State of the School

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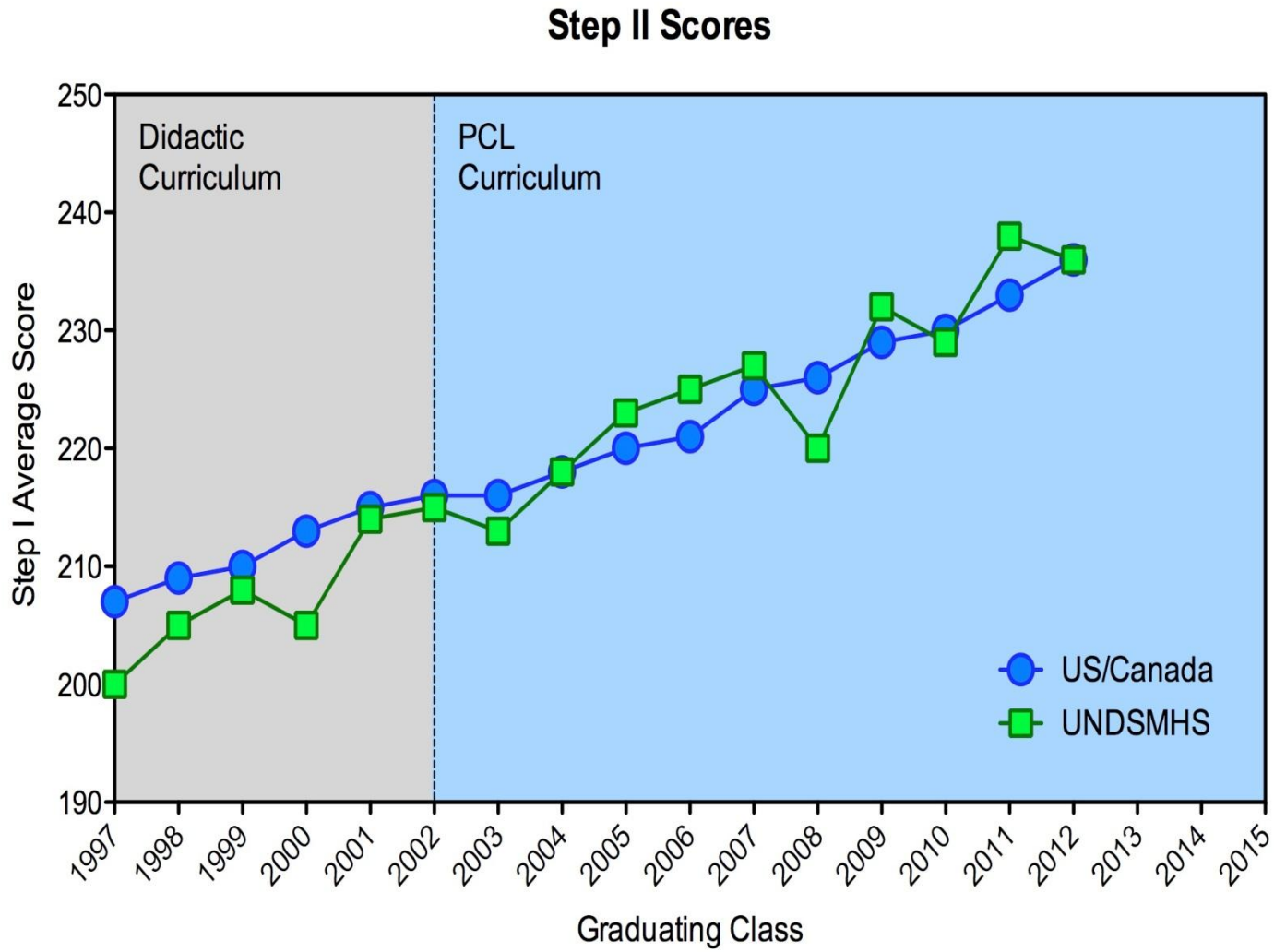
Vice President for Health Affairs and Dean

Update on the State of the UND SMHS

- Performance of medical and other students is good and improving
- Recruitment of additional faculty and administrative leadership is progressing well
- New programs are off to a good start
  - Master of Public Health program
  - Rural residencies
- Health care workforce initiative is progressing well

