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The Senate Health Care Committee invited representatives working in the area primary care workforce to present on the current state of Oregon's graduate medical education programs, workforce development, and retention. This hearing underscored a statewide and systemic shortage in primary care providers, especially in rural areas, and detailed multi-pronged solutions: investing in GME, supporting rural residencies, building new osteopathic medical schools, and enhancing incentives for retention. Every speaker stressed that expanding training opportunities within Oregon—particularly in underserved communities—is key to solving the workforce crisis.

Neelam Gupta, Clinical Supports, Integration and Workforce Unit, Oregon Health Authority

Neelam Gupta outlined a critical shortage in Oregon's primary care workforce, noting that demand far outpaces supply, especially in rural and underserved areas. Oregon is projected to need 1,200 more primary care providers by 2030, including 600 family medicine physicians in just the next five years. However, if every family medicine resident in Oregon stayed in-state, it would only meet half that need.

A map shared by Gupta illustrated lower capacity ratios in rural regions compared to urban ones. To address these shortages, the Healthy Oregon Workforce Training Opportunity (HOWTO) Grant Program was created. It helped launch new rural residency programs, such as:

- Roseburg Family Medicine Residency Program (8 slots/year)
- Samaritan Pacific Communities Hospital Rural Track (6 slots/year)
- Three Sisters Rural Track Program in Madras (3 slots/year)

Despite this progress, challenges remain, including high startup costs, limited faculty availability, and administrative burden. Gupta also discussed federal and state incentives, such as tax credits, loan forgiveness, and grants that support retention and recruitment in primary care.

Jackie Wertz – Executive Director, ORCA-FM

Jackie Wertz stressed the central role of family medicine in primary care. Notably, 92% of family medicine residency graduates remain in primary care after 5–7

years, compared to 55% of pediatric and just 33% of internal medicine graduates.

Family medicine doctors generate approximately \$10 million/year in healthcare revenue, and \$1 invested in residency programs yields \$6, making it a strong return on investment. Each increase of 10 primary care physicians per 100,000 people results in 51.5 more days of life expectancy, and teaching hospitals see 1.5% lower mortality rates.

Since its founding in 2017, ORCA-FM has grown from 6 to 9 residency programs and expects to produce 64 graduates per year by 2027 (up from 38). Initiatives like Pathways Day, virtual residency week, and Primary Care Beyond Clinic Walls create pipelines for student interest in family medicine.

Oregon lags the national average in residents per capita but performs well in retention, with 70.9% of graduates staying in-state (compared to 53% nationally). She pointed to strong match rates (100%) and asked for continued support through Senate Bill 443.

Dr. Robin Farias Eisner – President, Western University of Health Sciences

Dr. Farias Eisner highlighted her university's mission to expand primary care in Oregon through humanistic, osteopathic medical education. Since 2015, the university has graduated over 1,100 physicians and boasts 3,700+ students, 23,000 alumni, and 30+ accredited programs.

The university stands out for having the most graduates practicing in underserved areas, with 60% of graduates training in primary care and 22% in family medicine. Of those trained in Oregon, nearly 70% stay in the state.

A major initiative is the Interprofessional Behavioral Health program, with \$35 million invested in a new campus on the Santiam River. The school is expanding class sizes and building partnerships with healthcare systems to serve Health Professional Shortage Areas (HPSAs).

Nagi Naganathan, David Cobble, and Galen Marrer – Oregon Tech & Sky Lakes Medical Center

Nagi Naganathan, President of Oregon Tech, shared plans to establish Oregon's first public osteopathic medical school at its Klamath Falls campus. Oregon Tech

is noted for its high return on investment and success in health-related programs, including a physical therapy doctorate in partnership with OHSU.

Galen Marrer described stark health disparities in rural Oregon, including lower life expectancy and elevated suicide rates, and noted that even urban areas struggle with access—54% of residents report difficulty securing primary care appointments.

David Cobble, CEO of Sky Lakes Medical Center, emphasized that training in rural areas leads to rural retention—providers who train in such settings are five times more likely to stay. Their longstanding residency with OHSU has yielded 90% rural placement among graduates.

Cobble added that osteopathic schools lead in primary care placements, with nearly 50% of graduates staying in primary care for a decade, compared to only 14% of allopathic grads. Oregon Tech plans to leverage its 80,000 sq. ft. health center building and is conducting a space utilization and planning study to develop the medical school.

Dr. Joyce Hollander Rodriguez – OHSU

Dr. Hollander Rodriguez shared her personal story growing up in rural Oregon and training through OHSU. She stressed OHSU's commitment to health and science innovation, with an emphasis on serving all of Oregon. In 2024, OHSU students spent 592 weeks in rural clinical rotations.

Data shows that 72.6% of those who complete both med school and residency in Oregon stay, reinforcing the importance of local training. OHSU is Oregon's largest Graduate Medical Education (GME) provider, with over 100 programs and 950+ residents/fellows across six sponsoring institutions.

Residency programs are largely clustered in Portland and along I-5, with gaps elsewhere. OHSU has sought to expand, notably in Klamath Falls, Madras, and Hillsboro, and supports advanced practice nursing in four statewide campuses.

Dr. Rodriguez emphasized the need to expand the total number of funded positions and create a stable support model to sustain GME and undergraduate medical education across Oregon.