

## Idaho Business Review, Monday, Jan. 26, 2009

# State ed. board: Med school must wait

By Zach Hagadone

IDAHO BUSINESS REVIEW

Idaho is bleeding doctors.

With only 140 physicians per 100,000 residents, the Gem State's doctor-to-patient ratio ranks 48th in the nation, according to a 2007 state-funded study. To make matters worse, the average Idaho doctor is 57-years-old, making it a crisis that will only deepen.

To solve that problem, some say it's best to invest in more medical seats in the WWAMI program – a 35-year-old agreement that allows universities in Washington, Wyoming, Alaska, Montana and Idaho to buy seats at the University of Washington's medical school.

Others say it is high time Idaho had a med school program of its own, headquartered at Idaho State University in Pocatello.

"Since I was even in the Legislature we've looked at this issue, and it makes sense to me to look after our own medical needs," said Pocatello Mayor Roger Chase, a supporter of the ISU medical school plan.

Chase and 12 other mayors have joined Gov. C.L. "Butch" Otter's Select Committee on Health Care in support of the ISU plan, but the Idaho State Board of Education's Medical Education Study Committee isn't convinced.

Expected to weigh in on the issue Monday (Jan. 26), the committee is expected to issue a report that reads the state's first priority should be setting up opportunities for medical residencies focused on primary care and rural practice.

Following that, the committee recom-

**"We are in full agreement that Idaho's best option is to continuing and enhancing our efforts with the WWAMI ..."**

– Bruce Newcomb

BSU

mends immediately increasing funding for Idaho WWAMI students – raising the number of state-sponsored seats from 20 to 40 a year – and encouraging WWAMI to provide all four years of its program in the state. The committee added that the third priority should be buying more seats from other states' med schools, including the University of Utah.

Establishing plans for an Idaho-based medical school came in as the fourth priority out of 11, and the committee's recommendation was far from a call to action.

"The State Board of Education will oversee an initiative to engage all stakeholder groups to jointly develop a collaborative and comprehensive plan for establishment of a four-year, Idaho based MD program," according to the report.

Chase is undaunted.

"It'll be difficult to move forward with it. It's a change, number one, and that's just tough for the Legislature. And certainly I know from the University of Washington's perspective this is a good money-maker for their school. But I think the more people who study this proposal you'll see a melting of those opinions away, because at the end of the day ISU can be more cost-effective in meeting our needs than the

University of Washington," he said in a phone interview.

Based on ISU President Arthur Vailas' "distributive" model, Idaho State's plan would have it form the core of a medical education program that require students do two years at ISU, then transfer elsewhere in the state to complete their education.

Aside from filling a need and providing economic stimulus, supporters say ISU already has a substantial number of medical education programs and wouldn't need to invest in new buildings.

"I believe the amount of money required to do that is significantly less than if you tried to build a medical school in any location in the state," said Blackfoot Mayor Mike Virtue.

But the majority of opinions submitted to the board's health education committee say it could take years – even decades – to complete the necessary accreditation, staffing and organization to get something like that up and running.

"We are in full agreement that Idaho's best option is continuing and enhancing our efforts with the WWAMI program through the University of Washington Medical School," Boise State University Director of Government Affairs Bruce Newcomb told the committee in a letter.

"Boise State University is not convinced that creating a medical school in Idaho using this approach is entirely workable," Newcomb wrote, adding that Vailas' distributive model is a problem because it would use faculty, staff and facilities needed elsewhere. "In other words, the use of these resources is mutually exclusive..."