Medical Student Performance



Faculty Recruitment - Completed

- Dr. Raymond Goldsteen – Founding director of the MPH program
  - Recruited from State University of New York at Stony Brook
- Dr. Joy Dorscher – Associate Dean for Student Affairs and Admissions
  - Recruited from University of Minnesota Duluth

Faculty Recruitment - Ongoing

- Founding Chair, Department of Basic Sciences
- Gilbertson Endowed Chair of Geriatrics
- Gilbertson Endowed Chair of Neurology (with Sanford Health)

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New Programs

- Master of Public Health Program (in conjunction with NDSU)
  - First class to begin this fall, probably consisting of 10 students/university
  - Additional faculty recruitment underway
- Rural residencies
  - Williston
  - Hettinger
  - (Altru system)

Health Care Work Force Background

- North Dakota currently has a shortage of health care providers
  - For ND overall, there is a greater shortage of sub-specialists in urban areas than primary care providers in rural areas
  - BUT shortage is felt most in rural areas where primary care providers are in particular demand
- North Dakota has somewhat less total providers than the national average
- North Dakota has somewhat more primary care providers than the national average, but there is substantial mal-distribution

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Health Care Work Force Background

- Implications of current health care work force situation
  - We need more providers
  - We need to better address the chronic mal-distribution of providers

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Health Care Work Force Future

- There is a present as well as looming health care workforce shortage that is getting closer each day
- Because of the long pipeline (>10 years from college entry until ready to practice medicine), we need to act now rather than later
- In conjunction with the SMHS Advisory Council, we have developed an integrated plan that addresses multiple health care work force needs for North Dakota now and in the future

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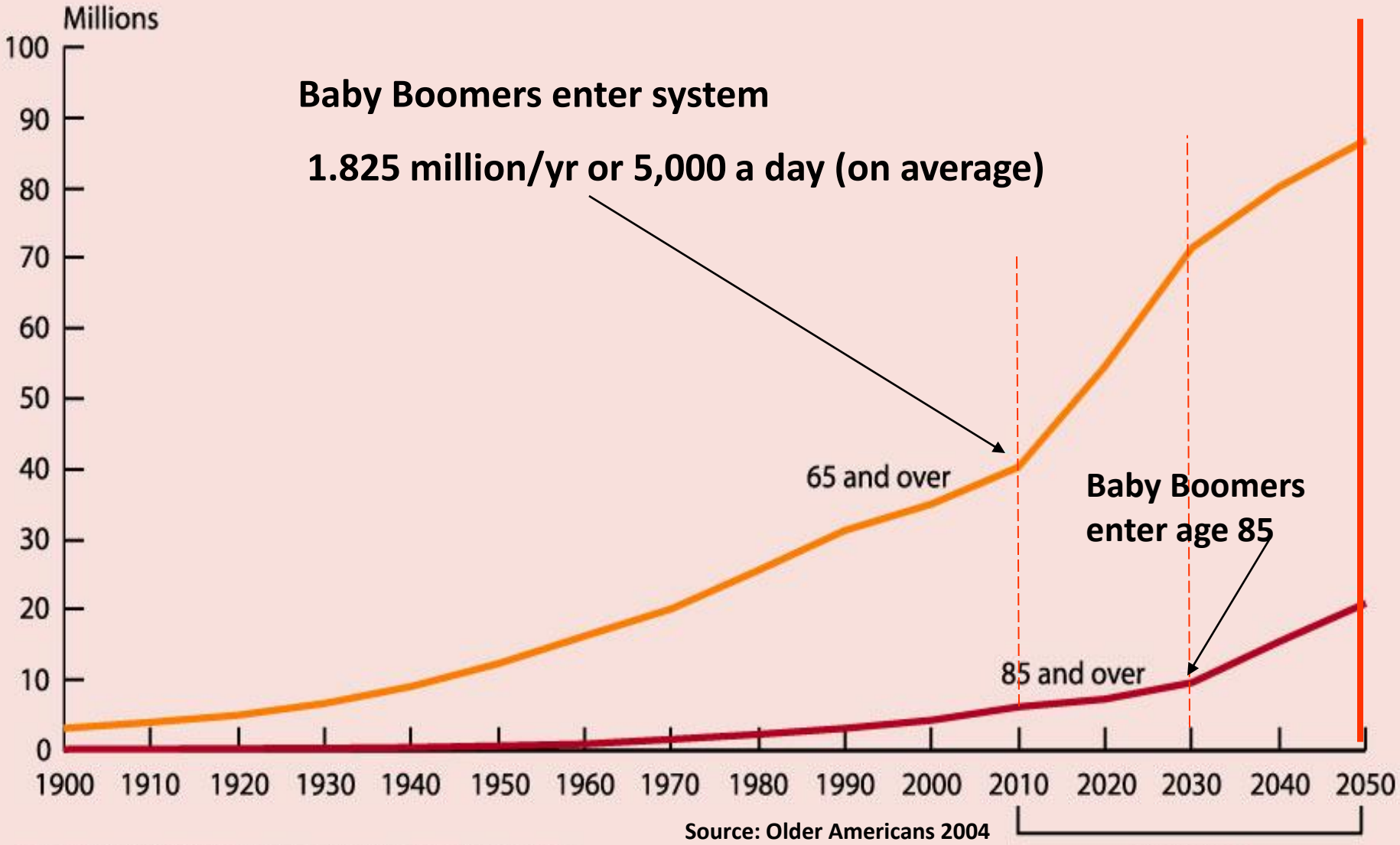
Number of people age 65 and over, by age group, selected years 1900-2000 and projected 2010-2050



