UNC SCHOOL OF MEDICINE

Proposal to Establish Regional Medical Campuses in Asheville and Charlotte

Presentation to UNC Chapel Hill Board of Trustees

January 23, 2008

Need

- North Carolina needs more physicians - state and national medical bodies predict deficit of doctors by 2020
- Need is especially great in rural and inner city areas
- Numbers of primary care specialists are dropping
- NC currently graduates 440 doctors per year –this number has remained steady for 30 years
- Increasing the number of medical students will help address shortages across North Carolina

National trend toward regional campuses as effective way to address shortages

- 20-25% of U.S. Medical Schools had branch campuses in 2005-06
- Regional campuses are more cost-effective than establishing new schools
- Regional campuses allow curricular innovations, while maintaining consistent overall quality of medical education
- Regional campuses can focus on training doctors in underserved areas (e.g. rural or inner-city)

Collaborative Planning for the last 12 months to Address this Need

- Partners in extensive discussions
  - UNC – CH School of Medicine
  - Charlotte – Carolinas Medical Center of Carolinas HealthCare System
  - Asheville Consortium
  - AHEC
  - Recent discussions with Brody SOM – ECU; they are developing an expansion strategy
  - All have broad community support and extensive experience in training doctors

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Overview of Expansion Proposal

- Expand medical school enrollment from current 160 first year students to 230 first year students by 2011
- Phase in expanded class starting in 2009
- All students do years 1-2 in Chapel Hill, then added 70 do clinical years 3-4 in Asheville (20) or Charlotte (50)
- Dean of UNC SOM is Chief Academic Officer, as required by accreditation bodies
- Regional deans exercise educational responsibility through UNC Dean

Overview of Expansion Proposal
(continued)

- Common curriculum, evaluation and faculty requirements
- Local innovations will benefit students
- Regional campuses can take advantage of regional training sites to focus on underserved areas and specialties

Partners : Charlotte

- Partnership with Carolinas HealthCare System (CHS)
- Carolinas Medical Center (CMC)
- 200 service delivery sites
- Currently operates 15 graduate education training programs for over 200 residents and fellows
- Strong existing relationship with UNC SOM and AHEC

Partners: Asheville

- Partnership with consortium that includes:
  - Mission Hospital
  - Mountain Area Health Education Center (MAHEC)
  - Western North Carolina Health Network
  - Medical staffs of each organization
- Regional strategy builds upon AHEC network

Partners: AHEC

- Core Programs:
  1. Community-based student training
  2. Primary care residency programs
  3. Continuing education
  4. Library services
  5. Health careers and workforce diversity

- Critical for UNC SOM curriculum and expansion

- Will need to increase residencies

Timeline
Three phases

- Planning and construction
- Increase preclinical capacity at UNC
- Creation of Regional Educational programs

