

# SUMMARY OF MEDICAL EDUCATION STUDY FINAL REPORT

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*Presented to:*  
**IDAHO LEGISLATURE  
MEDICAL EDUCATION INTERIM COMMITTEE**

*Presented by:*  
**J. KENT CARUTHERS**

August 12, 2008

# SUMMARY OF MEDICAL EDUCATION STUDY FINAL REPORT

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*Originally Presented to:*  
**IDAHO STATE BOARD OF EDUCATION**

*Presented by:*  
**J. KENT CARUTHERS**



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# PROJECT BACKGROUND





# PROJECT OBJECTIVES

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- Analyze the future need for medical doctors in Idaho
- Analyze the feasibility of offering a four-year medical degree in Idaho
  - Distributive model
  - Alternative delivery models
- Analyze costs and benefits of each model



# PROJECT APPROACH

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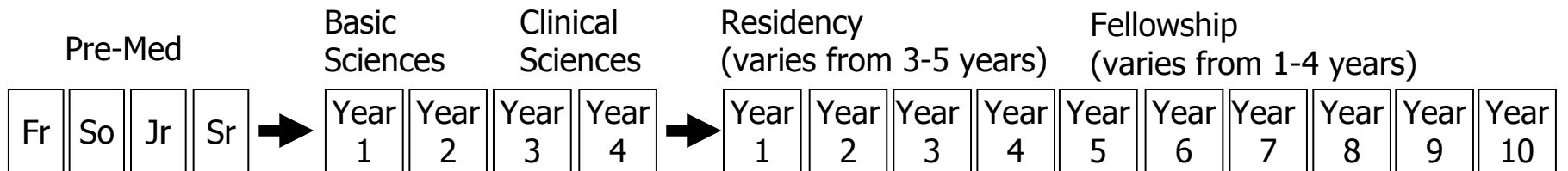
- Mobilized highly experienced project team
- Visited campuses of UI, BSU, and ISU
- Conducted approximately 200 interviews
- Extracted and analyzed data from national and institutional sources
- Completed project within ten-week period (August 23 – November 1)

# MEDICAL EDUCATION PIPELINE

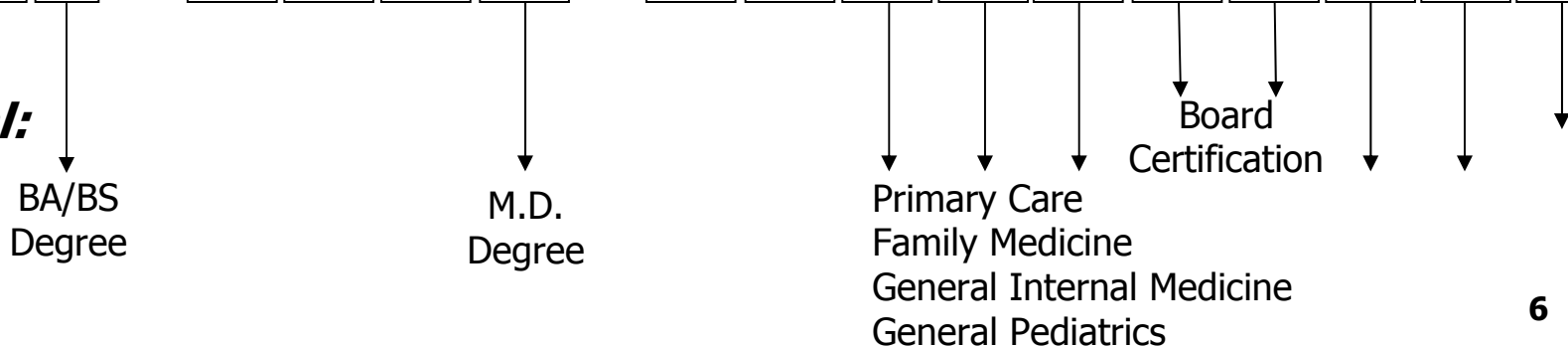
## Component:



## Activity:



## Credential:



# SNAPSHOT OF U.S. MEDICAL EDUCATION

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- 126 allopathic (M.D.) medical schools
  - Enrollment ranges from 43 to 324 entrants per year
  - Median size of entering class is 140
  - 16 of the 22 newest schools are based on distributive model
- 25 osteopathic (D.O.) medical schools
  - Enrollment ranges from 83 to 321 entrants per year
  - Median size of entering class is 166
- Record number of applicants for Fall 2007 class

# SNAPSHOT OF GRADUATE MEDICAL EDUCATION (RESIDENCY TRAINING)

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- Program sponsors include
  - Hospitals
  - Medical schools
  - Veterans Administration
  - Community organizations
- 103,367 residents in 2005
  - 28,149 international medical graduates
  - 38,207 first-year seats



# IDAHO RESOURCES FOR MEDICAL EDUCATION

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- State universities – pre-med programs, faculty active in biomedical research
- Contracted programs – 28 new seats per year in M.D. programs
- Residency programs - 16 new seats per year
- Physicians, professionals, and medical centers



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# **ANALYSIS OF NEED FOR EXPANDED ACCESS TO MEDICAL EDUCATION**



# NATIONAL NEED FOR PHYSICIANS

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**There is growing recognition of a national shortage of physicians.**

- Only one new allopathic school in 19 years
- Population growth of 23% over the same period
  - Grads will soon only equal retirements
- Aging population with disproportionate medical needs
- Medical advances lead to demand for more procedures
- AAMC goal to expand seats by 30%

# IDAHO'S NEED FOR PHYSICIANS

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**There is broader agreement on the need for better medical access than on the best response.**

- Strong Consensus
  - Need to improve student access
  - Need for expanded residency training
- General Agreement
  - Need for more physicians
  - Need for greater physician access in rural areas
  - Need for particular medical specialties
- Diverse Opinions
  - Best solution to respond to needs

# IDAHO'S NEED FOR PHYSICIANS

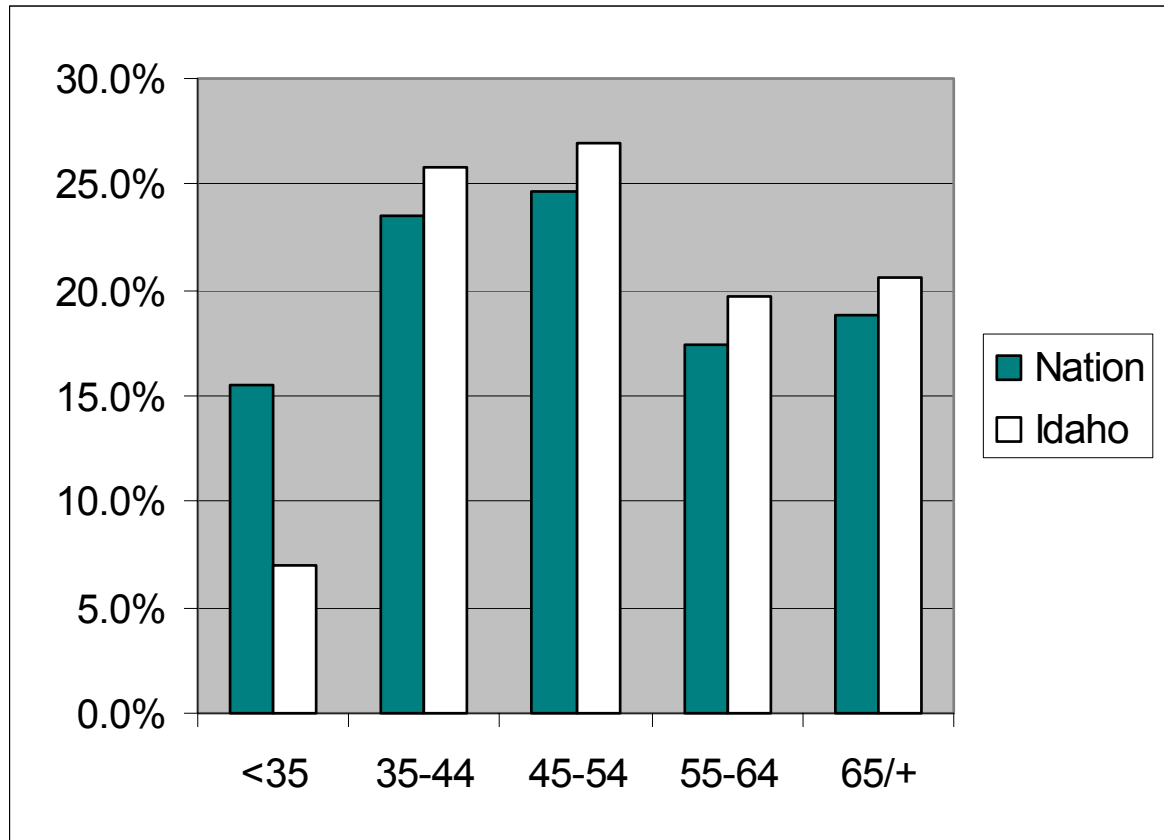
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**Idaho trails the nation and similar states in physicians per capita.**

