

**Response to the Charge and Recommendations  
of the Spokane Project Committee  
and the  
Spokane/Eastern Washington Clerkship Committee  
December 2009**

**Project Committee Charge:**

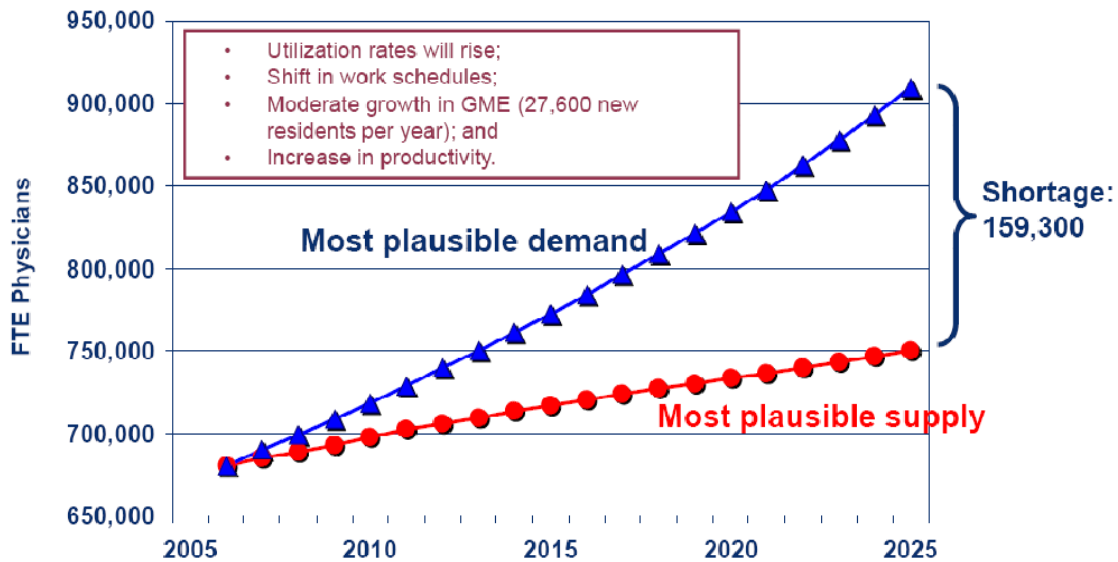
- 1. Provide an assessment of the current and predicted status of the physician workforce in Spokane and eastern Washington;**
- 2. Development of a plan for expansion of WWAMI medical education in Spokane and eastern Washington, including:**
  - a. Recommendation of the class size for pre-doctoral education at the River Point campus in Spokane;**
  - b. Recommendations regarding capacity of the clinical clerkships for the third and fourth year students in the WWAMI program; and**
  - c. Recommendations regarding expansion of graduate medical education in Spokane.**

**1. Assessment of the current and predicted status of the physician workforce in Spokane and eastern Washington**

Spokane and eastern Washington currently have significant shortages of physicians, and projections indicate that this situation will worsen dramatically in the next ten to twenty years.

There is a national consensus that the United States is facing a significant physician shortage. Since Spokane and eastern Washington import more than 80% of their physicians from other states and countries, it is within this context that we must consider current and projected shortages in Spokane and eastern Washington. The newest information from the Association of American Medical Colleges Workforce Center indicates that the U.S. will face a shortage of almost 160,000 physicians by 2025. These national shortages are caused by population growth that has not been matched by medical education growth over the last 30 years, an aging population with increased demands for health care, new medical technologies, and changes in the working patterns of physicians. If healthcare reform legislation passes this year, demand for physician's services will increase even further. Washington State has always imported most of its physicians from outside of the state. As overall shortages of physicians in the U.S. become more severe and as more states utilize "payback" programs to require graduates of their state schools to practice in their states, Washington will face increasing challenges with our traditional approach of recruiting physicians from elsewhere, and we will need to educate and train a larger percentage of Washington physicians in our state.

