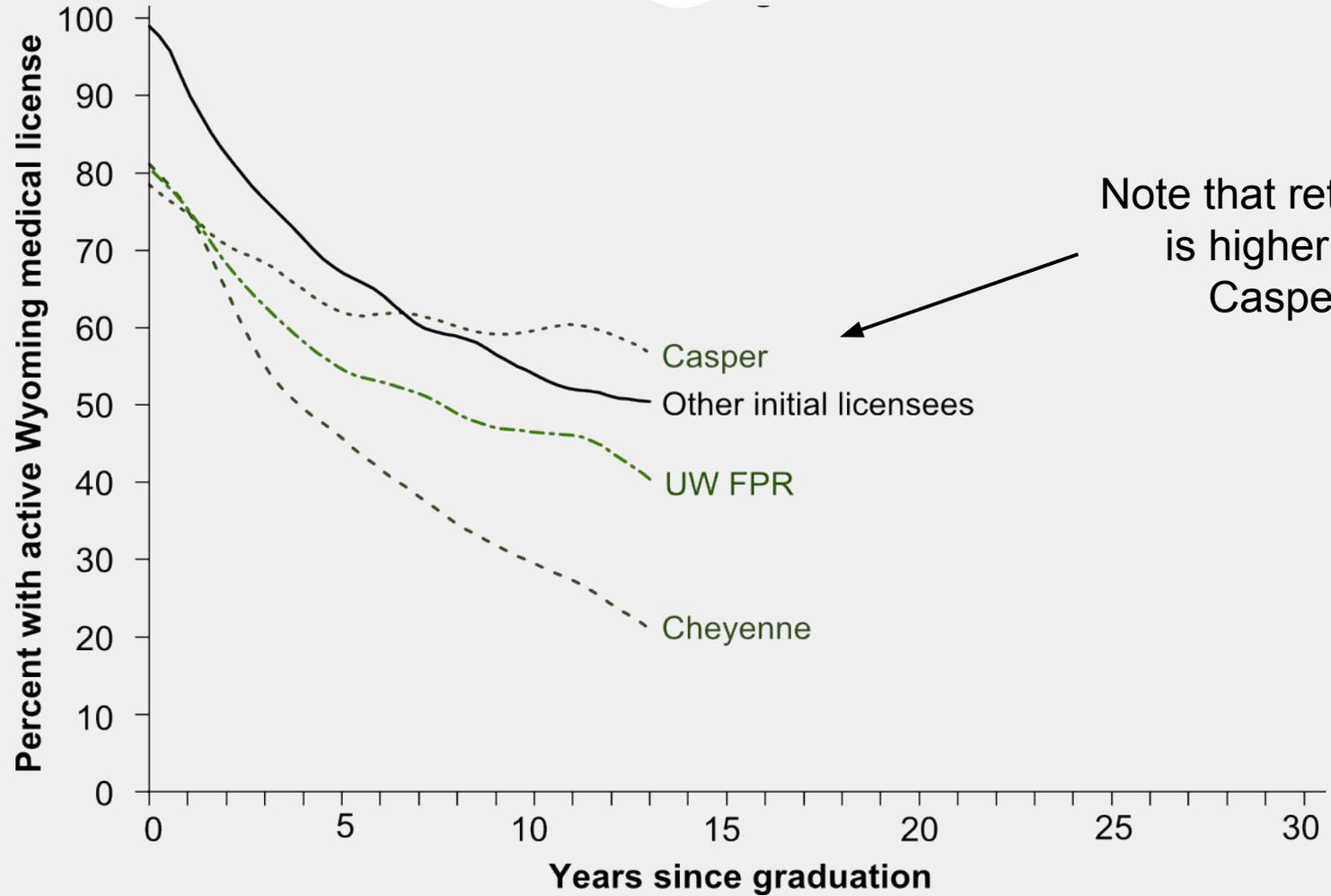
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## Retention is poor

- Est. **23%** of future “doctor-years” in Wyoming.
- 1970 - 2006 in-State retention of 27% is **third-lowest** in nation (MT - 54%, UT - 53%, ID - 51%, CO - 51%)
- Cost per physician retained in-State: **\$1.77M** (65% of which is SGF)
- Over 30 years, this investment represents annual SGF cost of **\$51-71K** per graduate.

