Interim Higher Education Committee Meeting
August 21, 2018

Joshua Wynne, MD, MBA, MPH
Vice President for Health Affairs, UND
Dean, UND SMHS
Executive Secretary, UND SMHS Advisory Council
Outline of This Morning’s UND SMHS Briefing

• Overview of duties of the UND SMHS Advisory Council
• Overview of the UND School of Medicine and Health Sciences
  • Mission/Purpose – What we do
  • Overview of our student classes
  • Financial status
  • Education
  • Discovery (research and scholarship)
  • Service
    • Status of the Healthcare Workforce Initiative (HWI)
    • Preview of Fifth Biennial Report – Health Issues for the State of North Dakota
• SMHS Agenda for 2020/21 and beyond ➔ Where we hope to go
1. The advisory council, in consultation with the school of medicine and health sciences and the other agencies, associations, and institutions represented on the advisory council, shall study and make recommendations regarding the strategic plan, programs, and facilities of the school of medicine and health sciences.
The duties of the SMHS Advisory Council
NDCC Section 15-52-04

2. Biennially, the advisory council shall submit a report, together with its recommendations, to the agencies, associations, and institutions represented on the advisory council, to the University of North Dakota, and to the legislative council.

3. The recommendations for implementing strategies through the school of medicine and health sciences or other agencies and institutions must:
   (1) Address the healthcare needs of the people of the state
   (2) Provide information regarding the state’s healthcare workforce needs
### UND SMHS Advisory Council

#### Legislators
- Sen. Robert Erbele, *Lehr*
- Sen. Tim Mathern, *Fargo*
- Rep. Lois Delmore, *Grand Forks*

#### State Board of Higher Education
- TBD

#### Veterans Administration
- Dr. Breton Weintraub, *Fargo*

#### State Department of Health
- Mylynn Tufte, *Bismarck*

#### ND Hospital Association
- Dr. Craig Lambrecht, *Bismarck*

#### ND Medical Association
- Courtney Koebele, *Bismarck*

#### UND SMHS Center for Rural Health
- Dr. Gary Hart, *Grand Forks*

#### Department of Human Services
- Christopher Jones, *Bismarck*

#### Members selected by the Dean
- John Kutch, *Minot*
- Dr. Shari Orser, *Bismarck*
- Dr. Thomas Arnold, *Dickinson*
- Dr. Stephen Tinguely, *Fargo*
  
  North Dakota Center for Nursing
  - Dean Gross, *Fargo*
Our Purpose as a School

“The primary purpose of the University of North Dakota School of Medicine and Health Sciences is to educate physicians and other health professionals and to enhance the quality of life in North Dakota. Other purposes include the discovery of knowledge that benefits the people of this state and enhances the quality of their lives.”

Source: North Dakota Century Code Section 15-52-01
Our Purpose as a School

• Educate
• Discover
• Serve
This school of medicine and health sciences building is dedicated to the citizens of North Dakota for the purpose of educating healthcare professionals and discovering knowledge to enhance the quality of life for all North Dakotans.
Who We Are

No. 1 in the country!

• 143 full-time academic faculty
• About 1,239 voluntary faculty members – 2 out of 3 physicians in ND
• 252 benefited staff
• Over 2,400 students
What We Do
UND SMHS Offers a Wide Variety of Academic Programs

**Medicine**
- Doctor of Medicine
- Residency programs in:
  - Family Medicine
    - Rural tracks
  - Internal Medicine
  - Surgery
    - Rural track
  - Psychiatry
    - Telepsychiatry
  - Transitional

**Health Sciences/Related**
- Physical Therapy
- Occupational Therapy
- Medical Laboratory Science
- Master of Public Health
- Physician Assistant Studies
- Sports Medicine/Athletic Training
- Graduate programs (master’s and PhD) in biomedical sciences
Sources of Revenue

