

COMMUNITY MEDICAL EDUCATION PROGRAM

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RURAL HEALTH DEVELOPMENT COUNCIL

JANUARY 12, 2012



- **Introduction to the Medical College of Wisconsin**
- **Projected Physician Needs in Wisconsin**
- **Lessons Learned from National Models**
- **MCW Vision for Community Medical Education Program**

HISTORY OF THE MEDICAL COLLEGE



- **1890's:** established as Wisconsin College of Physicians and Surgeons and Milwaukee Medical College
- **1913:** becomes Marquette University School of Medicine
- **1967:** continues as private, national, freestanding institution
- **1978:** relocates to Milwaukee Regional Medical Center



MCW STRENGTHS

- **\$900 million budget**
- **> 5,200 employees**
- **1,450 faculty (MD and PhD)**
- **10th largest private employer in Metro Milwaukee**
- **Nearly \$160 million in annual research funding**
- **Regional clinical alliances serving Fox Valley, Green Bay, Fond du Lac, Neenah**



OUR FOUR MISSIONS

- **Education**



- **Patient Care**



- **Research**



- **Community Engagement**



MEDICAL STUDENT EDUCATION – OVERVIEW

- 816 Students – 39% from Wisconsin
- Current M-1 Class – 204
- 59% Men & 41% Women
- Average undergrad grade point – 3.70
- Average MCAT Scores – 10.5
- Tuition – \$43,790
- WI residents receive \$5,500 tuition assistance
- One of the largest private free-standing medical schools in the country



NEW METHODS TO TRAIN FUTURE PHYSICIANS

- **New medical student curriculum model featuring early clinical experience and symptom- and system-based units**
- **Faculty development efforts to improve delivery of medical education through state-of-the-art technologies**
- **Improved patient-centered communication skills**
- **New curriculum in medical incident management and preparedness**



PATIENT CARE – OVERVIEW

- 1,150 specialists
- 179 primary care physicians
- 461 allied health professionals
- Milwaukee-area medical partners include:
 - Froedtert Health System
 - Children’s Hospital and Health System of Wisconsin
 - Zablocki VA Medical Center
 - BloodCenter of Wisconsin

