

JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES

GRADUATE MEDICAL EDUCATION SUBCOMMITTEE

Mark Stacy MD.

Dean, Brody School of Medicine

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CEO Vidant Health

Distinguished Professor

Brody School of Medicine at East Carolina University

MEETING THE CHALLENGE



BRODY SCHOOL OF MEDICINE MISSION

For more than 40 years the Brody School of Medicine has consistently - and cost-effectively - delivered on our legislatively-mandated mission to:

- Increase the supply of primary care physicians for our state
- Enhance access of minority and disadvantaged students to a medical education
- Improve the health status of citizens in Eastern North Carolina

North Carolina needs more of what Brody does

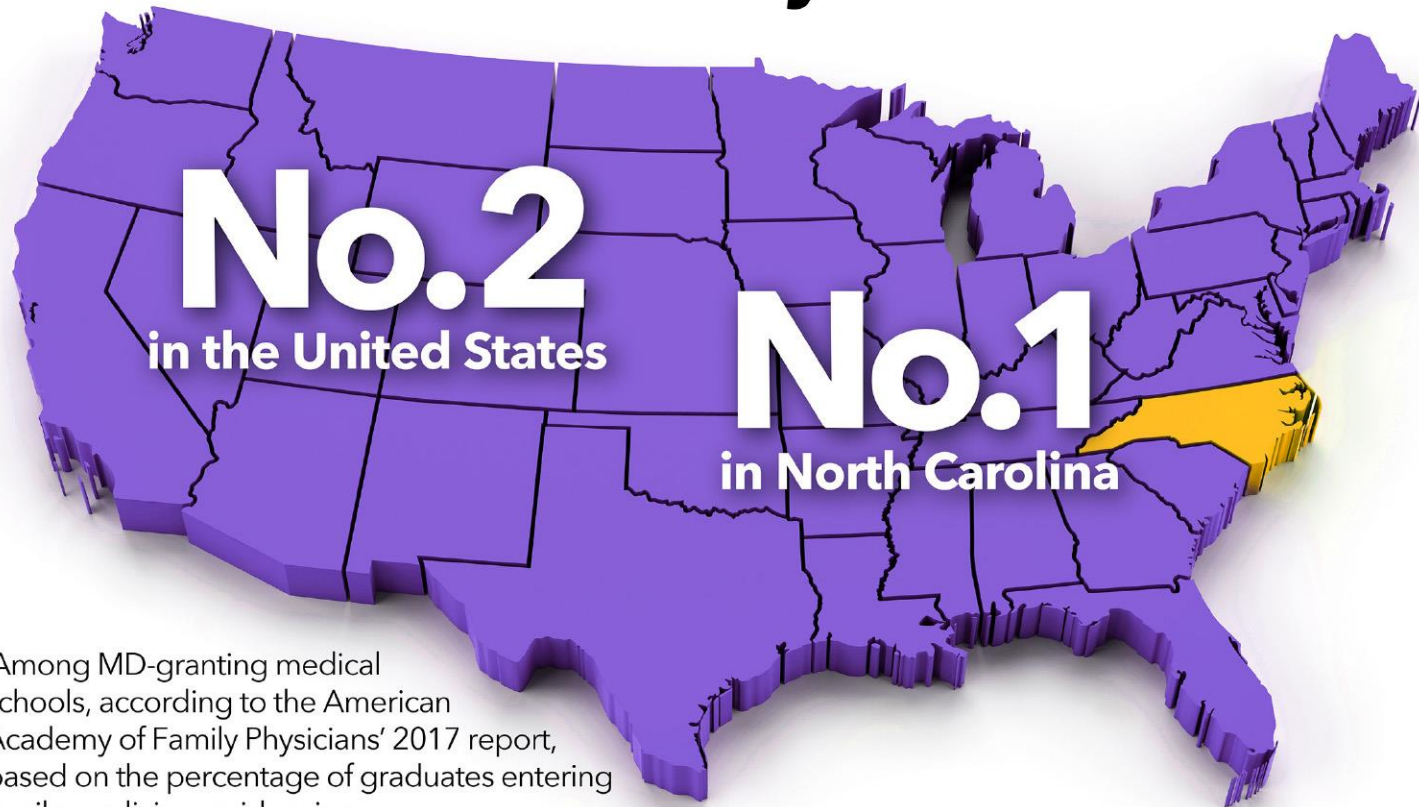
MEETING THE CHALLENGE



Brody graduates
are currently practicing in
83 of NC's **100** counties

MEETING THE CHALLENGE

Percentage of graduates who choose careers in family medicine*



* Among MD-granting medical schools, according to the American Academy of Family Physicians' 2017 report, based on the percentage of graduates entering family medicine residencies