FY17 & 18 Estimated Revenue: $213,545,483

- State: $72,793,794 (34%)
- Tuition: $35,350,926 (17%)
- Mill Levy: $9,063,056 (4%)
- Patient & Education: $48,024,512 (22%)
- Grants & Contracts: $48,313,195 (23%)
<table>
<thead>
<tr>
<th>State</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
<th>FY18 Increase from FY17</th>
<th>FY18 Increase from FY13</th>
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<tbody>
<tr>
<td>Minnesota</td>
<td>$39,140</td>
<td>$40,068</td>
<td>$36,800</td>
<td>$38,601</td>
<td>$38,537</td>
<td>$38,518</td>
<td>0.0%</td>
<td>-1.6%</td>
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<tr>
<td>AAMC Midwest Mean</td>
<td>$30,691</td>
<td>$31,374</td>
<td>$34,386</td>
<td>$35,466</td>
<td>$35,989</td>
<td>$36,640</td>
<td>1.8%</td>
<td>16.2%</td>
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<td>South Dakota</td>
<td>$28,975</td>
<td>$30,110</td>
<td>$33,554</td>
<td>$34,924</td>
<td>$33,373</td>
<td>$33,946</td>
<td>1.7%</td>
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<td>Nebraska</td>
<td>$29,493</td>
<td>$29,493</td>
<td>$31,145</td>
<td>$31,199</td>
<td>$32,465</td>
<td>$34,302</td>
<td>5.7%</td>
<td>14.0%</td>
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<tr>
<td>North Dakota</td>
<td>$26,981</td>
<td>$27,631</td>
<td>$28,614</td>
<td>$29,496</td>
<td>$30,239</td>
<td>$31,433</td>
<td>3.9%</td>
<td>14.2%</td>
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</tbody>
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**Resident Tuition & Fees for 1st Year Regional Medical Schools**
Column: NYU medical school students are getting free tuition. But everyone will reap benefits

• Encourage more medical school applications
• Ensure a more diverse workforce
  • Rural
  • American Indian
• Increase primary care practice
• Reduce physician burnout

Source: Fourth-year medical student at NYU School of Medicine. It was first published on August 17, 2018.
Medical Student Cost to Attend (In-state)

Percentile Comparison with other U.S. Medical Schools

- Generous state support
- Community-based school with small faculty
- Good management of operations

Source: Missions Management Tools, 2010-2018 AAMC
Medical Student Debt Percentile Comparison

Source: Missions Management Tools, 2010-2013 AAMC
Why?

• School has a focus on recruiting students from rural areas, where median family income traditionally has been lower than in the urban areas

• Less scholarship and other philanthropic aid than many schools

• Therefore, debt has been high despite low cost to attend. (This low cost has been due, in substantial measure, to strong public support from the ND Legislature)

• Accordingly, the School made debt mitigation a priority
Medical Student Debt Percentile Comparison

- RuralMed Scholarship program
- Increased philanthropy directed at student debt

Source: Missions Management Tools, 2010-2018 AAMC
Uses of Revenue

FY 17 & 18 Estimated Expenditures
$213,545,483

- Salary: $119,585,470 (56%)
- Fringe Benefits: $29,896,368 (14%)
- Operating & Equipment: $64,063,645 (30%)
A School Without Walls

• The UND SMHS is one of 28 community-based medical schools (those that don’t own or operate a hospital) in the country.

• We rely on over 1,200 part-time (voluntary) clinical faculty members in over 30 communities throughout the state to educate medical students and residents.

• Two out of three of all of the physicians in the state are voluntary members of our faculty
Small Group Patient-Centered Learning
INMED (Indians into Medicine) Program

• Nearly twenty percent of all of the American Indian physicians practicing in the United States are graduates of the UND SMHS Indians Into Medicine Program.
UND SMHS Simulation Center
SIM-ND - Four mobile vans that cover each quadrant of North Dakota
Interprofessional Health Care

• Interprofessional education ensures that future healthcare professionals can better communicate and work as a team.