# Most Plausible Scenario

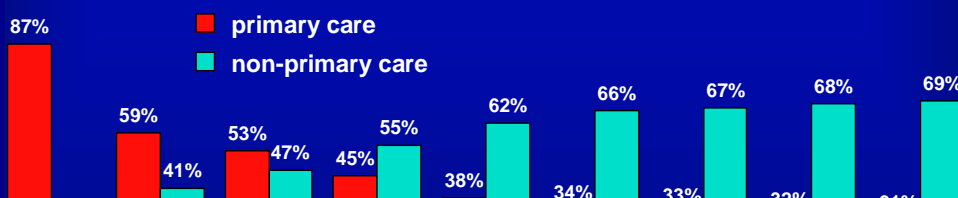


2009 Annual Meeting  
Stewardship and Service

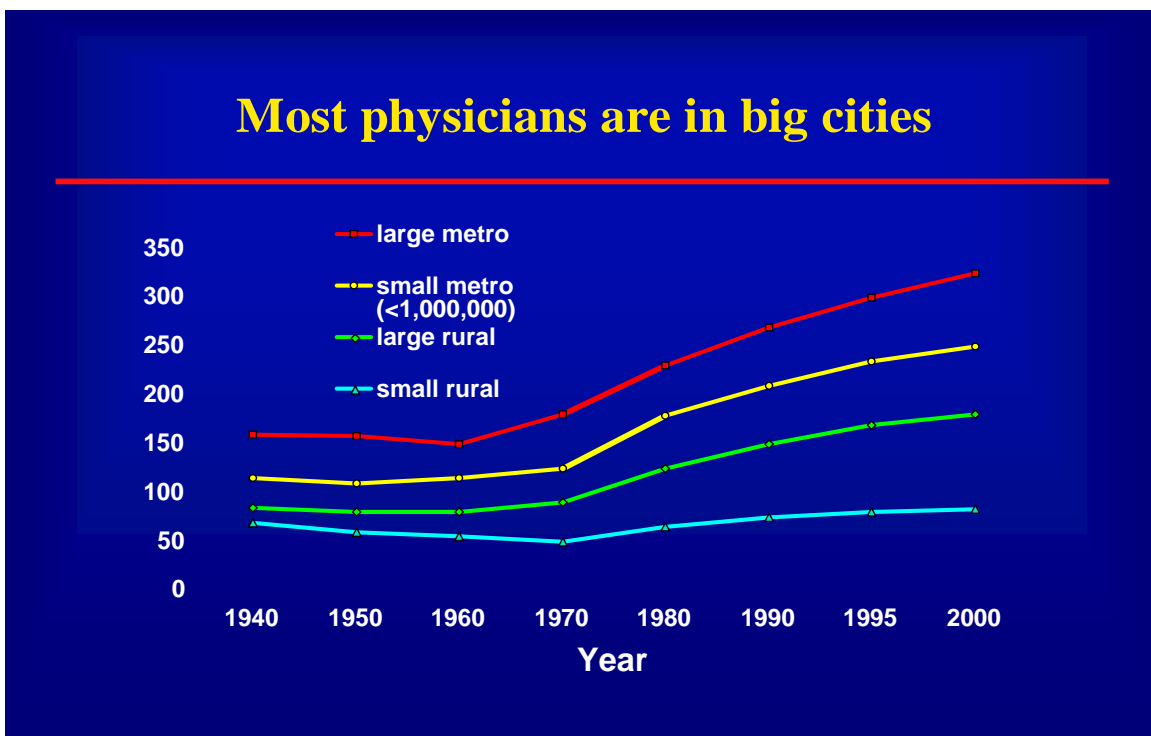
Source: Michael J. Dill & Edward S. Salsberg. *The Complexities of Physician Supply and Demand: Projections Through 2025* (AAMC November 2000).

The second set of national physician workforce trends that is impacting Spokane and eastern Washington is specialty and geographic maldistribution. Because much of eastern Washington is rural in nature, the physicians who serve it are predominantly from primary care specialties. Unfortunately, the percentage of US physicians choosing to practice primary care medicine is decreasing sharply. Physicians currently practicing primary care in many of the smaller communities in eastern Washington are nearing retirement age and will be very difficult to replace. Thus, in addition to the overall physician shortage, the shortage of primary care doctors exacerbates the problems that eastern Washington has in recruiting the physician workforce that it needs.

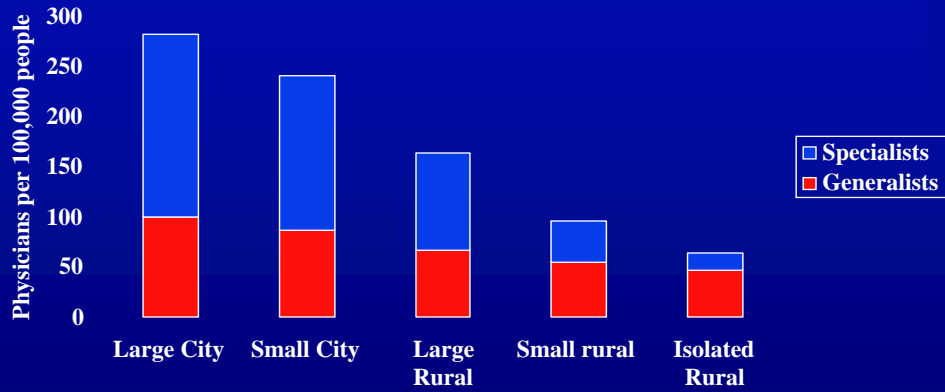
## Percentage of Primary Care and Non-Primary Care Physicians



Worsening geographic maldistribution also has a negative impact on the smaller towns and rural areas of eastern Washington. Since the 1940's, the number of physicians practicing in small towns and rural areas has remained flat, whereas the population has grown. When this factor is added to specialty distribution problems, the shortage of physicians in these settings is exacerbated. (seen the table below: small rural <5000, large rural <25,000)

