

It is most disturbing to hear that ProMedica plans to close its family medicine residency program at Toledo Hospital at a time when we have a shortage of primary care physicians in Ohio and northwest Ohio in particular.

According to the Ohio Department of Health, Lucas County is particularly hard hit by this shortage and has been identified as one of four priority health care professional shortage areas in the state. According to the Robert Graham Center for Policy Studies, Ohio will need an additional 681 primary care physicians by 2030 based upon changes in the number and age of the population of Ohio.

Losing this residency program, which has been a family medicine pillar in the community since 1974, is a devastating blow to the already inadequate pipeline of family physicians in the area. The majority of residents in the family medicine residency program (65%) remain in the area and provide much need primary care to patients in the community.

This dually accredited, highly respected residency program provides a tremendous service to the community by delivering high quality care to a primarily low income and underserved population. Other primary care professionals stretched for capacity will be unable to absorb these patients into their practices.

We know without a shadow of a doubt that a strong primary care-based health system leads to better health, better care, and lower costs. Evidence shows that access to primary care helps people lead longer, healthier lives. In areas of the country where there are more primary care physicians per person, death rates for cancer, heart disease, and stroke are lower and people are less likely to be hospitalized. Adults in the United States who have a primary care physician have 33% lower health care costs.

ProMedica's claim that their decision is based on national trends shifting family medicine residency programs from large, tertiary care medical centers to community hospital settings seems disingenuous given their decision just over two years ago to close the family medicine residency at Flower Hospital, which is a smaller community hospital.

Granted residency slots for primary care don't generate the money that sub-specialty residency slots generate; therefore, specialty residency slots are favored. Nevertheless, we should be producing the types of physicians that meet population health needs, not the ones that are going to make the most money for the hospital system.

The bottom line—patients who have access to primary care experience better health and receive better care at lower cost. It makes no sense to close a family medicine residency program when we have a shortage of primary care physicians in Toledo, Lucas County, and Ohio. On behalf of the more than 4,900 family physician and medical student members of the Ohio Academy of Family Physicians, we ask ProMedica to reconsider its decision for the sake of the communities and people the health system serves.

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