



## Agenda for This Morning

- Update status of *Fourth Biennial Report – Health Issues for the State of North Dakota 2017*
- Update status of the Healthcare Workforce Initiative
- Update status of construction on new SMHS building
- Try to address any questions

## Biennial Reports

- Prepared biennially since 2011 as a joint undertaking by the UND SMHS and its Advisory Council (a legislatively mandated advisory body)
- First Report prepared in 2010 and published in 2011 provided the first comprehensive analysis of the existing state of health in North Dakota and its healthcare delivery enterprise
  - Noted outmigration from rural areas, an increasing older population, maldistribution of providers, and a looming healthcare provider shortage especially in rural areas

## Biennial Reports

- Led to the development of the Healthcare Workforce Initiative (HWI)
  - Reduce disease burden through population-based approaches
  - Retain more healthcare graduates for service in the state
  - Increase medical, health sciences, and residency class sizes
  - Improve the efficiency of care delivery through the use of interprofessional teams

## Biennial Reports

- Second Report in 2013 focused on the impact of the oil boom and added more data and analysis of the role of non-physician providers
  - Concluded that full implementation of the HWI was essential
- Third Report in 2015 continued to explore the impact of the oil boom, incorporated new data on the in-state provider workforce, and took a more detailed look at mental health and behavioral issues

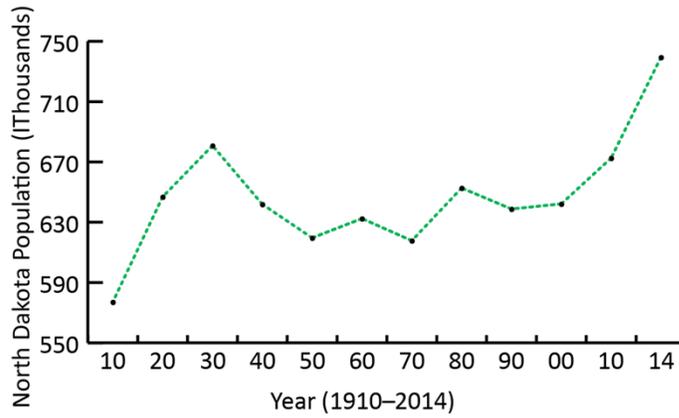
## Biennial Reports

- Fourth Report is progressing and will be completed in late 2016 to be available for the 65<sup>th</sup> Legislative Assembly
  - Even greater focus of mental health and behavioral issues
  - More data on non-physician providers
  - Greater assessment of the impact of the Affordable Care Act
  - Preliminary analysis of the impact of the HWI to date

**NEW DATA**

**Notable Considerations:**

- Current population estimate = 739,482.
- 2013 = 723,857.
- 2010 Census = 672,591.
- Growth since 2000 clearly present as a result of the oil boom.



PB

Created on: 6/5/2015  
Updated on: 6/9/2015

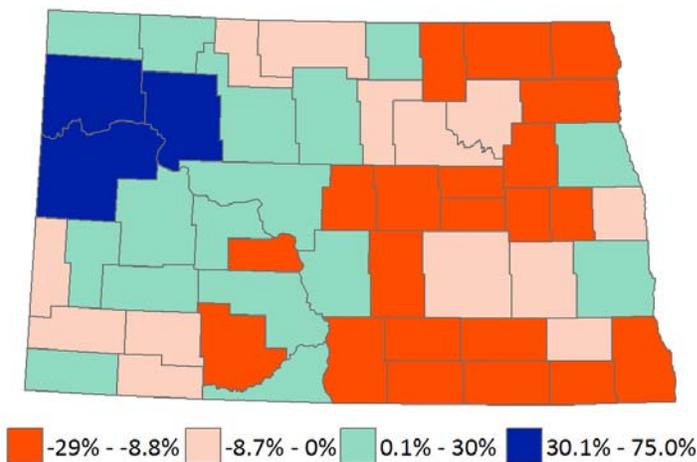


## Percentage change in county population from 2000 to 2014

**NEW DATA**

**Notable Considerations:**

- The largest population increases between 2000 and 2014 were in the northwest portion of the state (Williams, McKenzie, and Mountrail Counties)
- A majority of the counties with the largest population decreases were found in the eastern half of the state and were considered rural.