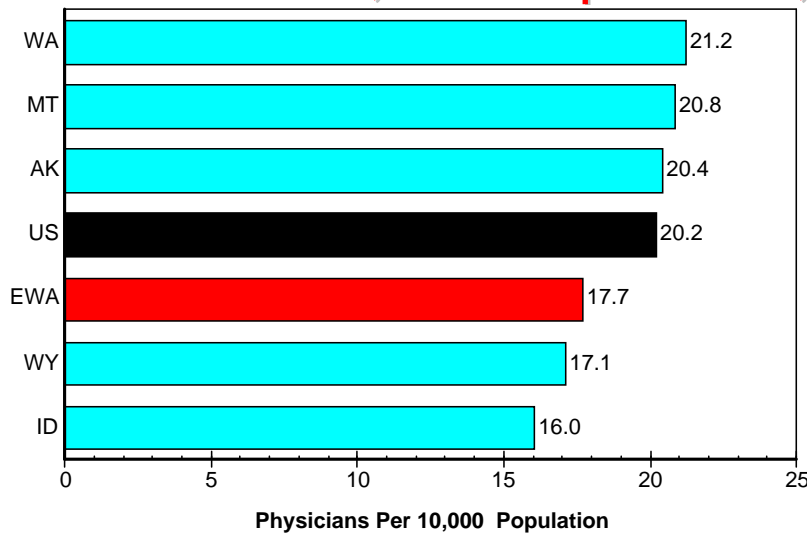


## Most rural physicians are generalists

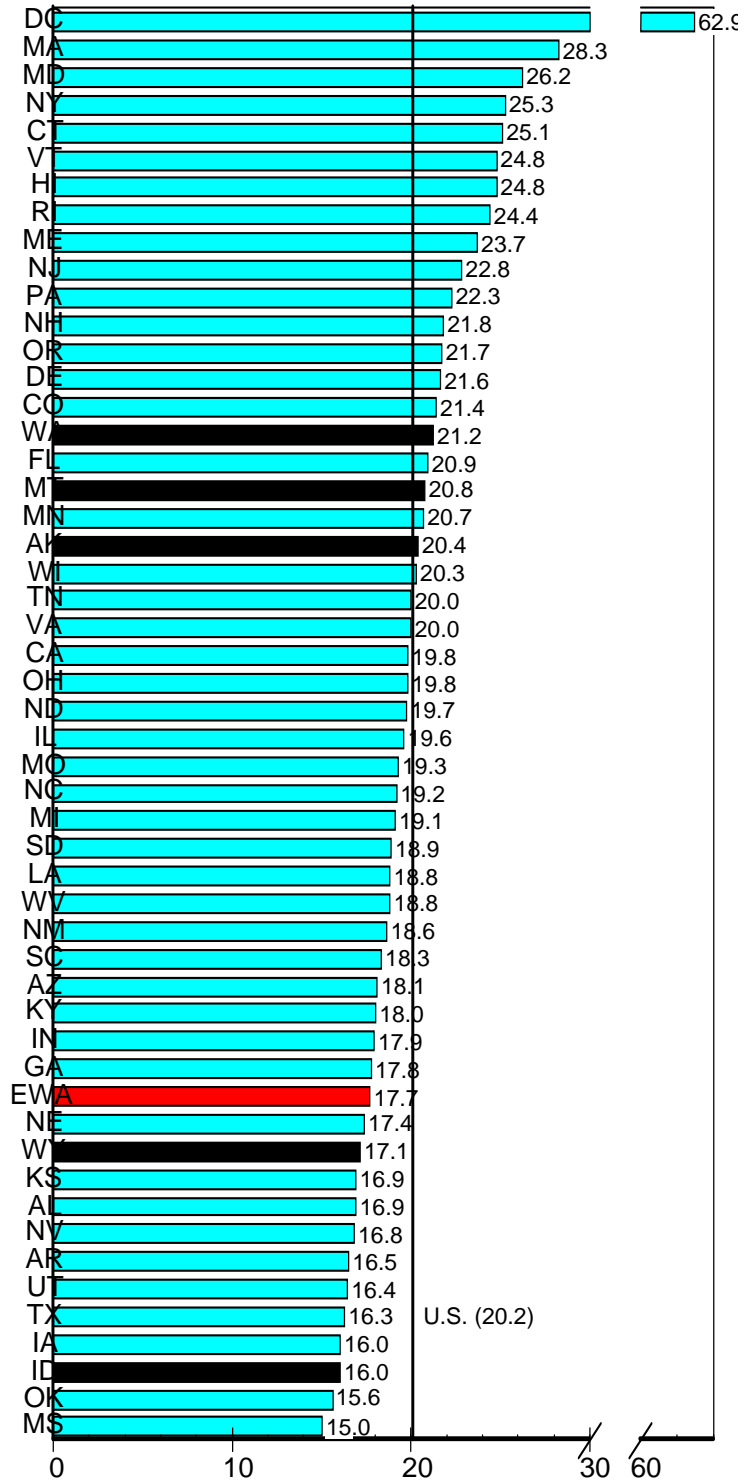


With this background understanding, the Committees specifically considered the current and projected shortages in eastern Washington and Spokane. As shown in the graph below, eastern Washington has a current shortage of physicians. Compared to the US average of 20.2 physicians/10,000 population, eastern Washington has 17.7/10,000.

