

**COVER SHEET**  
**Location NOTIFICATION OF INTENT**  
**(Location NOI)**

Program Information

Program Name: WWAMI and RIDE

Institution Name: University of Washington

Degree Granting Units: School of Medicine and School of Dentistry  
(e.g. College of Arts and Science)

Degree: M.D. Level: Doctor Type: Medicine  
(e.g. B.S. Chemistry) (e.g. Bachelor) (e.g. Science)

Degree: D.D.S. Level: Doctor Type: Dental Science  
(e.g. B.S. Chemistry) (e.g. Bachelor) (e.g. Science)

CIP Codes: M.D. -- 51.0201      D.D.S. -- 51.0401

Proposed Start Date: Fall 2008

Projected Enrollment : M.D. -- 20 FTE   D.D.S. -- 8 FTE

Funding Source:    State Funding/Student Tuition

Location:    Spokane, WA (Riverpoint Campus, 1<sup>st</sup> year courses)

Substantive Statement of Need

*See Attached*

Contact Information (Academic Department Representative)

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## Statement of Need for Extension of WWAMI and RIDE to Spokane

Program Description: Since 1972, the University of Washington School of Medicine (UWSOM) has provided access to publicly supported medical education for three and, beginning in 1996, four other states in the Northwest. Known as WWAMI, the name of the program is derived from the first initial of the states in the consortium: Washington, Wyoming, Alaska, Montana, and Idaho. For states other than Washington, each state designates a number of medical school seats, and the full cost to the State of Washington for each seat is paid for through a combination of that state's appropriated funds and its students' tuition. Students take the initial year of their medical education at universities in their home states. Clerkships, the substance of the third and fourth years of medical education, can also be taken in each of these states. (See Appendix A for a complete description of how WWAMI works.) The intent behind this initiative is both to offer access to a publicly funded medical school for states without one, but perhaps more importantly to provide medical education in locales besides an urban, academic setting. This is in response to the growing awareness in the field in recent years that medical students "need to learn medicine where it is practiced."<sup>1</sup> Among the outcomes of the program is that 61% of graduates stay within the 5-state area, while 20% will practice in Health Professional Shortage Areas (HPSAs) following graduate medical education.<sup>2</sup>

Since 1972 in Washington State, our first year medical students have been educated either on the campus of UWSOM in Seattle, or at Washington State University in Pullman. The UWSOM now plans to offer the initial year of medical school in Spokane starting in fall of 2008. Currently, there is a "Spokane track" of clerkships in Eastern and Central Washington, through which students can complete their third-year and do rotations during their fourth. ((See the following map for existing WWAMI regional [clinical sites](#) in Eastern and Central Washington.) This extension of first year medical school will include additional seats for Washington residents, using funds appropriated for the purpose by the Legislature in the 2007 session. The plan is to build upon the existing partnership between UWSOM and WSU. Classes will be taught at the Riverpoint Campus, home to Washington State University and select programs of Eastern Washington University. Students will then come to the UWSOM in Seattle, along with the other medical students from all of the WWAMI sites and Seattle, for their second year.

Building upon WWAMI's established network of distributed medical education, the School of Dentistry has developed a Regional Initiative in Dental Education (RIDE), which will start in Spokane in fall 2008. Similar to WWAMI, RIDE will enable students to take their initial year of coursework at local sites, and will include a 4-week rotation in the summer at a community based or underserved site. The program will also include a fourth year of clinical rotations with dentists in Eastern Washington as preceptors, all coordinated by the University of Washington. Spokane and the Riverpoint Campus will be the initial site for the first year of dental education, which will also increase the total number students admitted to the School.

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<sup>1</sup> <http://www.uwmedicine.org/Education/WWAMI/>, accessed on August 15, 2007.

<sup>2</sup> Ibid.

The notable part of the program, and the one of most concern to the HECB, is the establishment of another teaching site for both programs, but these represent only part of what each of these initiatives aims at. Concurrent with the extension of classes, RIDE will also partner with Area Health Education Centers (AHECs) and other health professional pipeline programs to recruit local students into dental education. WWAMI also provides various K-12 programs to increase awareness and create access to medical and dental education, such as the Summer Medical and Dental Education Program which brings underrepresented students to the UW campus for six weeks immersion in the field of medicine or dentistry through site visits, lectures, preparation for Medical College Admission Test and the Dental College Admission Tests, etc. Both programs will involve area physicians and dentists in medical education and will provide more continuing education opportunities. Collaboration with WSU and EWU will also figure prominently in this program, as WSU faculty will teach coursework for WWAMI, while RIDE will interface with EWU's dental hygiene program. In other words, offering first-year coursework for the UW's M.D. and D.D.S. programs is the foundation for extensive outreach.

