9-25-2010

Conference on Sustaining the Business of Health Care in America Presentation

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"The Medical School and the Revival of Kalamazoo"
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Sept. 25, 2010
Conference on Sustaining the Business of Health Care in America

Opening
Good afternoon and thank you for taking your Saturday to focus on issues that are critical to our nation—and perhaps even more important to this particular community. I want to thank Dr. Targowski and Dr. Ruoff for coordinating this effort and giving us all the opportunity to focus on the business of health care in its totality.

Already today, you've heard about change—change to our health care system, change to the nature of our health care providers and change to our perceptions of the role of health in our well being. Later this afternoon, you'll hear about the changes that information technology will bring to the business of health care.

I will focus on change as well. I've been asked to tell you about a plan to launch a medical school here in Kalamazoo and to describe what success in that effort will mean to sustaining and enhancing our community. Health care, you see, can be a catalyst for change that encompasses far more than physical well being. The business of health care can be the agent of change that secures our community's future.

The opportunity
When I came to Kalamazoo three years ago as the new president of Western Michigan University, I already knew a great deal about the University.
I knew of the international reputation of many of its programs and its status as a Carnegie-designated research university—one of fewer than 200 in the nation. I knew it was a University I would be proud to lead, and I knew it was located in a comfortable community that was more vibrant than many of its size and tradition in the Midwest.

I learned more as I prepared to take the helm of WMU. I also, however, made a series of discoveries that were somewhat unexpected. I discovered that this wonderful University is a social, academic and economic lynchpin for a community of incredible depth, great success and the potential for even more.

• It's a community that boasts two world-class teaching hospitals—Borgess Health and Bronson Healthcare—which already provide the resources necessary to offer years three and four of a classic medical school education.

• It boasts a heritage built around the discovery of pharmaceuticals and medical device development.

• And it has a great breadth and depth of intellectual capital that is focused on life sciences, to an extent rarely found in a community this size.

Kalamazoo offers, in short, a beautifully developed infrastructure that caused me to pose one immediate question very early in my relationship with this community:

"Have you folks ever considered building a medical school?"

That question triggered conversations that led us as a community to where we are today. In 2010, we are in the initial stages of establishing a privately funded medical school at a public university. That initiative is a three-way partnership involving Borgess, Bronson and WMU. The vision is that of a school of medicine that embodies and addresses the changes that are beginning to sweep across the healthcare landscape.
• It will encompass changes in the science of health care triggered by
genomics and the advent of personalized medicine.

• It will be founded on needed changes to our medical education system that
were outlined earlier this year by the Carnegie Foundation.

• And it will leverage the assets of this community and develop synergies in a
way that we've only previously imagined.

On a practical level, you should know that we have filed a letter of intent with the
Liaison Committee on Medical Education, and we are now designated as a school
that has applicant status with that accreditation body. We are deeply engaged in the
effort to secure the private funding needed and have received an anonymous gift of
$1.8 million to use as seed money for the school's development. This fall we are
nearing the end of the process of hiring a founding dean for the medical school, and
we are launching the detailed planning for such critical issues as curriculum and
facilities.

In recent months, the medical school initiative has been transformed from a question
of "if" to a question of "when." We are, quite simply, poised to launch a
transformational vision for our community.

**Why now?**

To fully examine how and why this can be a transformational moment, let's turn to
the burning question people have been asking us for most of the past three years.

Why now? Why at this time of economic distress, should we expend community
resources on an ambitious undertaking like building a medical school?
The answer is both simple and complex. For the simple answer, let me move outside the healthcare realm and borrow this great observation by Marion Blakey, CEO of the Aerospace Industries Association and former chief of the FAA. She said:

"You can't leave a footprint that lasts if you're always walking on tiptoe."

There is a time to recognize opportunity and move boldly to take advantage of it—even in the face of challenges. That time is now.

I will take some time laying out the more complex answer for you, but it is easily summarized this way. The time for this community to establish a medical school is right now. The opportunity is a time limited one. The decision to wait until times are better is quite simply a decision to pass on an opportunity that is tailor-made to leverage this community's strengths in a way that can enhance patient care nationally and secure this community's future for generations to come. Right now, there is a convergence of events and trends that add up to what I would call a "perfect storm" of challenge and opportunity.

