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MEDICAL SCHOOL FEASIBILITY STUDY  
FINAL REPORT – EXECUTIVE SUMMARY

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September 11, 2014



## EXECUTIVE SUMMARY

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Washington State University (WSU) engaged MGT of America, Inc., in February 2014 to conduct a feasibility assessment of the potential for a new medical school to be based on the University's health sciences campus in Spokane. MGT was charged with investigating four specific topics:

- ♦ *Need for Physicians* – What are the State's unmet needs for more physicians in terms of their numbers, geographic distribution, and focus of practice?
- ♦ *Educational Model* – What models for delivering medical education best respond to the State's unmet needs for physicians?
- ♦ *WSU Readiness* – How do existing WSU resources contribute to establishing a new medical education program that meets accreditation standards?
- ♦ *Required Time and Resources* – How long might it take to develop a new medical school and how much funding would be required?

## BACKGROUND

WSU is a land-grant university with a statewide mission to serve the needs of Washington residents. Its public service mission not only encompasses agricultural programs, but also addresses issues related to the health and well-being of the State through pharmacy, nursing and medical education. WSU has over four decades of experience in training medical students through its participation in the WWAMI (Washington, Wyoming, Alaska, Montana, Idaho) medical education program. Hospitals and physicians in Spokane have also been WWAMI participants throughout this period. Over the past 25 years, WSU has developed a significant health sciences campus in Spokane and has relocated most of its human health professions training and research programs to Spokane. WSU and community leaders have expressed interest in a new medical school for more than a decade.

## NEED FOR PHYSICIANS

It is well documented that lack of or limited access to a physician can lead to poorer health outcomes for an individual. Furthermore, without such access unattended or unmanaged ailments may eventually require far more complex and expensive medical care. Washington faces a shortage of physicians and a lack of medical education training opportunities based on our analysis across a variety of performance measures. Both the Association of American Medical Colleges (AAMC) and the U.S. Bureau of Labor Statistics project a nationwide shortage over the next 15 years in the range of 150,000. In Washington, 1,700 additional primary care physicians and 4,000 total physicians will be needed beyond current levels by 2030 based on projections by the Robert Graham Center and state-sponsored analyses. Also, upwards of 300 physicians leave the state workforce annually and must be replaced. (Throughout this report, "physician" refers to someone involved in the care of individual patients, unless stated otherwise. National data bases often refer to this group as "active patient care physicians").

Equally concerning is the current maldistribution of the state's active physicians that has resulted in their disproportionate concentration in the metro Seattle area. Nearly half of physicians are located in King County alone, greatly exceeding its 29 percent population share. In contrast, 18 of 39 counties in Washington have 10 or fewer physicians per 10,000 population, while King has over four times as many. Maintaining a low physician per capita ratio limits access, extends patient wait time to see a doctor, and may diminish opportunities for early attention to health issues. In addition, the state's 18,000 plus physician population is older than that found in two-thirds of all other states, and recent surveys indicate upwards of 20 percent of these physicians anticipate retiring or reducing their workload within the next five years.

Access to undergraduate medical education in Washington has not kept pace with the population growth in the last 40-plus years. Public medical school seats per class in Washington available to state residents have increased by only 48 percent (currently 120 seats) since 1971, while the state's population has more than doubled during that same time frame. Washington's population is projected to grow more than 20 percent through 2030, and many counties outside the metro area are expecting growth rates greater than the statewide rate. At the same time, the State's 65-plus age cohort, which requires physician services at a disproportionately high rate, is predicted to more than double from 2010 to 2030 to 1.7 million residents. This will place even greater demands on the already burdened and maldistributed physician workforce, particularly in underserved and rural areas of the state.

Compared to the 25 most populous states with an average of 4.4 allopathic medical schools each, Washington (which ranks in the middle of this group as the 13<sup>th</sup> most populous) has only one medical school with only 120 seats per class available to residents. Less than 15 percent of the state's applicants to U.S. medical schools in 2012-13 were able to enroll in an in-state program, ranking Washington at 42<sup>nd</sup> among the 45 states with an accredited medical school. Merely adding seats to the University of Washington's class will not address the severe maldistribution problem of Washington's physicians. Additionally, growing the UWSOM class size cannot create enough growth in medical education capacity to address the issue. Training physicians outside of the traditional academic health center in diverse clinical settings in the state, including residency training opportunities outside of Seattle, is needed to address this issue.

## EDUCATIONAL MODEL

The trend in medical education over the past several decades has been to train students mostly in community settings rather than in the university's academic medical center. This approach exposes students to the full spectrum of health care. This educational model is proving to be significantly more flexible and responsive than the traditional model focused entirely on a single, insular academic medical center. A central premise is that new physicians should be trained in the types of environments in which they will practice. In addition to a superior learning environment, this emerging model for medical education is much more efficient in terms of both capital and operating costs. New medical schools in other states that employ this educational model have had greater success than their traditional counterparts in placing graduates in primary care residency programs and underserved settings. This model aligns well with the goal of WSU to respond to the state's unmet needs for more physicians, especially in primary care, who will eventually practice in underserved areas of Washington.

## WSU READINESS

A key issue in the feasibility assessment was whether WSU is ready to initiate the process for gaining accreditation of a new medical education program from the Liaison Committee on Medical Education (LCME), required for membership in the American Association of Medical Colleges. Standards used in the LCME accreditation review provided a framework for assessing available assets at WSU. Recent construction of a new biomedical sciences building on WSU's Spokane health sciences campus and the existence of other closely related health professions programs already established by WSU on this campus provide many of the assets needed for a successful medical school. WSU has a much higher state of readiness to begin the accreditation process than most of the new medical schools that have been accredited over the past decade.

## REQUIRED TIME AND RESOURCES

WSU cannot admit students to a new medical education program until it receives preliminary accreditation. If planning begins in the near future, preliminary accreditation could be earned in early 2016 with the charter class beginning in fall 2017. A central requirement for new medical schools seeking initial accreditation is submission of a realistic five-year budget plan. Other accreditation standards discuss expectations for the breadth and depth of faculty resources, administrative staffing, library and technology resources, and student services and each of these components must be appropriately funded. While it was premature to develop a detailed expenditure plan at this stage of planning, a projection of how much the state, students, and others will be expected to contribute toward the development and operations of the new medical school was developed. The requirement for additional state funds to establish a new medical school at WSU are projected to be approximately \$1-3 million annually over the next few years while planning takes place and the first cohorts of students enroll. The total funding requirement would increase gradually up to \$47 million annually (of which \$24 million would be in state funds above existing levels) when the school reaches an enrollment of 480 students in 2024-25. No additional capital funding requirement is projected for the foreseeable future.

## CONCLUSIONS

WSU leaders have recognized a significant and growing statewide need for more physicians, especially outside the Seattle metropolitan area. Innovative, 21<sup>st</sup> century models of medical education have been successfully implemented in other states that faced similar needs, and could be adapted to the unique circumstances of eastern and rural Washington. Due to the establishment of its health sciences campus in Spokane and its long experience in training medical students, WSU is well positioned to develop an accredited medical education program in the near future. A modest state investment to support operations of a new medical education program could double the number of in-state students graduating from Washington medical schools over the next decade. No capital expenditure will be needed in the foreseeable future.