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STATE OF ALASKA
THE LEGISLATURE

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May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

House Hess:

May 12, 1987

No 293

STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE

REQUEST: _____

Bill Version: SB123
Publish Date: 2/12/87

Revision Date: _____

Agency Affected: Education
BRU: Postsecondary Commission

Title: Re: Agreements for Medical
Education

Sponsor: Josephson and Faiks

Components: General Admin.

Requestor: Senate HESS

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	N.A.	-0-	-0-	-0-	-0-	-0-

CAPITAL						
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REVENUE						
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FUNDING: (Thousands of Dollars)

GENERAL FUND	N.A.	-0-	-0-	-0-	-0-	-0-
FEDERAL FUNDS						
OTHER						
TOTAL		-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME	N.A.	-0-	-0-	-0-	-0-	-0-
PART-TIME						
TEMPORARY						

ANALYSIS : (Attach a separate page if necessary)

Language is merely permissive. No staff or funding is required.

Prepared by: Kerry D. Romesburg  Phone: 465-2854
Division: _____ Date: _____

Approved by Commissioner: _____ Date: _____
Agency: _____

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)
Senate Secretary

College of Natural Sciences



UNIVERSITY OF ALASKA—FAIRBANKS

Fairbanks, Alaska 99775

Department of Medical Sciences
and WAMI Program
April 24, 1987Senator Paul Fischer
Chair, Senate HESS Committee
Room, 508, Capitol
Juneau, AK 99811Re: SB 123, Cost to Alaska of WAMI
trained physicians

Dear Senator Fischer:

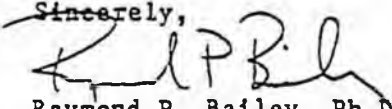
Thank you for your interest in the WAMI Program. During the HESS committee meeting on Wednesday, April 22, you asked about the total cost to Alaska for the WAMI physicians who have returned here to practice medicine. Only those students who entered the program before 1980 have had an opportunity to complete their training. Almost all students require seven or more years training before entering a practice (4 years medical school, plus 3 to 6 years residency and, in some cases, additional advanced training).

Thus far 143 students have entered the program. Of those, 42 have completed their residency training. Twenty-four graduates, or 57% of those free to do so, have returned to Alaska to practice. Another 23 doctors, trained in other WAMI states, have also chosen to practice in Alaska. Thus for every 10 physicians we train, 11 WAMI physicians come to Alaska to practice. We have two return rates: 57%, considering only Alaskan WAMIs; 110%, considering all WAMIs.

I would like to provide two answers to your request. The first is Alaska's ACTUAL cost for the WAMI physicians now in practice in Alaska. The second is the PROJECTED cost of future physicians from students currently enrolled (47), assuming the students, after they complete their training, will return at the same rate as prior students.

The attached Table I shows that students who entered the WAMI Program in the 70s are now back and practicing in Alaska. Considering the total cost to train all students who entered then, the cost to Alaska for the Alaskans who returned was \$167,255 per physician. Because other WAMIs also came to Alaska to practice, Alaska's actual cost per WAMI physician in Alaska was only \$85,407. Students who entered in the 1980s have not yet finished their training. But in projecting their cost to the State, and assuming the same rate of return, the cost per future physician will be \$267,777 for Alaskans only, and \$139,043 for all WAMI physicians.

Sincerely,


Raymond P. Bailey, Ph.D.

Director

WAMI Medical Education Program

RPB/bm
Attachment

UNIVERSITY OF ALASKA

Table I.

Total Costs of WAMI Physicians in Alaska

I. ACTUAL (only students entering before 1980 can be included)

Total State Appropriation	Total Number of Students	Total Number Practicing in AK	Cost per Physician
4,014,122	42	24 Alaskans	167,255
4,014,122	42	47 Alaskans and other WAMIs	85,407

II. PROJECTED (students currently enrolled)

Total State Appropriation (FY87 to 90)	Total Number of Students	Total Number Projected to practice in Alaska	Cost per Physician
7,230,256	47	27 Alaskans	267,777
7,230,256	47	52 Alaskans and other WAMIs	139,043

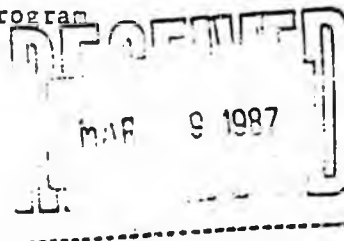


UNIVERSITY OF ALASKA—FAIRBANKS

Fairbanks, Alaska 99775

WAMI Medical Education Program

March 5, 1987



Senator Joe Josephson
Alaska State Legislature
Pouch V
Juneau, AK 99811

Dear Senator Josephson:

I met with Don Behrend today here in Fairbanks, along with Ray Bailey of the WAMI Program. The University will be submitting a formal set of numbers to you in the next two weeks but, in general terms, the enclosed figures represent a close approximation. It is quite possible that the University of Washington may reduce these figures, but probably not in an appreciable manner.