Source: Older Americans 2004

Note: Data for 2010-2050 are projections of the population.
Reference population: These data refer to the resident population.
Source: U.S. Census Bureau, Decennial Census and Projections.

North Dakota State University, IACC Building, Room 424, Fargo, ND 58105 - Phone: (701) 231-8621 - URL: http://www.ndsu.edu/sdc

North Dakota STATE DATA CENTER

Alaska (2006) - "Competition for Physicians will Intensify"
According to a report by the Alaska Physician Supply Task Force, Alaska has a severe shortage of physicians and is far behind other states in production capacity. Up to 16% of rural physician positions in Alaska were vacant in 2004.

Georgia (2008) – "Georgia's Drought of Physicians Will Become a Crisis"
Georgia has fallen so far behind in training physicians and is now scrambling to make up for the deficit said a study commissioned by the Medical College of Georgia. Without immediate statewide cooperation in expanding medical education and residency programs, the state may never again have an adequate supply of physicians.

Idaho (2007) - "Need for more Physicians in Idaho"
In order for Idahoans to have access to physician services the State needs to provide reasonable student access to medical education says a study requested by the Idaho Board of Education.

Minnesota (2008) – "Physician Supply in Minnesota is Diminishing"
According to a study by the Minnesota Hospital Association Board of Directors, Minnesota's physician workforce is waning. Nearly half (45%) of Minnesota's physicians are over the age of 50 and 65 and older population is projected to increase by 58% by 2020. Only 5% of all Minnesota physicians practice in rural areas, while 13% of Minnesotans live there.

Projected Shortage in 2025, by Specialty Group

	Projected shortage in 2025 (FTEs)	Pct. of total shortage
Total Patient Care Physicians	**-124,000**	**100.0%**
General Primary Care	-46,000	37.3%
Medical Specialties	-8,000	6.3%
Surgery	-41,000	32.9%
Other Patient Care	-29,000	23.4%

