

FROM THE EDITOR

Medicine in the Southwest: A Snapshot

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The Southwest is unlike any other area in the United States. The location, weather (yes it's a balmy 70 degrees in Phoenix today), and the health care climate seems to be at odds with majority of the country. We are a very diverse society of true Arizonians and national and international transplants—predominantly from Mexico, the Midwest, and California.

We are the state that passed the first immensely polarizing state immigration bill. We have the toughest immigration laws and the laxest gun laws; we believe that the government should stay out of the individual's business. During the fiery and tumultuous health care debate, I came across an elderly woman protesting in a rally organized against health care reform. "Government stay out of my Medicare" screamed her sign. We are also the state that recalled the author of the immigration bill in a recent election. We have one of the country's most efficiently run Medicaid programs (if you can say "efficient" and "Medicaid" in the same sentence) and lower costs and utilization of health care. We are also low on health care quality. We con-

tinue to have high physician shortages and low numbers of medical education programs but high physician retention. Like our free thinking neighbor in the West, we have espoused the medical marijuana law. The Arizona Hospital Association (despite the dreaded three letter word-tax) offered to tax itself to draw down federal matching funds for the Medicaid and Medicare programs—a move that was vetoed by the current Congress, which preferred to cut training programs and funds for deserving patients over any suggestion that they were complicit with increased taxation. Arizona has opted out of health care reform and is one of the states that has challenged the law in court. We also have low levels of health care research and grant funding compared to the northeast.

Graduate medical education is partly funded by the state Medicaid program. As the economy continues its downward spiral, the health care industry is now feeling the impact. Hospital admissions are significantly down while the rates of uninsured are sky-rocketing. Being a high Medicaid state, several hospitals and residency

programs in the state are heavily dependent on the Medicaid program.

The next few years will be decisive to the health care landscape in Arizona. We will have three allopathic medical schools, continued expansion of the University of Arizona College of Medicine in Phoenix and Maricopa County Hospital, and the new campus of Creighton Medical School at St. Joseph's. The announcement of the new Mayo medical school, in partnership with the Arizona State University, bodes well for the growth of health care in Arizona. The passage of the Affordable Care Act, as in the rest of the country, has resulted in practices, hospitals, and payer dancing around each other to try to make sense of a health system that seems to be at odds. The gold rush is over and now we seem to be rushing as health care systems and physicians play catch up so that millions of dollars are not left behind. As the baby boomer generation flocks to Arizona to retire, we are faced with the reality of working together to find innovative ways to provide good health care and medical education in a land of innovative thinkers.

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