If SB 123 were to pass, it would probably cause less disruption to the Program in the next year if it remained in Fairbanks, thus giving UAA time to do its other restructuring, and for us to have more time to get all of the support faculty on line in Anchorage. My reading is that the long range plan of the University of Alaska is for WAMI to be in Anchorage.

For the data specifically, please refer to Chart #1. It shows that the WAMI Program is costing the State of Alaska \$1,807,564 this current year. If the Program were to remain in Fairbanks next year with 10 freshman students, the cost would be \$1,792,564. This small decrease is due to a reduction in the operating cost of the community clinical units. If the Program were to move to Anchorage in the next year, there would be about a \$50,000 increase in that cost for both moving and coordination, bringing the cost to \$1,842,564, or \$35,000 over the current fiscal year.

The Regents have at this point agreed to an altered and reduced program with only 5 freshman students being accepted and sent to Seattle. It is indeed difficult to compare costs, since the thrust and concept are totally different. This configuration would thus cost \$1,235,644, all of which would go out of State to the University of Washington.

Thus, for purposes of Line Item funding for SB 123, I would feel that either \$1,792,564 or \$1,842,564 should be allocated. The Post Secondary Education Commission would receive this amount of money and then redistribute it as follows:

- \$1,322,166 to the University of Washington for years medical student years 2, 3 and 4
- \$470,398 to the University of Alaska for the freshman year
- \$50,000 to a transition fund should you elect the Anchorage option.

UNIVERSITY OF ALASKA

Senator Joe Josephson

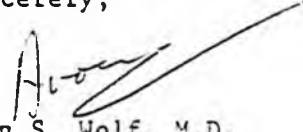
March 5, 1957

Page 2

I shall call you early next week to correlate this with you and your staff. I have a tentative meeting with Don Behrend and perhaps President O'Dowd on March 26 so that we could continue to work on this process. As you know, the more expeditiously this legislation can be accomplished, the more the integrity of the Program can be maintained by accepting new, high quality students for the Fall of 1957.

Thank you again for all of your help on this issue.

Sincerely,



Aron S. Wolf, M.D.

ASW/bm

c.c. Sen. Jan Faiks
Rep. Nillo Koponen
Rep. Johnny Ellis
Provost Don Behrend
Assoc. Prof. Bailey

WAHI BUDGET

Fiscal Year	Post Secondary Education Option 10 Freshman Students			University Option 5 Freshman Students
	FY87	FY88	FY88	FY88
Location of freshman students	Fairbanks	Fairhanks	Anchorage	Seattle
Number of Freshman students	10	10	10	5
Total number of students	48	48	48	43
State Appropriation				
To Univ. of Washington	1,337,166	1,322,166	1,322,166	1,235,644
To Univ. of Alaska	470,398	470,398	470,398	-0-
Moving Expenses	-0-	-0-	50,000	-0-
TOTAL BUDGET	1,807,564	1,792,564	1,842,564	1,235,644

LIAISON COMMITTEE ON MEDICAL EDUCATION

Association of American Medical Colleges
One Duane Circle, N.W.
Washington, D.C. 20036

J. R. Scofield, M.D.
LCME Secretary, 1982-83
(202) 828-0570

Council on Medical Education
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610

Edward S. Petersen, M.D.
LCME Secretary, 1983-84
(312) 751-6310

October 24, 1983

William P. Gerberding
President
University of Washington
Mail Stop AH-30
Seattle, Washington 98195

Dear President Gerberding:

The purpose of this letter is to advise you of the action of the Liaison Committee on Medical Education and to transmit formally to you the report of the survey team representing it, which visited the University of Washington School of Medicine, April 14-21, 1983. The purpose of the visit was to evaluate and accredit the undergraduate program in medical education leading to the M.D. degree.

