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WMU School of Medicine: Prescription for the Future, Kiwanis Club of Kalamazoo

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"WMU School of Medicine: Prescription for the Future
Dr. John M. Dunn
President, Western Michigan University
June 29, 2011
Kiwanis Club of Kalamazoo

Opening (Title page)

Good afternoon and thank you for asking me back to speak with you. It's been two years since we've had what I like to think of as a conversation. To that end, I plan to leave a fair amount of time at the end of this presentation. I know you know bits and pieces about many of the exciting things happening at Western Michigan University. I don't want to leave here today until any questions you have are fully answered.

I'll get right to the point. I've been asked to tell you about our plan to launch a medical school here in Southwest Michigan. I've been asked also 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.

(Slide #2) Three months ago, we saw nearly four years of work lead to this seminal moment. This image is from the Kalamazoo Gazette's coverage of our announcement March 22 of a \$100 million gift from anonymous donors to support a School of Medicine at Western Michigan University. It is the largest cash gift ever received by a Michigan university and the 15th largest such gift in American higher education history.

We had some fun with that "Operation: Historic Moment" announcement, but this was more than a single great moment. It was a transformational event in the history of Southwest Michigan. It was a signal that our vision and efforts had resonated with donors. Those donors let us know that they endorsed our vision and they shared

it. Let me set the stage and tell you what we've accomplished and where we're headed.

The opportunity and the vision.

When I came to Kalamazoo four 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 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. (Slide #3)

- 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. (Slide #4) We have developed a vision, and 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. (Slide #5) The vision is that of a school of medicine that embodies and addresses the changes that are beginning to sweep across the healthcare landscape.

(Slide #6)

- 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.

Where we stand

(Slide #7)

In recent months, the medical school initiative was transformed from a question of "if" to a question of "when." Now we've even answered that question. We're planning to welcome our first class in fall 2014. We are, quite simply, poised to launch that transformational vision for our community.

In addition, we've:

- Filed for accreditation with the LCME and planning on fall 2014 first class
- Developed working committees charged with planning for research, curriculum, facilities, finance and communication
- Gotten off to an incredible START in our efforts to raise the private funds we need to make this happen.
- Hired a founding dean, Dr. Hal B. Jenson, an MD who holds an MBA as well. (Slide #8) He's a specialist in pediatric infectious diseases who comes to us

from the Tufts University School of Medicine. He's held faculty positions at Yale, Eastern Virginia Medical School and the University of Texas Medical Center--San Antonio.

Why now?

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

Why now? Why at this time of economic distress, should we expend community resources on an ambitious undertaking like building a medical school?

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.

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 developing fronts

The elements of that perfect storm that makes this Kalamazoo's moment to seize can be organized into five areas: (Slide #9)

- 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.

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.

2) Second, health care reform implementation has begun. 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. Last summer the Carnegie Foundation released a new report, "Educating Physicians: A Call for Reform of Medical School and Residency."

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.

Medical education is about to 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.

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.

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.

(Slide #10) 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.³ 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.⁴ That school was built from the ground up, rather than building on existing infrastructure, but the point is still valid.

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.

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 Southwest Michigan citizens will look back on this period of history and say, "Wow! Thank God our leaders moved forward with this idea in 2010. Look at what we have today."

And what will the Kalamazoo region have on that day 25 years from now? (Slide #11) In addition to those federal research dollars being felt in the community, 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; and
- 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.

Where do we go from here? (Slide #12)

Our next steps are clear. We have to:

- Complete the accreditation process

- Develop both our facilities & infrastructure
- Hire faculty and complete the transition of Kalamazoo's current medical training work to WMU
- Formalize hospital and clinical affiliations so we have ample clinical opportunities for medical students
- Develop research programs
- Raise additional private funds

If you're thinking critically about the steps I've just outlined you recognize that the benefits of this initiative to this community begin immediately. We'll be building, hiring high-profile faculty and administrators and laying the groundwork for hundreds of young medical students who may well bring families with them and who may want to stay in our community permanently.

(Slide #13)

When you look at the possibilities, the real question is not "Why do we need a medical school in Kalamazoo. The real question is ***“What will we be without it, and why haven't we acted sooner?”***

(Slide #14)