

PRESENTATION TO THE INTERIM
COMMITTEE ON HEALTH CARE

JULY 28, 2011

BISMARCK, NORTH DAKOTA

UND UND School of Medicine and Health Sciences
Advisory Council

Greetings from Chair Dave Molmen

Mr. Molmen
is chair of
the SMHS
Advisory
Council, and
CEO of
Altru Health
System in
Grand Forks



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Goals For Presentation Today

Presenting
will be
UND Vice
President
for Health
Affairs and
SMHS
Dean
Joshua
Wynne

- ❑ Review the current and predicted health care workforce status in North Dakota
- ❑ Discuss the reasons for the disconnect between an increasing demand for health care and an insufficient supply of providers
- ❑ Outline the positive steps that have been taken
- ❑ Review the additional steps that should be taken

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The future of North Dakota—We're in good hands!

The enthusiasm of these medical students speaks for itself!

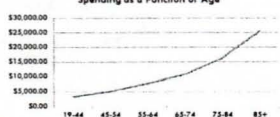


Health Care Workforce Now and Tomorrow


Demand for health care (and health providers) already exceeds supply. And it's going to get worse!

- Demand for health care (and health care providers) has been rising and will accelerate with the “coming of age” of the baby boomers
- The single most important determinant of health care use is age

Average Per Capita Annual Health Care Spending as a Function of Age




Source: Centers for Medicare and Medicaid
<https://www.cms.gov/Medicaid/Downloads/2004-age-relates.pdf>



North Dakota is Aging!

North Dakota has one of the most elderly populations in the United States. We are second only to Florida in the percentage of population over 65.

- Hardy stock → Life expectancy above the national average
- Outmigration of young
- Consequently, falling birth rate
- Thus, the older folks stay and live a long time, and the young have been moving elsewhere to have children



Rapidly Increasing Demand for Health Care and Health Care Providers

The rapidly aging N.D. population will place increased demands on our health care system.

- ❑ North Dakota currently has around 1,500 physicians
- ❑ There currently are shortages of physicians that are felt most acutely in the rural areas
- ❑ It is conservatively estimated that we'll need an additional 200–300 over the next 10–15 years (in addition to replacing those physicians who retire or leave practice)!



Static Supply of Physician Providers

Until recently, there has been no major expansion in the supply of physicians produced in North Dakota. Recruitment from out of state has provided some of the supply of MDs.

- ❑ Current medical school class is 55 (plus 7 students in the federally funded Indians into Medicine [INMED] program)
- ❑ ND Legislature just approved the modified class size expansion plan that the SMHS Advisory Council proposed
- ❑ Will add 8 students to the class starting in 2012 (63 students)
- ❑ These students won't graduate until 2016, or enter the provider workforce until 2019



Static Supply of Other Providers

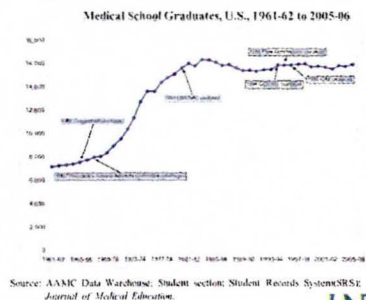
A similar imbalance between increased demand and inadequate supply applies to most of the non-physician health care workforce as well.

- ❑ The SMHS educates three times as many health sciences students as it does medical students!
- ❑ There will be increasing demands for the full array of health care providers
- ❑ Thus, we need to grow our health sciences class size too!



Static Supply of Physician Providers

There will be an increasing reliance on non-physician providers, but no one predicts that such "extenders" will be sufficient to meet the demand. And the number of graduating medical students has been flat.



Solving the Health Care Supply/Demand Imbalance

Given the "disconnect" between increasing demand and a static supply of health care providers, what can be done?

- ❑ The SMHS Advisory Council has proposed four core approaches to deal with this predicament
 - ❑ Reduce disease burden (demand for health care) in North Dakota
 - ❑ Increase supply of providers by **retaining more** in North Dakota
 - ❑ Increase supply of providers by **training more** in North Dakota
 - ❑ Improve efficiency of health care delivery system

Reducing Disease and Improving Health and Wellness

A healthier North Dakota obviously is the best option. Less disease means less need for health care, reduced demand for providers, and lower costs.

- ❑ The SMHS Advisory Council has proposed, and the ND Legislature just funded, two important programs to reduce disease and improve health and wellness
 - ❑ Master of Public Health program, to be undertaken as a joint, integrated program with NDSU
 - ❑ Geriatrics Training Program, to optimize the care of seniors across the state

Increase Supply of Providers Through Increased Retention

Retaining more of the students we already train is the most direct way to increase our provider network.

- ❑ The School's production of family medicine physicians is the best in the country
 - ❑ A larger percentage of our class goes into FM than at any other school in the USA
- ❑ Yet we are about average (or even slightly below average) in the extent to which our graduates remain within the state following training



Increase Supply of Providers Through Increased Retention

What can be done to increase retention, especially for the rural areas of North Dakota?

- ❑ Select more from rural areas
 - ❑ A student from a rural area is more likely to settle in a rural area to practice
 - ❑ Be aware of spousal issues
 - ❑ Have exposure to rural practice in pre-medical experiences, during medical school, and during residency
 - ❑ Remove barriers (financial and others)
 - ❑ RuralMed program



Increase Supply of Providers Through Expansion of Class Size

Modified plan for class size expansion, beginning in 2012, has been approved and funded by the ND Legislature

- ❑ Expand medical school class by 8 slots
- ❑ Expand health sciences slots by 15
- ❑ Expand residency slots by 9



Improve Efficiency of Health Care Delivery System

Improved efficiency

- ❑ Regionalization of services
- ❑ Expanded use of mid-level providers
- ❑ Enhanced use of telemedicine
- ❑ Improved coordination of services by the "Big 6"



The Future

But all of these efforts, while they'll help, are likely to be insufficient to meet the demand.

- ❑ We need full implementation of the plan for class size expansion approved by the SMHS Advisory Council and the State Board of Higher Education
 - ❑ Expansion of medical school class by 16
 - ❑ Expansion of health sciences class by 30
 - ❑ Expansion of residency slots by 17
- ❑ New building to house all of these students, faculty, and staff



Your Role

What can the Interim Committee do?

- ❑ Review the *First Biennial Report* recently released by the SMHS Advisory Council
- ❑ Study the issues and available data
- ❑ Prepare recommendations for the next legislative session
- ❑ Remember that the ND Legislature has just funded a space study to be performed in the interim to evaluate the space needs of the SMHS if the full expansion of class size is undertaken



Your Role

What can the Interim Committee do?

- ❑ The SMHS and its Advisory Council hope that you will
 - ❑ Endorse the full expansion of the class size
 - 16 medical students
 - 30 health sciences students
 - 17 residents
 - ❑ Recommend funding for a new Health Sciences building on the Grand Forks campus to house the students, staff, and faculty associated with the class size expansion, dependent on the results of the ongoing space study



Help Us Build the Future Together!

Ground-breaking ceremony for the soon-to-be open Center for Family Medicine clinic building in Bismarck, ND