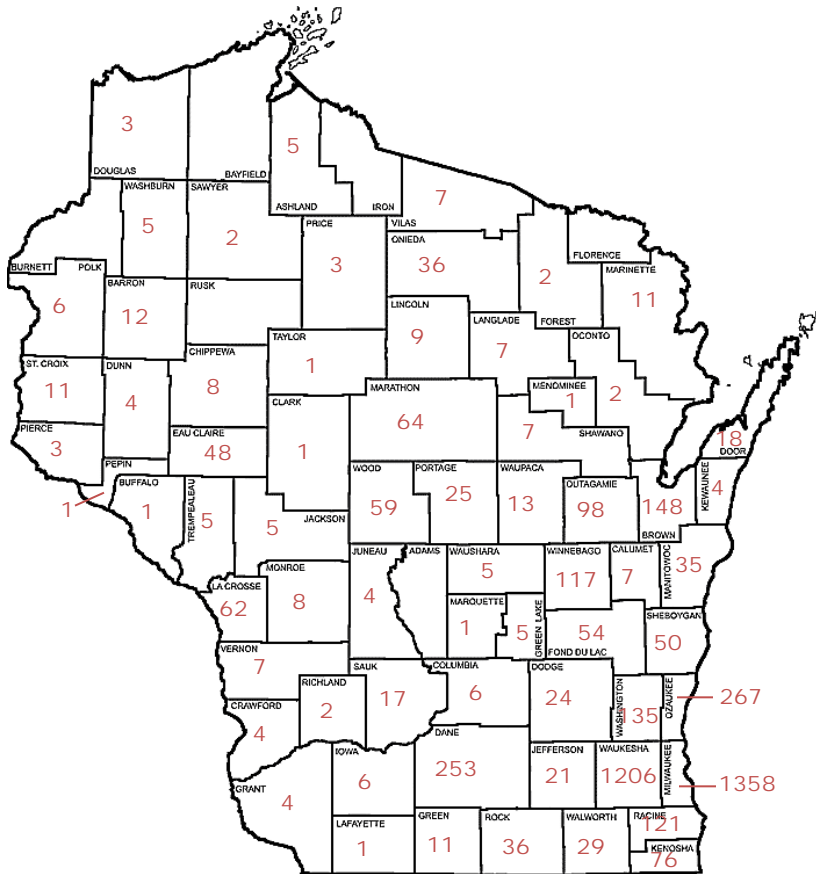


PATIENT CARE – REPUTATION FOR EXCELLENCE

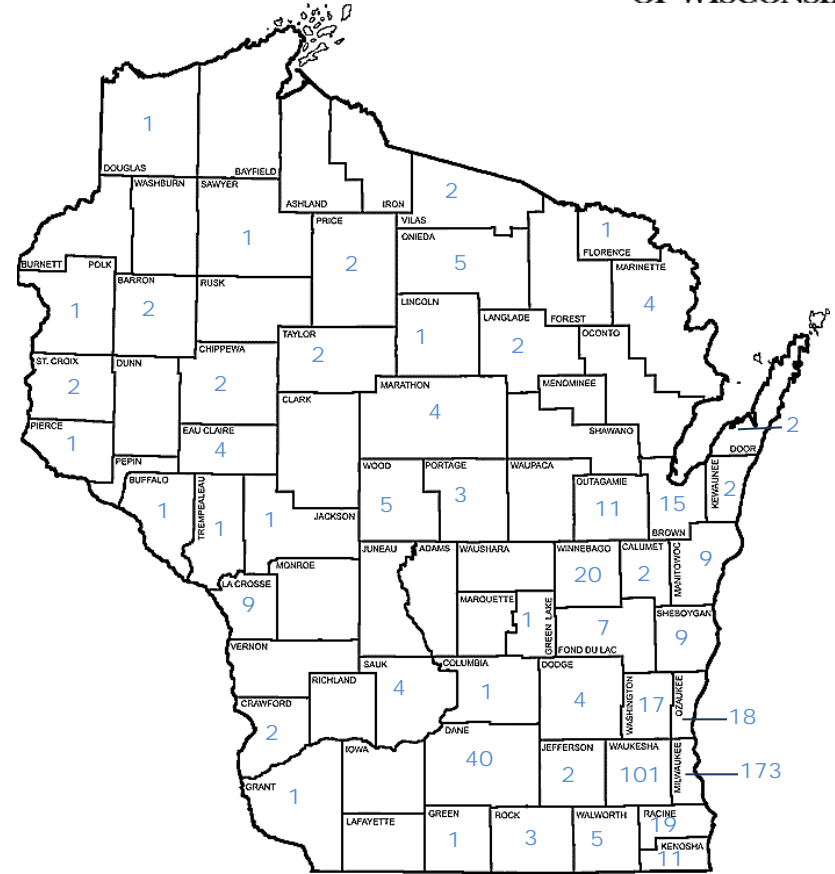


- **Largest multi-specialty practice in Wisconsin, delivering all levels of care across all ages**
- **Physicians and major affiliated hospitals recognized nationally**
- **Most physicians selected as Best Doctors in America® among all group practices / institutions in Wisconsin**
- **Strong Family & Community Medicine, Pediatrics, Emergency Medicine and Medicine programs**
 - committed to comprehensive health care
 - integrate biological, clinical, behavioral sciences
 - encompass each organ system and every disease entity
 - emphasize disease prevention and health promotion

