

Meeting the Physician Workforce Needs in Montana Expansion of the Montana WWAMI program

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Nationwide predictions of physician shortages due to population growth, aging and other factors have recently led the American Association of Medical Colleges, the United States Department of Labor and the Council on Graduate Medical Education to recommend a 30% increase in US medical school enrollment to begin to meet the demand. Physician workforce shortages exist currently in Montana, and are predicted to significantly worsen in the next 10-20 years. Challenges in Montana include:

- In Montana, 45/56 counties are federally designated in part or total as primary care physician shortage areas
- 9 counties in Montana are without any physicians, 12 counties are without primary care physicians
- 24.5% of active Montana physicians are age 60 or older (higher than the national average) and are likely to retire within 5 years
- The Montana Department of Labor and Industry reports that there are 19 openings annually for primary care physicians
- Currently 14% of Montana's population is 65 or older, by the year 2025 this number is estimated to exceed 25%

The Montana WWAMI program is part of a decentralized regional medical education program established in 1973, with 20 students per class. The number of students has stayed constant over the years despite an increase of greater than 30% in Montana's population over the past 36 years. Not only has this static class size not kept up with the demand for physician workforce, but the availability of publicly supported medical school seats for Montana students is only 2.78 per 100,000 population, while the national average is 5.65 per 100,000. This places Montana 43rd out of 50 states, positioning Montana students wishing to enter medicine as a career at a significant disadvantage.

To address the compelling issues regarding Montana's physician workforce shortages and the deficit in access for Montana students to medical school seats, it is time for an expansion of the Montana WWAMI medical education program to a Four Year Regional Branch Campus with the following proposed characteristics:

- The 1st year class at MSU-Bozeman would expand from 20-40, using the current curriculum.
- The 2nd year class (which currently moves to Seattle) would stay at MSU-Bozeman, with teaching accomplished by a combination of broadcasting televideo classes from UWSOM as well as incorporating local teaching with MSU existing and new faculty. Clinical teaching would occur in local Montana hospitals and clinics
- Clinical years would continue with third and fourth year Tracks available in Billings and Missoula and in additional teaching sites within Montana. The number of students that these communities could teach would be expanded

- An expansion of other clinical teaching opportunities would continue across the state in both required and elective clerkships. Clinical capacity in these clerkships would expand to cover the 40 students per year that the new program would need to accommodate. Students would also continue to have the ability to participate in clerkships in Seattle and around the WWAMI region
- The students would receive a degree from the University of Washington School of Medicine-Branch Campus Montana WWAMI. Support services, accreditation, teaching oversight, and learning opportunities would continue to be provided by the UWSOM

Creating an opportunity for students to train in the state of Montana within the MT WWAMI program provides a conduit for Montana medical students to remain connected to the state. This is important, because there is a high correlation between growing up in a rural area, training in a rural area and staying within that rural area to practice medicine. It is also known that medical students graduating with high debt are less likely to pursue family practice or primary care, thus the proposed expansion contains strategies for scholarships and loan relief in exchange for obligated service in Montana post residency, thereby providing incentives for students to remain in or return to Montana and to practice in family practice or a primary care specialty.

It is proposed that the additional 20 students who are admitted into this program would be committed to enrolling in the National Health Service Corps Scholarship Program; thus, they will incur no debt for their medical training. Upon graduation, this would obligate them to complete training in Family Medicine, Internal Medicine, Pediatrics, OB/GYN or Psychiatry. After completion of residency training, these students would return to Montana to serve their National Health Service Scholarship obligation at qualifying locations, which may include rural practices, IHS sites and community health centers. This would require a change in current National Health Service Corps policy. We would advocate as well for allowing general surgery to be a part of this scholarship program.

Graduate Medical Education would need to increase also, with the number of residents in the Billings-based Montana Family Medicine Residency poised to expand as well as creating opportunities for Family Medicine training in other areas around the state. Preliminary discussions have occurred in Missoula. Additional opportunities exist to create training programs in Internal Medicine and Psychiatry, especially using a shared teaching model with the UWSOM and expanded residency opportunities exist with both surgery and pediatrics as well.

This funding of this expansion effort will be aided by utilizing the NHSC scholarship program, normalizing tuition to be in line with the rest of the WWAMI states, and by accessing current funding of medical school seats provided by OCHE. Continued state support will be leveraged to increase GME opportunities and to enhance the current loan repayment programs for physicians to ensure that medical education and training in Montana is optimized to meet the physician workforce needs now and in the future.