Workforce Demand: Virtually any survey of the medical profession will establish that there are shortages in physicians. In June of 2005, the American Medical Association adopted a resolution supporting a 15% increase of medical school enrollments within a decade. Based on their own analysis of factors affecting supply and demand of physicians, the Association of American Medical Colleges projected a need for a 30% increase in enrollments by 2015.<sup>3</sup> The Council on Graduate Medical Education (COGME) reported to Congress in January 2005 that demand would outstrip supply, such that there should be a 15% increase in medical school enrollments from the 2002 level to meet the expected growth in demand.<sup>4</sup> In general, the projected supply of physicians, based on current capacity of U.S. medical schools is being gradually outstripped by the demand for physicians.

More critically, and more germane to the WWAMI proposal is that there are many rural areas that are now chronically underserved. These areas are underserved particularly in general medical fields, such as family medicine, pediatrics, internal medicine and obstetrics & gynecology. This is the case with a number of counties in Washington, such as Klickitat and Lincoln. (See appendix C for chart.) Furthermore, a fourth of the areas' physicians are nearing retirement age, while thirteen surrounding rural counties have physician shortages. At the same time, the UWSOM excels in some of the fields most in demand in the area: primary care training, family medicine, and rural medicine. The need of the area is a compelling fit with the strengths of the medical education at Washington.

The need for dentists in Washington State and the Spokane area is equally critical: more than half of the state's dentists are predicted to retire by 2013. Most of the surrounding counties have federally designated dentist shortages. Workforce Explorer characterizes dentists as "in demand" for Washington state—one of the few occupations that is also

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<sup>3</sup> <http://www.aamc.org/workforce/>. Accessed on August 30, 2007.

<sup>4</sup> <http://www.cogme.gov/report16.htm#sumrec> Accessed on August 20, 2007.

designated as “high-wage.”<sup>5</sup> The profession of dentistry is a desirable profession in any case, but the extension of it to Spokane and the eastern half of the state is especially critical. And building upon an existing public school of dentistry is far more cost-efficient than creating a self-standing one.

Student and Community Demand: The development of both these programs did not come solely from the university. Rather, much of the work was done by the Spokane community, first in informal discussions as far back as ten or 15 years ago, and then in 2003 and 2004 discussions among Spokane businessmen and medical professionals. Not only was there an interest in increasing the number of physicians, but also the community was looking at spurring research into health and life sciences in Spokane (themselves recently catalyzed by WSU Spokane’s growth). At the same time, this group has a model before them of how expensive creating a medical or dental school can cost: Florida spent \$155 million in creating a school in Tallahassee in 2000, more than 10% of that year’s biennial appropriation for higher education in Washington State. Florida continues to spend over \$30 million per year on the new school. The logical solution was WWAMI, which already existed in Pullman, Washington, Idaho, Montana, and Wyoming. The discussions of the community spurred a feasibility study and discussions with Paul Ramsey, Dean of UWSOM.

From the workforce demand and the interest of the community, it would be easy to infer that there is student demand. But it is instructive to look at statistics for admission to both schools, particularly in light of how much these nationally regarded institutions serve Washington State. For the UWSOM, on average, over 650 highly-qualified Washington students currently apply for 120 seats out of 180 enrollments in each class. In 2006, 1012 students applied for 55 positions in the UWSOD, 235 from Washington State. At the same time, because of the cost of each student’s education, growing these enrollments, providing more access has been difficult. For the UWSOM, this will be the first increase in in-state enrollments since 1972; for the UWSOD, this will be the first enrollment increase since 1980. So, in the case of both schools, student demand is not in question; rather, the problem is creating access to service the existing demand.

Economic development and providing regional access to well-regarded public medical and dental education are good reasons to extend WWAMI and RIDE. But perhaps the most salient reason is one of the core missions of both schools: to take a leadership role in the health and well-being of the state’s citizens. WWAMI and RIDE are outreach programs for the community as well as the students, as they are combined with initiatives for K-12 outreach and continuing education for professionals. While WWAMI already provides clerkships for medical students’ third-year and for parts of the fourth-year in and around Spokane, the extension of first-year courses will aid in the creation of more. RIDE will likewise provide clinical experiences for students in Spokane and other areas of Eastern Washington.