Comparators	Active physicians per 100K population	Idaho's rank
<b>Idaho</b>	<b>162</b>	<b>-</b>
National average	239	50th of 51
National median	224	50th of 51
Mountain state average	195	8th of 8
Northwest state average	214	8th of 8
Small population state average	237	8th of 8

# IDAHO'S NEED FOR PHYSICIANS

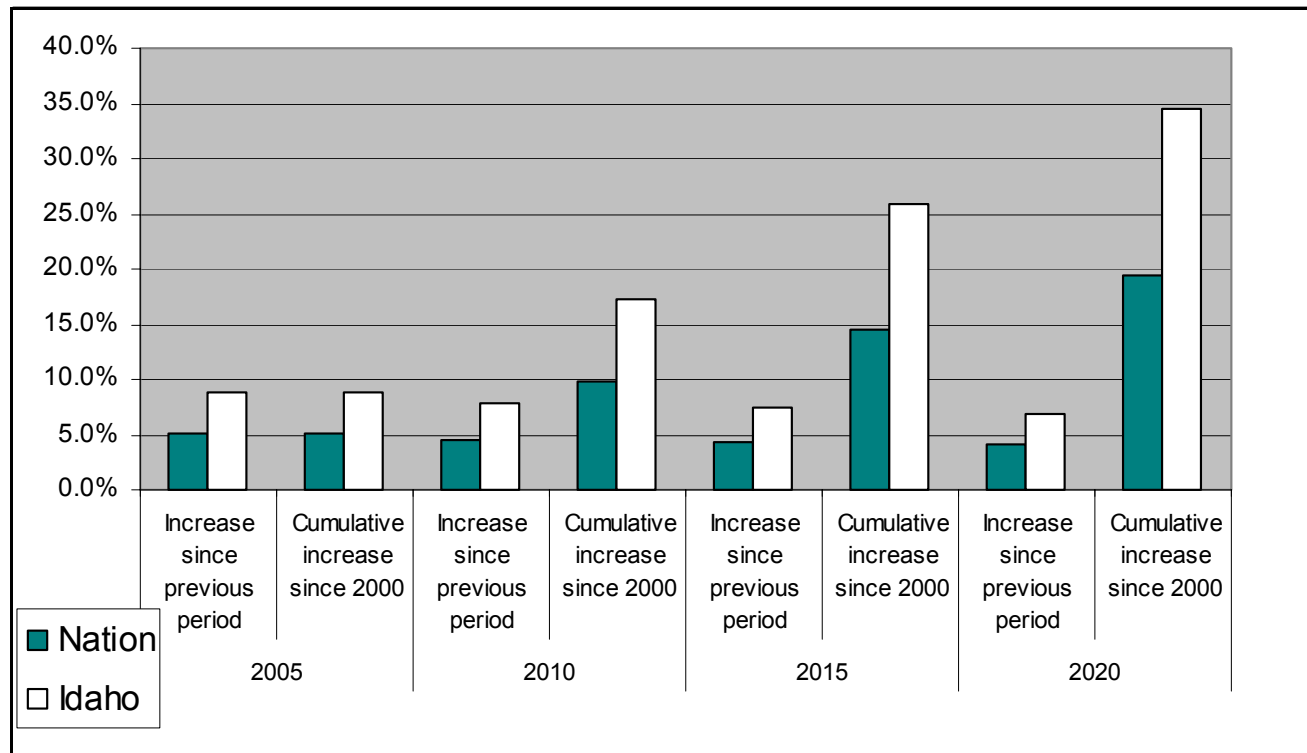
**Idaho's physicians are relatively older than average.**





