

FSU Response to BOG Medical Education Questions
March 6, 2006

1. A more detailed description of their expansion plans including what resources both public and private that they anticipate needing. I would like to know what private funds are currently committed or they anticipate being committed to achieve these goals.

FSU College of Medicine's plan is to increase enrollment to 120 students per class beginning with the entering class of 2007. In 2009, it will be necessary to have at least six regional campuses to accommodate a class size of 120 students. The current clinical education model is to assign approximately 20 students to each campus at the beginning of their third year and those students complete both the third and fourth year at that same regional campus. Using the six regional campus model, this gives the total of 40 students at each regional campus. The College of Medicine currently has regional campuses at Pensacola, Tallahassee, Orlando, and Sarasota, affiliated with several different hospitals. Immediate plans for expansion would be a rural medical education site in Collier County, specifically in Immokalee, in collaboration with NCH Healthcare System. That expansion will involve donation of the Isabel Collier Read Building and require \$5 million dollars in non-recurring funds for facilities and \$2.2 million dollars in recurring appropriated funds for operation of the medical facility to be developed in Immokalee. Presently, in addition to the donation of the building, \$250,000 in local public funds have been committed to this project and we would anticipate receiving no less than \$1 million dollars in private funds to support this rural training site. The College of Medicine is actively pursuing additional private funds that would be used to further develop the clinical resources for this medically underserved community.

Discussions are underway regarding establishing a regional medical campus at Indian River Community College in Ft. Pierce working in conjunction with several hospitals. The budget for this site is being developed. FSU currently has a commitment of \$500,000 in private funds to assist in developing the campus at Indian River Community College as well as three \$15,000 a year scholarships for medical students.

The third anticipated expansion is with Daytona Beach Community College, working together with Halifax Hospital and Florida Hospital Ormond Memorial. This budget is also under development.

The anticipated start-up date of the Immokalee campus is July 2007 and July 2008 for both the Daytona Beach and the Ft. Pierce campuses. Both the Daytona Beach and Ft. Pierce campuses are examples of leveraging existing resources through partnerships with other educational entities.

2. What additional residencies can we hope to achieve, both with and without their expansions, and how will they be funded?

Hospitals are largely the entities that must establish residencies in various specialties because the current funding is related to hospital based residency programs. Currently the federal and state programs are capped; therefore, funding of additional residencies is dependent upon local funds either through hospitals, county or city government, or state government. Potentially, medical schools with large clinical practices could fund some residency positions through clinical revenue. Since the FSU Medical School does not currently have a practice plan, this is not an option.

3. How do they see the integration of more technology and/or other innovations or new ideas being incorporated into their approaches for medical education, delivery of health/medical services and research?

Florida State University College of Medicine is centered on a few basic principles. One involves the timely and meaningful use of technology to resolve problems inherent in the distributed medical education model. The College uses technology extensively in its educational program through the use of web-based learning resources, electronic library, and a state of the art simulation facility for teaching clinical skills. It is worth noting that the College's electronic library is a boon not only to our students and faculty but to all those who partner with the College through the state. In similar fashion, the other information technology resources help spread the benefits of the state's investment into diverse communities, some of which have traditionally been underserved by the medical community. The College's students incorporate information technology into their activities from their first day on campus and introduce it into physicians' offices and clinics around the state. Technology is used extensively to support our distributed model for clinical education with distance learning as well as video conferencing to manage the disbursed clinical campuses.

4. What economic development via research and its applications/spin offs and expanded health and medical services do they anticipate? (I am not looking for them to commission a study, but I would like some discussion on this issue since economic development is a key consideration of the other proposals.)

The economic development implications of College of Medicine activities fall in five distinct areas. Some, such as the number of new jobs contributed to the area and aggregate salaries are relatively easy to anticipate. For example, the base cost of a regional campus is about \$2.5 million using a 1.9 multiplier to determine the total economic impact of a regional campus. In some areas such as Immokalee, the impact of the health and medical services will be considerable since this is a medically underserved community. Other economic impacts are more difficult to estimate, but do figure into the plans of the College. Both the College and the Hospitals that it works with are convinced the presence of the training program helps with in the recruitment

and retention of physicians. Physicians, in turn, are key in the relocation decisions of both individuals and firms. They provide an anchor to the expansion plans of local communities. In similar fashion, the College anticipates both additional research grant funding and an increasing number of spin offs from its growing research program. These center around developments in proteomics and Genomics, but extend to other “softer” areas of concern involving rural medicine and Geriatrics. The College is already working with other colleges within the university and institutions around the state on a variety of projects. While it is difficult to anticipate the spin offs that may occur, the university has a well developed process to encourage and implement such activities.

5. How can they leverage existing resources through partnerships with other universities and/or other agencies to avoid duplication and maximize efficiencies? In this response, I would like to have some discussion of the other CEPRI recommendations.

The FSU College of Medicine is founded on the proposition that distributed education can lower infrastructure costs, improve educational outcomes and result in exciting research opportunities through the on-going use of partnerships. The keys to the successful implementation of the distributed model lie in the coordinated use of information technology and the well organized deployment of mutually beneficial collaborations. For example, the expansions mentioned in question 1 all anticipate the communities sharing some portion of the costs. This will maximize efficiencies through the sharing of resources. Perhaps as important the distributed model is itself one of the types of incentives that CEPRI noted (recommendation 5) that can be used to attract physicians to Florida and especially to critically underserved areas.

6. How will their plans address the need to further elevate the status and prestige of the public medical schools in the State?

Medical Schools are fundamentally educational institutions. Traditionally, their activities have been quite localized. The FSU College of Medicine employs a method of undergraduate education that, by its very nature, expands the locus of its activities. Its students and faculty are widely disbursed. It’s unclear whether the expansion of our regional campuses will directly elevate the status or prestige of our medical school. Using community-based medical education allows us to employ community physicians and hospitals, rather than only full-time college faculty in a teaching hospital environment to conduct clinical teaching programs. This is particularly effective at training primary care physicians because students receive their clinical training in the same community environments (e.g., physician offices, community hospitals, nursing homes, and rural clinics) where they will eventually practice. As a result, there is a continuing need to staff our regional campuses in order to provide our third and fourth year students more concentrated time in patient settings in clerkships including family practice, internal medicine, pediatrics, obstetrics, surgery, psychiatry, neurology, and senior electives. The very process of hiring community physicians and having our

students in the community will raise the public awareness of our school which may eventually elevate the prestige due to increased public awareness and better trained doctors. Perhaps as important, leaders in communities throughout the state can see first hand the contribution that the state's investment makes. Each campus has outreach efforts that should help ensure increasing numbers of Floridians are aware of and come to appreciate the role of the state's public Colleges of Medicine.