# Retention

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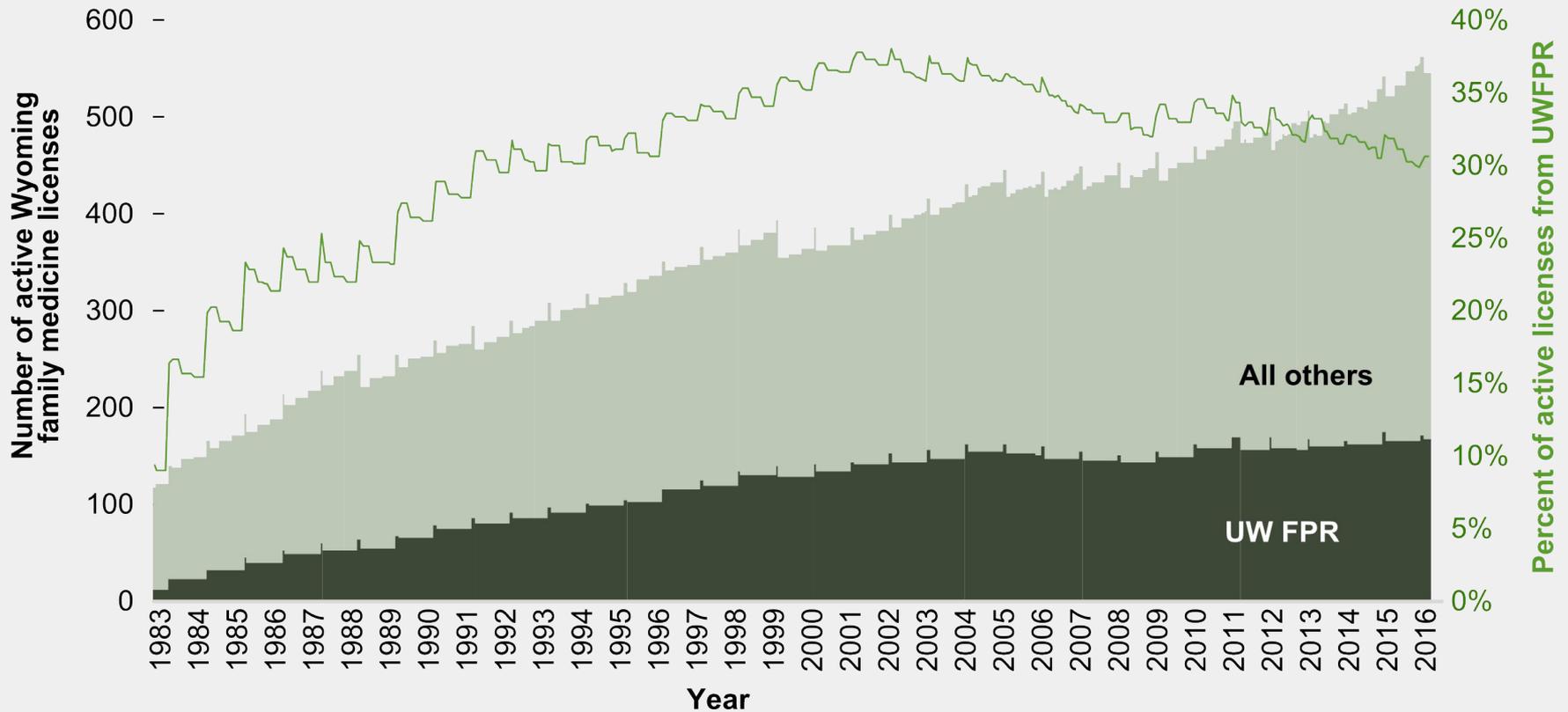