The Liaison Committee on Medical Education at its meeting of Oct. 19-20, 1983 voted to confer continuing full accreditation for 5 years on the program in medical education leading to award of the M.D. degree. Therefore, the next survey will take place during the 1987-88 academic year. A self study will not be required.

Accreditation is awarded to the program of medical education on the basis of judgment that there is an appropriate balance between the size of the enrollment in each class and the total resources of the institution, including the faculty, physical facilities, and the operating budget. If there is developed a proposal to significantly modify the educational program, or if there is to be substantial change in the size of the enrollment of students or the resources of the institution so that the appropriate balance is distorted, the LCME expects to receive prior notice of the proposed change. If the proposed change of program and/or balance of resources is deemed significant, the status of accreditation will be re-evaluated by the Liaison Committee.

This term of accreditation is contingent upon satisfactory progress toward the solution of the following concerns:

- I. Status of WAMI Program:
 - a. continuation of fiscal support at adequate levels in Alaska, Montana, Idaho, and Eastern Washington;

William P. Gerberding
October 24, 1983
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- b. status of coordination of the programs, i.e., the role and functions of the coordinators, and who are the coordinators;
 - c. status of cooperation between the academic departments in Seattle and respective educational programs in WAMI sites, -- question of feed-back to WAMI coordinators on student performance in later courses, etc;
 - d. status of organization of the first year faculty into cohesive units, and recognition of faculty by the University of Washington;
 - e. status of effectiveness of the teaching program where a single faculty member does all the teaching in a discipline.
2. Status of the University of Washington School of Medicine (Seattle):
 - a. status of state support of the medical school; percent of each major source of fiscal support;
 - b. status of recruitment for vacant chairs in pediatrics and radiology; changes in other chairs since the site visit in 1983;
 - c. status of acceptance of pre-1983 changes in the curriculum, improvements in instruction in physical examination, status of acceptance of the grading system, access to the library and adequacy of career counseling.
 3. If the University of Alaska proceeds with its plan to relocate the first-year program from Fairbanks to Anchorage in autumn 1985, the March 1975 progress report should include a review of the resources available in Anchorage. The LCME may request that a limited site visit be made to the new activity in Anchorage in the late autumn of 1985.

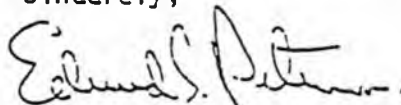
The efforts of the school directed toward solving these problems should be addressed in progress reports submitted to both secretaries of the LCME on March 1, 1985 and March 1, 1987. On the basis of its analysis of these reports, the Liaison Committee on Medical Education will review the term of accreditation set out above. This review may lead to an affirmation of the term specified, a request for additional reports, the scheduling of a limited resurvey, a change in the term of accreditation, or other action deemed appropriate by the committee.

William P. Gerberding
October 24, 1983
Page Three

A copy of this letter and of the survey report are being sent to the Chairman of the Board of Trustees, Robert F. Philip, and to the Dean of the School of Medicine, David C. Dale, M.D.

The report is considered confidential by the Liaison Committee and by its parent organizations. However, it is for the use of the School of Medicine and the University as directed by the best judgment of its officials.

Sincerely,



Edward S. Petersen, M.D.
1983-84 LCME Secretary

ESP:kdm

cc: Robert F. Philip
David C. Dale, M.D. ✓
James R. Schofield, M.D.

Enclosure: Survey Report

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE - ALASKA

UNIVERSITY PHASE -

Instruction in the subjects of the first year of the medical curriculum is arranged at the University of Alaska in Fairbanks. Ten Alaskan students are enrolled annually; after finishing the first year the students proceed to the second year of studies in Seattle. Clinical clerking experiences and elective studies in the third and fourth years can be arranged either in Seattle or in any of the numerous sites where clerkships are arranged in Alaska, Idaho, Montana or Eastern Washington.

The University of Alaska in Fairbanks enrolls about 4,000 students. The WAMI faculty is attached to the Division of Life Sciences in the College of Environmental Sciences. Members of the faculty for the WAMI program are members of appropriate departments of the University of Alaska; only the Director, Dr. Wayne Myers, is appointed to the faculty of the University of Washington. The others are fractional time in the WAMI program and must satisfy local requirements for promotion or assignment of tenure. All faculty are hired on annual contracts for the WAMI program.

The small number of faculty for the WAMI program has resulted in very heavy teaching loads for those involved. In several subjects a single faculty person is responsible for the presentation of the entire course, with the result that little time remains for scholarly activity or biomedical research. Isolation of a single faculty member from other professorial members of the discipline further impedes professional growth and development.