The presence of medical and dental students in Spokane also will build upon current activities at the Riverpoint Campus carried out by WSU and EWU, building a local infrastructure as well as creating interdisciplinary learning opportunities for health

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<sup>5</sup> <http://www.workforceexplorer.com>. Accessed September 4, 2007

professionals students. This benefit, plus the cost-efficiencies of partnering with regional universities are added benefits to this initiative, and will create a foundation for further development in health sciences education. In the meantime, the WWAMI and RIDE programs will respond to the critical need for medical and dental education in Spokane, and at the same time will help promote economic growth in the region.

Appendix A: UWSOM Curriculum Chart

<p><i>Prior to Enrollment</i></p> <p><a href="#">Admissions</a></p> <p><a href="#">Pre-Medical Programs</a></p> <p><a href="#">UW Home</a></p>	<p><i>Curriculum Timeline</i></p> <div style="border: 1px solid black; height: 200px; width: 100%; margin-top: 10px;">  </div>		
	<table border="0" style="width: 100%;"> <tr> <td style="text-align: center; vertical-align: top;"> <p><i>Programs</i></p> <p><a href="#">M.D. / PhD. Program</a></p> <p><a href="#">Indian Health Pathway</a></p> <p><a href="#">Underserved Pathway</a></p> <p><a href="#">International Opportunities</a></p> <p><a href="#">Rural/Underserved Experiences (SPARX)</a></p> <p><a href="#">Rural/Underserved Opportunities (R/UOP)</a></p> <p><a href="#">Med. Student Research Training (MSRTP)</a></p> <p><a href="#">Visiting Student Program</a></p> <p><a href="#">Community Health Advancement Program (CHAP)</a></p> </td> <td style="text-align: center; vertical-align: top;"> <p><i>Resources</i></p> <p><a href="#">Native American Center of Excellence</a></p> <p><a href="#">UW Medical Student Association</a></p> <p><a href="#">Multicultural Affairs Office</a></p> <p><a href="#">Student Affairs Office</a></p> <p><a href="#">Blood-born Pathogen Exposure Procedures</a></p> <p><a href="#">Student Technology Loan Program</a></p> </td> </tr> </table>	<p><i>Programs</i></p> <p><a href="#">M.D. / PhD. Program</a></p> <p><a href="#">Indian Health Pathway</a></p> <p><a href="#">Underserved Pathway</a></p> <p><a href="#">International Opportunities</a></p> <p><a href="#">Rural/Underserved Experiences (SPARX)</a></p> <p><a href="#">Rural/Underserved Opportunities (R/UOP)</a></p> <p><a href="#">Med. Student Research Training (MSRTP)</a></p> <p><a href="#">Visiting Student Program</a></p> <p><a href="#">Community Health Advancement Program (CHAP)</a></p>	<p><i>Resources</i></p> <p><a href="#">Native American Center of Excellence</a></p> <p><a href="#">UW Medical Student Association</a></p> <p><a href="#">Multicultural Affairs Office</a></p> <p><a href="#">Student Affairs Office</a></p> <p><a href="#">Blood-born Pathogen Exposure Procedures</a></p> <p><a href="#">Student Technology Loan Program</a></p>
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Appendix B: Washington Counties with Physician Shortages

<b>County</b>	<b>Specialties With No Physicians</b>
Asotin County	No pediatricians, no general surgeons
Columbia County	No internists, pediatricians, OB-GYNs or general surgeons
Douglas County	No pediatricians, OB-GYNs, or general surgeons
Ferry County	No internists, pediatricians, OB-GYNs or general surgeons
Garfield County	No physicians
Klickitat County	No internists, pediatricians, or OB-GYNs
Lincoln County	No internists, pediatricians, OB-GYNs or general surgeons
Pacific County	No internists, pediatricians, or OB-GYNs
Pend Oreille County	No internists, pediatricians, or general surgeons
San Juan County	No OB-GYNs
Skamania County	No internists, pediatricians, OB-GYNs or general surgeons
Stevens County	No pediatricians or OB-GYNs
Wahkiakum County	No internists, pediatricians, OB-GYNs or general surgeons

*Data derived from WWAMI Center for Health Workforce Studies—Working Paper 98: WWAMI Physician Workforce 2005. Appendix C: Physicians per 10,000 population in Washington, by county*