State Support for GME in a Rural State (Alaska)

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Abstract

The Alaska Physician Supply Task Force (2006) identified a significant and growing problem of physician shortage in Alaska, especially in rural areas. The nationwide shortage of physicians is magnified in our state because Alaska’s rural nature, great distances and severe weather result in structural inefficiencies of the health care system. The first, and most cost-effective recommendation developed by the Task Force was to “Increase the in-state production of physicians by increasing the number and viability of medical school and residency positions in Alaska and for Alaskans.”

Alaska is one of six states in the US without a state-supported medical school. It is the only state that does not appropriate state general funds for direct support of the residency program. The Alaska Family Medicine Residency (AFMR), started in 1997, has now graduated sixty three family physicians. 70% of the graduates have remained in Alaska to practice, 55% practice in rural communities and 33% practice in tribal health corporation facilities. This gives Alaska the highest rate of return for GME in the US (AAMC 2006).

AFMR operates at an annual deficit of over $2 million. The sponsoring institution, Providence Alaska Medical Center, has been funding the deficit since the program’s inception. This dependence on private support jeopardizes the program’s quality and viability. The state of Alaska benefits from in-state residency training of physicians to practice in rural Alaska and should help to pay for that training.

Post-script: The 2007 Alaska legislature recently approved a one-time $2 million grant to support AFMR. Our current goal is to make this an annual appropriation.