MP

Created on: 6/5/2015  
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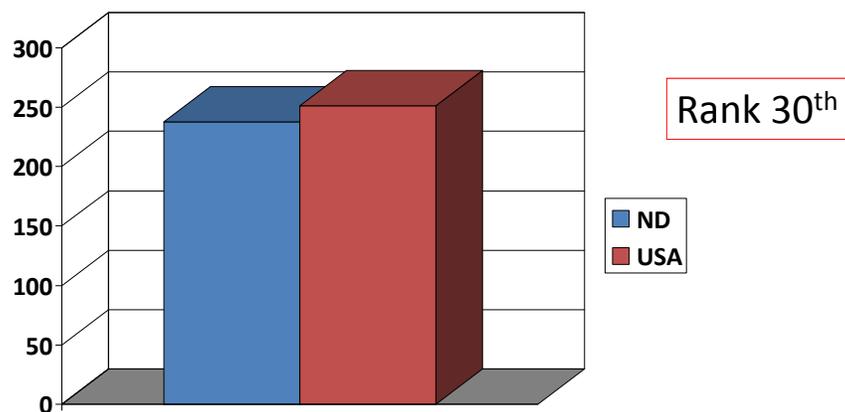
## Top Ten Employers in North Dakota

Rank	Employer	Ownership	Industry
1	Sanford Health	Private	Hospitals
2	Non-disclosable	Private	
3	Altru Health System	Private	Hospitals
4	University of North Dakota	State Government	Educational Services
5	North Dakota State University	State Government	Educational Services
6	Trinity Health	Private	Hospitals
7	Nordian Mutual Insurance Company	Private	Insurance Carriers
8	ND Dept. of Human Services	State Government	Social Assistance
9	St. Alexius Medical Center	Private	Hospitals
10	Bismarck Public Schools	Local Government	Educational Services

North Dakota Workforce Information Network report for 2014



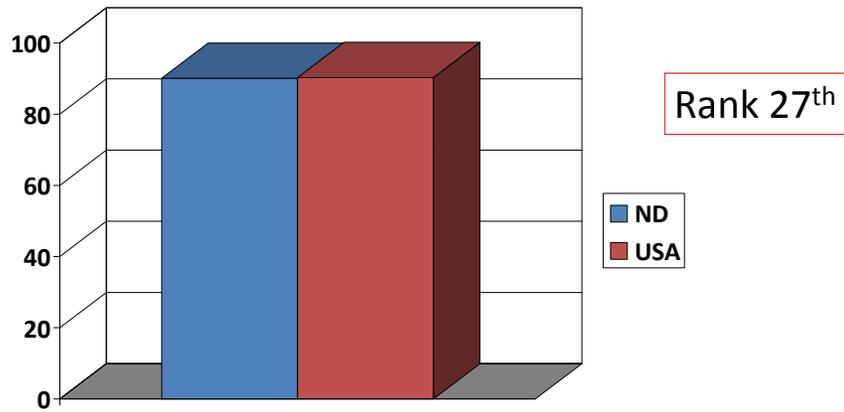
## Active Physicians/100,000 Population



2015 State Physician Workforce Data Book



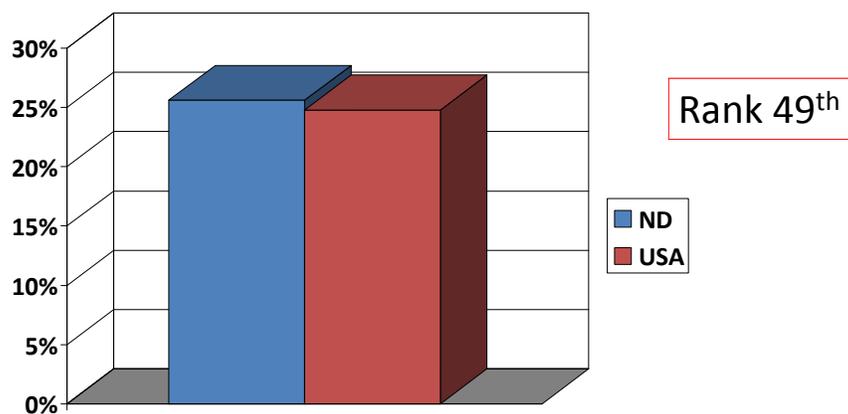
## Active Primary Care Physicians/100,000 Population



