

UNIVERSITY *of* WASHINGTON

**Chairman's report *for the* Advisory Council *on*
Medical Education Access and Affordability**

**The Honorable Daniel J. Evans, Chairman
December 2014**

W

Executive Summary

The University of Washington (UW) established the nation's first major community-based medical education program 43 years ago. The "WWAMI program" is named for the five-state region (Washington, Wyoming, Alaska, Montana, and Idaho) it serves. The "first of its kind" program is an innovative, cost-effective way to educate and train physicians in communities across the region, especially in rural and underserved areas, and has been identified as the nation's top primary-care school in the nation for 19 of the past 20 years, and also No. 1 in family medicine and rural medicine training school by U.S. News & World Report for the past 23 consecutive years.

In spring 2014, the UW officially announced an effort called "Next Generation WWAMI." The goals of Next Generation WWAMI are to build on the successful record of the WWAMI program through significant further expansion of Washington students in Spokane's classrooms; to adopt a new state-of-the-art medical education curriculum and expand training opportunities in underserved areas across the state; and to enable the growth of biomedical research in Spokane.

As a part of the Next Generation WWAMI initiative, UW President Michael Young convened the Presidential Advisory Council on Medical Education Access and Affordability Taskforce (the Council). The Council, chaired by Former Washington Governor Dan Evans, was specifically Washington-state focused and provided two charges:

- 1) Engage with the Spokane community and clinical training site in Washington state on how Next Generation WWAMI can best meet the healthcare and economic needs of their citizens and the state
- 2) Based on community and stakeholder feedback, advise the University on ways to assure that Next Generation WWAMI best connects state workforce, healthcare and education goals with local workforce, economic, and patient needs

The Council met four times between May and September 2014 and unanimously adopted five final recommendations for consideration by President Young. When making these recommendations, the Council emphasized its charge was to make recommendations specifically focused on the Next Generation WWAMI program. It was not the charge of the Council to determine if a separately accredited medical school is necessary or should be pursued by Washington State University. However, it is an expectation of the Council that, in addition to consideration of these recommendations and prior to the 2015 Legislative Session, both universities will be aligned in a plan for providing medical education in the State of Washington, specifically in Spokane and research capacity in Spokane that comports with the objectives of the Spokane community.

The Council unanimously adopted the following recommendations:

- 1) UW School of Medicine proceed with planned expansion to 120 medical students per class in Spokane as soon as possible.
- 2) UW School of Medicine aggressively pursue regional expansion opportunities in additional communities across the state. Next Generation WWAMI should formalize additional capacity for WWAMI expansion beyond the proposal for Spokane and include region-specific plans tailored to “community readiness” that are focused on specific community-based workforce and economic needs.
- 3) UW School of Medicine provide a specific plan for research and commercialization activities that is planned in conjunction with WWAMI program expansion. This will help connect Next Generation WWAMI workforce expansion plans with the specific economic objectives of the Spokane community.
- 4) UW School of Medicine include residency expansion, specifically in rural and underserved areas, as a key component of Next Generation WWAMI. UW School of Medicine should

work with education partners and healthcare providers to identify immediate, near-term opportunities for investment and growth in residencies.

5) All recommendations from the WWAMI leadership survey should be, to the greatest extent possible, implemented by UW School of Medicine. These recommendations included:

- Provide additional administrative support and resources to maintain program quality in the face of program expansion and growth, particularly related to student affairs, faculty development, and government affairs.
- Carefully evaluate which aspects of WWAMI are most efficiently centralized and which aspects are most efficiently decentralized. Where possible, emphasize congruity of outcomes rather than procedural congruity.
- Be proactive in engaging with stakeholders and make efforts such that participants and stakeholders feel that their input is not only heard, but also valued and prioritized.
- Identify a more efficient management structure(s) that avoids requiring individual WWAMI sites to manage relationships with individual UW School of Medicine departments.
- Institute increased transparency and accountability measures in operations and outcomes, particularly in the use of partner-state funds.

Overview of University of Washington’s WWAMI Program

The University of Washington School of Medicine (UWSOM) serves as the medical school for a five state region via the WWAMI program (Washington, Wyoming, Alaska, Montana and Idaho). This “first of its kind” program was founded over 40 years ago as an innovative, cost-effective way to educate and train physicians in communities across the region, especially in rural and underserved areas.

The WWAMI program has five primary goals¹:

- Provide publically supported medical education
- Increase the number of primary-care physicians
- Provide community-based medical education
- Expand graduate medical education (residency training) and continuing medical education
- Provide all of this in a cost-effective manner

The program has seen significant success in its 43-year history. UW WWAMI graduates return to practice in their home states and choose primary care professions at substantially higher rates than the national averages². The program has been recognized by the Association of American Medical Colleges with the Outstanding Community Service Award and has been identified as the nation's top primary-care school in the nation for 19 of the past 20 years, and also No. 1 in family medicine and rural medicine training school by *U.S. News & World Report* for the past 23 consecutive years.

¹ “WWAMI Regional Medical Education,” accessed October 22, 2014, <http://www.uwmedicine.org/education/wwami>.

² Susan M. Skillman and Bert Stover, “Washington’s Physician Workforce, 2014,” presented at Advisory Council meeting, Seattle, Washington, June 17, 2014.

The WWAMI Model

The WWAMI program is a regional, community-based medical education program built on educational and clinical partnerships across the five-state region. Each WWAMI state partners with the UWSOM to educate a number of students from its home state. Currently, partner higher education institution in each of the five states provide the first year of medical classroom education, the UWSOM provides the second year of medical classroom education in Seattle, and a diverse network of hospitals, physicians, and community-based clinical partners provide third and fourth year clinical training across the region³. In Washington, the UW's WWAMI partner is Washington State University.

WWAMI's regional, community-based approach provides students with a wide range of educational and clinical training opportunities throughout their medical education, including opportunities to serve in rural and underserved areas. In addition, the partnership structure avoids unnecessary duplication of administrative functions and costs, allowing the program to keep tuition low compared with its peer institutions and deliver medical education more cost effectively than the national average⁴.

Next Generation WWAMI

The WWAMI program has grown, adapted, and changed over the last four decades to meet the needs of its students and the region. Notably, in 2008, the UW, in partnership with WSU and the Spokane community, expanded its first year medical education program to Spokane. WSU Pullman was one of the original WWAMI partners and consolidated in 2014 into the Spokane program. In 2013, this program was broadened further to include a second-year pilot program in Spokane, where Washington students could choose to stay in Spokane for their second year of medical education instead of coming back to Seattle. This effectively created the first public

³ "WWAMI Program Site Map," accessed October 22, 2014, <http://www.uwmedicine.org/education/documents/WWAMI-Marps.pdf>.

⁴ Paul Ramsey, "The WWAMI Program," presented at Advisory Council meeting, Spokane, Washington, April 21, 2014.

four-year medical school outside of Seattle in the WWAMI region.

In March 2014, the UW officially announced an effort called Next Generation WWAMI. This initiative was developed after several years of collaborative planning and in response to rapidly growing needs for physicians, especially in primary care and rural and underserved areas. The goal of Next Generation WWAMI is to build on the successful record of the WWAMI program and the innovative growth model in Spokane to support and develop new ways to train physicians, conduct medical research, and care for patients. Key components include:

- Aggressive medical school enrollment growth
- Implementation of a new, state-of-the-art medical education curriculum
- Expansion of clinical training opportunities
- New growth of biomedical research

Presidential Advisory Council on Medical Education Access and Affordability

As a part of the Next Generation WWAMI initiative, UW President Michael Young convened the Advisory Council on Medical Education Access and Affordability Taskforce (the Council). The Council, chaired by Governor Dan Evans, was specifically Washington focused and was given two charges:

- 1) Engage with the Spokane community and clinical training site in Washington state on how Next Generation WWAMI can best meet the healthcare and economic needs of its citizens and the state
- 2) Based on community and stakeholder feedback, advise the University on ways to assure that Next Generation WWAMI best connects state workforce, healthcare and education goals with local workforce, economic, and patient needs

The Council met four times between April and September 2014. Meetings were held in Spokane, Seattle and the Tri-Cities. Full council membership included:

The Honorable Daniel J. Evans, Chair

Kristi Blake, Regent, UW

Phyllis Campbell, Vice Chairman, JPMorgan Chase and former WSU Regent

Dave Clack, former Chairman, Old National Bank

Mari Clack, former UW Regent

Betsy Cowles, Chairman, Cowles Company and former WSU Regent

Gerald Grinstein, Member, University of Washington Medicine Board

Scott Morris, President and CEO, Avista Corporation

Lura Powell, Regent, WSU

Rogelio Riojas, Regent, UW

Mike Worthy, Regent, WSU

Full council meeting agendas and materials are provided in Appendixes A through D of the report. In an effort to provide the Council with first-hand accounts of the strengths and challenges of the current WWAMI program, a series of interviews were commissioned with WWAMI leadership across the region. This report and related presentation are included in Appendix D.

Council Recommendations to UW President Michael Young

The Council has unanimously adopted five final recommendations.

In addition, the Council would like to acknowledge the context within which these recommendations are made. In September 2014, WSU's Board of Regents adopted a resolution directing WSU leadership to pursue approval for an independently accredited medical school. Prior to and after adoption of this resolution, a series of Spokane community-lead meetings was held between UW and WSU leadership in an effort to form a united vision for medical

education expansion. These conversations led to the recent execution of a Memorandum of Understanding (MOU) between the Universities, which stated the intention to mutually dissolve their WWAMI partnership and acknowledged that each University will pursue independent paths for medical education expansion in Spokane.

This Council's charge was to make recommendations specifically focused on the Next Generation WWAMI program. It was not the charge of the Council to determine if a separately accredited medical school is necessary or should be pursued by WSU. It is an expectation of the Council that, in addition to consideration of these recommendations and prior to the 2015 Legislative Session, both universities will be aligned in a plan for providing medical education and research capacity in Spokane that comports with the objectives of the Spokane community.

The Chairman urges serious consideration and adoption of the five recommendations below to President Young and the UW School of Medicine.

Recommendation #1

The need for additional primary care doctors in Washington state, especially in rural eastern Washington and underserved areas of western Washington, is well documented⁵. Leaders at the UWSOM have indicated that the WWAMI program is scalable and can meet this need cost effectively.

The Council recommends the UW School of Medicine proceed with planned expansion to 120 medical students per class in Spokane as soon as possible.

⁵ Susan M. Skillman and Bert Stover, "Washington's Physician Workforce, 2014," presented at Advisory Council meeting, Seattle, Washington, June 17, 2014.

Recommendation #2

Communities around the state, in particular the Tri-Cities, indicated a strong commitment and willingness to expand medical education opportunities in partnership with the UW. These partnerships will be essential to expanding the student pipeline and clinical training opportunities to support WWAMI program expansion.

The Council recommends the UW School of Medicine aggressively pursue regional expansion opportunities in additional communities across the state. Next Generation WWAMI should formalize additional capacity for WWAMI expansion beyond the expansion proposal for Spokane and include region-specific plans tailored to “community readiness” that are focused on specific community-based workforce and economic needs.

Recommendation #3

The Spokane community indicated that, in addition to physician workforce expansion, the economic development benefits of a four-year medical school, particularly with regards to research and commercialization opportunities, are a key component to UW and WWAMI expansion in their community. A 2010 Tripp Umbach study demonstrated significant economic benefits associated with WWAMI expansion. However, more specific information is needed.

The Council recommends the UW School of Medicine provide a specific plan for research and commercialization activities that are planned in conjunction with WWAMI program expansion. This will help connect Next Generation WWAMI workforce expansion plans with the specific economic objectives of the Spokane community.

Recommendation #4

Research demonstrated that the best predictor of where physicians will choose to practice is where they do their residency⁶. In 2017, the number of doctors graduating from U.S. medical schools will exceed the number of residency slots available⁷. Simply growing medical student positions in eastern Washington will not solve our physician workforce challenges – we need residencies to ensure students educated in Washington have the opportunity to stay and practice in Washington State.

The Council recommends the UW School of Medicine include residency expansion, specifically in rural and underserved areas, as a key component of Next Generation WWAMI. UW School of Medicine should work with education partners and healthcare providers to identify immediate, near-term opportunities for investment and growth in residencies.

Recommendation #5

A survey of WWAMI first-year and clinical assistant deans identified areas of growth, investment, and changes in the WWAMI structure to make it more efficient and effective for WWAMI partners. Specific recommendations include:

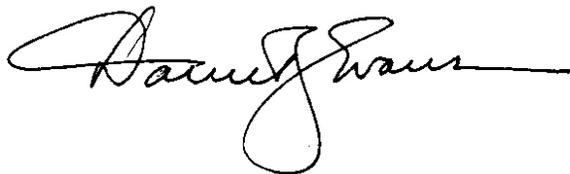
⁶ Association of American Medical Colleges, 2013 State Physician Workforce Data Book, Association of American Medical Colleges, Washington, D.C. 2013

⁷ National Resident Matching Program, Results and Data: 2014 Main Residency Match®, National Resident Matching Program, Washington, D.C. 2014

- 1) Provide additional administrative support and resources to maintain program quality in the face of program expansion and growth, particularly related to student affairs, faculty development, and government affairs.
- 2) Carefully evaluate which aspects of WWAMI are most efficiently centralized and which aspects are most efficiently decentralized. Where possible, emphasize congruity of outcomes rather than procedural congruity.
- 3) Be proactive in engaging with stakeholders and make efforts such that participants and stakeholders feel that their input is not only heard, but also valued and prioritized.
- 4) Identify a more efficient management structure(s) that avoids requiring individual WWAMI sites to manage relationships with individual UW School of Medicine departments.
- 5) Institute increased transparency and accountability measures in operations and outcomes, particularly in the use of partner-state funds.

The Council recommends that all recommendations from the WWAMI leadership survey should be, to the greatest extent possible, implemented by the UW School of Medicine.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Dan Evans", with a long horizontal flourish extending to the right.

The Honorable Dan Evans
Chair

Council Acknowledgements

The Council members would like to acknowledge all of the presenters and community participants that contributed time, energy and effort on behalf of the work of the Council:

Dr. Paul Ramsey, CEO, UW Medicine and Dean, UW School of Medicine

Lisa Brown, Chancellor, WSU Spokane

Suzanne Allen, Vice Dean for Regional Affairs, UW School of Medicine

Kevin Critchlow, 1st year WWAMI student

Peter Boothman, 2nd year WWAMI student

Mary Eguia, 3rd year WWAMI student

Dr. Jaime Fair, Internal Medicine Resident, Providence Sacred Heart Medical Center

Theresa Sanders, City Administrator, City of Spokane

Marty Dickinson, Executive Vice President, Sterling Bank

Dr. Gary Knox, Valley Hospital Rockwood Health System, Providence Sacred Heart Medical Center, Deaconess Hospital, Providence Holy Family Hospital

Dr. Rodolfo Arevalo, former President, Eastern Washington University

Dr. John McCarthy, WWAMI Assistant Dean, eastern and central Washington

Dr. Judy Pauwels, Program Director, Family Medicine Residency Network

Randy Wortman, FACHE, President/CEO, Kadlec Health System

Dr. Dale Hoekema, FCCP, Intensivist, VPMA/CMO/DIO, Kadlec Health System

Dr. Erik Isaacson, FAAFP, Family Medicine Program Director

Amy Carrasco, Director of Graduate Medical Education

Stacy Jackson, Graduate Medical Education Assistant

Dr. Saira Tandon, Faculty for UW/OB Clerkships

Dr. Matt Lawrence, Faculty for Family Medicine Residency Network

Dr. Heather Phipps, Director of Medical Education, Trios Health

Barbara Mead, Vice President of Behavioral Health & Physicians Clinics

William A. Cavanagh, Vice President of R&D, IsoRay Medical

Richard Cummins, President, Columbia Basin College

Cindy Johnson, City Manager, City of Richland

Matt Watkins, Mayor, City of Richland

Richard Grizzell, Operations Manager, SIGN Fracture Care International

Dr. Karin Rodland, Chief Scientist, NIH Programs, PNNL

Sue Skillman, Deputy Director, UW Center for Health Workforce Studies and Area Health
Education Center (AHEC)

Dr. Roger Rosenblatt, Vice Chair of UW Department of Family Medicine, Founder WWAMI Rural
Health Research Center

Dr. Meghan Johnston, Internal Medicine Resident

Dr. Richard Waters, Family Medicine Resident

Dr. Jennifer Wild, Pediatrics Resident, Seattle Children's Hospital

Dr. Whitney Benz, Pediatrics Resident, Seattle Children's Hospital

Orin Smith, Regent, UW

The Council sends particular thanks to:

- Tyler Scott, Ph.D. Candidate at the UW Evans School of Public Affairs for his report and recommendations based on interviews with WWAMI leadership
- WSU Spokane and its staff for hosting the Council April meeting
- Kadlec Medical Center leadership, TRIDEC and their staff for hosting the Council's May meeting
- Members of the Tri-Cities community who contributed to the Council's May meeting and site tour
- Harborview Medical Center and UW Medicine staff for hosting the Council's June meeting
- Avista Corporation and its staff for hosting the Council's September meeting