

**Keynote Address to the Annual Convention of the  
Oklahoma Osteopathic Association**

Saturday, April 20, 2013

Noon

Chairman Andy Lester

Board of Regents for the Oklahoma Agricultural &  
Mechanical Colleges

Thank you Dr. Young. I'm pleased to be with you today and to bring greetings from the Board of Regents for the Oklahoma Agricultural & Mechanical Colleges. Our Board and University are so proud to have the College of Osteopathic Medicine as a part of our research institution. With its mission of producing primary care doctors for rural and underserved Oklahoma, it is a perfect complement to Oklahoma State University's land grant mission.

You know, I come here with some trepidation, and that's because I am a lawyer coming into a room filled with a class of people who are not known for their love of

lawyers. And in that regard, I do recognize that there is an entire class of quips called “lawyer jokes.” But I’m not going to tell one, because there is an old saying among lawyers that lawyers shouldn’t tell lawyer jokes. Lawyers don’t find them funny, and non-lawyers don’t know they are jokes.

As someone who majored in history and is a lifelong student of history, it seems appropriate to me that we briefly review how we have arrived where we are today.

The Legislature was very concerned that there were not enough primary care doctors and not enough in practice in rural areas, and some areas in the cities. They saw a physician manpower problem and, after years of study, created the Oklahoma College of Osteopathic Medicine in 1972, with the specific aim of focusing on primary care and rural and underserved areas. There was no hospital funding

needed at the time. In related actions, the Legislature also created the Physician Manpower Training Commission (PMTTC) to encourage education, training, residency and doctor placement in rural areas, and established a clinical branch campus of OU in Tulsa, to focus on primary care residencies. We all know that a variety of rankings of physician manpower in the U.S. show that we have a shortage of doctors in the country today, and forecasts for an alarming shortage in the future. By every ranking — primary care, doctors per capita, or other measures — Oklahoma is near the bottom.

Since its creation, the College of Osteopathic Medicines has produced more than 2,600 doctors. Imagine where our state would be today without those doctors.

The university has racked up accolades for its success in providing doctors for rural and underserved areas. It has

been among the top-ranked medical schools by U.S. News and World Report for the primary care, rural and family medicine programs.

Since joining the OSU system, and with the support of the OOA, the College of Osteopathic Medicine has thrived and expanded. In 2001, the Oklahoma Legislature created OSU Center for Health Sciences, setting the medical school in an academic health center.

The Oklahoma Legislature created the Center for Rural Health at CHS to promote rural health care through education, research, telemedicine and health policy. And, speaking of telemedicine, OSU is a leader in telemedicine technology.

When voters approved a legislative referendum in 2004 to increase cigarette and tobacco taxes, a portion of those revenues was dedicated to the college. OSU used the

funds to develop telemedicine resources statewide and to expand clinical care, patient visits, research, training opportunities and practice plan income. As a result, the university experienced growth in overall size, quality, faculty, medical school class size and financial health at every level.

We have steadily increased our enrollment by 30 percent since 2009, and that has expanded the number of students in the pipeline of physicians. This fall, we celebrated our largest first-year class ever with 115 students. Our total osteopathic medicine enrollment this year is 385, **and 91 percent of those students come from Oklahoma.**

We recognize the effect a physician has on a rural community, not only in terms of health care, but also the economic impact. According to the National Center for Rural Health Works, one primary care physician in a rural

community creates about 23 jobs annually, generates \$1 million in wages, salaries and benefits, and produces \$1.8 million in revenue each year.

In the last few years, we have implemented a number of efforts to recruit talented high school students from rural areas of the state to careers in medicine. We have actively partnered with FFA chapters across the state to locate students who are interested in becoming physicians. Dean Kayse Shrum and our medical students have traveled the state visiting these rural communities and spreading the word about careers in osteopathic medicine. In June, we will be launching Operation Orange, a series of summer camps for high school students to give them an opportunity to experience a day in the life of an OSU medical student. These camps will be hosted at regional universities in Ada, Lawton, Tahlequah, and my former hometown, Enid. We

have also visited with students through 4-H, maintained a presence at the Oklahoma Youth Expo, and worked with the Oklahoma Farm Bureau and other rural organizations to identify and recruit these outstanding future doctors.