# IDAHO'S NEED FOR PHYSICIANS

**Idaho is among the fastest growing states.**





# IDAHO'S NEED FOR PHYSICIANS

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## **Idaho's population growth will strain access to physicians.**

- Population is expected to increase by 35% between 2000 and 2020
  - Nearly twice the national average growth rate
- Population ages 65 & over is projected to increase by 85%
- Competition for physicians with other states will increase as national shortage develops

# IDAHO'S NEED FOR MEDICAL SCHOOL EDUCATION OPPORTUNITY

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**Idaho trails the nation and similar states in medical school seats per capita.**

Comparators	1st-year seats per 100K population	Idaho's rank
<b>Idaho</b>	<b>1.82</b>	<b>-</b>
National average	5.65	48th of 51
National median	5.23	48th of 51
Mountain state average	2.69	8th of 8
Northwest state average	3.85	8th of 8
Small population state average	6.65	7th of 8

*Note: Idaho data based on contracted seats at UW/UU*

# IDAHO'S NEED FOR MEDICAL SCHOOL EDUCATION OPPORTUNITY

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**Idaho appears to have the critical mass to support its own medical school.**

- Idaho is the largest state without a medical school
  - Seven states smaller than Idaho have medical schools
  - Four of the seven states have state-sponsored schools
- Idaho has a significant number of residents apply to medical school
  - Idaho ranks near the bottom in proportion of applicants who matriculate
  - Idaho's medical school applicants are better qualified than average
- Idaho has a well developed medical care system

# IDAHO'S NEED FOR MEDICAL SCHOOL EDUCATION OPPORTUNITY

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**Medical schools are a critical factor in building the state's physician workforce.**

- 47% of public medical school graduates practice in-state
- 47% of medical residents remain in state to practice
- 66% of combined graduates/residents practice in-state
- 43% of Idaho students in WWAMI return to practice
- 35% of Idaho students at Utah medical school return to practice (estimated by UU)

# IDAHO'S NEED FOR GRADUATE MEDICAL EDUCATION OPPORTUNITY

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**Idaho trails the nation and similar states in residency program seats per capita.**

Comparators	1st-year seats per 100K population	Idaho's rank
<b>Idaho</b>	<b>1.16</b>	<b>-</b>
National average	12.19	50th of 51
National median	9.24	50th of 51
Mountain state average	7.05	7th of 8
Northwest state average	6.98	7th of 8
Small population state average	10.61	8th of 8

# IDAHO'S NEED FOR GRADUATE MEDICAL EDUCATION OPPORTUNITY

**Idaho does not have GME programs in all core specialties.**

Benchmark	Number of Accredited Programs	Programs in Core Clinical Specialties			
		Family Medicine	Internal Medicine	Obstetrics/ Gynecology	Pediatrics
<b>Idaho</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>
National Average	167	9	8	5	4
Mountain State Average	46	4	2	1	1
Northwest State Average	42	5	2	1	1
Small Population State Average	43	3	2	1	1

# IDAHO'S OPPORTUNITY TO EXPAND ITS HEALTH-RELATED ECONOMIC SECTOR

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**The healthcare sector is the second most rapidly growing component of the national economy.**

- Idaho's healthcare sector is underperforming
  - Ranks 35th among states in share of state GDP
  - Likely explanation – dollars are leaving the state
- Investments in medical education pay strong dividends
  - Significant expansion in R&D funding
  - Creation of new jobs
  - Increase of tax revenue