**The building fronts**

The elements of that perfect storm that makes this Kalamazoo's moment to seize can be organized into five areas:

- A looming shortage of physicians,
- Changes to health care policy that will bring millions more into the system and require innovations like the appropriate use of information technology,
- The nationally recognized need for change in our 100-year-old medical education tradition,
- Science-based changes to medical knowledge that will allow us to personalize medical treatment, and
• A unique set of qualifications and experience that this particular community brings to the arena.

Let's examine each of those critical fronts.

1) **First**, there is, statewide and in our nation, a looming shortage of physicians—literally an enormous gap between where our population is heading and what our current medical education infrastructure is equipped to address. We face a future in which there will be too few entry points into medical care for too many patients. And we face that future at the exact moment the nation's baby boomers hit retirement and their need for care escalates.¹

Michigan is about to face a critical shortage of physicians. More than 6,000 Michigan physicians will take down their shingles in the next 10-12 years. Michigan retirees will include 38 percent of our primary care, family and internal medicine practitioners. More than 60 percent of those remaining already have practices that are full. Our existing medical schools have slightly increased their incoming class size, but do not see further expansion as feasible.

We will not be able to turn to medical schools in other states to fill our shortage. They'll be busy filling the basic health care needs in the rest of the nation, where the looming shortage is just as great or even greater. But the great need will be filled, as new schools emerge and existing schools struggle to increase their class size in time to meet demands. The need will be filled. We can be part of the solution, but this is a train about to leave the station and we have to commit to being on it.

2) **Second**, health care reform implementation began this week. Whatever the path it ultimately takes and whatever legislative changes might be in the offing, it will still mean millions more will be part of our nation's health care system. This will happen
as a flood of baby boomers hits senior citizen status and begins to need more health care. Both developments demand that we look for new ways of serving patients, and we must find new efficiencies in our systems, such as development of robust information technology practices—medical informatics.

3) **Third**, for the first time in 100 years, medical education is about to change dramatically. Since 1910, the Carnegie Foundation's Flexnor Report has outlined the medical education paradigm used by this nation's medical schools. This summer, Carnegie released a new report, "Educating Physicians: A Call for Reform of Medical School and Residency."²

The new report calls for a more individualized approach to training and recommends focusing more on:

- learning outcomes;
- incorporating more clinical experiences early in medical education, with capstone experiences in science in later stages of preparation; and
- offering more opportunities for medical students to train in teams with nursing and other health-care students.

If there is a single clarion call for change summarized in the new report, it is embodied in these two sentences from the 2010 Carnegie Report:

"The huge increases in medical knowledge, technology, and specialization in recent decades have interacted with a now near-chaotic system of health-care delivery, magnifying the challenges facing medical education. There is a need to motivate continuous learning and improvement across the whole arc of medical training."

Medical education will change. It will change slowly at existing medical schools where there is a rich history and a long-entrenched traditional system. It can change
quickly for new schools like ours that will have the opportunity to build a new curriculum from the ground up. We have already heard words of support from medical schools we consider among the finest in the nation. They are somewhat envious of our ability to adapt and adopt these new recommendations and eager to learn of our experience and success.

Change in medical education will happen and we will be on the leading edge. Kalamazoo's will not be just another medical school, it will be a medical school that breaks new ground and helps set new directions in medical education and patient care.

When I say that this is happening right now, I am serious. This week--on Monday (Sept. 20)--the American Medical Association and the Association of American Medical Colleges convened a meeting in Washington, D.C., to spend three days discussing the state of medical education today and what the medical education of tomorrow should look like.

The conversations at that event did not focus on rejecting the Flexnor principles but building on them. Based on those discussions, here are a few phrases you'll be hearing more about when anyone talks about medical education in the United States:

- social responsibility;
- integration of science and medicine;
- continuity, to allow for better evaluation and assessment;
- interprofession education or educating medical teams; and
- education for the needs of specific populations.

And be on the lookout for "I-Docs"--educators brave enough to take on tradition and become pioneers in these areas.
4) **Fourth**, new scientific knowledge brings with it new diagnosis and treatment options. Genomics and the advent of medical treatment that is highly tailored to an individual's DNA will be the hallmark of medicine in this century. To take full advantage of the new science, a school of medicine will be best served by marrying the front edge of science with all four years of medical education.

