



Tackling the Shortage

Marian to Enter Medical School World

It started with a headache.

That's when the patient from a rural Indiana town called his doctor's office to see if he could get an appointment. He was told the doctor wouldn't be in until the next week, as the doctor travels around to help cover the medically underserved area.

The man's headache turned out to be the beginning symptoms of a stroke, which he suffered before the doctor was able to see him.

"If you wait on things, the cost goes way up," says Marian University President Dan Elsener. "He has a stroke, now he's into rehabilitation. You're talking about someone who needed blood pressure medicine for \$20 a month that turns into maybe a \$200,000 bill for the taxpayer – it makes no sense."

The story was relayed to Elsener by a physician, and is one Elsener uses to describe the increasing shortage of doctors in Indiana and the need for the Marian University College of Osteopathic Medicine, which is scheduled to open in the fall of 2012.

"Indiana is one of two states with one medical school and soon we'll be the only state with one. Two-thirds of the counties don't have enough primary care physicians. It's kind of hard to think of a county without a doctor," Elsener exclaims. "We know this has to be taken care of."

The doctor is NOT in

The shortage of doctors is not just a Hoosier problem. Nationally, there are mismatches in primary care versus specialist distribution, as well as a low physician-to-population ratio. The American Association of Colleges of Osteopathic Medicine is predicting a shortage of more than 150,000 doctors by 2025.

Indiana's statistics are staggering: The state is short 5,000 physicians. By 2020, Indiana will need 2,000 more primary care physicians. Of 92 counties, 57 are medically underserved. The mental health provider shortage is 38%, while the deficiency in primary health care physicians is 30%.

Dr. Paul Evans, chosen as the first dean of the new Marian endeavor, points to various reasons for the decline, particularly in the primary care field. Evans, a retired Army colonel from the medical corps and former dean for curricular affairs at Oklahoma State University, comes to Marian from his previous post as founding dean of the Georgia Campus of the Philadelphia College of Osteopathic Medicine.

"The compensation for primary care physician careers is significantly lower than for specialty careers, but the debt load for students is rising significantly. In 2010, the average student debt load is over \$200,000," Evans explains.

It's not just the compensation factor. According to Evans, it's more like a "perfect storm" of societal and cultural changes adding to the shortage. Reimbursement reductions and government caps on

Plans call for the Marian University College of Osteopathic Medicine to open in the fall of 2012.



By Charlee Beasor

the number of residency positions are also major factors.

Small university, big aspirations

The idea of forming a medical school started after Elsener became president in 2001. The university commissioned a study by an outside firm on the question of how small, faith-based colleges that were once struggling went on to become successful.

“What we found out, institutions that were thriving were very good at fulfilling real needs in the world that matched their institutional DNA,” Elsener observes. “When we did our best work, it was around healing, it was around teaching and learning, and it was around leadership and ministry. Those were our long suits.”

Elsener says Marian was approached by the Indiana Osteopathic Association about starting an osteopathic medicine school. The association accepted proposals from a number of colleges, including Marian, and voted to endorse the university’s plan in January 2010.

“If people are a little surprised that a school of our size is starting a medical school, they shouldn’t be. Enrollment and size of endowment doesn’t measure passion. You can’t put it in a bucket – we’re called to do this,” Elsener states.

The new college will accept 150 medical students into the program in the first year and will be located in a new campus building at the corner of Cold Spring Road and 30th Street in Indianapolis. The groundbreaking is scheduled for January 2011.

Before any of that can happen, however, the school has to become accredited by the American Osteopathic Association’s Commission on Osteopathic College Accreditation. At the time of this writing, the school was expecting to receive pre-accreditation status in late December 2010.

Once the first class is graduated, the school will become fully accredited.

It will be the only College of Osteopathic Medicine in the United States that is affiliated with a Catholic university.

Andrea Fagan, director of marketing communications for Marian University, notes that the faith-based campus will have



Marian University President Dan Elsener discusses the severe shortage of doctors and what the university is doing to help combat the problem.

a direct impact on the physicians it produces.

“It’s about culture and distinctiveness. There will be differences in the care and the way the doctors are trained,” Fagan says. “There are seminarians here, men and women who are discerning a call. That kind of faith life that’s here, they will be exposed to that and those patients will be more than patients. We think that’s really going to live out here.”

Two philosophies, one goal

While the MD – the degree earned at a college of medicine – certainly has more public exposure, the DO – the degree earned at a college of osteopathic medicine – is starting to become more well known.

“DO’s in Indiana are in the same medical board as MD’s. The qualifications are virtually the same,” Evans affirms. “The philosophy of osteopathic medicine stresses looking at the patient as a whole and the wellness and prevention aspects of medical care. The bottom line (for both) is to treat the patient.”