• Involves students from the full spectrum of healthcare – medicine, nursing, physical therapy, social work, communication sciences, dietetics, occupational therapy, health sciences.
Primary Care

• Focus on primary care education, especially for rural areas of North Dakota
• Educate medical and health sciences students in rural communities
• Nationally cited Rural Opportunities in Medical Education (ROME Program)
Rural Health

• Center for Rural Health is one of the nation’s best
• Home to the only national Rural Health Information Hub
• Improve health in rural communities through community medicine and prevention programs
• Extensive research on the healthcare needs of people in rural communities
• Promulgate rural health policy
Service to the Community

- RuralMed
- Rural Opportunities In Medical Education (ROME)
- Center for Rural Health
  - SCRUBS Academy and camps
- Rural residencies
- Rural Surgery Support Program
  - Provides temporary surgical support and coverage
- SIM-ND
  - Provides simulator training in vans to each quadrant of the state
Research Programs

• We focus on studying diseases of relevance to North Dakota
  • Alzheimer’s and other neurodegenerative diseases
  • Diseases of aging
  • Cancer
  • Eating disorders
  • Infectious diseases (vector-borne)
  • Opioid addiction
We Practice What We Preach!

Please join us for the next Joggin’ with Josh on September 6 at 4:00 p.m.
Healthcare Workforce Initiative

• Reduce disease burden
  • Master of Public Health degree programs (UND and NDSU)
  • Further programming approaches under study to address mental and behavioral health issues in the state

• Retain more healthcare provider graduates for North Dakota
  • RuralMed Program
  • UND SMHS recognized as No. 1 in the nation for the percentage of its graduating class going into family medicine
1. **BEST STATE**

North Dakota

**RECOMMENDED COMMUNITY**

Grand Forks

**WHAT YOU MIGHT LIKE IN GRAND FORKS**

- Good schools and family-friendly
- Scenic landscape and long summer days
- University of North Dakota, the healthiest college in the US
Best & Worst Places to Practice 2018: Happiness in Work and Home Life

• Work Life
  • Good compensation
  • Low physician burnout rate (5th lowest in the country)
  • Low malpractice insurance rates
  • High quality health care

• Home Life
  • High level of personal well-being
  • Longevity of the population
  • High-quality educational institutions
  • Low tax and unemployment rates

Source: Medscape, Carol Peckham | May 2, 2018 |
The doctor is out? Why physicians are leaving their practices to pursue other careers

“After 20 years, I quit medicine and none of my colleagues were surprised. In fact, they all said they wish they could do the same,” said one doctor.

by Nicole Spector / Aug.18.2018 / 2:54 PM ET
Best & Worst Places to Practice 2018: Happiness in Work and Home Life

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Source: Medscape, Carol Peckham | May 2, 2018 |
UND SMHS Healthcare Workforce Initiative

• Train more healthcare providers
  • Medical student class increased by 16/year
  • Health sciences students increased by 30/year
  • Increased resident slots
    • Approved additional slots in rural family medicine, rural general surgery, hospitalist, internal medicine
• Improve efficiency of delivery system
  • Training in inter-professional healthcare teams
  • Use of “learning communities” in new building
  • Increased use of telehealth
Preview of Fifth Biennial Report
Health Issues for the State of North Dakota

- Chapter 1: The Population of North Dakota and Attendant Healthcare Needs
  - Updated content to reflect newest data

- Chapter 2: The Health of North Dakota Updated content to reflect newest data
  - Added new content on chronic conditions and cancer

- Chapter 3: Physician Workforce in North Dakota
  - Updated content to reflect newest data
  - Added content on International Medical Graduates (IMGs)

- Chapter 4: Primary Care and Specialty Physician Workforce in North Dakota
  - Updated content to reflect newest data
  - Outcomes of Rural Opportunities in Medical Education (ROME and Indians Into Medicine (INMEd) added

- Chapter 5: Nursing Workforce in North Dakota
  - New chapter completely written by UND College of Nursing and Professional Disciplines faculty
  - Contains new content from the 2018 Hospital Workforce Survey, the 2016 Nursing Facility Survey, and licensure data for licensed practical nurses (LPNs), registered nurses (RNs), and advanced practice registered nurses (APRNs)
Preview of Fifth Biennial Report
Health Issues for the State of North Dakota

• Chapter 6: Psychiatrists, Behavioral Health, and Non-Physician Healthcare Workforce
  • New chapter, previously was combined with chapter 7
  • Contains new licensure content from health professions boards

• Chapter 7: Healthcare Facility Workforce in North Dakota
  • New chapter, previously was combined with chapter 6
  • Contains new content from the 2018 Hospital Workforce Survey including comparisons between the 2014 and 2018 surveys
  • Contains new content from the 2016 Nursing Facility Survey

