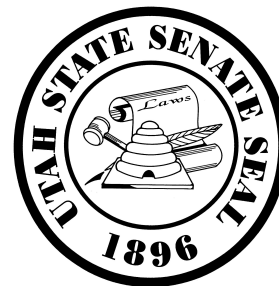




**Performance Note**  
**HB0246S01 - Mental Health**  
**Workforce Amendments**  
Sponsor: Rep. Duckworth, Susan



Performance Note Report

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Author: David Pulsipher  
Agency: State Board of Regents

Funding For:

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New Services or Benefit  
Serving a New or Larger Population

Public Benefit:

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Purpose: There is a national shortage of psychiatrists in the United States. The psychiatrist shortage is acute in Utah and the Rocky Mountain states, where suicide rates are among the highest in the nation. Unfortunately, workforce studies show that the psychiatrist shortage will worsen considerably for the next five years, due to an aging workforce. In five years, the tide will slowly begin to turn, but it will take nearly two decades more to fully address the inadequate number of psychiatrists. Federal GME funding for physician training was frozen in 1997. Any new residency training positions need to be funded by a state legislature or the medical school department itself. Unfortunately, psychiatry departments are a break-even operation, so they can't fund new resident positions like their colleagues in surgical specialties. Any new positions require state funding. The good news is that psychiatry has become very popular among medical school graduates. However, there are more medical students that want to become psychiatrists, than there are residency positions to train them. Some young doctors who have dedicated themselves to become psychiatrists will have to find another career. Last year for the University of Utah Psychiatry Department, there were 900 medical student applicants for 9 general psychiatry training positions available. In summary, a large number of medical students would like to pursue careers in psychiatry, however, there are not enough places for them to do residency training, resulting in a severe shortage of practicing psychiatrists. Separate from needing more psychiatrists, the United States has suffered a well-publicized epidemic of opioid addiction and opioid deaths. Less well known is the current US epidemic of binge drinking and death from liver cirrhosis and the emerging epidemic of methamphetamine addiction. There is an acute need for more Addiction specialists, such as Psychiatrists who complete a fellowship to specialize in Addiction Psychiatry and primary care doctors who complete a fellowship to specialize in Addiction Medicine. In Utah, veteran mental health issues and high veteran suicide rates are another significant concern. Currently, more veterans die of suicide than in battle. Multiple deployments to unfriendly places, difficulty identifying friend from foe, and injuries caused by explosive devices all contribute to current veterans' struggles with problems such as depression, post-traumatic stress disorder (PTSD), and traumatic brain injuries (TBI). Improved care for our veterans will require increased availability of trained psychiatrists as well as expanded efforts to develop more effective treatments. The Salt Lake City Veterans Affairs Hospital serves veterans in Utah, but also regionally. The VA struggles to find and hire enough psychiatrists, and despite the VA system having their own research funding, there is a dearth of psychiatrists trained to take care of veterans and to advance research concerning veterans' mental health issues. The mental health and

substance use treatment needs of rural, tribal and underserved areas of Utah are great. Few physicians provide this care outside of the larger urban areas of Utah. Some rural areas of Utah have high opioid overdose death rates yet have no full-time addiction psychiatrists or addiction medicine specialists within a hundred-mile radius. Residents of those areas cannot access standard addiction care such as medications or other therapies for addiction treatment. Addiction training experiences in rural, tribal and under-served areas of Utah have been provided in the addiction fellowships since 2016. Several of the U's recent addiction sub-specialist trainees are now working in rural areas of Utah, Oregon and Montana

