

Testimony
Psychiatric Residency Training
UND School of Medicine and Health Science
Health Services Committee
Senator Judy Lee, Chairman
April 12, 2012

Chairman Lee, members of the Health Services Committee, I am Dr. Jim Mitchell, Chair of the Department of Clinical Neuroscience at our medical school. I am here today with Dr. Andy McLean of our department to provide an overview of the medical school's role in the training of psychiatric residents in the state.

The psychiatry residency is 4 years in length, and accepts individuals into the training program who have recently completed medical school. The program was initiated in 1981, and since that time has graduated 82 residents. The program was originally set up to take in a class of 3 residents each year but several years ago was expanded to 4 residency slots. Currently 31 (38%) of the graduates from the program are practicing in North Dakota and an additional 2 practiced in North Dakota previously but then moved to other practice sites. Another 3 graduates currently practice in Minnesota and South Dakota. Therefore, a sizeable number of the psychiatrists practicing in this area trained at UND.

I will now ask Dr. McLean to provide further information:

Thank you Dr. Mitchell. Chairman Lee, members of the Health Services Committee, I'm Dr. Andy McLean, here before you as a Clinical Professor of Clinical Neuroscience with the Medical School.

As is noted by the request for testimony, mental health care is extremely important for the well-being of North Dakotans. Depression is the leading cause of disability in the US for those in their most productive years and there is a great deal of interest in reducing suicide rates and binge drinking in our state. Studies show that rankings of behavioral health care and positive outcomes are directly related to the number of

providers per capita. The medical school is honored to have a role in this training.

Back in 1950s U.S., 7% of all practicing physicians were psychiatrists; now this is only around 4%. Our current data indicates that UND medical students are choosing psychiatry over the last four years at a rate of 4.4%.

A national study from 2007 indicated that ND ranked 14th overall with 77 practicing psychiatrists. This reflected 5.3 % of all practicing ND physicians as psychiatrists, with a rate of active psychiatrists at 12.1/100,000

We currently have 89 psychiatrists in the state. By mid-year, 85 are/will be actively practicing, for a rate of 12.4/100,000

Of the psychiatrists in the state, the North Dakota Psychiatric Society lists the additional coding: -2 addiction, 2 geriatric, 3 adolescent and 25 child psychiatrists (though these underestimate the specific certifications and should not reflect practice demographics).

What is a reasonable rate of psychiatric providers per population? The rate one hears most often is 13/100,000. (Examples of range are less than 1/100,000 in Mexico to 42/100,000 in Switzerland). As we know, other providers have been able to assist in addressing the need as well, including Advanced Practice Registered Nurses.

What is the medical school doing to help address these needs? As noted by Dr. Mitchell, we have increased the psychiatric residency program to 16 from 12. We know from U.S. training statistics that most residents practice within 100 miles of their residency and we have been successful in keeping many residents in the state after graduation. I can tell you that in a lecture to four upper class residents last week, two of those four have already signed contracts to stay in ND, one having done so as a medical student.

We also matched all four of our top candidates for next year's entering class. Two of those students are UND medical school graduates.

Residents receive training in working with many mental health and addiction providers. They train in outpatient, inpatient and partial

hospital settings. Systems include private and public, the latter including federal, state and correctional experiences. Medicine is moving toward the medical home model of care. Residents receive training in integrative care, and we hope to build on training experiences. There is also an elective rotation in tele-psychiatry.

The Department of Human Services already presented on the success within DHS of providing students and residents with positive experiences, and the subsequent results of residents going into public psychiatry.

We would be happy to answer any questions from the committee.