## Physicians Per 10,000 Population, 2005

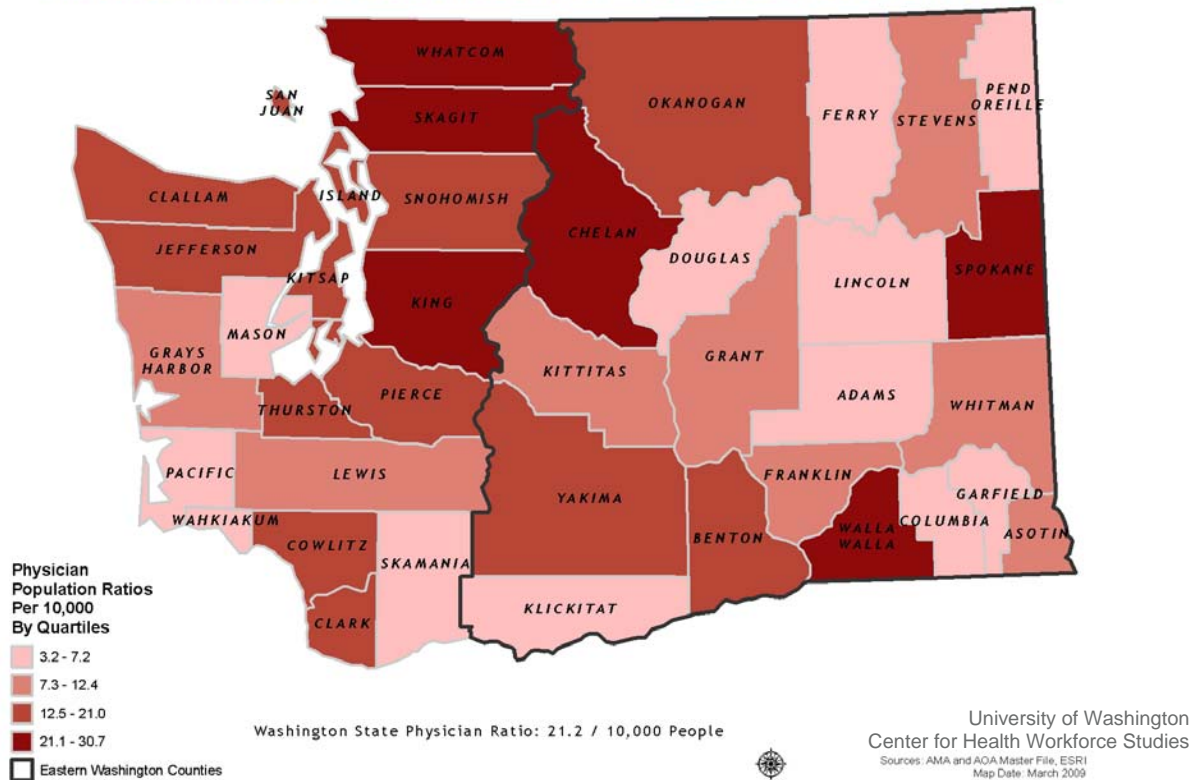


## U.S. Physicians Per 10,000 Population



Physicians Per 10,000 Population

## Physician population ratios per 10,000 by county, 2005



As clearly illustrated by the map shown on this page, the eastern Washington counties of Douglas, Ferry, Pend Oreille, Lincoln, Adams, Garfield, Columbia, and Klickitat have some of the most severe shortages of physicians in Washington State. Other eastern Washington counties of Okanogan, Stevens, Kittitas, Grant, Franklin, Whitman, Yakima, Benton, and Asotin are below state and national averages. Only Spokane, Chelan, and Walla Walla counties in eastern Washington are at or above the national average for physicians per population.

If one considers the specific medical specialties for which eastern Washington has significant shortages, general internal medicine, general pediatrics, obstetrics and gynecology, and general surgery, all represent areas in which deficits are present.

## Percentage Graduating from UWSOM by Specialty Type

	Washington	Eastern Washington	WWAMI Overall
Family Medicine	22.5	22.9	18.7
General internal medicine	17.8	19.8	15.9
General pediatrics	13.5	7.9	12.4
Obstetrics-gynecology	14.9	12.6	12.8
General surgery	10.3	9.6	9.1
Other specialties	13.9	14.0	11.8

The evidence considered by the Committees, including the studies done by the Spokane County Medical Society and by the University of Washington Center for Health Workforce Studies, is all in agreement that currently Spokane and eastern Washington have a shortage of physicians.

The next step for the Committees was to consider the projections for the physician workforce for Spokane and eastern Washington between now and 2025. These projections indicate that the overall population in Spokane and eastern Washington will increase by 28-29% by 2025, while the population over 65 will rise by 85% in Spokane and 77% in the rest of eastern Washington. This marked increase in the elderly will further increase demands for physicians.

Maintaining the 2005 ratio of 164 physicians/100,000 population in eastern Washington and 225 physicians/100,000 in Spokane, the eastern Washington area will need 640 new physicians and Spokane county will need 281 additional physicians by 2025. It is important to note that many members of the Committees feel that the present ratio already represents a shortage and is far from optimal.

The Committees considered a number of projection scenarios. At one end of the spectrum, we considered maintaining the current medical student class size of 20 new students per year in Spokane and 20 in Pullman, with the current proportion (5-10%) of the class returning to the area. At the other end of the spectrum, we considered expanding the total eastern Washington class to 100, and increasing the yield of those returning to the area by a factor of four by creating four years of medical education in Spokane and by expanding graduate medical education so that all graduates from medical school in Spokane and eastern Washington could

complete their residencies in the area—studies clearly indicate that completing both medical school and residency in an area provides the greatest likelihood for a physician to settle in an area. In all scenarios current shortfalls worsen and dependence on physicians trained elsewhere increases, but the situation is much better with a much larger class in Spokane and with more GME in eastern Washington and Spokane. (See graphs)

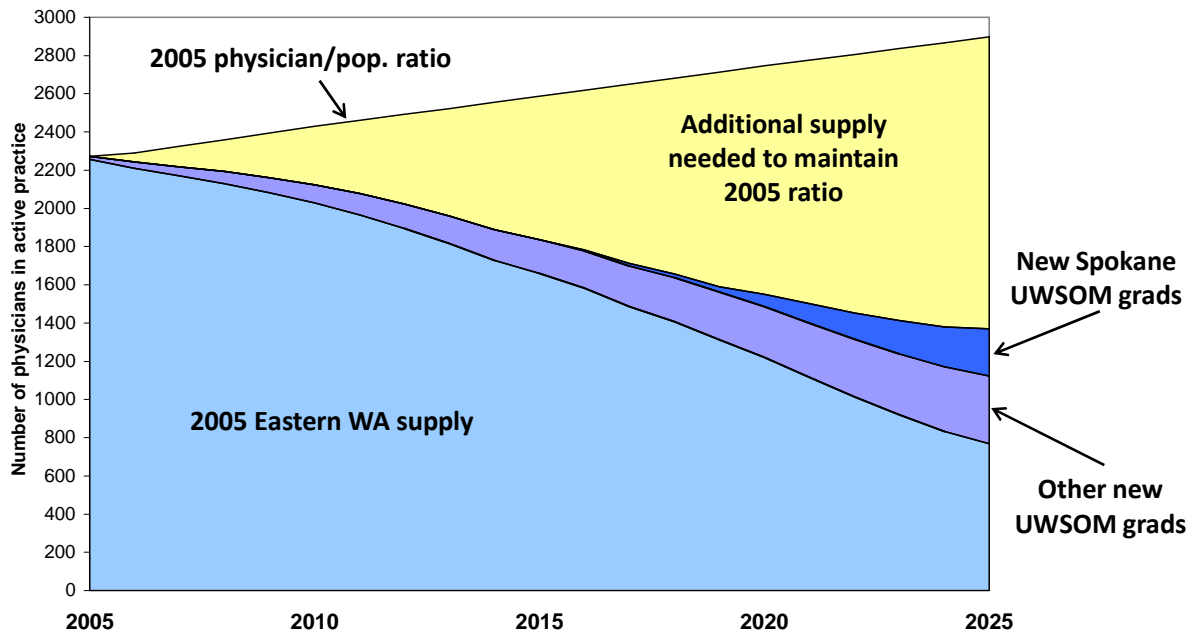
*Based on the information studied, the Committees concluded the following:*