Services: This bill will fund salary/benefits for 1) VA General Psychiatry Clinical/Research Training Track: a. Graduates will be trained in General Psychiatry, but with an emphasis on providing specialized mental health care for Veterans; b. Graduates will be trained in mental health research, with a research emphasis on the problems of veterans, in the VA Rocky Mountain MIRECC Center; c. This will be a 4-year track. Graduates will have met all ACGME requirements for training in General Psychiatry. 2) Expanding Fellowship training for doctors who specialize in Addiction Medicine or Addiction Psychiatry: a. Psychiatrists who want to do a one-year Fellowship: Addiction Psychiatry; b. Primary Care doctors who want to do a one-year Fellowship: Addiction Medicine; c. Improve the ability of the Addiction Psychiatry/Medicine programs to fund training where addiction specialists are desperately needed; i. Example: Rural and tribal rotations; ii. Example: Primary care clinics that treat addiction; iii. Example: Specialized rotations OB/GYN clinics for pregnant and postpartum women with substance use disorders; iv. Example: addiction treatment programs and other settings that lack funding for resident training but provide the training experiences fellows need.

Expected Outcome: 1) Train more general psychiatrists; 2) Train more psychiatrists that can meet the mental health needs of our Veterans; 3) Train and recruit psychiatrists who will work at the VA and can advance veterans' mental health research; 4) Train more psychiatrists and other specialists equipped to manage patients with addiction and their family members; 5) Improve addiction training to include more under-served groups in Utah (rural and tribal populations, pregnant and post-partum women, urban under-served patients); 6) Increase the number of addiction specialists providing addiction care to rural, tribal and under-served areas of Utah.

Implementations and Resources: The cost of training a resident in a US training program is estimated at \$180,000 per year per resident. However, the University of Utah already has much of the basic infrastructure in place to train residents, and meet the complex and demanding requirements set by the ACGME, the accreditation body for US residency and fellowship programs. Fortunately, the VA is already an active partner in the Utah general psychiatry residency training program and our addiction fellowships. Our Utah VA system is fortunate to have a MIRECC Center (Mental Illness Research Education and Clinical Center), led by Dr. Deborah Yurgelun-Todd, who works conjointly at the university and the VA. Required specialty rotations that are hard to find and costly to develop, such as forensic psychiatry and child psychiatry, are already in place, making it easier to add residents at a lower cost to the state of Utah. The University of Utah Department of Psychiatry, the George Wahlen Department of Veterans Affairs, and the University of Utah Neuropsychiatric Institute are all partners with a common education mission to train psychiatrists who will serve veterans and the general community.

How: Expansion of psychiatry training at the University of Utah and VA to meet the mental health and addiction needs of the general population; rural, tribal and other under-served citizens of Utah; and Veterans.

Performance Measures

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## Goal

Title: Train more psychiatrists who do clinical work and research with Veterans; Train more psychiatrists and primary care physicians to gain expertise in addiction.

Description: Expand General Psychiatry training positions; Add 8 new residents/fellows training per year.

Collection Method: Measuring Success: The University of Utah Department of Psychiatry will track the residents training in the new positions funded by this bill, from matriculation to graduation, and then through the first five years of the career of the graduates. We will provide the following data to the Utah State Legislature: Percentage of Training Positions filled; Percentage of residents who graduate from the program; Percentage of Graduates Practicing in Utah vs. Practicing Outside Utah. For General Psychiatry/VA Clinical and Research training: Percent of practice at a VA Hospital or Clinic; Percent of practice in Research; Percent of practice in Research with Veterans; General Psychiatry Board Exam (ABPN) pass rate (Percentage) for residents. For Addiction Psychiatry/Medicine: Percent of practice in General Psychiatry or Primary Care; Percent of practice focused on Addiction; Pass rate (percentage) for Addiction Psychiatry (ABPN) or Addiction Medicine (ABPM) Board exams for fellows; For ALL graduates funded by this bill: Percent of practice in Rural, Tribal or Under-served Areas (including Telepsychiatry and Telemedicine to these areas).

	2020	2021	2022
Target	0.00	0.00	0.00
Baseline	0.00	0.00	0.00

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By rule, performance notes are provided by the governmental entity that will supervise the new agency or administer the new program. Performance notes are not written by the Office of the Legislative Fiscal Analyst.