

## Slide 2

## Overview of Today's Presentation

- •Strategic direction of the UND SMHS Dr. Wynne
  - Where we were
  - •Where we **are** now, thanks in large measure to North Dakota's *Healthcare Workforce Initiative* (HWI)
  - •Where we hope to go
- •Executive Budget implications Dr. Wynne
- •Recommendations for the ND Legislature from the UND SMHS Advisory Council – Mr. Molmen
- •Summary Dr. Wynne

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#### Reference Materials

- Copy of PowerPoint slides used in today's presentation
- UND SMHS Fact Sheet 2021 with overview of various UND SMHS programs, statistics, and answers to frequently asked questions
- Executive Summary of the Sixth Biennial Report Health Issues for the State of North Dakota 2021 with link to the full web-based report
- Vital Signs 2020 Community Report

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Electronic and paper copies of all four reference materials have been provided.

#### Healthcare Workforce Shortages in North Dakota Are **Not** New

- Report of the Country Life Commission (1909) President Theodore Roosevelt
  - "Physicians are further apart and are called in later in cases of sickness, and...medical attendance is...more expensive."
- Carnegie Commission's Report on Medical Education (1970)
   "The geographic distribution of health [providers] is highly uneven, and...there is little question that the supply of health [providers] is gravely deficient in some parts of the nation."

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#### But We Have a Plan for Addressing Healthcare Workforce Shortages in North Dakota

"Perhaps the greatest achievement for Clifford was the establishment of the M.D. program for the University's School of Medicine and Health Sciences. When it became clear that UND's two-year transfer curriculum would no longer be viable, he worked with Medical School officials to develop an innovative community-based M.D. program that avoided the need for an expensive teaching hospital and would help North Dakota "grow its own" physicians."



From the biography of UND President Emeritus Thomas J. Clifford, written by the *Grand Forks Heral* shortly after his death in 2009

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Impact of the UND SMHS on Healthcare Workforce

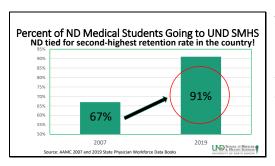
- The first four-year medical school graduate was Dr. Robert Arusel, a North Dakota native, who graduated on May 5, 1976.
- Dr. Arusel, a radiation oncologist at Sanford's Roger Maris Cancer Center in Fargo and philanthropic supporter of the UND SMHS along with his wife Dr. Janelle Sanda, recently retired after over four decades of practice – in North Dakota!

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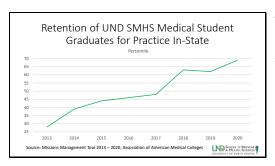
The Executive Summary of the *Sixth Biennial Report* has been provided to you, and the entire report is available on-line. The *Report* outlines in detail the implementation and accomplishments of the Healthcare Workforce Initiative (HWI).

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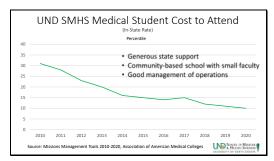
This chart looks at the cohort of North Dakotans who matriculate in any medical school in the United States in the specified year. In 2007, two out of three North Dakotans who entered medical school came to the UND SMHS. Last year that percentage increased to more than nine out of ten.

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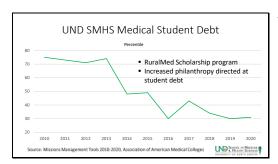
This chart looks at the retention of UND SMHS medical student graduates for practice in-state. The data are shown as percentile, where our results are compared with all other medical schools. We have gone from well below average in 2013 to well above average in 2020. In 2020, our retention rate was better than that at more than two-thirds of the medical schools in the US.

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This chart again looks at percentile rank (UND SMHS compared with all other medical schools). In 2020, the cost to attend UND SMHS for a student from North Dakota was lower than at nine out of ten of the medical schools in the US.

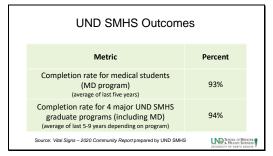
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This chart uses percentile rank to look at student debt over time. Our medical students in 2010 had average debt levels well about the national average at other medical schools, and we have now driven the debt level down so that in 2020 the medical students at more than two out of three medical schools had average debt levels more than our students did.