Note that retention is higher for Casper

# Outcomes

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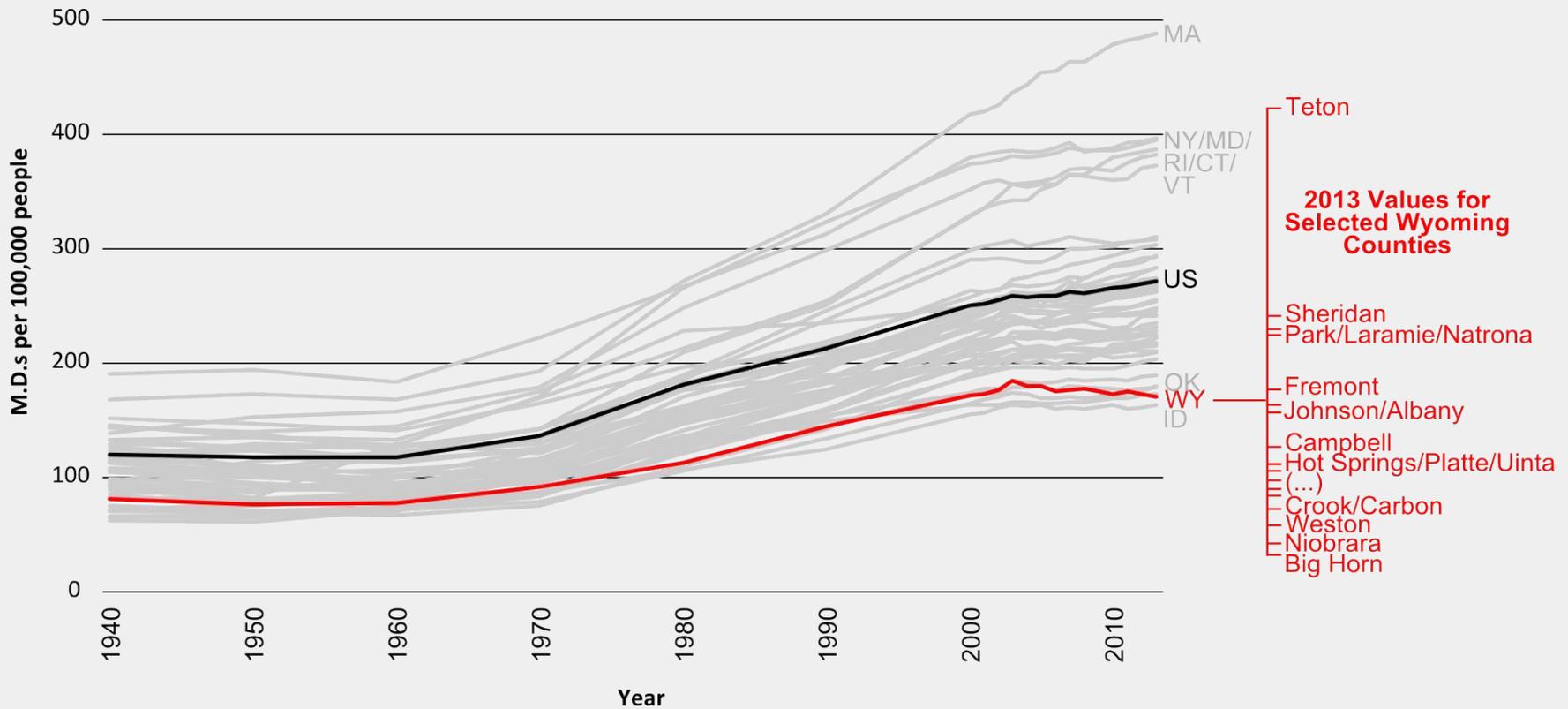
## UW residencies have contributed up to 40% of total family medicine physicians in Wyoming



# Outcomes

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## Disparities in physician supply across counties have grown



