



## Nation needs more doctor-training funds

Our nation is in the midst of a doctor shortage that is expected to get worse as baby boomers age. We will need 90,000 more doctors by 2020, including primary-care physicians, general surgeons and psychiatrists, according to the Association of American Medical Colleges.

Medical schools across the nation have ramped up efforts to educate more doctors. But with sequestration, funding cuts to residency training could force hospitals to reduce programs to the point where U.S. medical-school graduates won't have enough positions to finish their training.

Depending on the specialty, a residency program is three to seven years of training after completing four years of medical school. Residencies are done under the supervision of senior physician educators. U.S. doctors are required to complete a residency to practice medicine independently.

The across-the-board cuts to reduce federal spending could mean that funding for thousands of graduate-medical-education positions will be lost. There are about 115,000 training positions across the nation. Residency is funded mainly by federal- and state-government grants to teaching hospitals. Medicare pays the most at about \$9.5 billion annually and Medicaid contributes about \$2 billion, according to the journal Health Affairs.

Sequestration could mean every teaching hospital in the nation, including those here in Franklin County, will have to shrink their residency programs to absorb these cuts. Residents provide valuable patient care — often to vulnerable patient populations — in teaching hospitals, emergency rooms and community clinics.

Ohio State's Wexner Medical Center, for example, has more than 800 residents and fellows. Currently, Medicare and Medicaid partially fund these positions. We anticipate sequestration could cause a 25 percent funding decrease, or the equivalent of about 200 residency positions.

Funding cuts this severe would mean reducing positions or closing programs across the nation. There will be fewer accredited residency programs to train future oncologists and family doctors that our communities need. Hospitals simply cannot absorb that additional cost of training America's next generation of physicians.

We are doing all we can to be more efficient and more effective with every dollar we earn. We are not alone. Every teaching hospital in the nation relies on government graduate-medical-education dollars.

Cutting funds for residency training is counterintuitive to the goals of the Patient Protection and Accountable Care Act. The law seeks to give more people health coverage. This means the demand for physicians and other health providers will increase, not decrease.

What will be the value of access to health insurance if there are too few doctors to care for and treat these patients? These newly insured would be forced to seek care for minor health concerns at hospital emergency rooms, as they do now. This is a poor use of our health-care resources.

Why should this matter to most people? Cuts to residency-training funding will mean patients won't be able to see a doctor when they need one in the future. Both primary-care physicians and specialists will be in increasingly short supply. We all need to take action today to protect graduate-medical-education funding to ensure we always have the resources to train future doctors.

Federal spending needs to be controlled, but it must be done responsibly. President Barack Obama and Congress need to find a solution that avoids sequestration and its harmful impact on future doctors. These cuts will devastate the health of our communities and our nation. Our country needs to invest more in training physicians, not less.

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