2015 State Physician Workforce Data Book



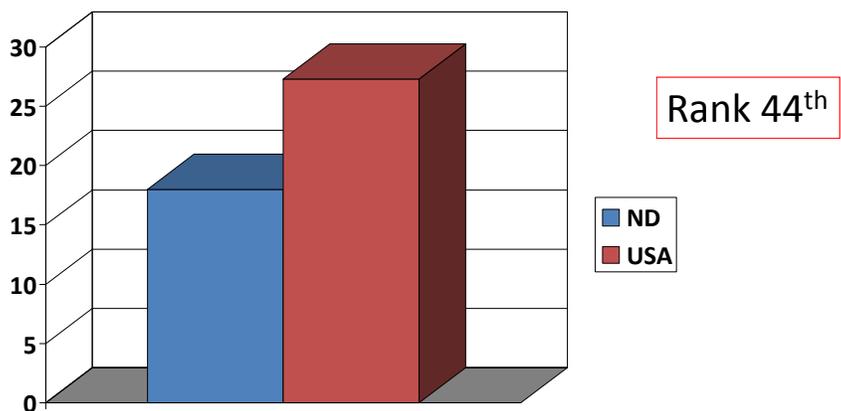
## Percent of Active Physicians $\geq$ 60 years



2015 State Physician Workforce Data Book



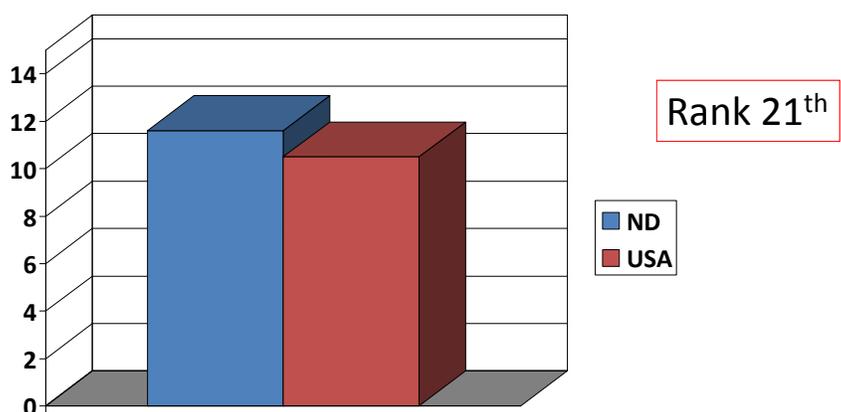
## Residents/100,000 Population



2015 State Physician Workforce Data Book



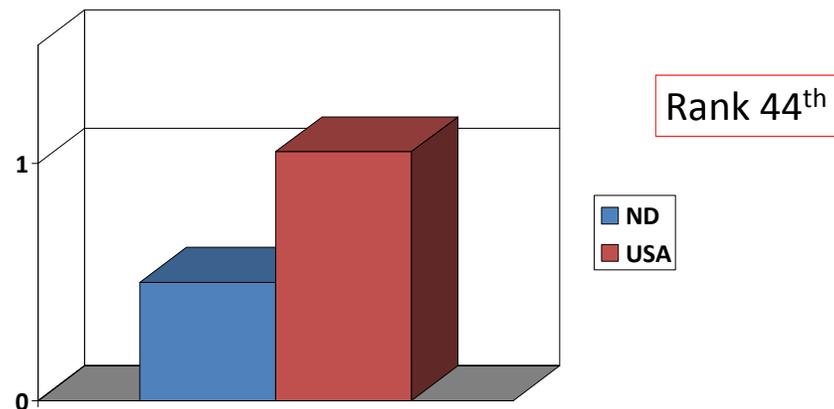
## Primary Care Residents/100,000 Population



2015 State Physician Workforce Data Book



## Ratio of Residents/Medical Students



2015 State Physician Workforce Data Book



## Healthcare Workforce Initiative

- Reduce disease burden
  - Master of Public Health degree programs (UND and NDSU) have graduated their first cohort of students
  - 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 #1 in the nation for the percentage of its graduating class going into family medicine



## Healthcare Workforce Initiative

- Train more healthcare providers
  - Medical student class increased by 16/year
  - Health sciences students increased by 30/year
  - Resident slots increased by 17/year
    - Approved slots in rural family medicine, rural surgery, hospitalist, geriatrics, tele-psychiatry
- Improve efficiency of delivery system
  - Training in inter-professional healthcare teams
  - Use of “learning communities” in new building

### HWI IMPLEMENTATION TOTAL ADDITIONAL STUDENTS ENROLLED/YEAR (AT END OF EACH BIENNIUM)



## Implementation of the Health Care Workforce Initiative (HWI)

### 1. Medical student class size expansion

- 2013 +8
- 2014 +8

### 2. Health sciences class size expansion

- 2013 +15
- 2014 +15

### 3. Residency expansion

- 5 rural family medicine slots/year
- 2 rural surgery slots/year
- 2 hospitalist slots/year

