QUINNIPIAC UNIVERSITY
FRANK H. NETTER MD SCHOOL OF MEDICINE

Testimony

Committee on Health, Education, Labor and Pensions (HELP)
Subcommittee on Primary Health and Aging
United States Senate

Hearing on
"Successful Primary Care Programs: Creating the Workforce We Need"

by

Bruce M. Koeppen, M.D., Ph.D
Founding Dean
Frank H. Netter MD School of Medicine
Quinnipiac University

April 23, 2013

Good morning Chairman Sanders, Ranking Member Burr and Members of the Subcommittee:

Thank you for inviting Quinnipiac University to testify today about our Frank H. Netter MD School of Medicine. The principal mission of the School of Medicine is to train primary care physicians and to foster collaborative, team-based care. Our mission is to be the national model of interprofessional health professions education.

I am Bruce Koeppen, founding Dean of the Medical School. I have been in academic medicine, and involved in medical student education, for more than 30 years. Prior to assuming my current position at Quinnipiac University I was on the faculty of the University of Connecticut School of Medicine. The School of Medicine will open its doors in August 2013. Our charter class will have 60 students, and over a three-year period our class size will increase to 125. When at full capacity we will be the largest medical school in Connecticut.

We must address our nation's growing shortage of primary care physicians and other primary care health professionals. We also must restructure our health care system to advance models that provide high quality, cost-effective and patient-centered primary care. I am pleased that Quinnipiac University is at the forefront of both of these efforts.

Background

The Center for Work Force Studies of the Association of American Medical Colleges (AAMC) has projected a significant shortage of physicians.

Year	Physician Supply (All Specialties)	Physician Demand (All Specialties)	Physician Shortage (All Specialties)
2010	709,700	723,400	13,700
2015	735,600	798,500	62,900
2020	759,800	851,300	91,500
2025	785,400	916,000	130,600

While this physician shortage is across all specialties, it is most significant in the primary care disciplines of Family Medicine, General Internal Medicine and General Pediatrics. According to the AAMC analysis the shortage of primary care physicians in 2020 will be 45,400 -- and in 2025 this increases to 65,800.

The causes for the overall physician shortage are multifactorial, and include the movement of Baby Boomers into the Medicare system (10,000/day); a

group where 50% are already diagnosed with two or more chronic medical conditions. Added to this will be more than 30 million individuals who will obtain health insurance through the Affordable Care Act.

The reasons for the significant shortage of primary care physicians are also complex. Medical students are increasingly choosing non-primary care specialties, and the reasons include perceptions that it is less prestigious, and more demanding in terms of breadth of knowledge and in life style. Also, the hard reality is that among the various medical specialties, primary care specialties are at the bottom of the income ladder.

The provision of high quality patient-centered care is essential to the health of our citizens, and especially for the nation to bend the health care expenditure curve. Doing more of the same in terms of medical student education will simply not get us to where we, as a nation, and a health care system, need be. Simply put - What got us here… Won't get us there! We need new ideas and new approaches.

The new medical schools being developed in our nation offer a special opportunity to positively affect medical student education. We can innovate in ways that might be difficult in established medical schools. The new schools have the opportunity to define a mission, and then build to that mission from faculty recruitment, design of the space, and selection of the students. This is much easier than changing an existing institutional culture.

Many new medical schools are not focused on primary care; at Quinnipiac University, it is our mission. We believe the provision of patient-centered primary care should be provided by a team of care givers, each of whom has the ability to practice at the top of their training. Quinnipiac University has committed itself to an educating and training the primary care team of the future. We aim to change the traditional model, where the physician is viewed as the captain of the ship giving orders to the crew, to a model more akin to a NASCAR pit crew. Pit crews are highly efficient and effective teams, comprised of individuals with unique knowledge and expertise, all focused on the care of the racecar. We envision the primary care team in the same way; a team of highly trained and skilled professionals each bringing their expertise to the care of the patient.

Quinnipiac University

Quinnipiac University traces its roots to 1929 when the Connecticut College of Commerce was founded in New Haven, Connecticut. In 1951, the name was changed to Quinnipiac College, and then to Quinnipiac University in 2000. Today the university has established Schools of Business, Communications, Education, Health Sciences, Law, Nursing, and a College of Arts and Sciences, on three campuses located in Hamden and North Haven, Connecticut.

The School of Medicine resides on the 104-acre North Haven campus, housing the graduate programs in the School of Health Sciences, the School of Education, and the School of Nursing. Our Law School will relocate to the campus in 2014.

Quinnipiac University began programs in allied health in the 1950s, formally established the School of Health Sciences in 1971, and today offers a wide range of undergraduate and graduate programs.

Bachelor of Science
- Athletic Training
- Biomedical Sciences
- Diagnostic Imaging
- Health and Health Sciences
- Microbiology/Molecular biology
- Premedical Studies

Master of Science
- Biomedical Sciences
- Cardiovascular Perfusion
- Medical Laboratory Sciences
- Pathologists' Assistant
- Physician Assistant
- Radiologist Assistant
- Occupational Therapy
- Anesthesia Assistant

The School of Nursing, and offers the following degree programs.

- Bachelor of Science in Nursing (BSN)
- Masters of Science in Nursing (MSN)
- Doctor of Nursing Practice (DNP)

The School of Nursing is developing a nurse anesthetist program. In addition, master's degree programs in public health and social work are at an early stage of development.

Given the collective strength of the health professions programs, Quinnipiac University saw the development of a medical school as an important addition to the existing educational programs.

School of Medicine

The School of Medicine has an emphasis on primary care and the training of the physician of the future as a member of an integrated care team.

Our Frank H. Netter MD School of Medicine will be a model for educating diverse, patient-centered physicians who are partners and leaders in an inter-professional primary care workforce, responsive to healthcare needs in the communities they serve. The School of Medicine embodies the University's commitment to its core values of excellence, student-oriented education, and a strong sense of community. Accordingly, the School of Medicine values partnerships among our community that provide students with learning and service opportunities that also improve the health of the community. Beyond the local community, the School of Medicine works in collaboration with our global health program to promote primary care, patient education, community medicine and public health through international partnerships.

To facilitate our efforts around inter-professionalism, we have designed and are building the Center for Medicine, Nursing, and Health Sciences. This 250,000 sf facility provides state-of-the-art student-centered educational space for all of the health professions students at Quinnipiac University.

We have also established a Center for Interprofessional Health Education, which serves as a think tank and coordinating point for identifying best practices for interprofessional education.

Achieving Our Mission

To achieve our mission relative to primary care we have developed the following strategies:

- Faculty that support the mission
- Holistic student admissions process
- Curricular content and experiences related to primary care
- Positive role models in primary care
- Targeted financial aid

Faculty: Our school has a single basic science department focused on medical student education, rather than the typical spectrum of basic science departments seen at other schools, which were established to support research programs more so than medical student education. All basic science faculty were hired for their teaching expertise, rather than a research area of focus. They were also only hired if they supported our mission.

Student Admissions: We have adopted a holistic admissions process. We have set a threshold for GPA and MCAT score, but the decision to accept or not a student for admission is based on how the student is judged in the following areas.

- Awareness of the school's primary care mission and vision
- Maturity
- Motivation
- Intellectual curiosity
- Interpersonal skills and non-verbal expression

Curriculum and Role Models: The core curriculum has been designed to emphasize high impact diseases, rather than the rare diseases that are more the domain of the subspecialists. It also emphasizes wellness, prevention, social determinants of health, and health disparities. We have added two unique components. The first is what we call the Medical Student Home (MeSH). As part of this experience, beginning in the fall of their first year, each student is placed in the office of a primary care physician, and they go to that office one half-day each week for the next three years to see patients with the physician. This gives them a real life perspective on the provision of continuity of care, and allows them to see how chronic disease is managed. We hope these physicians serve as positive role models and mentors.

We have also included in our curriculum a concentration and capstone experience, which we believe will help our student acquire the knowledge and skills in related professions, which they can apply in their roles as physicians. The areas of

concentration we have developed involve the other schools at Quinnipiac, and include.

- Global, Public, and Community Health (Albert Schweitzer Institute)
- Health Policy Advocacy (School of Law)
- Health Management and Leadership (School of Business)
- Health Communication (School of Communication)
- Medical Education (School of Education)
- Medical Humanities (College of Arts and Sciences)
- Translational, Clinical and Basic Science Research

Financial Aid: We believe that limiting the indebtedness of students tracking into primary care is important. As a result, the Board of Trustees has established the "Primary Care Fellowship". When fully funded, any student we admit, who says they intend to have a career in primary care medicine, will be offered one of these fellowships. The fellowship consists of a full tuition and fee waiver for all four years of medical school. The student will sign a contract that stipulates that they must practice primary care for at least four years after they complete their residency training. If they do meet that commitment the waiver funds are forgiven. However, if they decide on a career in a subspecialty at any point in their training (medical school or residency), or do not practice primary care, the waived funds become a loan that must be repaid.

We do not know how successful our approach will be, but we have set as a goal to have at least 50% of each graduating class become primary care clinicians.

Challenges and Potential Solutions

Residency Training: Medical schools can only do so much relative to building the primary care physician workforce, since every graduate must complete a residency program in order practice medicine. As currently organized, residency training typically takes place in tertiary care hospitals, which by definition is subspecialty care. Resident physicians may start out on a path to a primary care career, but may be diverted during the course of their residency training. An effort must be made to embed residency programs in the settings were high quality primary care is being provided. The "Teaching Health Center" program included in the Affordable Care Act is a good first step. It allows Community Health Centers to establish residency programs, to train physicians who would then stay on to practice primary care in that setting. Unfortunately it is only a 3-year grant funded program. To be truly successful I believe these need durable funding similar to what is currently provided to the majority of hospital-based residency programs. I would also advocate to expand the number of federally funded residency positions in the country, and weight those toward primary care disciplines. This is critical if we are to address the looming primary care physician shortage.

Perceptions: Students often have the impression that the practice of primary care medicine is boring and not challenging. That it is just endless numbers of patients with colds, high blood pressure, etc., and that only the specialists see the interesting stuff. While there may be some truth to this impression, the real truth is those interesting patients often see the specialist by a referral from the primary care physician. More importantly, I believe establishing a primary care team changes this completely. If patient centered medical homes and accountable care organizations establish primary care teams that consist of physicians, nurse practitioners, physician assistants, occupational and physical therapists, nutritionists, behavior health specialists, and States allow these individuals to practice at the top of their training, rather than at the top of their license, then we have an exciting and fulfilling work environment for all. More importantly, the patient will get better coordinated, and better quality of care. I also believe it will lower total health care expenditures, by keeping patients well longer, and thus out of the hospital.

Thank you for inviting me to testify and thank you for your leadership in finding ways to successfully create the primary care workforce this country so desperately needs.