• Chapter 8: Healthcare Organization and Infrastructure in North Dakota
  • Updated content to reflect newest data

• Chapter 9: Quality and Value of Healthcare
  • Updated content to reflect newest data

• Chapter 10: Conclusions
  • Digital version of 4th Report chapter in Word has been created
Preview of Fifth Biennial Report
Health Issues for the State of North Dakota

• Chapter 11: Healthcare Workforce Development
  • Digital version of 4th Report chapter in Word has been created

• Chapter 12: Recommendations: Healthcare Planning for North Dakota
  • Digital version of 4th Report chapter in Word has been created

• Appendices
  • Updated previous appendix on K-12 activities including a new format
  • Added an appendix of acronyms
  • Added an appendix of terms
Nine counties have increased their population by an average of 10% or more from 2000 to 2017. Seven counties had population gains of less than 10%. From 2000 to 2017, 37 counties have lost population. The largest gains seen from 2000 to 2017 were McKenzie, Williams, and Mountrail.
Employment status totals for all nursing roles.
Nursing employer location by rural designation.

- Urban: 66%
- Large Rural: 14%
- Small Rural: 5%
- Isolated Rural: 15%
Ratio of psychiatrists per North Dakota county.
Aggregate statewide nursing facility workforce FTE vacancy rates.
Statewide aggregate hospital workforce vacancy rates.
How Are We Doing? And Where Do We Hope to Go?

• Annual report prepared in December of each year and widely distributed (internally and externally)

• Called *Vital Signs*, is a way for stakeholders to “take the pulse” of the UND SMHS

• Incorporates a variety of objective metrics to assess the progress of the School in meeting its educational, research and scholarly, and service missions and obligations
Value of the School to the State

• Providing health care professionals
  • 72% of Family Medicine Physicians
  • 44% of Physicians
  • 51% of Physical Therapists
  • 52% of Occupational Therapists
  • 38% of Physician Assistants
  • 40% of Medical Laboratory Scientists
Retention of UND SMHS Medical Student Graduates for Practice In-State

Source: Missions Management Tool, 2018 AAMC
### UND SMHS Outcomes

<table>
<thead>
<tr>
<th>Metric</th>
<th>Percentile Rank</th>
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<tbody>
<tr>
<td>Percent in rural areas (graduates 2003–2007)</td>
<td>98&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Percent of graduates entering family medicine (2018)</td>
<td>100&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

Source: Missions Management Tool, 2018 AAMC
Our Goals

- To be the best community-based school in the country
- To continue to be an innovator in education (with a focus on interprofessional teams)
- To continue to develop focused programs of research excellence
- To serve the people of North Dakota and beyond
  - Rural health
  - Healthcare workforce
    - Primary care (especially family medicine)
  - Health advocacy
    - Interprofessional care
Our Legislative Agenda

• Make a persuasive case for continued robust funding for the Healthcare Workforce Initiative and our other programs of the UND SMHS that are designed to help provide the needed health care workforce for the state and improve the quality of life of North Dakotans
  • Work with the Legislature to keep tuition low
Our Legislative Agenda

• Secure funding so that merit increases can be provided to faculty and staff this coming biennium to:
  • Those with outstanding performance (to be able to attract and retain the best and the brightest)
  • Those faculty and staff at the bottom of the pay scale
• Make the case for UND’s Grand Challenges in research
UND Grand Challenges

Generate opportunity for the state by diversifying its economy and addressing societal grand challenges through cutting-edge research

• Promote **energy security** and environmental sustainability.
• Help **rural communities** solve their unique health and social problems.
• Drive the world-changing developments of **UAS** and do so in a way that reflects UND's values.
• Effectively, efficiently, and ethically produce, manage, and securely use information in the age of **big data**.
• **Address health challenges through basic, clinical and transitional discovery.**
Our Legislative Agenda

• Make the case for the UND SMHS Grand Challenge ➔ Clinical and Translational Medicine Grand Challenge
  • Opioid abuse
  • Virtual care delivery
  • Artificial intelligence analysis of health data
UND Grand Challenges

- Rural
- Clinical and Translational Medicine
- Big Data
- Energy
- UAS
Our Mission for the last 100 years: