Expanding Medical Education in Southwestern Indiana

Prepared by Tripp Umbach – January 5, 2015

The Growing Importance of Interdisciplinary Teamwork in Health Care

“The changing organization, financing, and priorities of the health care system are creating new imperatives for interdisciplinary teamwork. Well-coordinated collaboration across professions has the potential to allow comprehensive, population-based, cost-effective patient care and a new emphasis on health promotion and disease prevention, which will be essential in meeting contemporary health care challenges” (Baldwin, 1994; Grant et al., 1995; Tresolini et al., 1995). Well-coordinated collaboration across professions through interdisciplinary teamwork has been discussed since the 90’s, however, there are few examples of a region coming together to implement such a model.

Interdisciplinary collaboration has and will continue to be a vital phenomenon to healthcare providers and patients. Studies have shown interdisciplinary collaboration has the capacity to affect both health care providers and patients.

Transformative and Unique

The implementation of a medical and health science education campus in Southwestern Indiana is building upon the strengths and resources of each participating organization, as well as a shared vision to include a broad spectrum of health science and graduate medical education programs. Furthermore, the concept has activated commitment to an effective team-based model of health education and patient care throughout the region. Strong collaboration between multiple sponsoring educational institutions and healthcare providers in Southwestern Indiana is developing a foundation for the availability of greater collective resources than any one organization could provide acting alone and ensuring a long-term educationally enriched environment.

The development of collaborative undergraduate - and graduate-level health science programs offered by Southwestern Indiana regional educational institutions and basic science courses and resources are expected to be provided in a unique multi-institutional medical education partnership. The implementation plan associated with developing a medical and health science education and research campus
will not be without logistical challenges as schools have different calendars, and different professions take varying approaches to teaching the same material, but the ultimate goal is improving the health of the public and the academic medical education framework by preparing professionals to work in more effective ways.

Academic and research programs at the campus will serve as a catalyst with hospitals and health systems within the region, leading to the expansion of graduate medical education, clinical research, basic science, and additional sub-specialty programs.
Ultimately, the campus will expand targeted programs such as pipeline programs with middle schools, high schools and local colleges, ensuring that a higher percentage of primary care physicians and other providers remain in region.

Development and maintenance of collaborative relationships beyond the founding educational and healthcare partners is critical, specifically, engaging a wide range of other educational and healthcare organizations, such as public school districts, community and technical colleges, community health centers, physician practices, and public health organizations.

Components of a Transformative Initiative

- Enhancing outreach to educate guidance counselors and career coaches about opportunities for students to enter health professions.
- Strengthening education in science, technology, engineering, and math (STEM) by strengthening curricula at all levels.
- Supporting the implementation of and transition to team-based care that is patient-centered, coordinated, evidence-based and efficient.
- Enhancing & increasing the use of health information technology.
The Need for Expanding Graduate Medical Education

“The nation’s goal of having the very best physician and healthcare provider workforce in the world faces challenges. The population is aging and becoming increasingly disparate in economic status. The healthcare delivery system is changing more rapidly than medical education. Even as healthcare systems face these new problems, past problems remain unsolved – physicians are poorly distributed geographically in relation to population needs and have become increasingly specialized, while primary care remains under-resourced.”

Over the past six years, new and existing medical schools have responded to the impending physician shortage, by increasing the number of graduates with the MD or DO degree by approximately 30%. Today, there are more than 160 medical allopathic (MD) and Osteopathic (DO) medical schools graduating approximately 20,000 students annually. Increases in class size at Indiana University School of Medicine and the development of a new Osteopathic medical school at Marian University are good examples of recent increases in the number of Indiana medical students.

However, medical school graduates are unable to practice medicine in the United States without first completing a residency at a teaching hospital. The duration of medical training including medical school and residency, prior to entering clinical practice, is at least seven years for primary care and more than 10 years for some sub-specialties, following completion of an undergraduate degree. The problem is that when you realize it's too late to address the physician shortage, it's really too late. Healthcare and economic benefits associated with expanding the physician workforce depend in large part to developing strong residency programs close to where medical students graduate.

The federal government is the largest funding source for graduate medical education positions, providing approximately $9 billion annually to support residency training through the Centers for Medicare and Medicaid Services (CMS). Unfortunately, federal funding for new residency positions at hospitals that have established programs has been frozen since 1997. This year, for the first time in history, graduates of U.S. medical schools will be unable to complete their training at U.S. teaching hospitals, because the supply of new residency positions will be smaller than the supply in medical school graduates.

“The United States depends on graduate medical education (GME) to train a physician workforce able to provide evidence-based care in a rapidly evolving healthcare delivery environment. Ensuring high-quality GME requires the participation and coordination of many stakeholders – physicians, faculty, teaching programs and their sponsoring institutions, accreditation and professional organizations, specialty boards, and, most importantly, patients. The important societal benefits of GME are reflected in the levels of public funding, totaling more than $13 billion per year. The stasis in funding levels, training requirements, and funding mechanisms has impeded efforts to move GME further into ambulatory and

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1 COGME: Twenty-first Report, August 2013.
community settings and has limited the expansion of the training pipeline. Training programs, teaching hospitals, accreditation organizations, state and federal governments, and other stakeholders need to partner to accelerate change in GME so that further investments are directly linked to the challenges of a changing population and healthcare delivery system.3

The physician shortage and need for medical education expansion in the State of Indiana mirrors the rest of the country. Currently, Indiana has approximately 500 fewer federally funded residency positions than it should have based on patient population. Besides missing out on approximately $50 million annually in federal funding that would surely help the states’ economy, the shortage in residency positions means fewer Indiana medical students have the opportunity to remain in the state to complete their training and to eventually practice medicine.

Indiana is in a “good news and bad news” situation in that the state has strong medical schools and students who graduate from Indiana’s medical schools and wish to remain in the state to practice medicine (good news), but the state has significantly fewer teaching hospitals and training sites, especially in rural Indiana (bad news). For example, only 18 residency positions exist in Southwest Indiana, the state’s third most populous region. The need for more residency training positions statewide and especially in rural southwestern Indiana is clearly documented.

However, Opportunity Exists...

Responding to the critical need to expand the number of physicians who are trained and retained in Southwestern Indiana, Deaconess Health System, St. Mary’s Medical Center (both located in Evansville, IN), Memorial Hospital and Health Care Center in Jasper, Indiana, Good Samaritan Hospital in Vincennes, Indiana, and Indiana University School of Medicine – Evansville (IUSM-Evansville) are engaged in a planning process to develop and expand GME programs in the region. Specifically, over the past two years, Tripp Umbach, a nationally known consulting firm with extensive experience in medical education, has facilitated monthly work sessions with a “collaborative working group” consisting of leaders from the hospital sponsors and IUSM-Evansville.

The associated action plan recommends the development of a Graduate Medical Education Consortium. Currently, partner hospitals are engaged in the legal process of creating a 501c3 that would legally develop the Consortium. The final GME action/implementation plan represents a vital step within the planning process and will be used by the participating parties as they move forward with final decisions. Tripp Umbach, with input received during the planning process and through a national review of successful GME development programs, believes that a consortium model is the most viable option for measurably increasing residency positions within this region. Models that would rely on individual hospitals to develop and maintain independent programs are not cost as effective or able to achieve the needed scale to impact physician workforce needs.

With this approach, the hospitals would develop and implement new residency positions over the next six years through the independent Consortium, thereby producing GME positions in Evansville, Jasper, and Vincennes, ultimately vaulting Southwestern Indiana into the second largest GME region of the

state. Also, the plan is designed to inform and educate each hospital’s executive management team, medical staff and governing boards regarding the potential requirements and implications of expanding and/or creating GME.

This unique effort is at the forefront nationally in planning for GME expansion through a consortium of independent hospitals, public agencies and medical schools. In recent discussions with nationally recognized counterparts, Southwestern Indiana’s collaborative GME planning efforts have been described as innovative and remarkable. Successful implementation and support of this effort introduces pilot programs of innovative and integrated medical education statewide.

**Conclusion**

Strong collaborative relationships and unity of purpose are key factors in fulfilling the ultimate shared vision of improved healthcare access, improved quality of care, enriched educational environment and sustainable economic impact regionally and statewide. Trends reinforce the need to improve education and training in interdisciplinary collaboration both for individual care and for health-related initiatives aimed at communities and population groups. Inter-professional collaboration (education and service level) will continue to be vitally important to the health care needs of society, specifically, in the wake of health care reform.