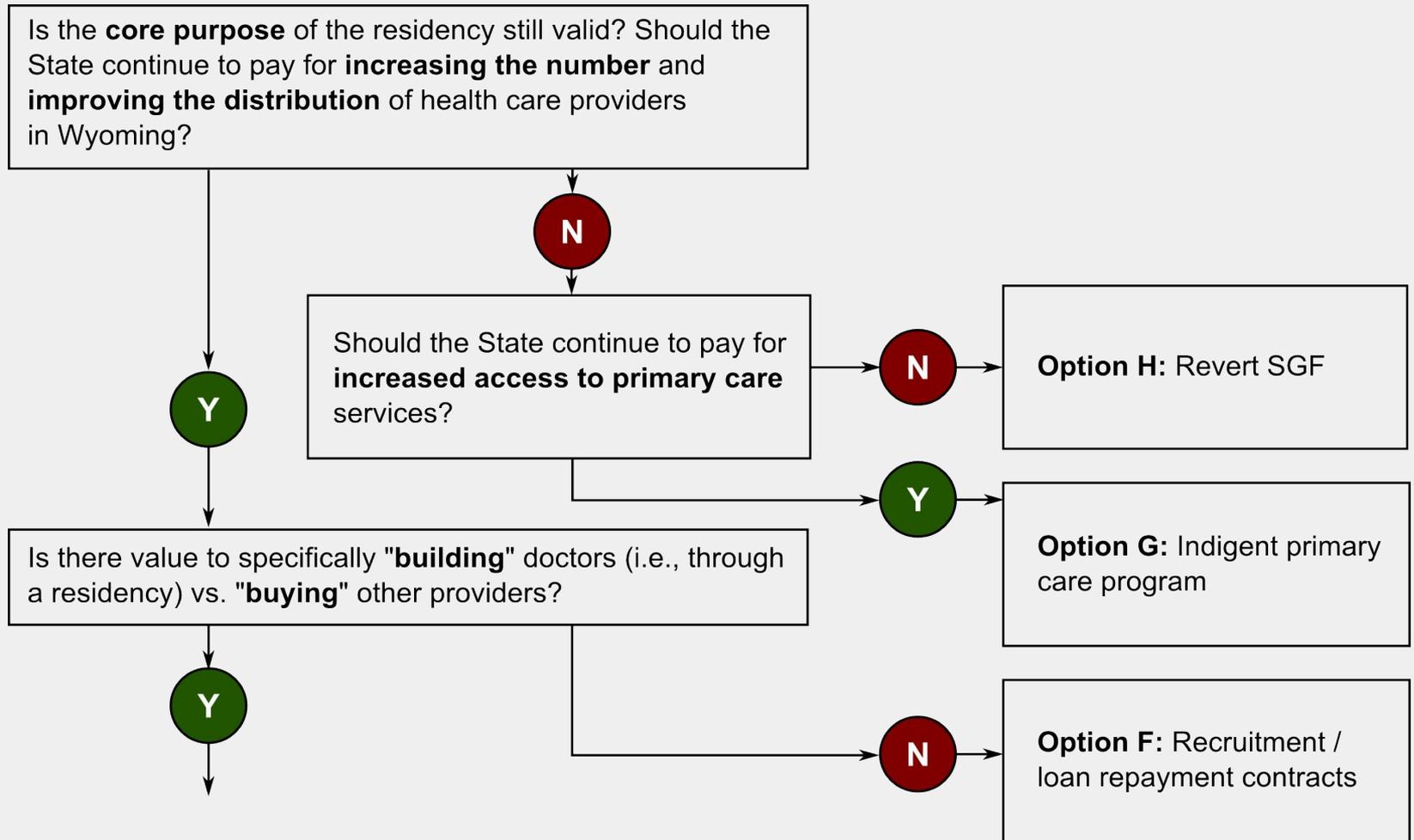
# Alternatives

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Is the **core purpose** of the residency programs still valid?

