

*Legislative Health Care Workforce Commission*

*Tuesday, November 18, 2014*

*10:00 a.m. – 3:00 p.m.*

*Room 10, State Office Building*

*100 Rev. Dr. Martin Luther King Jr. Blvd.*

*St. Paul, MN 55155*

Mister Chair and members of the Commission, my name is Dr. Donald Jacobs. I am the chief of clinical operations for the Hennepin Healthcare System in Minneapolis, and I am here today as the President of the Minnesota Medical Association.

On behalf of the MMA, thank you for your efforts to strengthen Minnesota's health care workforce. I am here today to support your work and to implore you to move these recommendations forward – Minnesota needs to act now.

We are projected to have a shortage of nearly 1,200 primary care physicians in this state in just 16 years. The reasons for this shortage are well known – an aging population, a growing population, more individuals with insurance coverage, the retirement of a generation of primary care physicians, decreases in state funding for medical education, a steady or decreasing number of primary care physician residency slots, and a declining interest in primary care careers are all contributing to this shortage. The primary care physician workforce shortage is particularly alarming for those who live in Minnesota's rural and underserved areas where the shortage is currently very apparent.

The MMA has made expanding Minnesota's primary care physician workforce one of its top priorities. We brought together a task force whose members represented the state's medical schools, residency program leadership, medical students, residents, practicing community physicians, and hospital representatives to explore ways to increase Minnesota's primary care physician workforce. In addition, we convened a summit that examined the current state of medical education, the practice of primary care, and the strategies needed to address Minnesota's projected primary care physician shortage.

Several of the recommendations you have identified reflect the conclusions reached by the MMA's Primary Care Physician Workforce Task Force – thank you for supporting those and for acknowledging their importance.

I want to specifically call out three of the recommendations that we believe are critical for progress to occur:

- Recommendation #2 – a state health professions council. The MMA would urge that this item be on a more accelerated timeline than 2015-2016. It is clear that more coordinated conversations are needed within the community if we are to successfully target resources and energies to address workforce needs. Defining structures and composition takes time – we would urge you to get this moving sooner so that the Council is in a position to support the necessary work as quickly as possible.
- Recommendation #9 – expanded funding for loan forgiveness. What is unique about this recommendation is that it calls for targeted support for

primary care physicians – we believe this is an essential and effective strategy for addressing shortages.

- Recommendation #24 – maintaining the ACA Medicaid payment bump. Adequate Medicaid primary care payment rates are essential to ensuring patient access to care. Minnesota has generally under-invested in its primary care payment rates and this targeted approach would not only help to sustain patient access to care, but also acknowledge the value of primary care services.

Finally, expanding our primary care physician workforce is about more than just increasing the supply. It is about reinvigorating the practice of primary care – to keep the number of physicians we have, and to make the profession more attractive to physicians-in-training. The MMA remains dedicated to helping make that happen – both through the Legislature and through community-based efforts.

Thank you, again, for identifying the steps that you can take to support continued patient access to care. On behalf of the MMA, I look forward to working with all of you in translating your hard work into concrete solutions for Minnesota.

Thank you.