Starting last fall, we implemented a rural health track in the medical curriculum for students interested in serving as primary care physicians in rural Oklahoma. The track takes third- and fourth-year students to rural areas of the state to complete rotations and has established internships and externships in rural hospitals and clinics across the state.

We have also begun implementing a Rural and Underserved Primary Care Early Admissions Program so that undergraduates can cut a year out of their training.

In the last legislative session, our Oklahoma legislature and Gov. Mary Fallin provided \$3 million for

the Oklahoma Hospital Residency Training Program Act, to establish new residency programs in rural Oklahoma hospitals and clinics. The university, in partnership with the Oklahoma Health Care Authority and the Osteopathic Medical Education Consortium of Oklahoma, has established the first residency programs in internal medicine and family practice at the McAlester Regional Health Center. OSU-CHS has established residency programs in Tulsa, Oklahoma City, Durant, Enid, Muskogee, Tahlequah and Talihina, as well as in Joplin, Missouri, and Pine Bluff, Arkansas.

OSU Medical Center serves as our primary teaching hospital, offering 11 residency programs and eight fellowship programs, and training more than 150 osteopathic physicians each year. There are also 185 third- and fourth-year medical students learning and working at

OSU Medical Center, making it the largest osteopathic teaching hospital in the nation. The medical center handles 45,000 emergency room visits, 7,000 inpatient visits and 23,000 outpatient visits annually, more than double the patient volume in 2009.

As many of you probably remember, there was a huge effort in 2008 to prevent OSU Medical Center, then known as Tulsa Regional Medical Center, from closing. Many city and state leaders came together to create a plan to address the medical center's needs and the legislature and Gov. Brad Henry approved funds to keep the historic teaching hospital site open, committing to five years of funding. In addition, authority over the medical center was transferred from corporate ownership to a Tulsa public trust. Well, if you do the math, you know this is the final year of that agreement.

The OSU Medical Center trust has contracted with a nationally recognized hospital-consulting firm, Alvarez and Marsal, to conduct an exhaustive study of the condition of the hospital. They have concluded that OSU Medical Center must have a public subsidy, just like every other public teaching hospital in the nation.

Many of you are aware that the leadership of the University, the medical school and your association are, once again, in the process of seeking the necessary state support to assure that our teaching hospital is the kind of experience our medical students, residents and our state deserve. We are asking the Legislature and Governor Fallin to appropriate \$18.25 million, in recurring annual funds, to subsidize the cost of teaching. **Every public teaching hospital in this country requires a subsidy from some source—city, county or state—to go along Federal**

matching funds available to allow us to teach and train while treating patients.

We want a private partner to manage the hospital and augment our resources. A public-private partnership will bring additional resources, service lines for teaching and patient care, financial stability and an overall improvement in the learning experience for our medical students and training experience for the residencies located there. **This is absolutely necessary for the survival of the teaching hospital and medical school.** From the State Capitol, one only has to look down the street to see the success that a public-private partnership has afforded to the OU College of Medicine. It is a good model, and five years ago, the Legislature created the OSU Medical Authority, patterned after the University Hospital Authority.

You are our partners and the Board of Regents

believes we have a marriage that has worked extremely well. We know that you will help us and you would like more information. As that information becomes available, be assured that President Hargis, President Barnett and Dean Shrum will be working with your leadership to keep you apprised. We cannot succeed without you. Together we can seize this opportunity and continue to fulfill our purpose in medicine—improve the public health of Oklahoma and treat the sick—no matter where in Oklahoma they may reside.

It has been a great honor to share this day with you and to celebrate the achievements of the osteopathic profession's organization.

Thank you and Go Pokes!