- 4 geriatrics slots
- 2 tele-psychiatry slots
- New family medicine residency in Fargo

### 4. Enhanced pipeline activities

### 5. Adjusted medical school admission process and focus

## Impact of Healthcare Workforce Initiative

- New faculty added – 19.25
  - Basic Sciences - 4.5
  - Family Medicine - 1
  - Occupational Therapy - 2
  - Physical Therapy - 2
  - Sports Medicine - 2
  - Medical Lab Science - 2
  - Physician Assistant - 2
  - Population Health/Dean's Office – 2
  - Geriatrics - 1
  - Education Resources - 1
  - Internal Medicine - 0.25 support for Community Faculty

## Impact of Healthcare Workforce Initiative

- Staff - 3
  - Simulation Center - 2
  - Computer Services – 1
- Expanded medical student academic programs
  - Minot Longitudinal Third Year Medical Student Program
- New residency programs - 32 post-graduate residents
  - UND Surgery Rural Residency -10
  - St. Alexius Hospitalist - 2
  - St. Alexius Geriatrics - 2
  - UND Bismarck CFM Rural Track: Hettinger - 6
  - UND Minot CFM Rural Track: Williston - 6
  - Altru Family Medicine Rural Track: Devils Lake - 6

## New Recruits

- Donald Jurivich – Founding Chair and Eva L. Gilbertson, M.D., Distinguished Professor of Geriatrics (University of Illinois College of Medicine at Chicago)
- Gary Schwartz - Chair of the Department of Population Health (Wake Forest)
- Associate Dean of Medicine

## Outcomes

Metric	Percentile Rank
Percent in primary care (graduates 1998 – 2002)	~87 <sup>th</sup>
Percent in rural areas (graduates 1998-2002)	~95 <sup>th</sup>
Percent in family medicine (graduates 2009-2011)	~98 <sup>th</sup>

Source: Missions Management Tool, 2014 AAMC



## 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

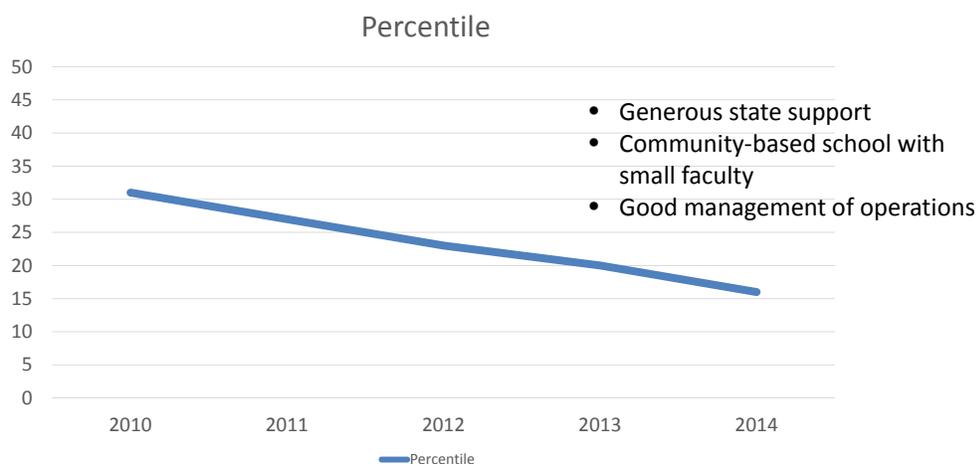


## UND SMHS Outcomes

- Retention rate – 93% (six-year)
- Quality of graduates – Highly competitive for residency and practice
- Service to the state - #1 for family medicine and #2 for rural training
- Student debt - \$17K (average) decrease
- Research activities – Expanding, with an increase in federal funding
  - Greatest amount of external funding in the history of the SMHS!
- Passing national licensure exam (USMLE) – 95 to 100% pass rate
- Cost to attend – Lowest of peer institutions



