

How States Mandate the Need for Primary Care Physicians

State-by-state analysis of mandates to medical schools to produce primary care physicians

SUMMARY

Researchers from Michigan State University in East Lansing, Mich., examined the actions taken by state legislatures to hold their medical schools accountable for producing more primary care practitioners.

The project was part of the Robert Wood Johnson Foundation (RWJF) national program *Generalist Provider Research Initiative*.

Key Findings

The researchers reported these and other findings in the *Journal of Health Politics*, *Policy and Law* and the *Journal of Public Administration Research and Theory*:

- The laws were generally not highly coercive. None stipulate penalties for failure to meet mandated targets.
- The laws tended to be broad in scope, involving public and private institutions and covering admission policies, curriculum changes, clerkships, and other aspects of training.
- The laws were generally politically popular, especially among those with rural interests.
- The laws were important in the message they conveyed that medical schools were part of the solution to the distributional problems of health care delivery.
- For several states, the mandate proved to be an impetus for additional legislation, additional resources, and an increased awareness of the importance of medical school-legislature relations.
- The bills provided a mechanism whereby medical school deans could move in the direction they saw most useful—that is, toward more primary care.

- Not all medical schools responded in the same way. Even within the same state, some schools were more enthusiastic—and more compliant—than others.
- The laws led to greater interest and, in several states, greater cooperation in tracking students to find out both where students are trained and what type of practice they choose to enter.
- A number of schools set up rural health tracks and residency programs in answer to legislative directives, but there was little or no reporting on their outcomes.
- The presence of a state-level entity that holds medical schools accountable was important in successful implementation of changes at schools.
- Availability of additional resources from the state legislature or from outside sources also was a key success factor.
- Schools that were especially responsive to state directives tended to have a strong and supportive medical leadership and to be willing to join coalitions and work more closely with legislators.
- In state medical schools' implementation of primary care mandates, two predictions were important: incentives and the preferences of implementers.

The principal investigator published articles in the *Journal of Health Politics, Policy and Law* and in *Academic Medicine*. (See the Bibliography for details.)

Funding

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BIBLIOGRAPHY

(Current as of date of the report; as provided by the grantee organization; not verified by RWJF; items not available from RWJF.)

Articles

Weissert CS. "Medical Schools and State Legislatures as Partners in a Changing Policy World." *Academic Medicine*, 74(2): 95–96, 1999.

Weissert CS. "Reluctant Partners: The Role of Preferences, Incentives, and Monitoring in Program Compliance." *Journal of Public Administration Research and Theory*, 11(October): 435–453, 2001.

Weissert CS and Silberman S. "Sending a Policy Signal: State Legislatures, Medical Schools and Primary Care Mandates." *Journal of Health Politics, Policy and Law*, 23(5): 743–770, 1998. Abstract available online.

Reports

Weissert CS. Holding Medical Schools Accountable: What Stated Legislators Can Learn from Primary Care Mandates. East Lansing, MI: Michigan State University, July 1998. 14 copies distributed.

Weissert CS and Silberman S. *Holding Medical Schools Accountable: A Study of State Legislative Action and Implementation*. East Lansing, MI: Michigan State University, February 1998. 15 copies distributed.

Presentations and Testimony

Carol S. Weissert, "Sending a Policy Signal: State Legislatures, Medical Schools and Primary Care Mandates," to the faculty of the Office of Medical Education and Research, College of Human Medicine, Michigan State University, December 12, 1996, East Lansing, MI.

Carol S. Weissert, "Employing Analytic Case Studies: A Study of State Legislative Attempts to Hold Medical Schools Accountable," to the health politics class of the University of Michigan Pew Doctoral Program, March 15, 1997, Ann Arbor, MI.

Carol S. Weissert, "Demanding Accountability and Getting It: State Legislatures and Medical Schools," at the annual meeting of the Association for Public Policy Analysis and Management, October 31, 1998, New York.