MCW WISCONSIN PRESENCE

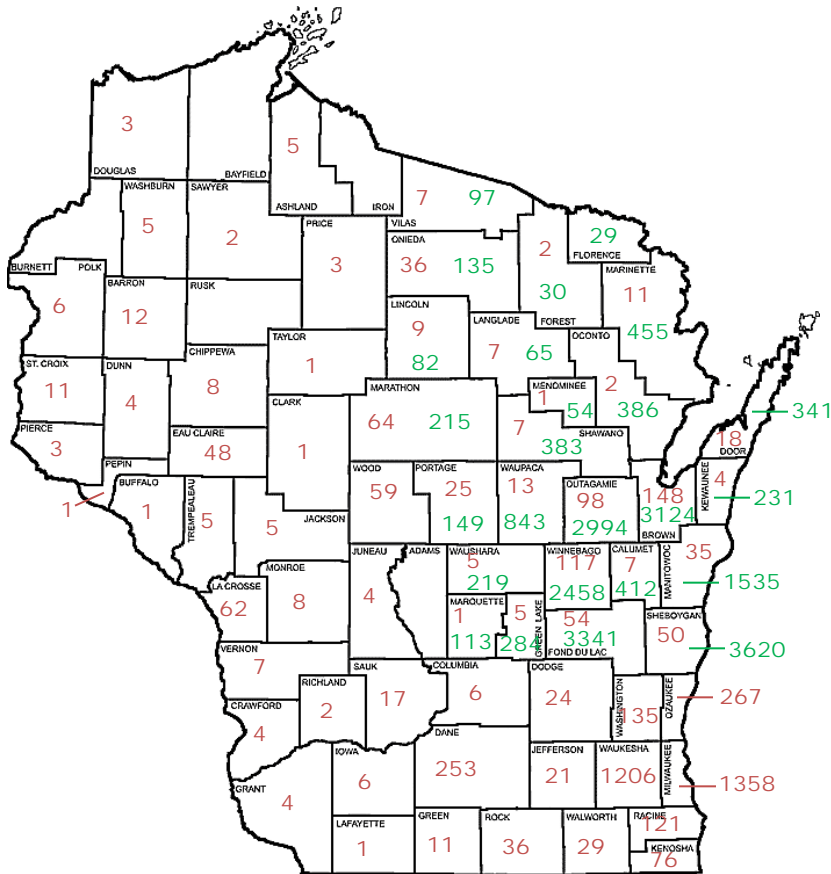


Medical College Alumni Practicing in Wisconsin, 2011

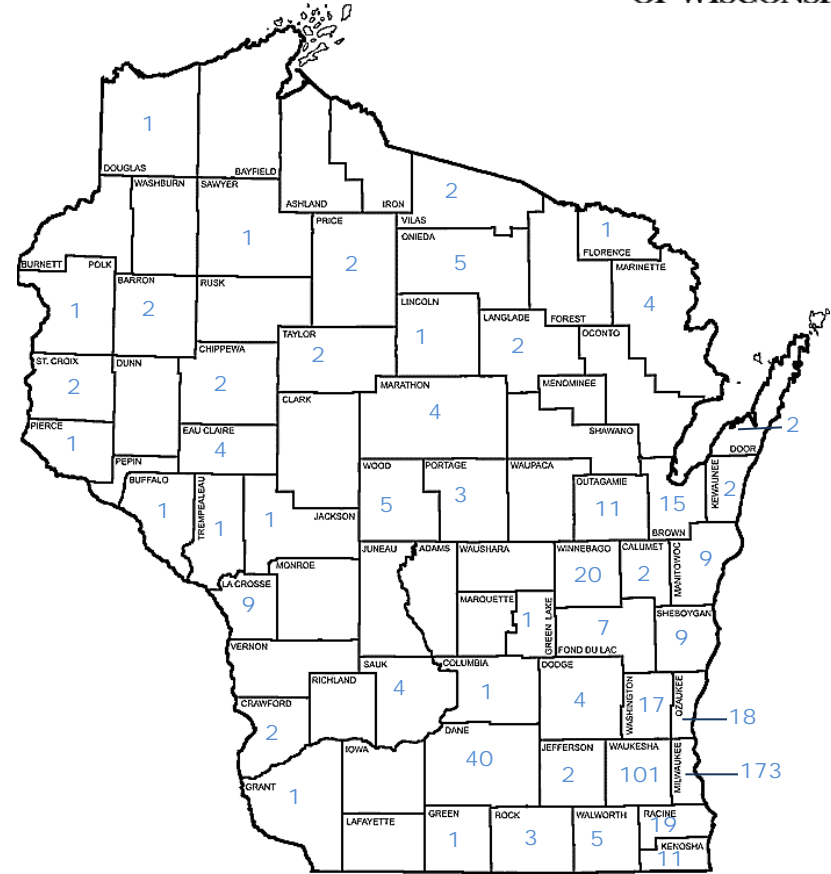


Medical College Students from Wisconsin – 2010-2011 Academic Year

MCW WISCONSIN PRESENCE



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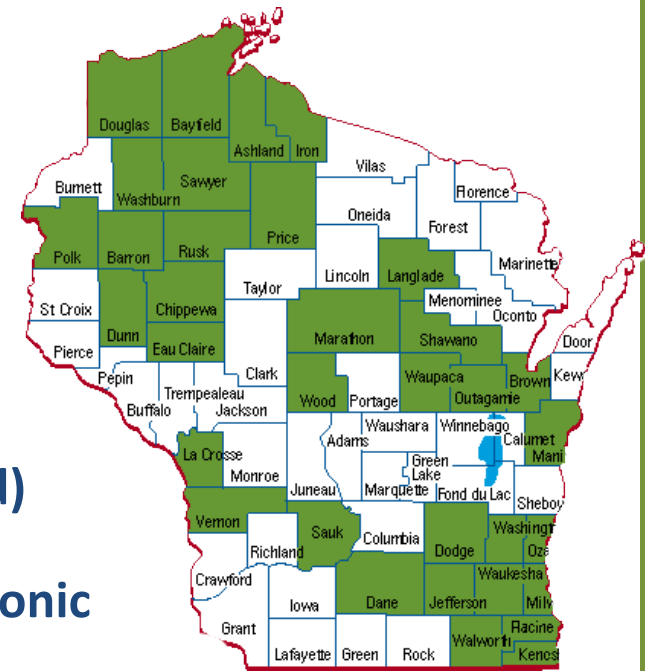
NE Wisconsin Patients Treated by MCW Physicians, 2010

- **Healthier Wisconsin Partnership Program**
 - provides funding for community-academic partnerships
- **Healthy Wisconsin Leadership Institute**
 - in collaboration with UWSMPH, provides professional development and capacity-building
- **Strong Rural Communities Initiative**
 - seeks to improve health indicators for rural communities in Wisconsin
- **Strong inter-institutional and community collaborations**
 - UWSMPH and Marshfield Clinic among academic and hospital affiliates

HEALTHIER WISCONSIN PARTNERSHIP PROGRAM



- Community-academic partnership model
- Health improvement priorities aligned with State Health Plan, including:
 - infrastructure (e.g., coalition-building, health literacy)
 - populations affected (e.g., children, disabled)
 - specific health focus areas (e.g., asthma, chronic disease prevention, mental health)
- Since 2004, 37 Wisconsin counties have been directly impacted by the Healthier Wisconsin Partnership Program totaling \$39.2 million