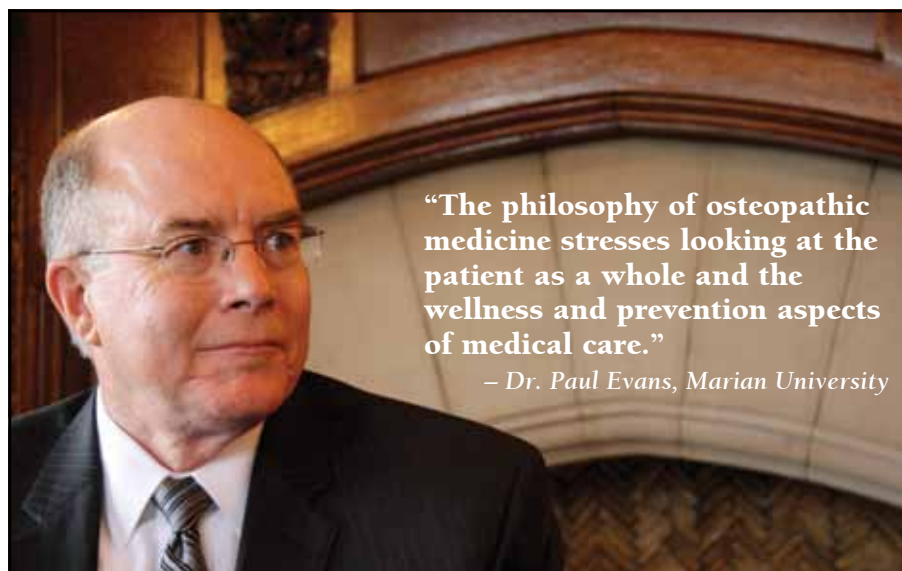
Jon Anderson, CEO and president of Westview Hospital – Indiana’s only osteopathic hospital – helps define the terms using a simple sports analogy. Westview Hospital will be one of the new school’s partners and will accept residency students into the hospital for training.

“Our chief of staff, Dr. David Williams, in trying to explain osteopathic medicine and MD medicine, says that it is kind of like the old American Football League and National (Football) League before they merged.

They both had very different styles,” Anderson describes. “I think the same is true (for medicine). There are some very unique and good aspects to both osteopathic and MD medicine. Combining those different philosophies and learning from each other would be a very positive thing for this state.”

Students in both schools earn a four-year degree from their respective universities before three to seven years of postdoctoral medical education, including residencies and fellowships.

Evans also explains that osteopathic medicine has a traditional history of graduating more primary care physicians – one of the reasons the new college will benefit the state and help quell the shortage



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A student (top) from the Georgia Campus-Philadelphia College of Osteopathic Medicine works with patients in a clinic setting. Dr. Paul Evans was also the founding dean of that campus. Medical students at the Georgia Campus practice during a lab (photos courtesy Georgia Campus-Philadelphia College of Osteopathic Medicine)

Economic boost

Aside from the medical and societal impacts from the new school, the university is planning to pump millions into the local economy. Elsener observes that even though the benefit to the local and state economies will be vast, government leaders have given support and encouragement, but no monetary assistance.

“The governor and a few key legislators have given me their pledge of support and kindness and care and encouragement almost unlimited, but no money. That’s just the condition they find themselves in. (Indianapolis) Mayor (Greg) Ballard is being very supportive and the city is going to find some ways they can help us get this under way,” Elsener reveals.

“In the next couple years, between dorms, the expansion of the library, the medical school, there will be about \$100 million invested in this part of the city. That’s a big deal.”

According to an economic impact study published in August 2010 by the Center for Urban Policy and Environment in Indianapolis, the university will invest over \$32 million (not including financing costs) in building improvements and equipment purchases, as well as more than \$700,000 in professional service contracts.

The study also shows that while the initial investment and annual operating budget (an estimated \$14.6 million in 2013) represent direct economic contributions by the new school, ongoing investments and student and visitor spending will also have an impact: a contribution of \$53.5 million and about \$1.1 million in state and local taxes.

Elsener says the initial fundraising campaign goal for Marian University before the medical school was announced was \$68 million by 2012. Currently, it has raised almost twice that – about \$135 million.

“In the last 16 months, we’ve had a commitment of \$30 million, a commitment of \$18 million, two of \$5 million, millions, quarter millions,” Elsener notes with pride. “Our needs the next five to eight years will be \$210 million to \$250 million. For an institution this size to raise that kind of money is flat unheard of. We are a religious people here, and we don’t throw out the term miraculous lightly. But this is a miracle born out of a real need in the world.”

INFORMATION LINK

Resources: Daniel J. Elsener, Marian University, at www.marian.edu

Dr. Paul Evans, Marian University College of Osteopathic Medicine, at www.marian.edu/medicalschoo

Jon Anderson, Westview Hospital, at www.westviewmedical.com

Dr. Craig Brater, Indiana University School of Medicine, at www.medicine.iu.edu

of physicians in underserved areas.

Dr. Craig Brater, dean of the Indiana University School of Medicine, confirms he and Evans have spoken about the potential for collaboration between the schools. Brater notes that more Indiana students interested in medicine will now be able to stay in the state. The IU School of Medicine accepts about 300 students out of thousands of applications, while those that are turned away seek training elsewhere.

“We and they see the world very similarly – that we’re cruising toward a shortage of physicians, so we need to be training more. There are a lot of talented young people that are not able to get into medical training, a talent pool that is not accessible. I don’t think any of us is adversely affecting the talent pool for either of our schools,” Brater says. “The whole tone has been we’re all in the same business, that we’re trying to train the next generation of physicians and let’s do that together.”

Brater sees the collaboration as a step toward greater patient care. “We know that we’ve got to try to do everything we can to get more people going into primary care. And, as we do that, and do a better job of comprehensive care of a patient, that’s the only way that there’s going to be any ability to drive down health care costs.”