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UND SMHS Ou	tcomes	
Metric	Percentile Rank	
Percent of graduates practicing in rural areas (graduates 2005–2009)	99 <sup>th</sup>	
Percent of graduates entering family medicine (2018)	99 <sup>th</sup>	
Percent of graduates who are American Indian or Alaska Native	100 <sup>th</sup>	
Source: Association of American Medical Colleges Missions N	Management Tool 2020 Sciool of Man	CIM NCE



This chart looks at percent (not percentile). 93% of medical and 94% of all our students graduate.

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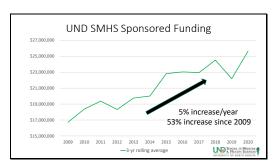


Example of the Value of Research That Should Resonate!

- Dec. 31, 2019 First confirmed case of SARS-CoV-2 (COVID-19) reported in Wuhan, China
- Jan. 10, 2020 Genetic sequence of the virus first reported
- •Sept. 2020 321 candidate vaccines in development
- Dec. 8, 2020 First human inoculated with the Pfizer vaccine in the UK



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This chart looks at external (sponsored) funding over time. Most of the funding comes from the federal government, especially the National Institutes of Health. Other important funding sources include state agencies (especially the North Dakota Department of Health) and foundations.

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North Dakota's Healthcare Workforce Initiative Started in the 2011-13 Biennium

- Reduce disease burden → focus on population health
  - Masters and Ph.D. public health degree programs (coordinated public health programs at UND and NDSU)
- Retain more healthcare provider graduates for North Dakota
  - RuralMed Program (that has been expanded over time to include more specialties needed in North Dakota)

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#### Healthcare Workforce Initiative

- Train more healthcare providers
   Medical student class increased by 16/year (total of 64)
  - 86% of medical students are from ND or have strong ties here
     Health sciences students increased by 30/year (total of 90)
  - Resident (post-MD training required prior to clinical practice) slots increased by 35 with a plan to ramp up to 51 or more (aided by public "private" partnerships with healthcare systems)
- Improve the efficiency of the healthcare delivery system
- Training in interprofessional healthcare teams
- Developing "virtual care" approaches that bring the clinic to the patient rather than the other way around (especially important in rural areas)

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## Implementation of Healthcare Workforce Initiative Over the Past Five Biennia

- Increased medical school class size by 25% and residencies by 35%
- Expanded medical student and other academic programs
   Minot Integrated Longitudinal Experience (MILE) program for medical students
- students

  Departments of Population Health,
  Geriatrics, and Emergency Medicine

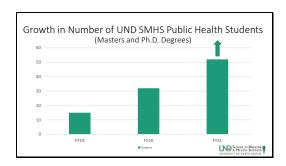
  Public Health program

  Masters in Public Health

  First-ever Ph.D. program in
  Indigenous Health



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#### Implementation of Healthcare Workforce Initiative Over the Past Five Biennia

- Added new residency programs focusing on rural primary care and other physician provider shortage needs identified in North Dakota
- Intensified clinician retention efforts
- Attract the vast majority of future doctors who are from North Dakota to the UND SMHS
- RuralMed program
- Intensified efforts to train providers dedicated to transforming
- Interprofessional teams
   Virtual medicine

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Summary of Impact of HWI over the Past Decade

- •Retained more ND medical school matriculants than ever before (tied for second-highest in US)
- Retained more physicians and other clinicians for practice in North Dakota
- Trained more physicians and other clinicians for practice in North Dakota

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Limited Options for UND SMHS to Adjust to Less Than a Needs-Based Budget

- Available options
- Admit additional students to increase revenue
  - Admit out-of-state students
- Limited clinical slots available in the state
- •Increase tuition more than planned
- Eliminate programs to reduce expenses