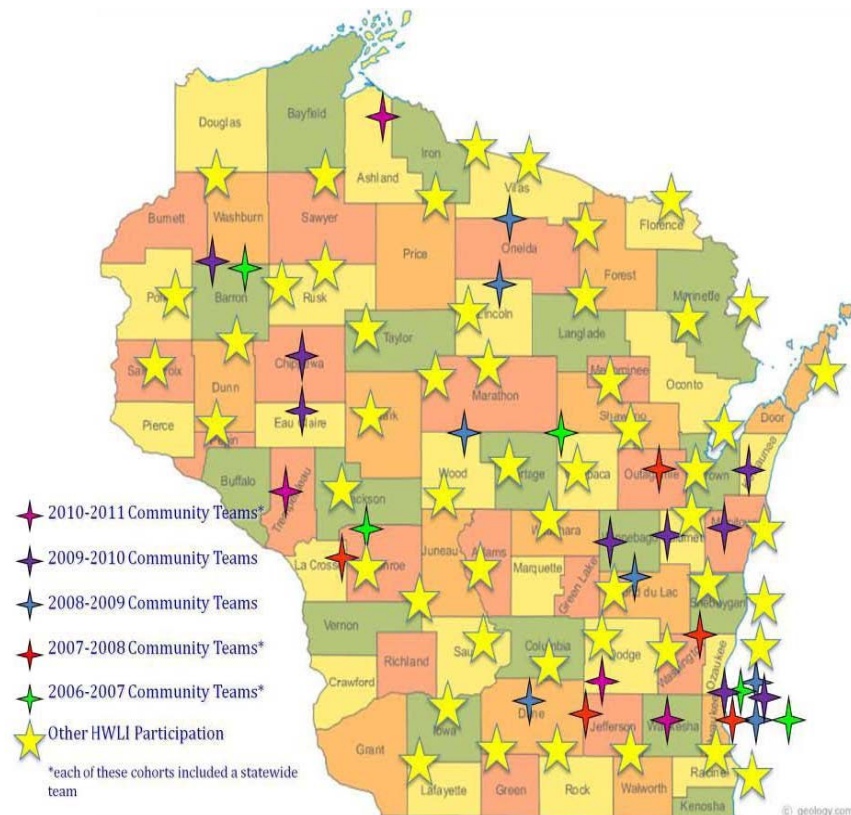


STRONG RURAL COMMUNITIES INITIATIVE



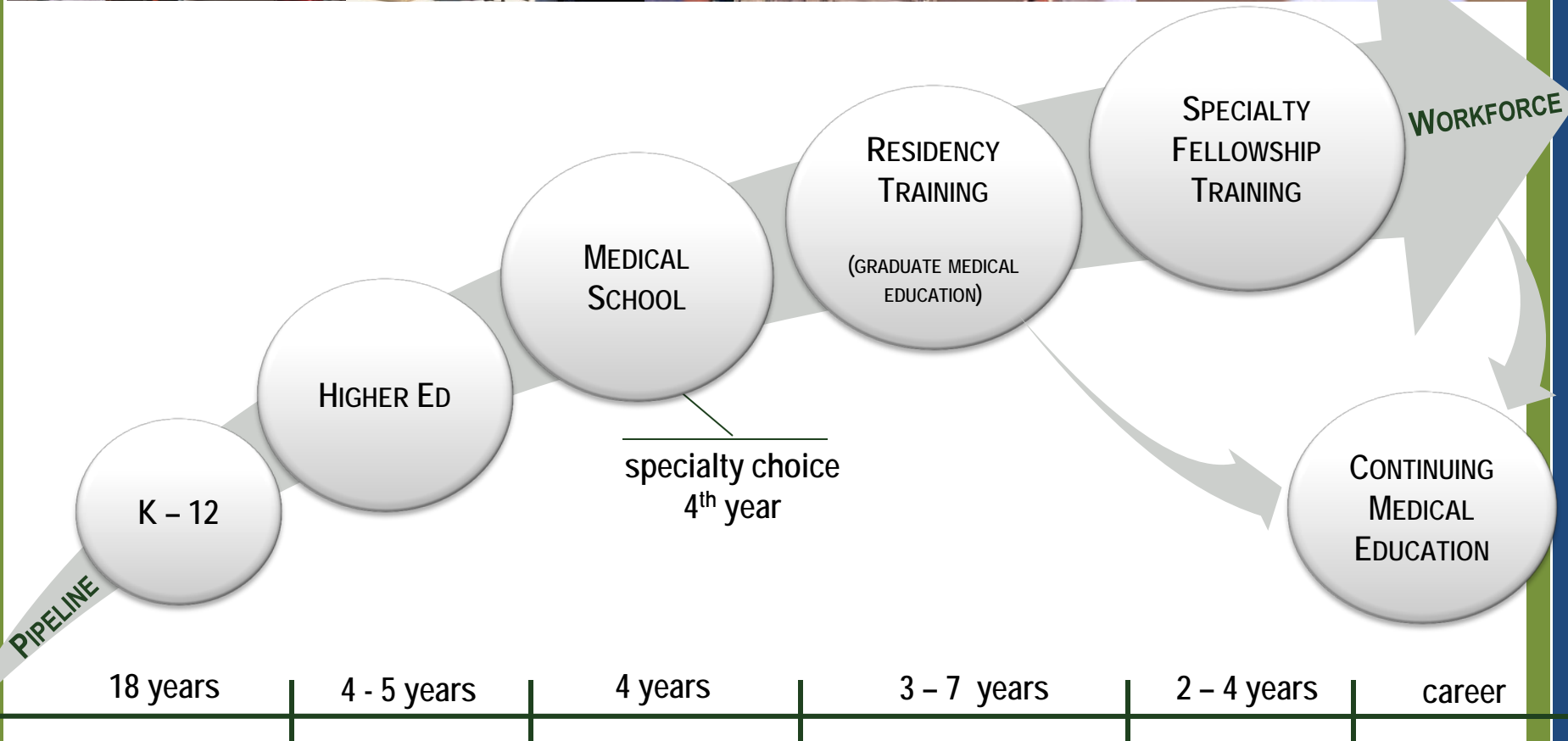
- Seeks to improve health in rural communities
- Accelerates the development of collaborations for prevention
- Partners include: Langlade County, Manitowoc County, Waupaca County, Jackson County, Sawyer County and Sauk County
- Collaboration among Rural Health Development Council, MCW and UWSMPH
- Developed through a community-academic partnership led by:
 - Syed Ahmed, MD, PhD, Associate Dean for Public and Community Health and Director of the Healthier Wisconsin Partnership Program, Medical College of Wisconsin
 - Byron Crouse, MD, Associate Dean for Rural and Community Health
 - Tim Size, Executive Director, Rural Wisconsin Health Cooperative

- Strong collaboration with UWSMPH Program provides leadership development and capacity-building for health improvement across Wisconsin
- More than 70% of the 38 community teams include rural communities
- Presented to the National Advisory Committee on Rural Health and Human Services on its approach to improving rural health

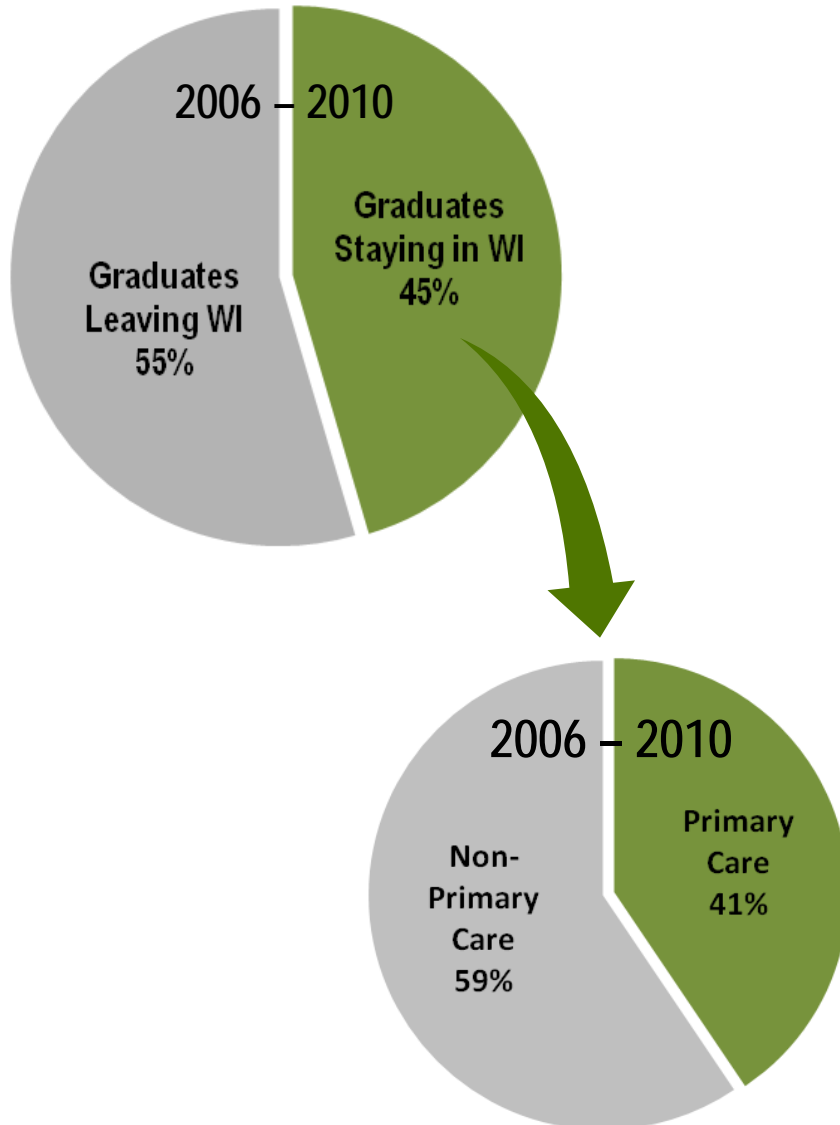


PROJECTED PHYSICIAN NEEDS IN WISCONSIN

THE PHYSICIAN'S JOURNEY



WHERE OUR RESIDENTS ARE GOING



- **977** physicians graduated from MCWAH* residency programs in from 2006 - 2010
- **444 (45%)** of MCWAH graduate-trained physicians **remained in Wisconsin** to practice from 2006 - 2011
- **180 (41%)** of those who remained in Wisconsin **practice in primary care fields**

Physician shortfall projected to surpass 2,000 by 2030

- Currently, MCW trains 204 students, UWMSPH trains 171 students
- Wisconsin will need to add 100 physicians per year for the next 20 years
- Need is most urgent in primary care, general surgery and psychiatry
- Need is also urgent in rural and underserved urban areas

2011 WHA REPORT: HOW TO ADDRESS NEEDS?



- **Build a third medical school**
- **Open a satellite campus**
- **Increase residency slots**
- **Restore state tuition assistance (capitation) at MCW**
- **Provide loan forgiveness to graduates who remain in Wisconsin**

**INITIAL REVIEW OF NATIONAL MODELS
TO ASSIST IN THE DEVELOPMENT
OF THE MCW COMMUNITY MEDICAL
EDUCATION PROGRAM**

- Purpose of the review
- Methods
- Schools represented in the review
- Initial lessons learned
- Selected models from 2011 Association of American Medical Colleges (AAMC) Presentations
- Key themes in developing new programs

- Identify key factors that promote or inhibit primary practice in rural communities
- Identify innovative, interdisciplinary team-based approaches to medical education and training aligned with the Triple Aim and AAMC core competencies for interprofessional collaborative care
- Inform policy options that could increase the number of physicians practicing across Wisconsin communities, e.g., loan repayment programs, residencies

METHODS

- Initial review of the literature (Fall 2011)
- Site visits of Wisconsin health systems (ongoing)
- Review of presentations from national leaders at AAMC Conference (November 2011)
- Interviews with national leaders in community medical education programs (January-February 2012)
- Consultation with Wisconsin business and community leaders (ongoing)
- Initial review of successful interdisciplinary models (January – February 2012)



SCHOOLS REPRESENTED IN PRELIMINARY REVIEW



- East Tennessee State University College of Medicine Primary Care Track
- Jefferson Medical College*
- Medical College of Georgia/Georgia Health Sciences University*
- Mercer University School of Medicine
- Michigan State University*
- Northeast Ohio Medical University*
- Northern Ontario School of Medicine* (Canada)
- Pennsylvania State University*
- State University of New York Binghamton and Syracuse
- Tulane University*

* Schools identified for interviews

SCHOOLS REPRESENTED IN PRELIMINARY REVIEW



- **University of British Columbia (Canada)**
- **University of Illinois Rockford Rural Medical Education Program**
- **University of Minnesota Twin Cities and Duluth Rural Physician Associate Program**
- **University of Nebraska Medical Center College of Medicine, Rural Health Education Network**
- **University of New Mexico School of Medicine**
- **University of Oklahoma School of Community Medicine***
- **University of South Florida College of Medicine/Lehigh Valley Health Network***
- **University of Washington School of Medicine and the states of Washington, Wyoming, Alaska, Montana and Idaho (WWAMI)***

* Schools identified for interviews

- **Recruitment**
- **Admissions**
- **Curriculum and learning models**
- **Factors that influence the rural practice decision**
- **Key themes in developing a new program**

- Pipeline approach that fosters early recruitment of rural youth poses great potential
- Students from rural backgrounds are more likely to practice in rural areas
- Early exposure to rural clinical practice increases likelihood of subsequent rural practice
- Residency positions are key to future physician supply
 - best predictor of where a physician will locate a practice is where he or she completes a residency
 - nearly half of the physicians locate in the same state in which they complete a residency
 - if a medical student is in-state and completes a residency here, nearly 70 percent stay and practice medicine in Wisconsin*