# CONCLUSIONS ABOUT NEEDS

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**Idaho is near the bottom on key measures of physician access and student opportunity.**

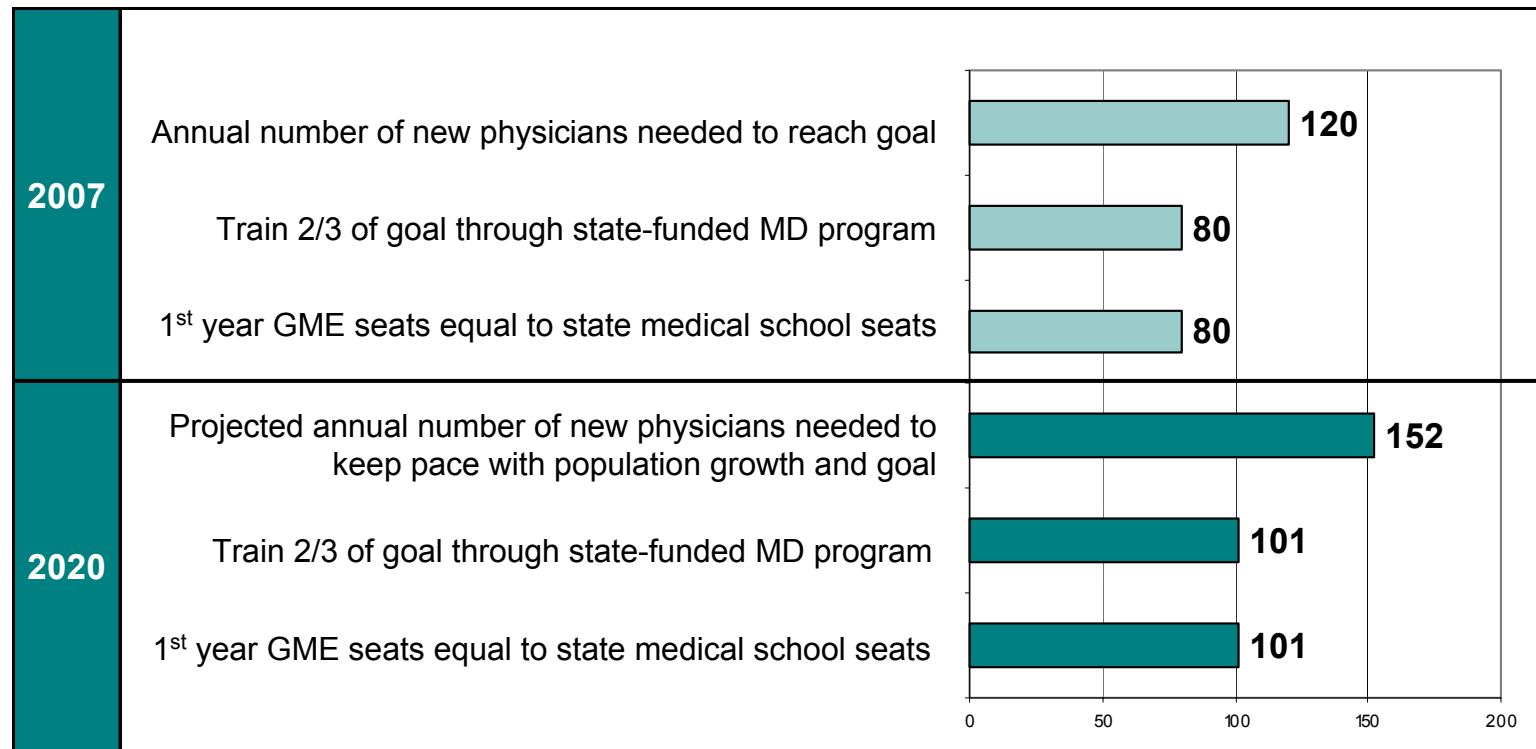
- Idaho ranks next to last in active physicians per capita
- Idaho ranks 48th in medical school seats per capita
- Idaho ranks next to last in GME seats per capita
- Idaho's rapid population growth will likely cause access and opportunity to further erode