The model we aspire to build will combine the teaching and clinical advantages of a community-based medical school with the advanced research component of an academic school of medicine. It will enable us to provide more clinical experiences early in medical training and continue the development of scientific knowledge in the third and fourth years. I remind you, again, that this community already does an outstanding job of providing third- and fourth-year medical education. What we propose is building a school that adds the first two years of medical training and integrates science throughout all four years. New treatment options for patients and enhanced research opportunities tailor-made to our community's strengths will be the result.

At Western Michigan University, we have a saying, "It's all about our students and their success." At a Western Michigan University School of Medicine, it will be all about patients, and the focus will be on blending the best of science and medicine to ensure their health.

5) **And finally, the fifth element**, but certainly not lowest in importance, is that fact I just alluded to. This community has strengths that few other communities in the world can boast. We have a plethora of scientists whose focus is on pharmaceutical and medical device development. We have an additional core of people with expertise in the commercialization of life science discovery. And we have a proven track record and commitment to education.
In Kalamazoo and this region, we get things done. We have a history of success, and we wrote the book on life sciences. We know how to create change and to use that change as a catalyst for both economic growth and the betterment of the larger community.

Medical schools can serve as the magnet for the flow of federal research dollars. A full 45 percent of all federal research dollars that go to higher education go to the nation's 126 medical schools. Those research dollars lead to community jobs. We know from multiple economic impact studies that have been conducted nationally, both for existing and planned medical schools, that the total economic impact to the community can ultimately be very substantial.

The impact goes beyond the medical school itself, and is multiplied across the local economy by all the goods and services purchased, including enhanced tax revenues. As an example, the University of Central Florida's opened a medical school in 2009 that is similar in size to what we are contemplating. A recent study predicts that by 2017, the school would be responsible for the creation of more than 16,000 local jobs and an economic impact of $5.2 billion. That school was built from the ground up, rather than building on existing infrastructure, but the point is still valid.

Already, Kalamazoo is known as a plum assignment for medical students doing their internships at Borgess and Bronson. Just imagine how attractive Kalamazoo will be to students who begin school knowing that their clinical work will be done in a local setting. I suspect that recruiting our top graduates to stay in our community will be relatively easy.

And finally on the community strength front, I must point out that Kalamazoo is surrounded by communities eager to be part of this initiative. We've been discussing this with potential partners in Battle Creek and across the region we call
Southwest Michigan. Wherever we go, we are met with the recognition that this can be the catalyst that allows us to leverage our strengths as a region.

Kalamazoo and Battle Creek have always kept each other at arm's length. I heard an urban legend recently that the roots of that situation date back to a comment by W.K. Kellogg, who once noted that people wouldn't have to take all of those pills W.E. Upjohn was turning out if they would just eat healthy foods like Kellogg cornflakes.

Today, we know that both approaches to health are on target. And both communities can be part of a new wave of research, discovery and service to patients.

25 years from now--a community reborn
While I don't expect to be one of those who does this, 25 years from now, I hope that Kalamazoo citizens will look back on this period of history and say, "Wow! Thank God Kalamazoo's leaders moved forward with this idea in 2010. Look at what we have today."

And what will Kalamazoo have on that day 25 years from now? I predict:

• Patient health care options that rival those of any location in the country;
• A new generation of physicians trained using state-of-the-art methods in medical and science education and practicing in our community;
• A vibrant and thriving new set of life sciences discovery firms that were sparked by the existence of a medical school with a strong focus on science and discovery; and
• A national reputation as a community that has kept its focus and nurtured its strengths as a life sciences capital.
What I've been talking about this morning is really the next logical step in this community's development. This initiative can revitalize our city, but only because those who came before us set the stage, took bold steps and refused to tiptoe around opportunity. Those of you here today are part of that leadership and can be part of that core of change and growth. Thank you for your consideration of the possibilities and your willingness to be part of the future.


4. Economic impact study by Arduin, Laffer & Moore Econometrics, as reported March 30, 2010, in Spacecoast Business Magazine article, "Central Florida’s New ‘Medical City’"