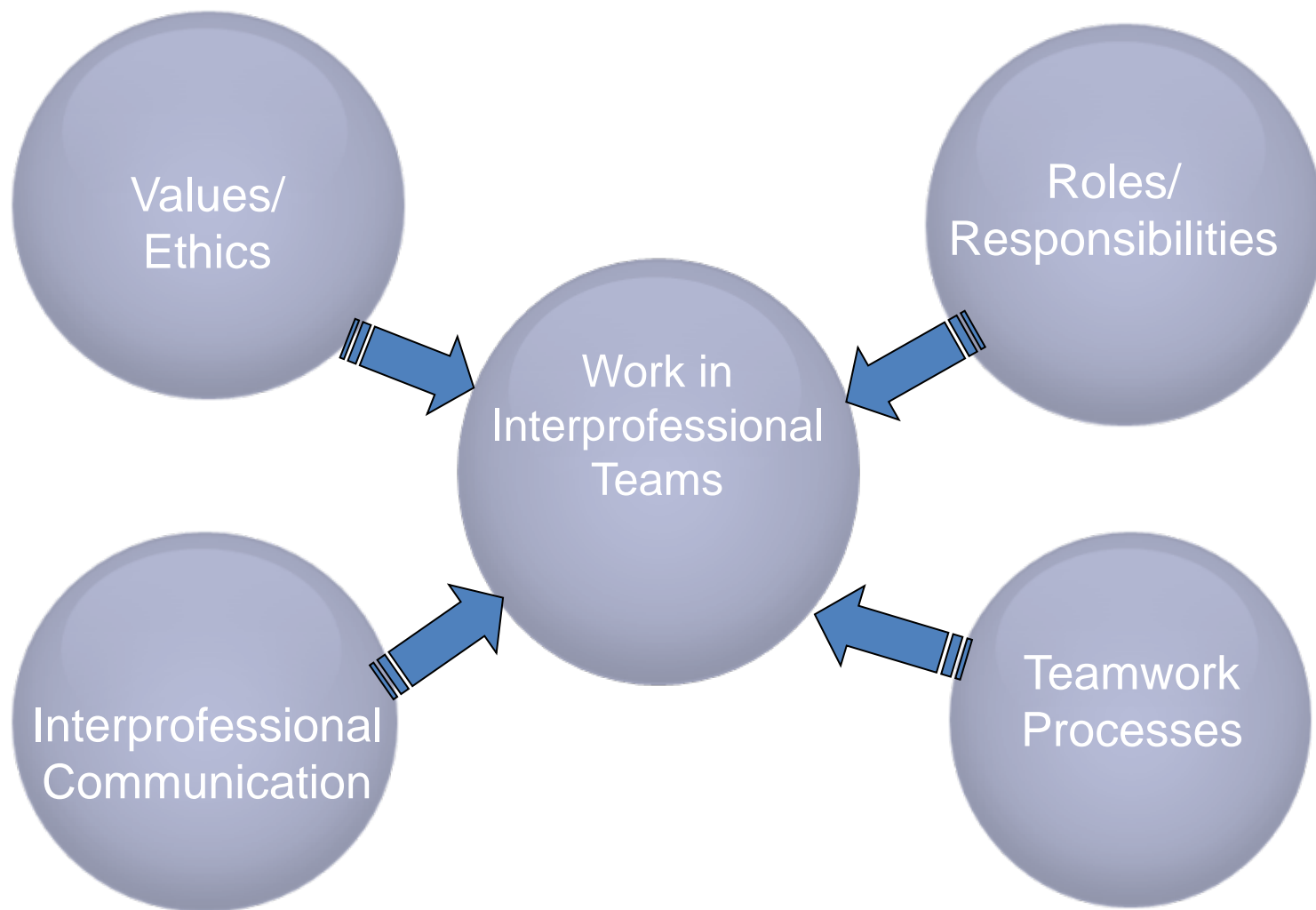
- **Traditional admissions procedures are insufficient for recruiting rural students**
- **Several schools have rural and minority representation on admissions committees**
- **Several schools have specific admissions criteria for rural students**
- **Rural Remote Suitability Score (RRSS) values an applicant's experiences in the community, along with evidence of self-reliance, community activities, among other factors**
- **Not all students may be suited to rural practice**

- **Very few 3-year medical education curriculum models**
- **Some limit the rural experience to Family Medicine clerkship**
- **Some use an immersive model that integrates the rural experience throughout the student experience**
- **Several programs focus on primary care, especially family and community medicine**
- **Most programs make provisions for programs in other specialties**
- **Faculty preceptors are critical to student experience and program quality**
- **Long-distance learning technology and telemedicine feature prominently in curriculum delivery**

- **Social and geographic familiarity**
- **Altruism – "to make a difference in peoples' lives"**
- **Exposure to a rural experience**
- **Interest in rural practice occurring after a mandatory clinical rotation in rural setting**
- **Positive role models**
- **Scholarship opportunities, e.g., National Service Corps, service-for-loan repayment**
- **Opportunities for significant other or spouse**

* Source: Tolhurst, H.M., J. Adams and S.M. Stewart (2006), "An exploration of when urban background medical students become interested in rural practice." *Rural and Remote Health* 6 (452): 1-11.