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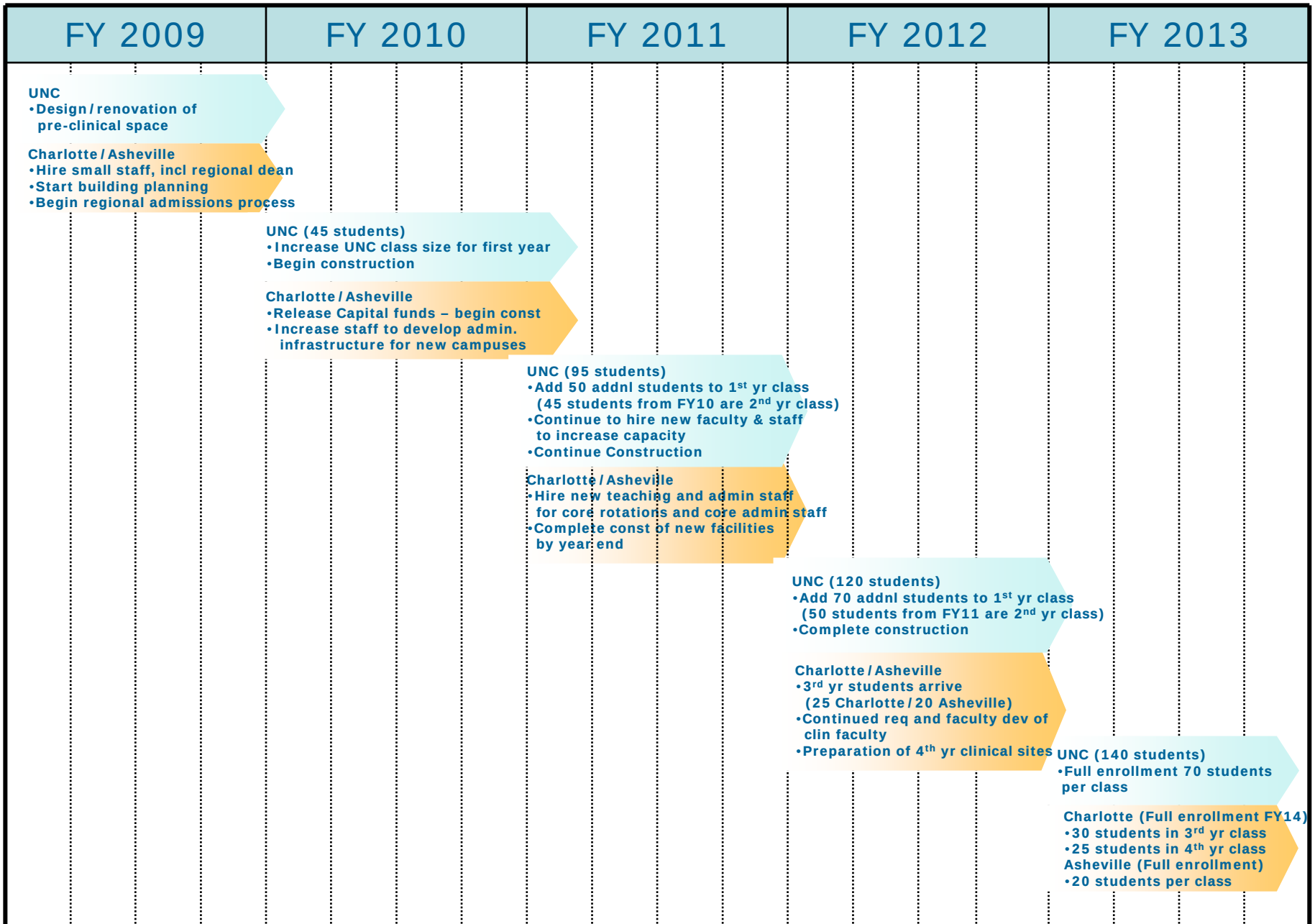
Timeline (continued)



Budget Implications - Recurring

- $40M in recurring funds
  - From $3.6 M in FY 2009 to $40.2M with full enrollment in 2015 (for all three sites)
  - Primary needs are additional faculty to teach and supervise students, and limited number of staff

	1st Year	Full Funding
UNC-CH	$1.2 M	$14.6M
Charlotte	$ .9M	$14.6M
Asheville	$1.3M	$ 8.8M
AHEC	$ .2M	$ 2.2M

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Budget Implications – Non-recurring

- $239M for all three campuses

- Primarily for construction and renovation of educational facilities
  - UNC –CH
    - $139M for renovation or construction of main classroom building
  - Charlotte
    - $68M for demolition of old building and construction of new 110,000 sq.ft. building connected to hospital
  - Asheville
    - $31M for purchase and renovation of existing building to house Medical Education Center

Benefits to Students and State

- Increase capacity for training new doctors to address predicted state shortages
- Emphasis on underserved needs in rural and inner-city areas
- Positive benefits to local economies
- Improved educational features for students (e.g. community practice experience over longer periods; attention to specialized rural needs)

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