The members of the departments in Seattle have responsibility to coordinate the general content of each course, to arrange for a common system of evaluation of the students' progress and to arrange for a substitute instructor in the event that the single, isolated faculty member in Fairbanks becomes ill. The faculty member in Fairbanks may visit the parent department in Seattle several times each year to discuss common concerns about the teaching program. Deans and faculty members from Seattle visit Fairbanks each year to review the educational activities and to consult with the students.

Necessary clinical backup for the first year Pathobiology and introduction to clinical medicine is arranged at Fairbanks Memorial Hospital (153 beds). The hospital, located in the center of the city, and about a 15 minute drive from the University campus is new, well equipped, and planning an expansion to about 200 beds.

Faculty members reported that their participation in both courses was going well. With four pathologists on the staff, time is available to assist with the provision of fresh material, and permit each student to participate in at least one autopsy. Physicians have found their patients most willing to cooperate in the introduction to clinical medicine course, that students have had ample opportunities for the introduction to History Taking and Physical Examination.

Other clinical teaching has been limited to some elective students in pathology. No residencies are conducted. The hospital is not affiliated even with the University of Alaska or the University of Washington, but this has apparently not caused a problem.

CLINICAL PHASE - ANCHORAGE AND KETCHIKAN

Providence Hospital is a new (240-bed) community general hospital under religious sponsorship. It is located on the outskirts of Anchorage, in the proximity of the Alaska Psychiatric Institute, the University of Alaska-Anchorage Campus and the campus of the Alaska Pacific University.

The obstetrical service is a busy one, with some 1,300 deliveries a year, and serving as the high-risk maternity center for Alaska. Some 24 students take the six week clerkship each year, three or four at a time. Students participate in around ten deliveries a week, and their presence has been well received by patients. The coordinator of the clerkship, Dr. Hedric B. Hanson, is assisted by some eight additional faculty members on the hospital staff. The student's workup and clinical activities are closely supervised by the attending physicians, and in addition some residents from the family practice residency at the Alaska Native Medical Center participate also. All students are required to prepare and present a half hour paper, towards the preparation of which the excellent Health Science Library located at the University of Alaska-Anchorage is most helpful.

Standard WAMI evaluations of the students work are carried out, and a final oral examination is given in Seattle.

Third Year Psychiatric Clerkship - Alaska Psychiatric Institute

This 173-bed facility, operated by the state, serves as the major source of psychiatric care for the entire state.

The coordinator of the six week third year required clerkship is Dr. John Wreggit. He is assisted by some 13 faculty members, seven of them full-time at the institute, and others members of a private psychiatric group practice, the Langdon Institute. The clerkship is both in and outpatient in nature, on the inpatient service involving the study of around two new patients a week. In addition to the close supervision of the faculty, there is one resident on duty on a six month rotation from Seattle.

Patient interviews are video taped and evaluated. Experience with adolescent psychiatry, and with acute psychiatry on call two nights a week is included. Students keep a record of cases studied. The students consider this a prize clerkship, and both students and faculty feel that larger numbers could be accommodated.

Both of these residencies are much assisted by the adjacent location of the campus of the University of Alaska-Anchorage. Programs in Nursing and Allied Health are conducted here. As mentioned above, there is an excellent health science library. A conference was held with the Dean of the School of Nursing, who presently conducts a program for 45 B.S. graduates annually, to be increased to 50 upon completion of a new health science building. There are also M.S. programs for nurse practitioners, and mental health.

Family Medicine Clerkship - Alaska Native Medical Center

This third or fourth year six week selective clerkship is based primarily at the Native Medical Center, but utilizes also the health care facilities located in native communities throughout the state. The Alaska Native Medical Center is a

177-bed hospital operated by the public health service, with an epidemiology laboratory of the CDC located in proximity. Dr. Thomas Nighswander is the coordinator of the clerkship, assisted by some 8 faculty members.

In addition to the operation of the hospital, the staff of the Alaska Native Medical Center conducts an ambulatory care program for around 15,000 native American residents of Anchorage and 33 other communities. Students in the clerkship participate in all activities, and are required to prepare a report on the environment, demography, and health services of a rural village. Around two students participate in the clerkship at one time.