- **Patient, population and relationship-centered**
- **Process-oriented**
- **Common language**
- **Applicable across practice settings, across professions**
- **Relevant to the learning continuum**
- **Outcome/performance-driven**
- **Emphasis on respect for all professions**



- **Medical College of Georgia/Georgia Health Science University:**
Six challenges in creating four regional campuses:
 - culture (identity, reporting)
 - communication (formal and informal, IT)
 - community faculty (rewards, development, payment)
 - control (local leadership and input)
 - cents (diversified funding)
 - comparability of student experience (evaluation, LCME)
- **Michigan State University: strengths of regional medical campuses for interprofessional education:**
 - adaptable to innovative educational methods
 - nimble and cost-effective
 - become an important part of the community
 - consider using retired physicians

- **Northeast Ohio Medical University: four component “Education for Service” model**
 - pipeline programs including middle school and Cleveland State
 - curriculum focused on population health and service learning
 - community engagement using a neighborhood model
 - scholarships
- **University of Oklahoma School of Community Medicine: going beyond increased class size to reshape curriculum and care**
 - focus on health and community
 - faculty study multiple components including:
 - practice of community medicine
 - focus on interdisciplinary education and practice
 - use of appreciative inquiry in the community
 - community-based participatory research
 - uses a health systems approach, including public health

- **University of Washington School of Medicine-WWAMI: Targeted Rural Under-Served Training (TRUST) Program for Primary Care**
 - established regional campus program in 1971
 - successful track record of accomplishments
 - 60 percent of graduating students remain within the five-state area to practice
 - nearly 50 percent of graduates pursue careers in primary care
 - Implemented TRUST, new program that supports continuum from pipeline to practice
 - targeted separate admissions process that links students from and back to underserved communities focus on interdisciplinary education and practice
 - key clinical programs occur in continuity community
 - Uses a community-engaged approach with strong support from the local communities for the process and student support

- Telehealth is emerging as an increasingly critical factor in medical education delivery and care
- Several schools use diverse types of technologies ranging from iPhones to robots
- Many schools use telehealth technologies to expand reach, e.g., from 19 facilities (Pittsburgh) to 166 locations (Arizona)
- Selected programs of note include:
 - using telemedicine for research, including the effectiveness of the technologies, geographic research, CTSI, NCI, and translational research (UC Davis)
 - using telemedicine to enhance stroke programs (UCSD and Pittsburgh)
 - leveraging technology to develop a statewide approach to address significant health issues (Arkansas' Distance Health Program)
 - developing a comprehensive center modeled after comprehensive cancer centers, with a focus on research, education, clinical care, public service and infrastructure (Arizona and Virginia)

KEY THEMES IN DEVELOPING NEW PROGRAM

- **Need for expanded number of residencies**
- **Selection and retention of medical students**
- **Creating mutually-beneficial partnerships with clinical practice sites**
- **Recruiting faculty preceptors**
- **Investment in distance learning technology**
- **Investment on part of local communities and health systems**
- **Sustainable, long-term funding model**
- **Iterative learning process**

OUR VISION FOR A COMMUNITY MEDICAL EDUCATION PROGRAM

PURPOSE AND APPROACH

Purpose

Increase access to primary care practitioners in communities across Wisconsin

Proposed Approach

Build upon education and training models that align with health care's "Triple Aim"

- better value for the resources invested
- better population health outcomes
- lower cost of care

Design program to focus on:

- prevention and wellness
- early clinical experiences for medical students
- collaborative, team-based learning with other health professionals

PROPOSED MODEL OPTIONS

- **Expand medical school at MCW**
 - increase class size to 275 - 300 students
- **Build satellite campus**
 - class of approximately 100 students
- **Multi-community model**
 - 75 - 100 students in various communities throughout the state



MULTI-COMMUNITY MODEL OPPORTUNITIES



- Leverage commitment to improving the health of individuals in communities across the state
- Build on community-academic partnerships
- Prepare primary care physicians more efficiently and with less cost through an innovative, accelerated three-year curriculum
- Partner with community-based hospital systems to provide an “immersive model”
- Teach an interdisciplinary team model with other practitioners
- Encourage students to practice in the communities where they are training

A COMMUNITY MEDICAL EDUCATION PROGRAM WILL...



- **Help expedite and mitigate the statewide physician shortfall in primary care practices**
- **Encourage medical residents to remain in underserved areas**
- **Provide significant economic advantages via:**
 - local property taxes
 - job generation across a wide spectrum
 - expanded physician practices
 - increased regional spending by visitors and others
- **Support professional development**
- **Enhance the reputation and quality of life for an entire region**

THE VALUE MCW WILL BRING...



- Accredited medical education program (LCME 8-year accreditation)
- Established, world-renowned faculty
- Graduate school
- Full-service library
- Robust research enterprise
- Strong, long-lasting relationship with VA
- Healthier Wisconsin Partnership Program
- Demonstrated ability to gain financial support for curricular development
- Established collaborations with UWSMPH
- Infrastructure in place to support:
 - admissions
 - student affairs
 - grant-writing



NEXT STEPS

- Feasibility study / financial analysis in next 3 months
- Create faculty planning committee with work groups
- Develop business plan
- Cultivate potential partners and share business plan
- Explore interdisciplinary education models

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