## Medical Student Cost to Attend (In-state)

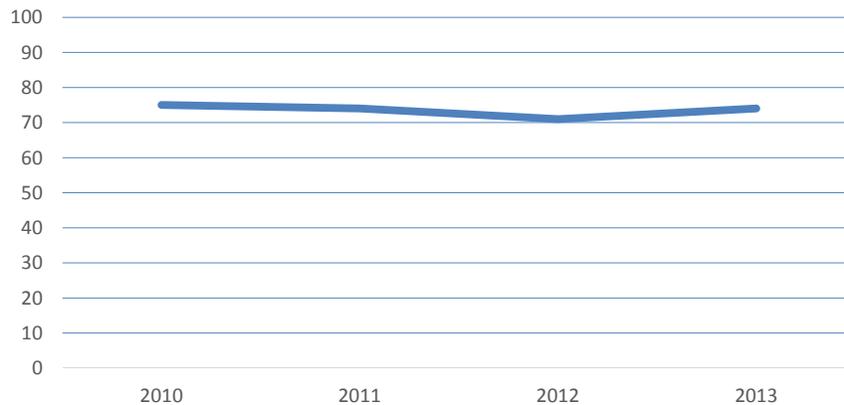


Source: Missions Management Tools, 2010-2014 AAMC



## Medical Student Debt

Percentile



Source: Missions Management Tools, 2010-2014 AAMC

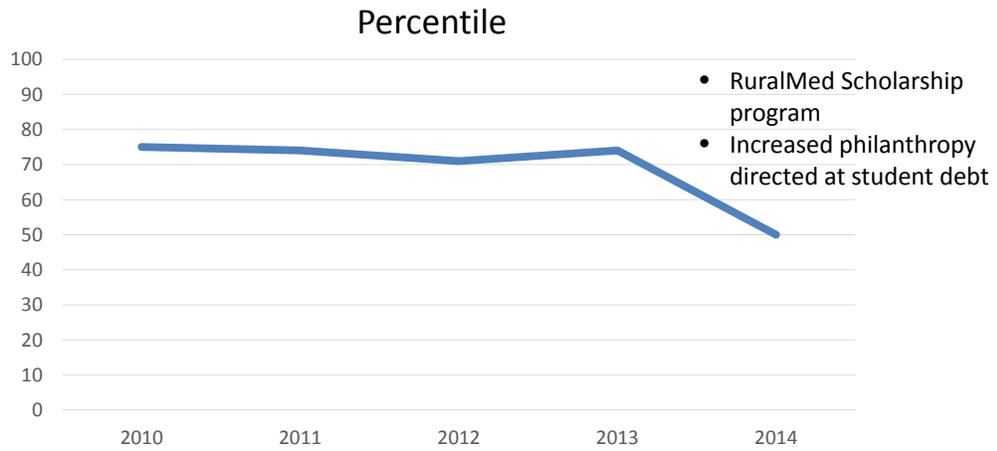


## Why?

- School has a focus on recruiting students from rural areas, where median family income traditionally has been below that in the urban areas
- Less scholarship and other philanthropic aid than many schools
- Therefore, debt has been high despite low cost to attend (thanks in substantial measure to strong public support from the legislature)
- Accordingly, the School made debt mitigation a priority

