



## Community-based Medical School Expansion Holds Potential for Addressing Physician Shortage

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Collaboration is a hallmark of the Medical College of Wisconsin, and we have made it a priority to reach out to our peers and potential partners to explore ways to improve access and quality of health care in Wisconsin. We believe these relationships will have great significance as we consider the best response to the Wisconsin Hospital Association's (WHA) recent projection of a significant physician shortage in the state.

Wisconsin needs 100 additional new physicians per year to avoid a projected shortfall of 2,000 physicians by 2030, according to the WHA report released in November.<sup>1</sup> The Association offered numerous recommendations for addressing the shortage through changes to the state's medical education and training system.

The Medical College is committed to working with WHA, hospitals statewide, the University of Wisconsin School of Medicine and Public Health and others to find a solution to the likely impending physician deficit. We are beginning feasibility analyses of placing community-based medical school components in one or more regions throughout Wisconsin. The project will be

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staged over a multi-year period with a goal of launching the first program as early as 2014 and no later than 2015. Although we are in the preliminary stages of evaluating such an expansion, our belief is that it could

medical students to share pre-clinical classroom training with students of other health professions, including dentistry, nursing and physician assistant programs, to build climates of respect and trust, and to model

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be an important component in a plan to address physician supply, particularly as it pertains to the need for more primary care physicians.

Our vision is for a community-based medical education program designed to alleviate shortages in rural and underserved areas of the state. We are committed to providing this program in an efficient and cost-effective manner using the expertise and infrastructure that is already in place at the Medical College and connecting this to a program of medical education nodes embedded in the community that also use local resources and talent. Students would learn from both community health care professionals and Medical College teaching faculty. We also will seek opportunities for

the health delivery teams of the future.

To achieve a viable program, the Medical College is exploring possible partnerships with a number of rural and community-based hospital systems that have the infrastructure to accommodate the model and have mutual interest in neutralizing physician shortages in their respective regions. Geographic regions under consideration are: Green Bay, Fox River Valley (Appleton, Oshkosh, Fond du Lac), North Central Wisconsin (Wausau, Stevens Point, Marshfield), Northwest Wisconsin, Eau Claire, La Crosse, Janesville/Beloit, and Racine/Kenosha. The curriculum would be based on immersion in a primary care setting. As these medical students learn and live in the community, they would be

exposed to the corresponding lifestyle and to role models who practice primary care medicine.

Our focus is expanding the primary care work force. The WHA report estimates the demand for primary care physicians will be the most urgent in the state, with general surgeons and psychiatrists also in diminished supply.

Wisconsin ranks 19th among U.S. states with 95.4 active primary care physicians per 100,000 population, according to the Association of American Medical College's (AAMC) Center for Workforce Studies.<sup>2</sup> While this places Wisconsin in the top 50 percent of states, there are corresponding signs that portend physician supply difficulties for Wisconsin. Based on the percentage of active physicians who are age 60 or older (21.6%), the AAMC ranks Wisconsin 49th out of 50 states. One can infer that physician attrition by retirement is likely to disproportionately affect Wisconsin, making a pre-emptive response even more critical.

To maximize impact for the partners and the students, the Medical College's expansion plan emphasizes value. The community-based model limits the start-up costs associated with creating a new medical school and minimizes the need for new bricks and mortar by working with existing institutions' facilities.

Although it requires further financial analysis, we would like to explore the idea of offering incentives for entering a primary care field. Other incentives could be offered to students who matriculate to a residency program in Wisconsin. Such an incentive program would be the first of its kind, to our knowledge, and could have significant value for the state. When graduates of a Wisconsin medical school also complete their residencies in a Wisconsin program, there is a 70% chance that they will practice in Wisconsin, according to the WHA report, which cites American Medical Association data. Such

retention would be an enormous advantage in mitigating the projected physician shortage.

For any of this to have an impact, however, the number of residency slots available in Wisconsin will need to increase. This is the limiting factor in developing new physicians, and unfortunately, the funding streams for residency programs are under duress because much of the cost is subsidized by the federal and state governments. New slots must be created and will require support from all those interested in addressing the physician shortage, including the state, hospitals, the medical schools and even insurance companies (precedent for the latter exists in California).

I believe we can overcome this and other challenges by maintaining our commitment to value through simultaneous emphases on high quality and cost-efficiency. By adhering to the Institute for Healthcare Improvement's Triple Aim—the simultaneous pursuit of 3 aims: improving the experience of care, improving the health of populations, and reducing per capita costs of health care—we can ensure our medical school expansion brings value to the people and communities in which it is based.

In the final analysis, we may discover new solutions to the complex issue of physician supply that either complement or supersede these ideas, but we are dedicated to a thorough assessment of all options. We are open to novel collaborations with all genuinely interested parties. And we are pledged to seeking value-driven health care for people throughout Wisconsin.

## References

1. *100 New Physicians a Year: An Imperative for Wisconsin*. Wisconsin Hospital Association. November 2011.
2. *2011 State Physician Workforce Data Book*. Center for Workforce Studies, Association of American Medical Colleges. November 2011.



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