MEETING THE CHALLENGE

Ranked in the **Top 5** for seven straight years



A bar chart with seven bars, each representing a year from 2011 to 2017. The bars are light purple and are all of equal height, indicating a consistent ranking. The chart is set against a dark purple background with horizontal grid lines. A large, semi-transparent 'Top 5' text is overlaid on the chart.

Year	Ranking
2011	Top 5
2012	Top 5
2013	Top 5
2014	Top 5
2015	Top 5
2016	Top 5
2017	Top 5

MEETING THE CHALLENGE

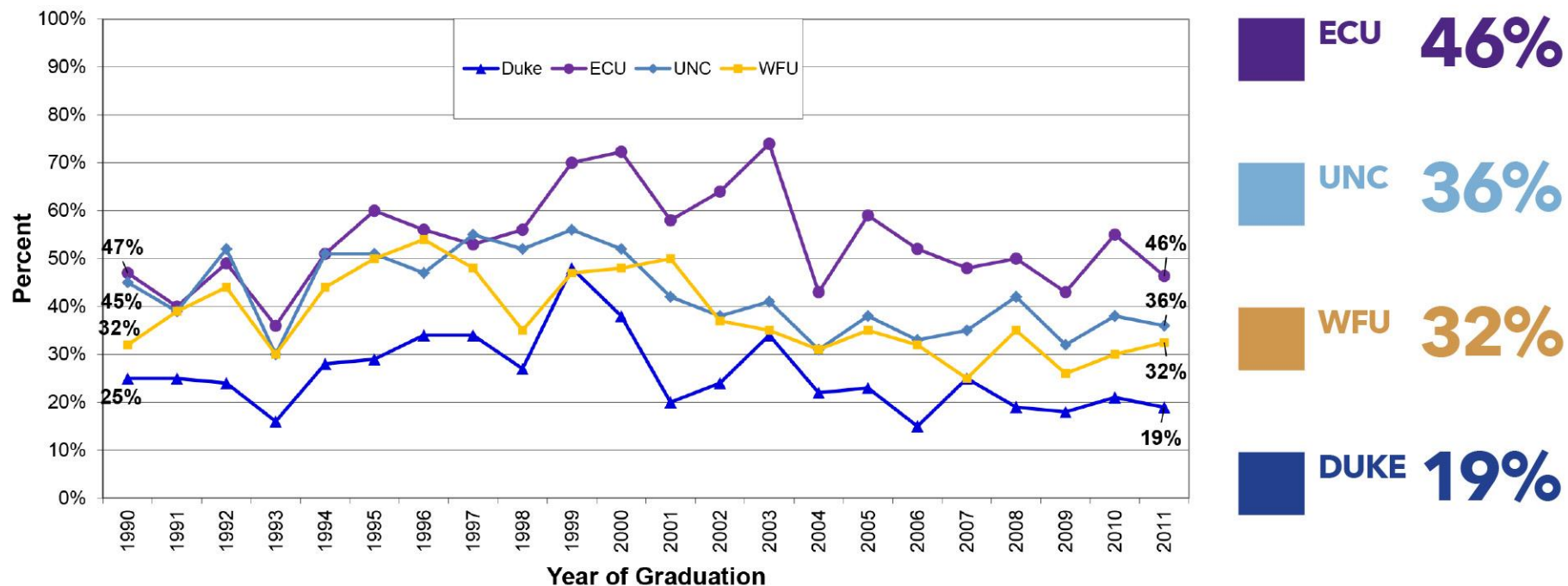


More than **60%** of Brody graduates
are practicing in NC five
years after graduation
—nearly double
the rate of NC's
second-highest
producing
medical
school.

Drs. Darlene Keene '83 '89
and Jamande Jones '10

HIGH PRIMARY CARE RETENTION

Percentage of North Carolina Medical Graduates (Classes 1990-2011) Practicing in Primary Care Five Years After Graduation



Sources: NC Health Professions Data System and NC AHEC with data derived from Duke, UNC-CH, ECU, Wake Forest, NC Medical Board, and AAMC.
Note: Primary Care = Family Medicine, General Pediatric Medicine, General Internal Medicine, Internal Medicine/Pediatrics, and Obstetrics/Gynecology.
The NC Medical Board changed the way they collect specialties, and these specialty data are used for physicians practicing within the state. This may partially explain the drop in primary care.

OUR STRATEGY

Before Application

- Early assurance pipeline programs



OUR STRATEGY

Tuition and Fees

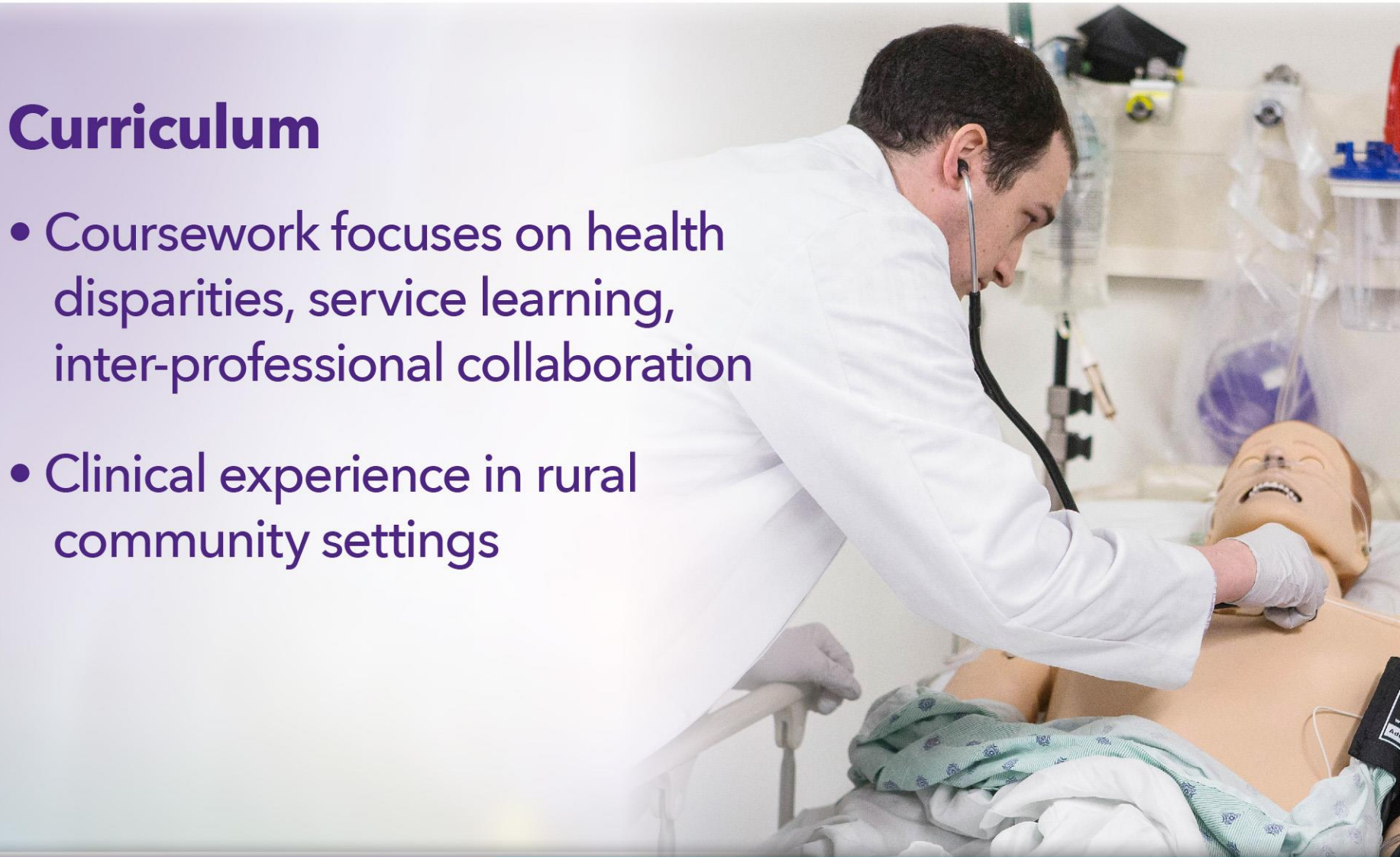
- Brody graduates have **33% less debt** than peers nationwide



OUR STRATEGY

Curriculum

- Coursework focuses on health disparities, service learning, inter-professional collaboration
- Clinical experience in rural community settings



MEETING THE CHALLENGE

Brody can do more

- Expand class size from **80 to 120**
- There were over **1000 North Carolina applicants** for the class of 2021
- Adding 40 slots will result in **17 more doctors annually** practicing in North Carolina

VISION

To be the national model for rural health and wellness by creating a premier, trusted academic health care delivery system for the benefit of the people of eastern North Carolina.

PROFILES IN RURAL HEALTH CARE



KORNEGAY BROTHERS

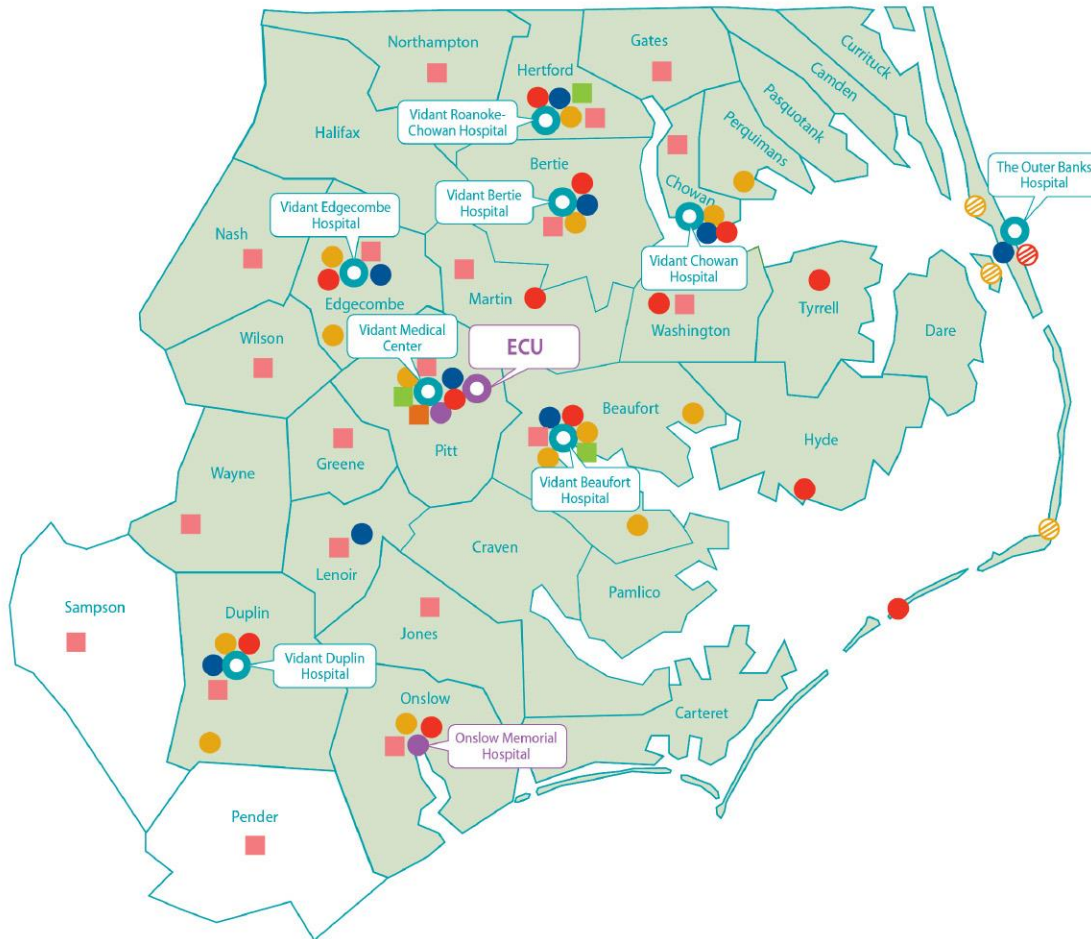
Five of Kornegay's seven children are ECU graduates, with four sons following their undergraduate tenure with a degree from the Brody School of Medicine. These doctors have been shaped by their early exposure to family medicine in a rural area and the mission of ECU's Brody School of Medicine.



DR. EARIC BONNER

A native to eastern North Carolina, Earic completed his undergraduate education at Livingstone College in Salisbury and his medical degree at Meharry Medical College in Nashville, Tennessee. Upon completing his residency in internal medicine at Vidant Medical Center, Earic returned to his hometown of Edenton to start his practice at Vidant Internal Medicine - Edenton. He also works part-time as a hospitalist at Vidant Chowan Hospital.

A SYSTEM OF RURAL HEALTH CARE



OVERVIEW

- 1,048 providers
- 123 Practice Locations
- 39 Primary Care Practices
- 84 Specialty Practices
- Hospital-Based Providers in 9 Hospitals (ED and/or Hospitalist)
- Providers in non-Vidant Health Hospital Areas - Lenoir, Wayne, and Onslow Counties

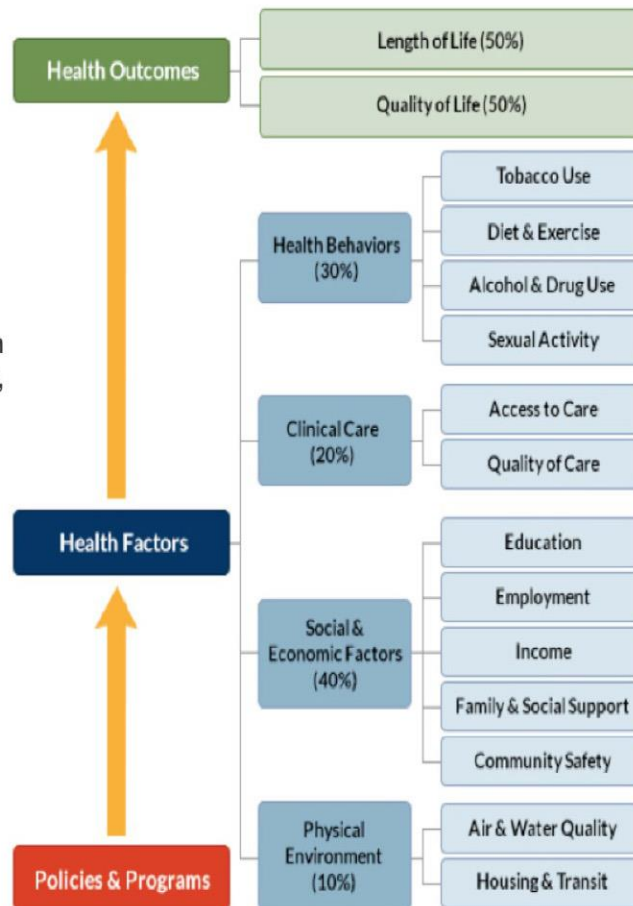
HEALTH CARE NEEDS

- The health of eastern North Carolinians **has improved** since Brody's inception and partnership with Vidant Health.
- When Brody opened in 1979, eastern NC's age-adjusted mortality rates **were much worse** than those across the rest of the state.
- Today eastern NC's mortality rates are projected to match the remainder of the state **by 2020**.
- While the region's mortality rates are beginning to match those of the state and nation, **the burden of chronic disease** in eastern NC remains heavy.