- *Eastern Washington and Spokane are short of physicians now and will need substantially more physicians by 2025*
- *Washington state produces relatively few physicians per capita*
- *The region has always relied on importing physicians from other areas*
- *Staying at the current production capacity will result in increased dependence on importing physicians from other areas at a time when nationwide physician shortages will make importation more difficult*
- *Expanding the medical education programs in Spokane and eastern Washington to 80-120 physicians per year would significantly decrease dependence on out-of-state trained physicians. The Committees noted that a large number of Washington residents attend medical school outside of the state, and the presence of more medical school seats in Washington would increase the chance of this group practicing here.*
- *Due to the length of the medical education pipeline, at least seven years beyond college for a primary care physician, increasing the class size and the graduate medical education capacity immediately would not show any results until 2017, and maximum output (with full classes in all seven years) would not occur until 2024. Thus, the Committee recommends that actions should be taken expeditiously.*
- *Students in an expanded medical education program in Spokane should be from Spokane and eastern Washington to increase the return rate*
- *Increasing the medical school program in Spokane and eastern Washington to four years and expanding the graduate medical education programs in Spokane and eastern Washington would maximize the yield of Washington trained physicians remaining in the area to practice.*
- *Creation of a GME expansion committee should be considered as a next step*

## EASTERN WASHINGTON:

### Eastern WA Physician Supply Estimates

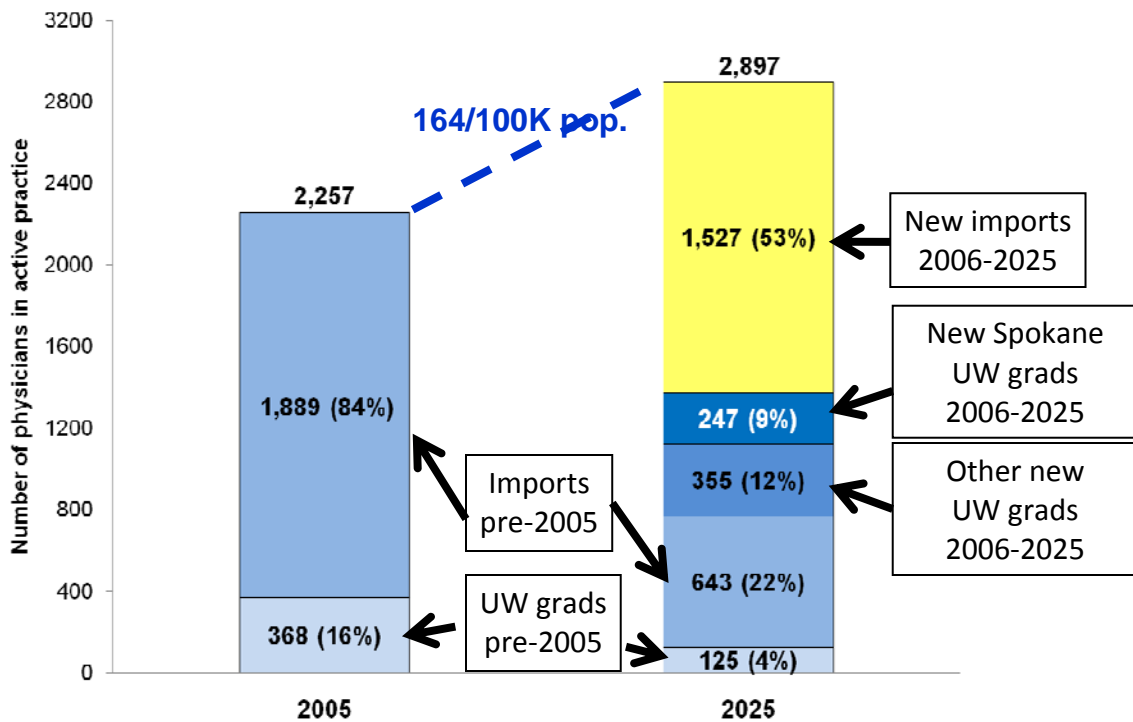
Expanded Production of Graduates from UWSOM  
Spokane Site, High Yield from UWSOM Spokane Site



University of Washington  
Center for Health Workforce Studies

Estimates in the chart shown above are based on expanding the medical student education programs in Spokane and eastern Washington to 100 students per year, as soon as possible. They are also based on quadrupling the rate of graduates deciding to settle in Spokane and eastern Washington by preferentially admitting students from the area and by providing both undergraduate and graduate medical education in the area. Studies done in other areas indicate that this “capture rate” is feasible. Note that if the expansion to 100 students occurs immediately, the “New Spokane UWSOM Grads” section of the graph will continue to widen until reaching a steady state in the early 2030’s.