**The impact – Idaho's citizens face increasing difficulty in gaining access to medical care.**



# POTENTIAL STATE GOALS

**Modest assumptions about potential state medical workforce goals indicate a need for major expansion of medical education.**





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# **OPPORTUNITIES FOR EXPANDING ACCESS TO MEDICAL EDUCATION**





# ALTERNATIVES FOR PROVIDING MEDICAL EDUCATION

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- New university-operated distributive medical school
- Expansion of package of contracted programs
- New joint medical school based on existing resources
- Expansion of graduate medical education programs

# CRITERIA FOR ASSESSING ALTERNATIVES

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- Impact on student opportunity
- Impact on physician workforce
- Challenges of gaining accreditation
- Time required for full implementation
- Start-up investment required
- Annual operating support required
- Economic impact on state

# ASSESSMENT OF NEW UNIVERSITY-OPERATED DISTRIBUTIVE MEDICAL SCHOOL

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- Advantages
  - Can handle greatest number of students
  - Should have strong impact on workforce
  - Should have significant economic impact
- Disadvantages
  - Requires greatest capital investment
  - Requires relatively long time to implement

# ASSESSMENT OF EXPANSION PACKAGE OF CONTRACT PROGRAMS

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- Advantages
  - Requires modest capital investment
  - Requires relatively short time to implement
- Disadvantages
  - Has limited capacity for enrollment growth
  - Likely to have least impact on workforce
  - Likely to have least economic impact

# ASSESSMENT OF NEW JOINT MEDICAL SCHOOL BASED ON EXISTING RESOURCES

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- Advantages
  - Can handle greatest number of students
  - Should have strong impact on workforce
  - Should have significant economic impact
- Disadvantages
  - Requires significant capital investment
  - Requires most time to implement
  - Likely to encounter most accreditation challenges

# ASSESSMENT OF EXPANSION OF GRADUATE MEDICAL EDUCATION PROGRAMS

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- Advantages
  - Has most direct impact on workforce
  - Would be relatively inexpensive to implement
  - Requires relatively short time to implement
  - Should have greatest economic impact if integrated with M.D. program
- Disadvantages
  - Does not provide opportunity for Idaho students to start medical education



# SUMMARY OF OPPORTUNITIES

Characteristic	Current Programs	New Distributive Model	Expanded Contract Programs	New Joint Medical School	Expanded GME Programs
<b><i>M.D. Programs</i></b>					
Number of Students per Class	28	80-100	60	80-100	n.a.
Total Number of Medical Students	106-112	320-400	240	320-400	n.a.
Annual Appropriations and Tuition (per student per year)	\$55-\$66K	\$65-85K	\$65-70K	\$65-85K	n.a.
Start-Up Operating Support	n.a.	\$10-20 million	\$5 million	\$10-20 million	n.a.
Start-Up Capital Investment	n.a.	\$60-75 million	\$1 million	\$60-75 million	n.a.
<b><i>GME Programs</i></b>					
Number of 1st-Year Medical Residents	17	n.a.	n.a.	n.a.	80-100
Total Number of Medical Residents	49	n.a.	n.a.	n.a.	320-400
Annual Appropriations	\$1.5 million	n.a.	n.a.	n.a.	\$10-12 million
Start-Up Investment	n.a.	n.a.	n.a.	n.a.	\$8-10 million
<b><i>Access to Physicians</i></b>					
Impact on State Physician Workforce	Less Than Half Graduates Return	Greater Impact	Similar to Current Impact	Greater Impact	Greatest Impact
<b><i>Economic Impact</i></b>					
Potential Growth in State Economy	Minimal Current Impact	Greatest Impact	Least Impact	Greater Impact	Greatest if Integrated with M.D. Program



# CLOSING COMMENTS

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- Idaho has been fortunate to have opportunities at UW and UU to provide access to medical education
- Idaho needs to significantly expand both undergraduate and graduate medical education opportunities
- Idaho needs a medical education strategy that
  - Provides greater control over the numbers and types of students admitted
  - Takes advantage of past investments

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# DISCUSSION