CAPABILITIES - RURAL HEALTH MODEL

True Population Health Management

Requires a collaborative strategy between leaders in healthcare, politics, charity, education, and business



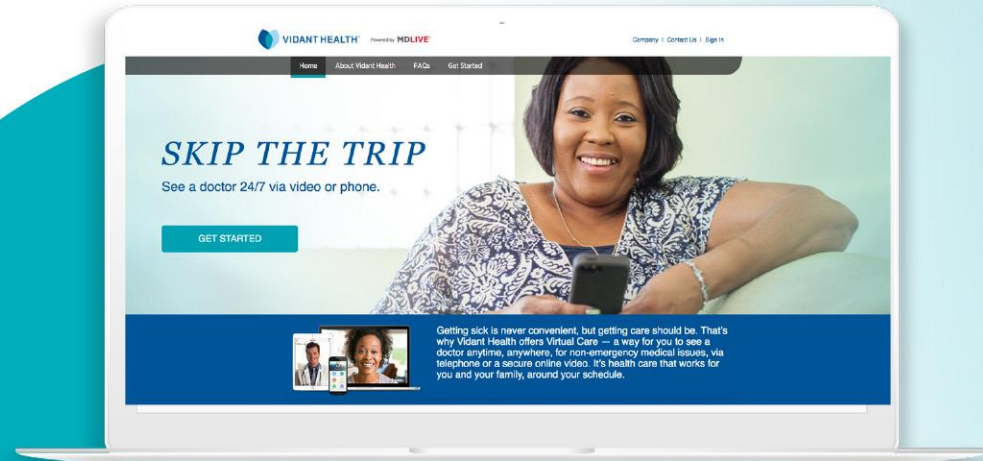
Robert Wood
Johnson
Foundation,
2014

- One Electronic Health Record (EHR)
- Clinically Integrated Network (CIN)
- Education
- Research

CAPABILITIES - VIRTUAL/TELEHEALTH

Online visits with board-certified doctors

- **VidantNow**
- **TeleStroke**
- **TelePsych**
- **Remote Home Monitoring**



VidantNow

- **Anytime:** 24-hour physician access
- **Any device:** computer, phone, tablet
- **Anywhere** - rural access

GRADUATE MEDICAL EDUCATION AT VMC AND BRODY

- **40 Years**
- **40 Programs**
 - 15 residency programs
 - 25 fellowships
- **400+ Physicians-In-Training**

Residency Programs	
Dermatology	Emergency Medicine
Emergency Medicine / Internal Medicine	Family Medicine
Internal Medicine	Internal Medicine / Pediatrics
Internal Medicine / Psychiatry	Obstetrics and Gynecology
Pathology	Pediatrics
Physical Medicine & Rehabilitation	Psychiatry
Surgery	Thoracic Surgery
Emergency Medicine / Internal Medicine / Critical Care Medicine	

FOCUSING ON HEALTH CARE NEEDS

- With an increasing deficit of physicians in North Carolina, Vidant Medical Center serves a vital role in providing physician training opportunities focused on rural health care.
- Due to the young age of our institution at the time the cap was set, our GME program is capped at 260 funded positions (additional positions funded by VMC).
- Have the clinical capacity to train an additional 100-150 residents and fellows.

STATE SUPPORT - MEDICAL RESIDENCY

- **Planning and start-up funds for Rural Training Track Residency program appropriated by NC General Assembly in 2017**
 - Vidant Duplin, Halifax Regional, Carolina East, and Vidant Roanoke Chowan
 - \$162,857 (FY 17/18), \$803,804 (FY 18-19)

Residency Training Programs Practicing in Rural North Carolina:

- 30% of Vidant's **family medicine** residents (17% for all NC)
- 26% of Vidant's **internal medicine** residents (12% for all NC)
- 28% of Vidant's **pediatrics** residents (10% for all NC)
- 33% of Vidant's **OBGYN** (16% for all NC)
- 41% of Vidant's **general surgery** (26% for all NC)
- 25% of Vidant's total residents (11% for all NC)

RECOMMENDATIONS

- Continue to support new primary care GME positions in NC, using the Integrated Rural Training Track model being implemented at VH/ECU
- Allocate expansion funding to institutions that have demonstrated the ability to graduate and retain physicians that meet the healthcare workforce needs of rural NC
 - Expand class size and supporting infrastructure at the Brody School of Medicine to capitalize on a model that has measurable success
- Study methods to increase provider participation as community training sites to support both medical students and residents.

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