

## Family Medicine Residency Expansion in Utah:

### Why needed and why a good investment:

1. Utah is ranked 49<sup>th</sup> out of 50 for primary care physician (PCPs) saturation in the nation at just 38 PCSs per 100,000 people
2. Governor's office projects Utah population to be over three million by 2035
3. Currently graduate 25 FM residents per year
  - a. 70% retention rate for family medicine = average of 17.5 new FM docs going into practice in Utah each year
4. 38% of current FM physicians are 50 and older; expectation that 360 will retire within the next 20 years (average of 18 retirees per year)
5. Expanded training will produce 30 graduates per year (up from 25)
  - a. 70% retention rate for family medicine = average of 21 new FM docs going into practice in Utah each year
    - i. Eliminates net loss, creates surplus of 3 physicians per year
6. In 2012, the Utah legislature committed \$10 million to expand the medical school class at the University of Utah. Since most residents stay in the state where they train, that \$10 million will not contribute to increasing the number of Utah physicians, as there has been no concurrent increase in residency training spots. We are not successfully addressing the increased need for more Utah physicians without offering increased opportunities for residency training.
7. In Utah, physicians directly and indirectly contribute to \$8.3 billion in economic output (2012)
  - a. Average of \$1.6 million in output per physician
  - b. Supported 58,586 jobs (including their own)
  - c. Supporting an average of 11.26 jobs each totaling approximately \$848,994 in wages and benefits
  - d. Contributed to \$309.7 million in local and state tax revenue (\$59,509 per physician)
8. Non-surgical specialties generate the highest output, jobs, wages and benefits with primary care physicians supporting the most direct jobs (4.89)
9. Total economic output resulting from primary care totaled \$1.814 billion, \$1.067 billion of which was wages and benefits
10. We need more family physicians because they deliver better, more effective care at a lower cost, focusing on preventive care and comprehensive healthcare in increasingly innovative medical home models.
11. The cost of delivering healthcare in the primary care setting is lower than in our "traditional" sub-specialty oriented, fee-for-service payment model.
12. Important to note that family medicine physicians are best positioned to help payers transition from expensive, wasteful fee-for-service toward pay-for-value which emphasizes preventive care and comprehensive healthcare management.