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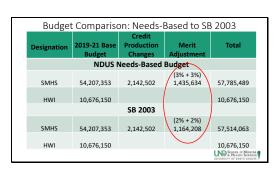
### UND SMHS Degree Programs 1. Doctor of Medicine 2. Physical Therapy 3. Occupational Therapy 4. Medical Laboratory Science 5. Physician Assistant Studies 6. Sports Medicine/Athletic Training 7. Public Health (Masters and PhD in Indigenous Health) 8. Graduate programs in biomedical/translational sciences

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#### SB 2003 Senate Version

- SB 2003 eliminated the proposed reduction of 7.5% to our base appropriated funding (\$4.2 million) proposed in the Executive Budget
  SB 2003 includes a 2% per year salary increase
  There remains a shortfall due to the proposed salary increase (to cover the expense of non-appropriated salaries)

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#### Our Goals

- To be the best community-based school in the country
- To continue to be an innovator in education (with a focus on interprofessional teams)
  To continue to develop focused programs of research excellence
- To serve the people of North Dakota and beyond
   Rural health
- Hualthcare workforce
   Primary care (especially family medicine)
   Health promotion
   Interprofessional care
   Virtual care

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## Responsibilities of the UND SMHS Advisory Council

"The advisory council...shall study and make recommendations regarding the strategic plan, programs, and facilities of the school of medicine...The recommendations must:

- (1) Address the healthcare needs of the people of the state; (2) Provide information regarding the state's healthcare workforce needs: and
- (3) Provide information that specifies the contributions that the university of North Dakota school of medicine and health sciences and the residency training programs in the state are making to meet the healthcare provider workforce needs of the state."

Source: North Dakota Century Code Section 15-52-04

#### UND SMHS Budget Proposal

- The Healthcare Workforce Initiative (HWI) involved an agreement between the School and the Legislature for increased healthcare clinicians and healthcare programming for North Dakota provided by the UND SMHS to be supported by increased financial resources provided by the state.
- The UND SMHS is keeping its side of the agreement.
- Now the state needs to do the same.
- The School is not asking for more to do less; it is asking for the necessary funding so it can do even more (including further expansion of residency programs).

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## Recommendations

UND SMHS Advisory Council Meeting 03/2/21

- The highest recommendation is to provide the requisite funding for the UND SMHS and its Healthcare Workforce Initiative specified in its needs-based budget (as contained in SB 2003).
- To ensure the recruitment and retention of highperforming faculty and staff, it is important to endorse salary merit increases, optimally the 3% annual increases proposed by the NDUS.

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Comparison of UND SMHS Faculty Base Salaries (Basic Sciences Faculty)

UND All Other Medical Schools

Assistant Professor
Associate Professor
Full Professor
All medical school faculty

Source Association of American Medical Colleges Adjusted Pt 2019-20 public medical school mean salary survey data

This chart shows basic sciences faculty salaries at the UND SMHS compared with those at all other medical schools in the US. Overall, our salaries are 10% below the average salaries elsewhere, and the disparity increases as faculty progress through the academic ranks. Thus, retention becomes an issue. A robust merit pool (3% + 3%) will help reduce this salary inequity and hopefully help with retention.

Recommendations
UND SMHS Advisory Council Meeting 3/2/2021

3. Because appropriated funding does not cover all the costs associated with a merit increase (non-appropriated salary sources and associated fringe benefits), it is strongly recommended that an additional amount be allocated to cover the remaining shortfall.

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Recommendations
UND SMHS Advisory Council Meeting 3/2/2021

The additional appropriation requested depends on the merit increase pool approved:

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To help fund the salary merit pool for salaries that are not based on appropriated funding, we propose generating \$600K from tuition increases. We do not believe that tuition increases larger than this are a good idea; please reference the earlier slides in this presentation that showed increased retention of medical school matriculants and those practicing instate after graduation as student tuition burden decreased over time.

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Recommendations
UND SMHS Advisory Council Meeting 3/2/2021

Endorsement of these three funding recommendations by the legislature will enable the UND SMHS to continue its efforts to provide the necessary healthcare workforce and programing to improve the quality of life of North Dakotans (as specified in the North Dakota Century Code).

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