Family Medicine Clerkship - Ketchikan

Ketchikan, with a population of 7,198, is the southern most city in Alaska. The clerkship is based primarily on the private practice of the coordinator, Dr. Hilbert Hendrickson, but also on the 36-bed Ketchikan General Hospital, and on a Native American Health Care Clinic operated by the public health service. Dr. Hendrickson is assisted by some seven other physicians and intermittently by family medicine residents. Around one or two students are assigned. All students are required to complete a community health care project and to present a final report at a staff meeting of the hospital. Projects have included industrial medical problems at some of the lumber industry plants in the area, native medical practices, and the like.

At both clinical sites, thorough arrangements have been made for the provision of transportation from and to Seattle, for housing, both for students and their spouses and for local transportation, provided by means of WAMI-owned vehicles. In general, Alaska resident students are given first priority so that they may arrange to take at least one of their required third and fourth year clerkships in Alaska.

Surveyors' Comments on the WAMI Program in Alaska

Basic science instruction in Fairbanks meets the prevailing university standard as measured by results on Part I of the National Board of Medical Examiners. However, the plan appears to have structural weaknesses, which have been outlined above. The result is a fragile program which could be damaged easily if any one of a series of potential events took place. The current director, Wayne Myers, M.D., is particularly able; should he leave the program it would be in serious jeopardy.

In an interview with President Jay Barton of the University of Alaska, the surveyors were told that a policy decision had been made to move the WAMI first year curriculum to Anchorage, where the newest branch of the University of Alaska now enrolls about 4,000 students, including nursing and social work students. Problems arising from a relocation include the necessity of the basic scientists to find purchasers for their homes in Fairbanks, need for a building on the University of Alaska-Anchorage Campus, and solution to housing needs for the ten students. While the setting in Fairbanks (100 miles below the Arctic Circle) is interesting, it cannot compare with the advantages available in Anchorage, where campus and hospitals are in close proximity. Anchorage is projected to grow toward a population of 300,000 (all Alaska has about 400,000 people now, while Fairbanks has about 23,000 population, down from about 40,000 while the Alaskan pipeline was under construction. The surveyors believe that concentration of basic science and clinical teaching activities in Anchorage, under a director properly empowered

by the University of Washington to provide local leadership to the program would bring improved stability.

Alaska Clinical Programs - In General

As stated above, the necessary clinical support for the first year teaching program in Fairbanks is excellent.

All clerkships conducted in Anchorage and Ketchikan were found to have sufficient and excellent faculty in charge, to be well supervised, and to provide the students with possibilities for abundant and appropriate study. The extensive involvement of the Native American Health Service is most commendable, and hopefully may lead eventually to an enhanced recruitment of medical students from the native American population.

In Anchorage, faculty members relate primarily to the departments in Seattle, and relatively little to one another. In view of the small number of students present, enhanced coordination of conferences and lectures among the several separate teaching programs would seem desirable.

UNIVERSITY OF WASHINGTON
SEATTLE, WASHINGTON 98195

*School of Medicine
Office of the Dean*

August 27, 1986

Dear Alaska Applicant:

Thank you for your application to the Alaska component of the University of Washington WAMI Regional Medical Education Program.

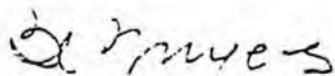
As you doubtless know, the University of Alaska System has suffered extremely serious cuts in its budget. The University of Alaska-Fairbanks will thus withdraw from the WAMI Program after the 1986-87 academic year. In an effort to continue to provide some support for Alaska residents to attend medical school, the University of Alaska Board of Regents has directed its administration to seek alternatives. One possible alternative will be to accept a smaller number of Alaska students for admission in 1987, with all four years of instruction being given in Seattle.

Accordingly, we recommend that you complete your application for admission to the University of Washington School of Medicine in the coming months as Alaska considers whether to continue in the Program. Interviewing for admission would normally begin in late December or early January. It is likely that the University of Alaska will have decided whether to continue participation in the Program by that time.

If Alaska withdraws from the WAMI Program, the University of Washington will consider Alaska applicants non-residents. In the last seven entering classes, the only non-resident students admitted have been Blacks, American Indians, Chicanos, and applicants to the Medical Scientist Training Program.

Nonetheless, I recommend that you complete your application to the University of Washington School of Medicine, realizing that the WAMI Program may or may not continue to admit Alaska residents. We will keep you informed of developments as this situation evolves.

Sincerely,



Wayne W. Myers
Director, WAMI Program

WWM:sjm