

States Build Med Schools to Shore Up Workforce

Florida and California eye opportunities to reverse the physician shortage.

BY JOEL B. FINKELSTEIN
Contributing Writer

Several states are in the process of adding new medical schools to shore up expected shortfalls in the physician workforce.

The United States could see physician shortages run as high as 85,000 physicians by 2020, according to government estimates. States will have to start expanding medical school enrollment now to avoid shortages down the road, the Association of American Medical Colleges recently warned.

The response from the states is to train more physicians.

Florida State University's College of Medicine, accredited just last year, became the first new allopathic medical school in more than 20 years. Together with expansion of existing schools, Florida's medical schools will more than double enrollment, up to 1,100 students.

Evidently not satisfied with that increase, the board of governors of the state university system recently approved proposals to set up two more medical schools, one at Florida International University and the other at the University of Central Florida. Those medical schools could be up and enrolling by 2008.

Other states are also considering new medical schools as a way to bring physicians into their communities. The University of California at Merced, barely out of the box itself, presented a proposal this month to set up a medical school by 2012.

California currently has to recruit physi-

cians from out of state because of a gap between the number of doctors trained in the state and the number needed, said Peter Warren, a spokesman for the California Medical Association.

It wouldn't be surprising to see five or six new medical schools start up across the country over the next 5 years, said Paul Umbach, a principal with Tripp Umbach Healthcare Consulting Inc., in Pittsburgh.

Currently, there are 126 U.S. medical schools graduating a few more than 15,000 students a year, said Jack Krakower, Ph.D., associate vice president of medical school services and studies at AAMC.

Along with graduates from international medical and osteopathic schools, they fill roughly 22,000 residency slots, virtually all of which are currently funded through the Medicare program.

More medical schools will not equal more doctors unless there are also more residency slots for those graduates. Even then, there are no guarantees that physicians trained in a state will stay in the state, Dr. Krakower said.

On average, less than 40% of medical students remain in state after graduation. That number rises to 48% among students who get a residency position in the state and gets as high as 65% for those who started out in the state, according to AAMC data.

Whether physicians end up sticking around, Florida and other states may see benefit in building new schools.

The board of governors was heavily lobbied for the medical schools by local businesses, mostly real estate and con-

struction companies. These interests will be the most immediate beneficiaries of the funds raised to build the new schools, said Dr. Zachariah P. Zachariah, a board member who questioned the wisdom of this approach.

There is little question that local business will benefit. An economic impact study conducted by Mr. Umbach's firm for Florida International University showed that a new medical school could pour more than a \$1 billion a year into the local economy and create 8,300 new jobs.

There are better ways to boost Florida's physician workforce, said Troy Tippet, president of the Florida Medical Association. "The quickest, most efficient way is to add residency slots," he said.

The economics of medical schools are

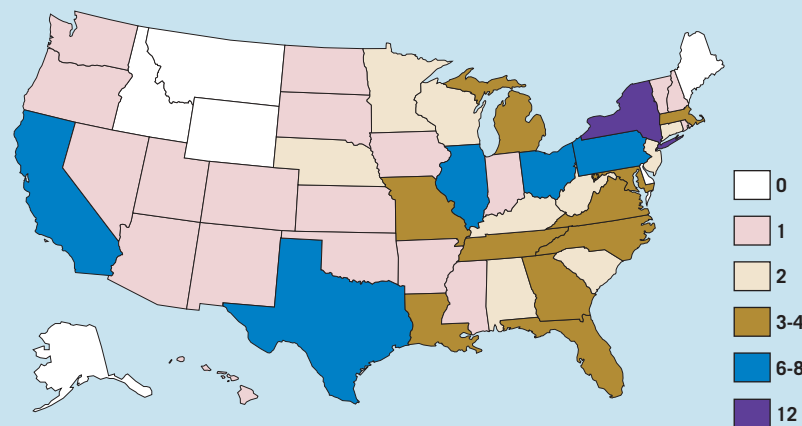
very attractive to communities, agreed Mr. Umbach. But they also bring in faculty who provide care to the community, producing a short-term boost to the medical workforce. "Just banking alone on medical students staying in the state would be a very slow way to build the physician workforce," he said. "But communities with medical schools have more physicians than those without medical schools."

That argument seems to be winning. The FMA didn't oppose the proposal for new medical schools. And despite his concerns, Dr. Zachariah voted in favor of the measure based on assurances from county officials that they would also expand existing medical programs and add state-funded residency slots.

"It's a fair compromise," he said. ■

DATA WATCH

Distribution of Medical Schools



Note: Puerto Rico and the District of Columbia have three schools each.
Source: Association of American Medical Colleges

NHMA Aims to Develop More Hispanic Physicians, Leaders

BY JOYCE FRIEDEN
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WASHINGTON — Two programs sponsored by the National Hispanic Medical Association aim to train more Hispanics to become physicians and to help them become leaders in the health care system.

First, the association has partnered with Meharry Medical College in Nashville, Tenn., a historically black medical school, to recruit Hispanic students for the college.

"We are all communities of color and we have to band together," John Maupin Jr., D.D.S., president of Meharry, said at a meeting sponsored by the National Hispanic Medical Association (NHMA). "We need to be for individuals of color and individuals from poor communities of all races."

At the meeting, representatives from Meharry and NHMA signed a memorandum of understanding, which establishes a relationship between the two organizations to expand outreach to Hispanic students. The project involves creating a model joint mentoring program, offering a summer research opportunity to a select

number of potential students, and establishing a regional interview program that provides an opportunity for NHMA medical volunteers to interview students—through teleconferencing or other means—who have applied to Meharry.

"Together we ought to be able to help any number of individuals who have the opportunity to go to Meharry," Dr. Maupin said. "I want to reach out, Meharry wants to reach out. If we come together and execute this endeavor, we'll be able to find these students."

NHMA President Dr. Elena Rios called the memorandum "historic." "The historically black colleges and universities of this country and the black professional world are light years ahead of the Hispanics," she said. "We have Hispanics serving all professions. We just don't have the boards of trustees and boards of directors that are Hispanic at our universities in this country. For the [historically black col-

leges and universities] to take their vision and include us, and for us to say we want to work together, this is history in the making."

The second program is a 2-year initiative with the U.S. Department of Health and Human Services office of minority health

to develop leadership training, education, and outreach programs to improve Hispanic health. The initiative's goals include recruiting Hispanics for senior-level positions at HHS and developing a national leadership training

program for Hispanic doctors and public health professionals.

"We believe in developing the leadership of [Hispanic] doctors so they understand how to talk to their congressmen and policymakers in their states," Dr. Rios said at a press conference announcing the initiative.

The association currently has two leadership-related fellowship programs, she explained. One, the NHMA leadership fel-

lowship, trains mid-career doctors on how to be better advocates. The other one, the NHMA public health leadership fellowship, involves training Hispanic public health managers to be better leaders for the country.

NHMA board member Dr. Luis Estevez said the association's overall goals go beyond just recruiting Hispanic physicians. "We are [also] forming partnerships to try to build a pipeline to high schools and colleges to not only have more Latinos enter medical school, but also enter health professions in general, be it nursing, technological fields, or medicine," he said.

Another place more Latinos are needed is in the health care system, especially in the top ranks, Dr. Estevez continued. "One study done at hospital systems in New York found that [in] some of the hospitals that had up to 96 persons [at] the level of vice-president and above, including the board of directors, there was not a single Hispanic, despite the fact that these hospitals—which receive federal funds, by the way—are located in Latino communities. You're not going to change the culture of the hospital unless you also affect the governance." ■