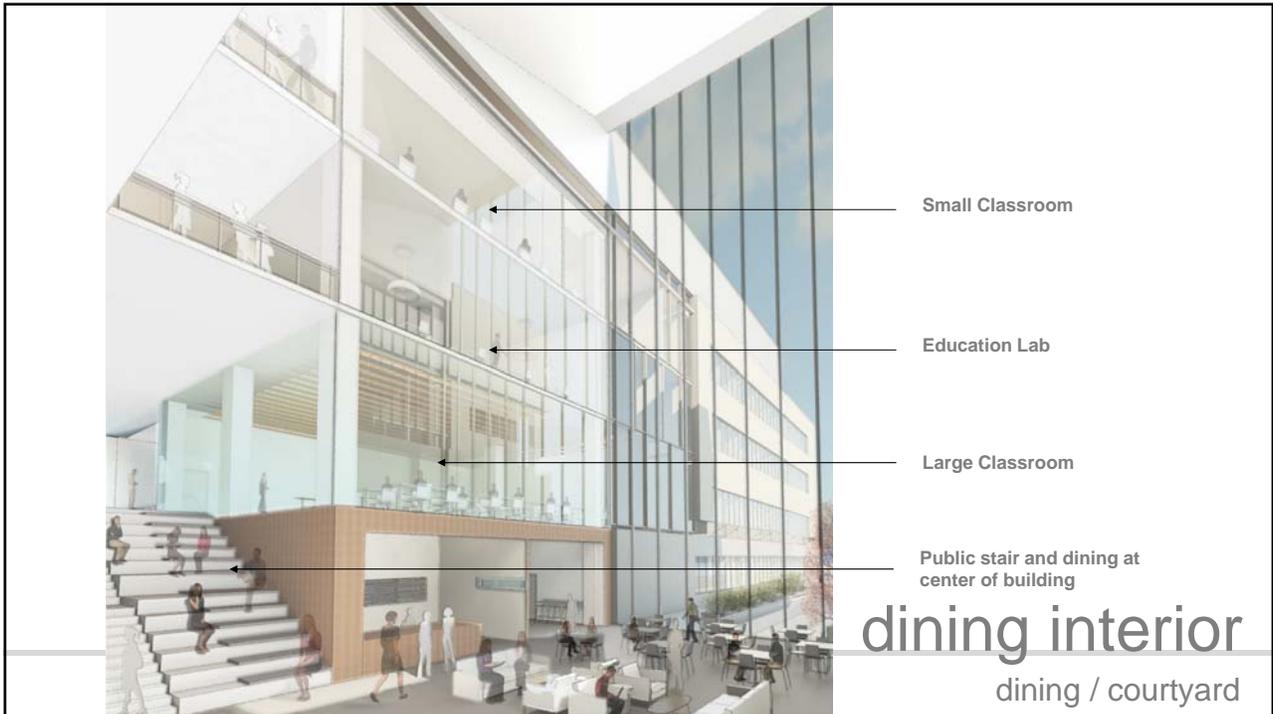


# Medical Student Debt



Source: Missions Management Tools, 2010-2014 AAMC





Small Classroom

Education Lab

Large Classroom

Public stair and dining at  
center of building

dining interior

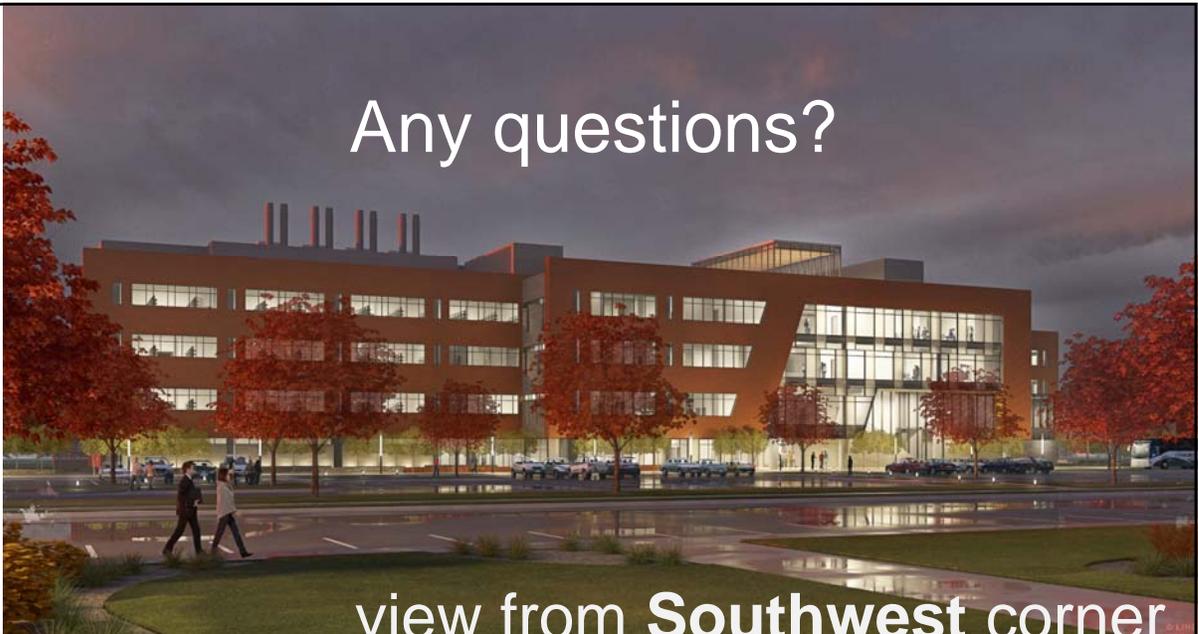
dining / courtyard



## New SMHS Building Status

- On schedule
  - To open May 16, 2016
  - Move-in to be completed by July 15, 2016 when the doors will open
  - Tentative ribbon-cutting ceremony on Friday Oct. 14, 2016
- On Budget!

Any questions?



view from Southwest corner