## Eastern WA Scenario Expanded Production to 100/year, High Yield Retention



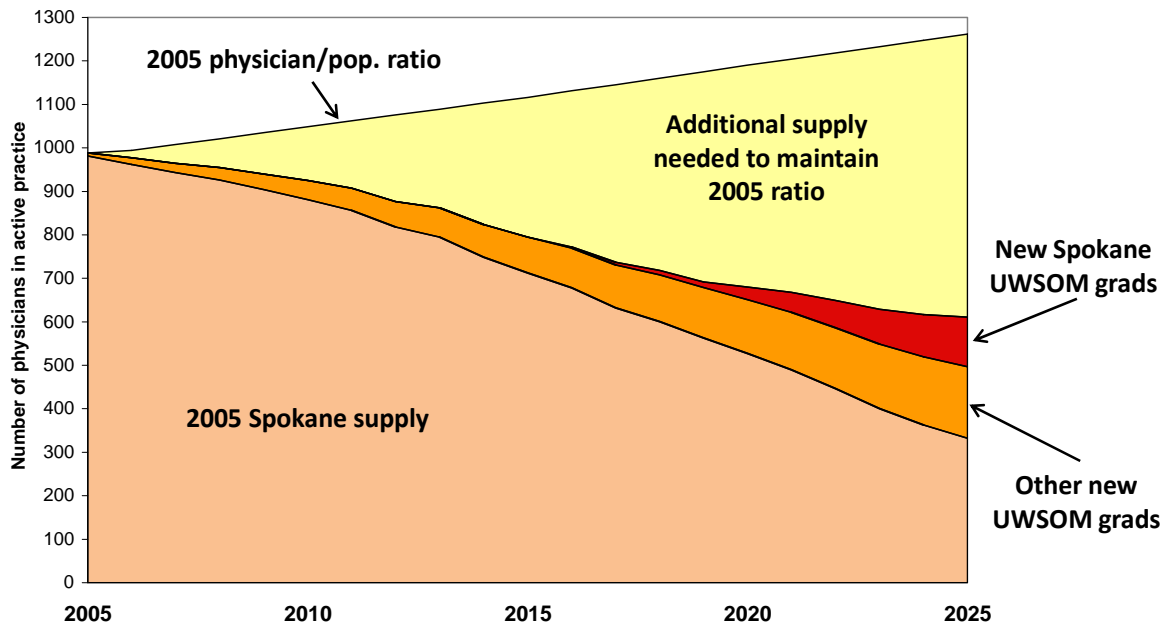
### Detailed Analysis of the Eastern Washington Scenario:

- In order to maintain the ratio of 164 physicians/100,000 population we will need to increase from 2257 to 2897 physicians an increase of 640 physicians
- Of the current UW graduates in practice in Eastern WA, the number would decline from 368 to 126
- Of the current imported physicians the number would drop from 1889 to 643
- The shortfall would need to be made up by both new Spokane UW graduates and new imports
- If the size of the Spokane class is increased to 100 students per year, then by 2025 there would be 247 graduates from Spokane practicing in Eastern WA—the presence of these new graduates would decrease dependence on imports. In addition, it is anticipated that there would be 355 other new graduates of UW who would be practicing in the area

## SPOKANE (a subset of the eastern Washington charts):

### Spokane Physician Supply Estimates

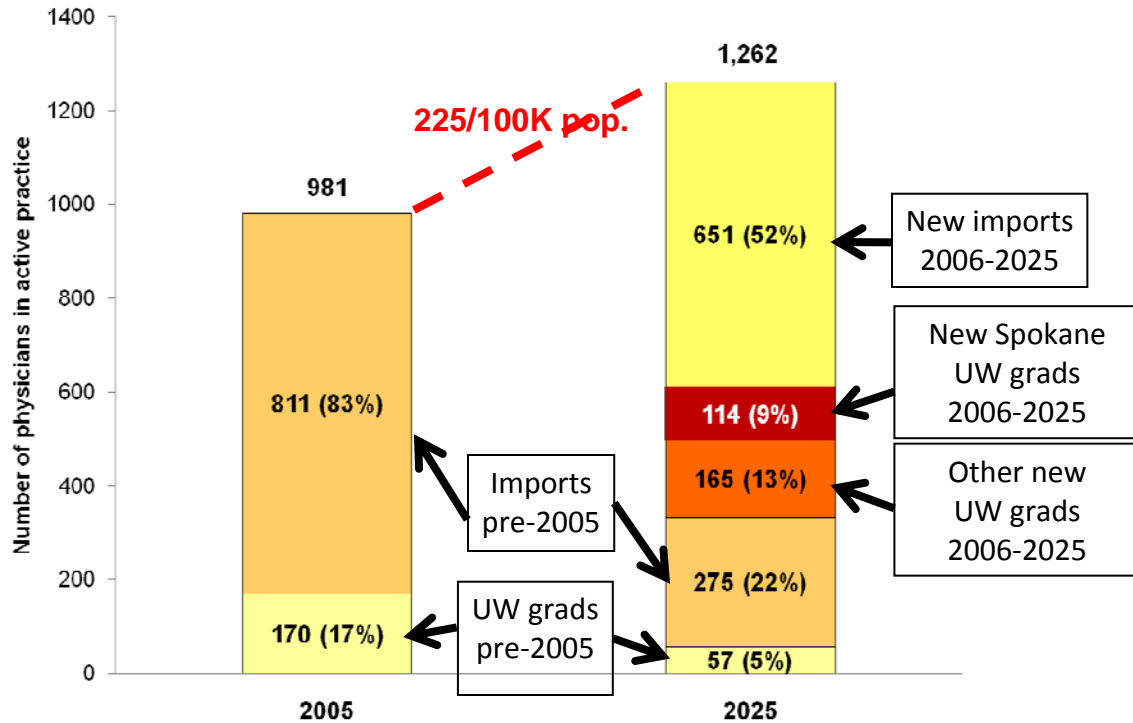
Expanded Production of Graduates from UWSOM  
Spokane Site, High Yield from UWSOM Spokane Site



University of Washington  
Center for Health Workforce Studies

Estimates in the chart shown above are based on expanding the medical student education programs in Spokane and eastern Washington to 100 students per year, as soon as possible. They are also based on quadrupling the rate of graduates deciding to settle in Spokane by preferentially admitting students from the area and by providing both undergraduate and graduate medical education in the area. Studies done in other areas indicate that this “capture rate” is feasible. Note that if the expansion to 100 students occurs immediately, the “New Spokane UWSOM Grads” section of the graph will continue to widen until reaching a steady state in the early 2030’s.