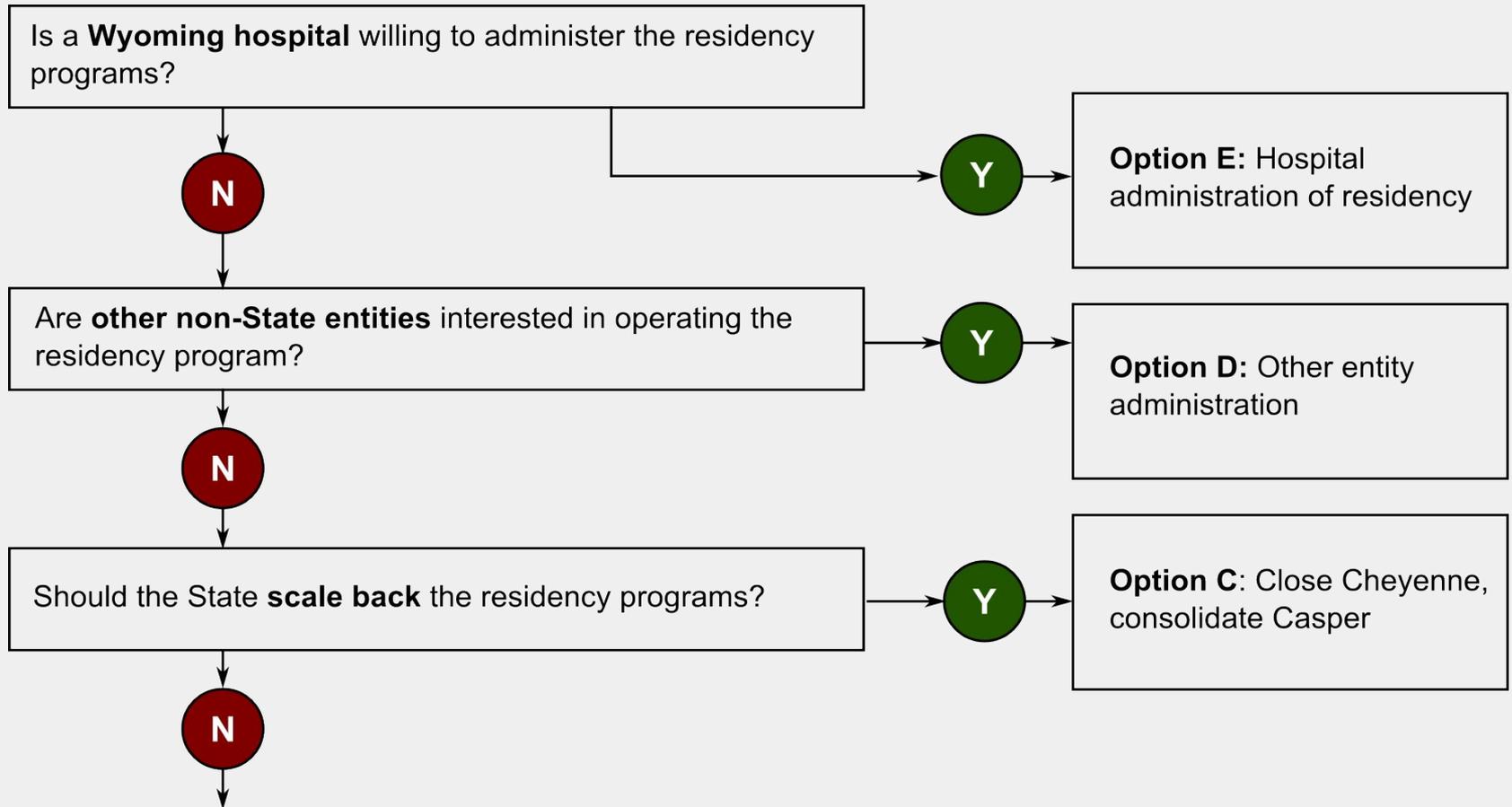
# Alternatives

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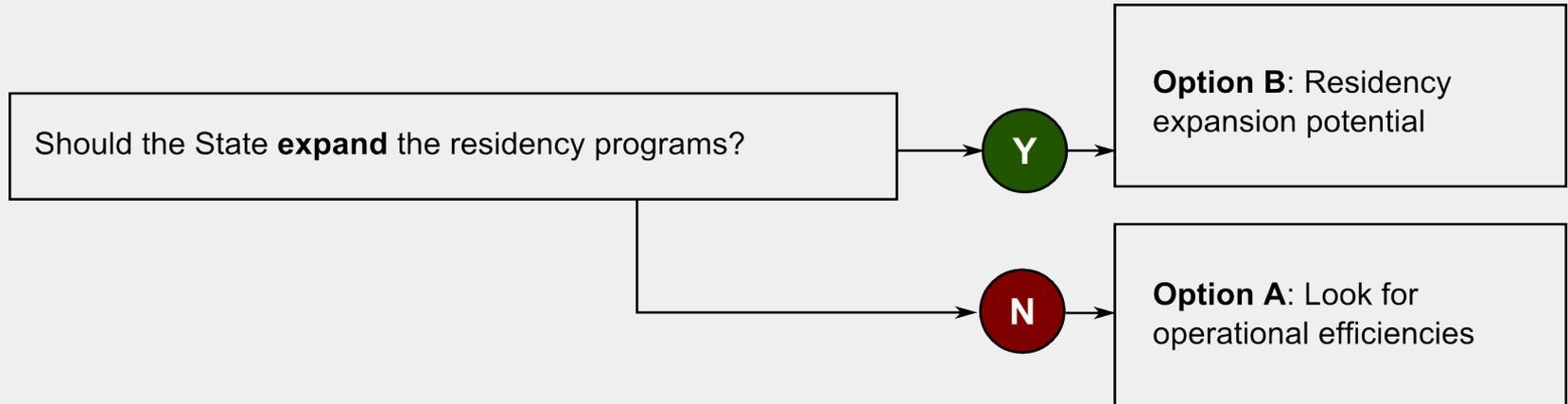
# Alternatives

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# Alternatives

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# Questions?



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Department  
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