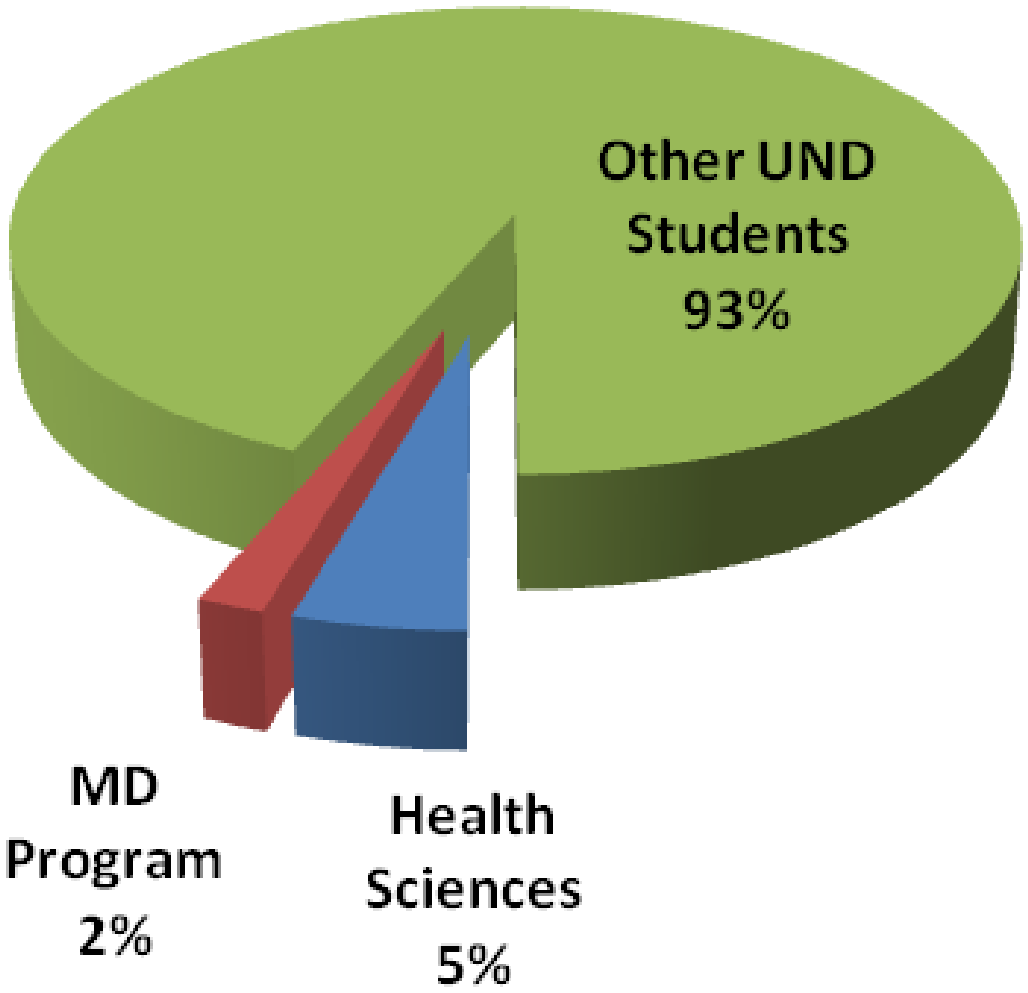
Source: AAMC

AAMC
Tomorrow's Doctors, Tomorrow's Cures®

1st Biennial Health Care Report

- Formally surveyed current and future health status in ND (demand) and analyzed provider capacity (supply)
- Proposed a Health Care Work Force Initiative (HWI) that contains four essential approaches
  - Reduce disease burden
  - Retain more of our graduates
  - Train more of our graduates
  - Improve the efficiency of our delivery system

We're Not Just A School of Medicine!



Reduce Disease Burden

- Geriatrics training program to complement Eva Gilbertson Endowed Chair in Geriatrics
  - We are interviewing the “short list” of candidates to lead the program, with a start date in 2012
- Master of Public Health (M.P.H.) degree program, in conjunction with North Dakota State University
  - Dr. Raymond Goldsteen on board as director
  - Inaugural class to start this fall semester

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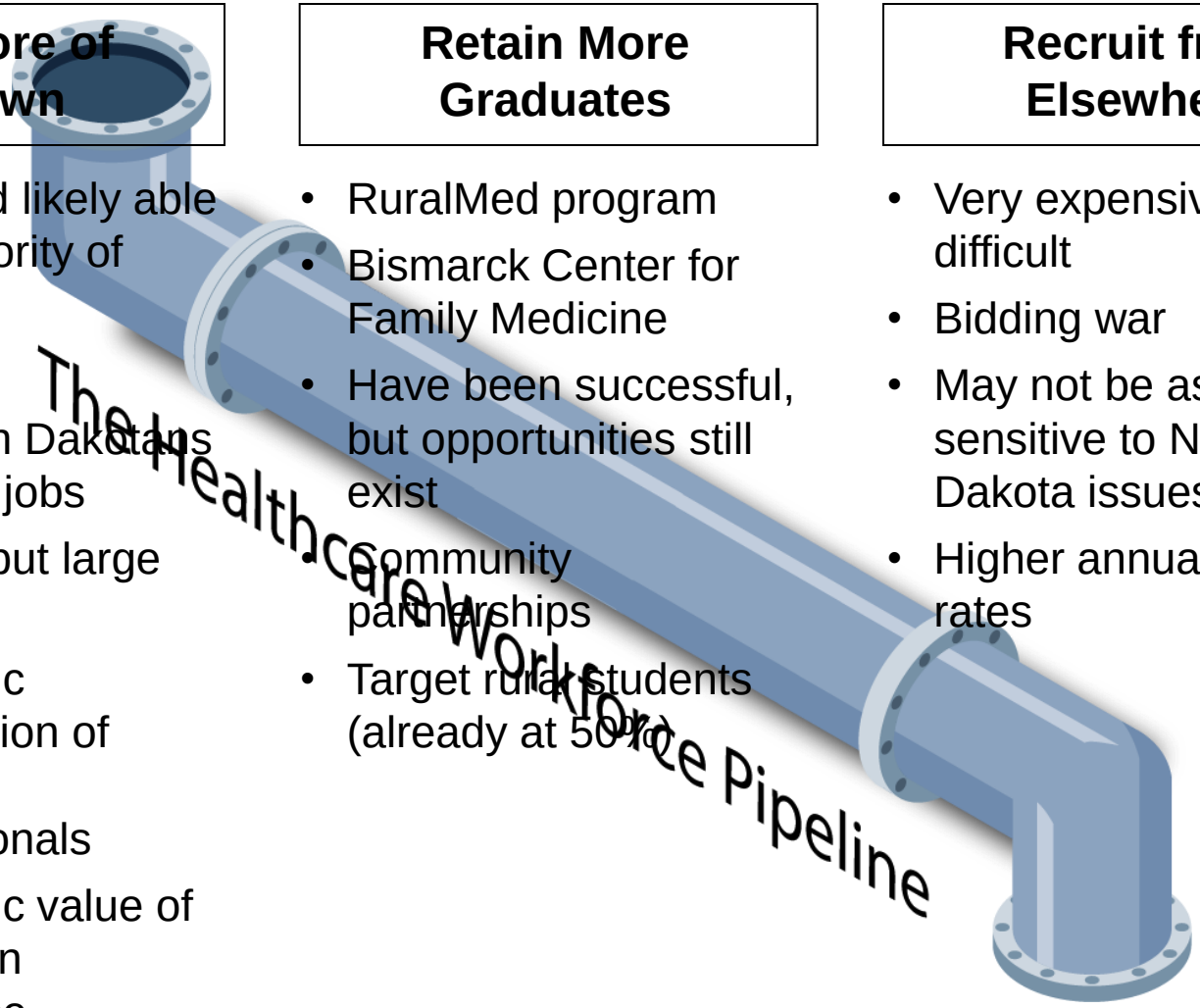
Reduce Disease Burden

- Roger Gilbertson Endowed Chair in Neurology
  - Recruitment underway in conjunction with Sanford Health

Meeting the Need



Train More of Our Own

- Only method likely able to meet majority of needs
- Predictable
- Places North Dakotans in prime ND jobs
- Expensive, but large payoff
  - Economic contribution of health professionals
  - Economic value of education enterprise

Retain More Graduates

- RuralMed program
- Bismarck Center for Family Medicine
- Have been successful, but opportunities still exist
- Community partnerships
- Target rural students (already at 50%)

Recruit from Elsewhere

- Very expensive and difficult
- Bidding war
- May not be as sensitive to North Dakota issues
- Higher annual attrition rates

Meeting the Need

- What is known about the predictors of rural (primary care) practice?
- Longitudinal study at Jefferson Medical College with 3 decade follow-up
- Predictors at matriculation to medical school
  - Rural origin
  - Intention to practice family medicine
  - Intention to practice in rural area

Source: Rabinowitz et al, Academic Medicine 87:493, 2012

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Policy Implications

- Rural origin ➔ SMHS admissions policy
  - We have modified our admission process to focus on students most likely to support our primary care and rural mission
  - New Associate Dean of Student Affairs and Admissions (Dr. Joycelyn Dorscher), who is a family medicine physician well schooled in rural primary care needs and issues

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Policy Implications

- Intention to practice family medicine ➔ Pipeline activities BEFORE students enter medical school
- Intention to practice in rural area ➔ SMHS admissions policy as well as pipeline activities BEFORE students enter medical school

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Retain More of Our Own

- Over 3 dozen pipeline activities already underway in North Dakota
  - SCRUBS Camps and Academy
  - Mission Physician
- RuralMed program to reduce debt barrier to rural primary care practice
  - 5 students currently enrolled

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Train More of Our Own (Grow Our Own Doctors)

- Modified version of the HWI approved and funded by the 2011-2013 ND Legislature
- 8 additional medical student, 15 health science student, and 9 residency slots approved and funded by legislature
  - Additional students accepted and will start this summer

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Train More of Our Own (Grow Our Own Doctors)

- Approved residency slots:
  - Altru Family Medicine Rural program
  - UND Family Medicine Rural Program (Bismarck/Minot)
  - UND Rural Surgery program
  - St. Alexius Rural Hospitalist program
- Residency programs approved for planning grants, with funding decision dependent on 2013-2015 Legislature
  - Fargo Family Medicine Rural program (Essentia)
  - UND OB/GYN Program (Bismarck)

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Train More of Our Own (Grow Our Own Doctors)

- Approved Master in Public Health Program
- Approved Geriatrics Training program
- Interim Health Services Committee currently studying full HWI plan and will report to ND Legislature in December
- Space study approved and funded ($100K) by ND Legislature to evaluate SMHS facility needs in view of HWI ➔ JLG Architects in conjunction with Perkins+Will

Train More of Our Own (Grow Our Own Doctors)

- Space study just completed and released ➔
  - Current medical school facility optimally utilized (exceeds national average for usage)
  - Current facility will be unable to accommodate more trainees
  - Inadvisable to renovate current 60-year old converted hospital building
  - Proposed three options to expand School's physical plant ("small" addition; large addition; new building altogether)

Medical School Facility Options

- Option #1 - $38.5M
  - Combination of renovation (42,300 sq. ft.) and new construction (80,000 sq. ft.)
  - Addresses pressing current needs
- Option #2 - $68.3M
  - Combination of renovation (48,300 sq. ft.) and new construction (169,300 sq. ft.)
  - Addresses current needs and anticipates some future needs

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Medical School Facility Options

- Option #3 - $124M
  - Completely new instructional (and research) facility (377,000 sq. ft.)
  - Repurposing of current facilities
  - Addresses current and future needs in a comprehensive way

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Other Steps

- Altru/SMHS Primary Care Questionnaire (Dr. Larry Halvorson)
  - Importance of pipeline activities
  - Financial incentives
- Primary Care Focus Groups (DMF funded) ➔
  - Consider additional financial incentives
  - Communities need to showcase their strengths
  - Need for better coverage arrangements so PCPs can “have a life”

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Other Steps

- Primary Care Symposium (DMF funded) ➔
  - Crucial importance of pipeline activities
  - School admissions policy
  - Involve industry especially in western ND
  - Debt and salary issues
  - Rural exposure before, during and after (residency) medical school
  - Importance of community engagement

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The Upcoming Legislative Session

- UND will re-propose the full HWI that addresses critical health care work force needs our state currently faces and will face even more in the future, and proposes a way to address those needs
- Simultaneously provides direct economic stimulation and development that should return about $2 for every $1 of appropriated funds invested

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Health Care Work Force Initiative (HWI)

Current Plan (On-going)

- 8 medical students
- 15 health science students
- 9 residency slots
- RuralMed program
- MPH Program
- Geriatrics Training Program
- Pipeline activities
- Updated admission process

Proposed "Full" HWI

- 16 medical students (8 more than current)
- 30 health science students (15 more than current)
- 17 residency slots (8 more than current)
- Additional facility to house the > 200 new students, faculty and staff associated with full HWI

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Deliverables of HWI

- Adequate supply and distribution throughout ND of caring, team-oriented primary and sub-specialty care practitioners schooled in inter-disciplinary care
  - 40% from increased retention
  - 40% from class size expansion
  - 20% from hiring more clinical faculty
- Direct economic impact of increased employment of health care providers

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Deliverables of HWI

- Direct economic impact of grants and contracts associated with growth of faculty
  - Our modeling suggests a $2 ROI for every $1 appropriated by the ND Legislature
- Direct economic impact of enhanced federal indirect cost return (F&A) on grants and contracts from UND if new building is constructed
- Indirect positive economic impact

Implications of Health Care Reform

- Projections of provider needs for North Dakota are conservative and probably an underestimate
  - No allowance for increased insurance coverage as a consequence of the ACA and attendant growth of demand for health care
  - No allowance for significant population growth in the western part of the state due to oil boom
  - Potential for increased physician retirement if SGR "fix" is not implemented

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The Keys to Success Going Forward

- Working together in a coordinated fashion

- Working on a well-vetted and carefully considered plan, avoiding haphazard approaches ➔ HWI
- Flexibility to modify the plan as the situation evolves and changes ➔ Needs in western North Dakota