## Spokane Scenario Expanded Production to 100/year, High Yield Retention



### Spokane Scenario:

- In order to maintain the ratio of 225 physicians/100,000 population we will need to increase from 981 to 1262 physicians an increase of 281 physicians
- Of the current UW graduates in practice in Eastern WA, the number would decline from 170 to 57
- Of the current imported physicians the number would drop from 811 to 275
- The shortfall would need to be made up by both new Spokane UW graduates and new imports
- If the size of the Spokane class is increased to 100 students per year, then by 2025 there would be 114 graduates from Spokane practicing in Eastern WA—the presence of these new graduates would decrease dependence on imports. In addition, it is anticipated that there would be 165 other new graduates of UW who would be practicing in the area.

## **2. Development of a plan for expansion of WWAMI medical education in Spokane and eastern Washington, including:**

After careful consideration of the approaches that could be used to expand medical education in Spokane and eastern Washington, the Committee came to the conclusion that **the best combination of educational value and quality will come from an expansion of the 37 year old WWAMI partnership between Washington State University (WSU) and the University of Washington School of Medicine (UWSOM).**

The Committee studied all of the LCME accredited branch campus models that are currently in use in the U.S. and Canada and decided that **a four year branch campus of UWSOM located at Riverpoint in Spokane, and done in partnership with WSU, would be the best approach to WWAMI expansion in Spokane and eastern Washington.** The site visit to the University of British Columbia (UBC) and to their four year branch campus at the University of Victoria confirmed this decision.

The Committee feels that the **current UWSOM second year curriculum will need to be modified** in order to make it applicable to a site outside of Seattle. This will likely result in a hybrid between the current UWSOM second year that is very faculty intensive and very dense in lectures and the UBC type of second year curriculum that utilizes five hours per week of lectures and is grounded in problem based learning. Delivery of a hybrid second year curriculum in Spokane will require additional basic science and clinical faculty members.

### **a. Recommendation of the class size for pre-doctoral education at the River Point campus in Spokane;**

**The Committee concluded that, in order to make an impact on the current and impending shortages of physicians in Spokane and eastern Washington, the class size in Spokane should be expanded over time to at least 80, and eventually to 100-120 students per year.** It is important to recognize that we currently educate 40 first year students in Spokane and eastern Washington—20 in Spokane and 20 in Pullman. The Committees recognized that, in order to maintain educational quality, the expansion might need to be incremental. One suggestion was that 60 new students should be added to the Spokane class as soon as possible—raising the Spokane class size to 80. Until changes are made in Idaho, it was suggested that the Pullman class of 20 students continue to go to Seattle for their second year, along with the students from Idaho with whom they spend their first year. Expansion cannot be accomplished without adequate funding. Any expansion will be dependent on new funding from the legislature.

**b. Recommendations regarding capacity of the clinical clerkships for the third and fourth year students in the WWAMI program;**

The Committee strongly feels that **the capacity of the clinical clerkships for the WWAMI program in Spokane and eastern Washington must be equal to the size of the class size that is taught in Spokane (and Pullman)**. For example, if the combined size of the Spokane and Pullman class is 80, then there must be at least 80 spots in each required clerkship (Medicine, Family Medicine, Psychiatry, Obstetrics and Gynecology, Surgery, Pediatrics, Neurology, Emergency Medicine) in Spokane or in eastern Washington. Failure to expand the clerkships will decrease the yield of graduates who will stay and practice in the area. We recognize that accelerating the development of clerkships is necessary to meet future medical school expansion.

**c. Recommendations regarding expansion of graduate medical education in Spokane.**

Just as the clerkship spots must be expanded to match the class size, **the number of first year seats in graduate medical education programs in Spokane and eastern Washington must also be expanded to match the class size**. The count of first year GME positions should not include the transitional year positions, since these physicians typically move away from Spokane to participate in further specialty education. With this expansion, we can be more confident of a larger percentage of graduates practicing in the areas of need.

**Spokane/Eastern Washington Clerkship Committee**

**Clerkship Committee Charge:**

- 1. Assessment of the current quality and capacity of the UWSOM third- and fourth-year clinical clerkships in Spokane and eastern Washington; and**
- 2. Development of recommendations to improve and expand the required and elective clerkships.**

The Spokane/Eastern Washington Clerkship Committee met several times during 2009 to assess first the capacity, and then the quality of the third and fourth year UWSOM/WWAMI clerkships in Spokane and eastern Washington. Each student must take ten required clerkships. As of November 2009, the current capacity of required clerkships is shown below:

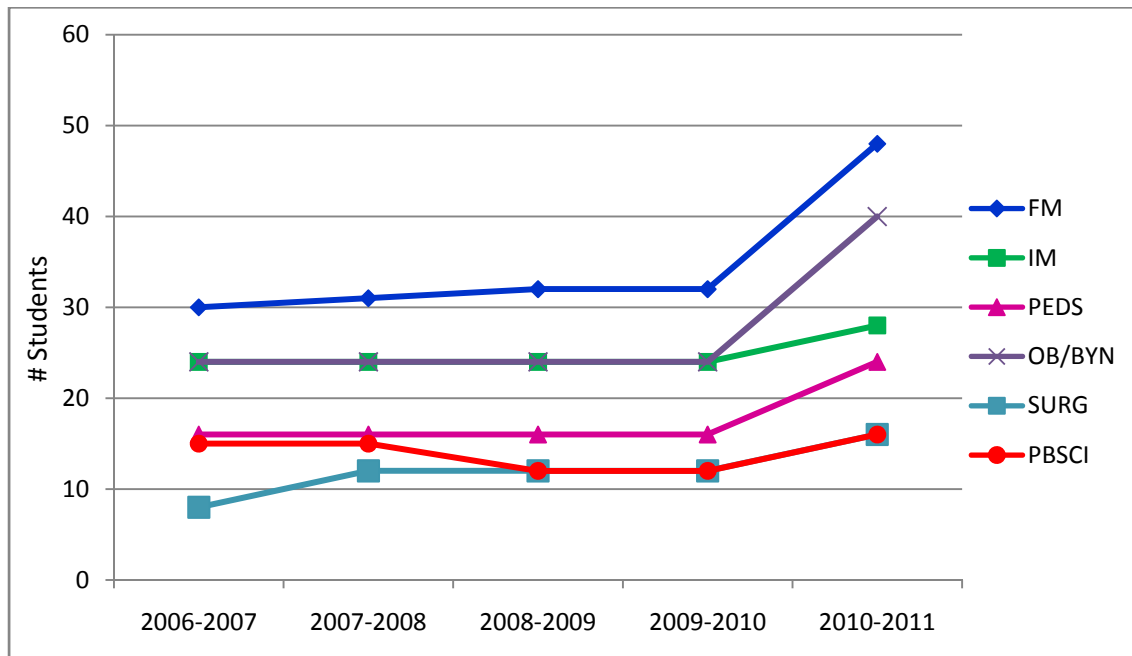
<b>3rd &amp; 4th Year Required</b>	Family Medicine	Internal Medicine	Obstetrics &Gynecology	Pediatrics	Psychiatry	Surgery	Chronic Care	Neurology	Surgical Selectives	ER
Spokane	24	16	16	16	12	12	16	5	4	4
Omak	8									
Richland			6							
Walla Walla			6							
Wenatchee	8	8		6				5		
Yakima	8		8					1		
Othello	8									
<b>Sub-Totals</b>	<b>56</b>	<b>24</b>	<b>36</b>	<b>22</b>	<b>12</b>	<b>12</b>	<b>16</b>	<b>11</b>	<b>4</b>	<b>4</b>
Chelan (WRITE)	1									
Ellensburg (WRITE)	1									
Moses Lake (WRITE)	1									
Port Angeles WRITE	1									
Grand Coulee (WRITE)	1									
<b>Grand Totals</b>		<b>24</b>	<b>36</b>	<b>22</b>	<b>12</b>	<b>12</b>	<b>16</b>	<b>11</b>	<b>4</b>	<b>4</b>

With 20 students currently attending their first year of medical school at WSU in Pullman, and another 20 attending their first year at WSU Riverpoint in Spokane, **the Clerkship Committee recommends that there should currently be at least 40 spots in each required clerkship in Spokane and eastern Washington.** There are currently 193 required clerkship slots available in the area. In order to meet the Committee's recommendations to assure that there is one slot in each required clerkship for each of the 40 first year students, 183 new required clerkship spots would be needed. Details are as follows:

	Current Sites	Current #'s of slots	New Slots Needed for 40 Students
Spokane & E. WA.			
Family Medicine	5 sites	56	0
Internal Medicine	2 sites	24	16
Pediatrics	2 sites	22	18
Psychiatry	1 site	12	28
OB/GYN	4 sites	36	4
Surgery	1 site	12	28
Neurology	3 sites	11	29
Chronic Care	1 site	16	24
Emergency Medicine	1 site	4	36
<b>Totals</b>	<b>20 sites</b>	<b>193</b>	<b>183</b>

Significant growth has been underway in both required and elective clerkships in Spokane and eastern Washington. This growth has occurred by expanding

existing clerkship sites and by developing new sites, and the results are illustrated below:



**Numbers of Required Clerkship Slots in Spokane/Eastern Washington**

**The Committee assessed the quality of the current clerkships and found that overall it is quite good.** The Regional Clinical Assistant Deans have been working steadily with the Required Clerkship Directors to respond to student evaluations of the clerkships in Spokane and eastern Washington, and the quality has continuously improved. Ongoing evaluations are conducted by the UWSOM Director of Educational Evaluation. When problems are discovered in a clerkship they are addressed promptly. This process of continuous quality improvement has been effective.

**Optimally the number of required clerkship slots in each required clerkship in Spokane and eastern Washington will always be at least equal to the number of students in each class.** While the need for clerkships will lag the need for the expansion of the class by two years, we will need to aggressively address the need for clerkships. The students in the Spokane class would be able to take required clerkships at any location in WWAMI, but we will need to have enough slots in Spokane and eastern Washington to match the students we are training—even if the specific slot is filled by a student from another site.

The Clerkship Committee discussed measures that could be undertaken to expand clerkships in Spokane and eastern Washington. Measures to accomplish expansion include the following:

- Increase the number of slots at existing clerkship sites where this is possible while maintaining quality. This may be possible at current sites for pediatrics, psychiatry, surgery, and neurology.
- Develop new clerkships at sites where we do not have current clerkships. The Committee discussed the possibility of significant clerkship expansion in Tri-Cities and Wenatchee, as well as several smaller communities.
- Consider innovation in clerkship structure that will allow better utilization of clerkship positions.
- Develop a stronger culture of participation in medical education by practicing physicians. Spokane medical leaders have noted that there are many possibilities for new clerkships in the Spokane area. Similar sized cities in other parts of the US with medical schools often host many more medical students. Thus we anticipate that with the increased demand from a medical school, Spokane will provide excellent education for more students in clerkship sites than we are currently utilizing. Matt Hollon, one of the Committee members has completed a survey of the physicians in the Spokane County Medical Society that demonstrated the following:
  - Over 40 percent of physicians responding are already involved in medical student education in some capacity. Over 80 percent of those who responded agree that Spokane is an appropriate site for a medical school and that a medical school is important to our community.
  - Of those not currently involved in medical student education, nearly 75 percent would like to be involved. A clear majority felt that contributions to medical education would be valued in their work settings.
- Faculty development will be an important component of expanded third and fourth year clerkships. Efforts are underway to expand capabilities in this area.
- New or expanded residency programs will also increase medical student clerkship opportunities.
- Communication with our federal delegation regarding the need to lift the cap on GME positions should be undertaken.