

Second med school wrong solution

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Well intentioned or not, one of the more preposterous health policy proposals of late is the call for a new medical school in southern Nevada. The idea of state lawmakers underwriting another medical school in Las Vegas is laughable were it not for the formidable health workforce challenges currently facing our state.

In case anyone needs reminding, successive legislatures have taken a meat ax to higher education budgets in Nevada, resulting in cuts to many health education programs and the elimination of others. It is simply not in our legislative DNA to support projects on the scale required of a second state-funded medical school.

In the best of times, Nevada lawmakers have chronically underfunded undergraduate medical and nursing programs, ignored abundant mental health workforce needs, and failed to develop opportunities for Nevada residents in key fields such as pharmacy and optometry.

While neighboring states in the mountain west, such as Arizona, Oregon and New Mexico, were building ambitious, clinically integrated academic health science centers in the 1980s and 1990s, Nevada's publicly-funded health professions programs were barely keeping pace with population growth. The fact that state lawmakers supported the creation of a dental school a decade ago remains a minor miracle considering our state's penny wise, pound foolish approach to health sciences education.

Leaving aside cost considerations, calls for a new medical school divert precious energy and attention from Nevada's most pressing health workforce need: expanding our state's primary care workforce.

A recent study in the Milbank Quarterly estimates that insurance coverage expansions associated with the Affordable Care Act will generate an increase in primary care utilization in Nevada by as many as 280,000 additional patient visits each year.

The good news is that we can immediately begin preparing for this tsunami of demand by bolstering existing medical, nursing and allied health programs.

In particular, Nevada needs to aggressively expand residency programs and graduate medical education opportunities for physicians in primary care fields such as internal medicine, pediatrics and family medicine, and most of this expansion must take place in Las Vegas. The

evidence is clear that if you build these programs, a significant majority of physicians completing their training in Nevada will remain in the state to begin their medical careers.

Nevada also needs to expand undergraduate and graduate nursing programs, and explore the development of physician-assistant programs and other “mid-level” primary care training opportunities. Finally, we must begin to pay greater attention to anticipated demand in less glamorous, yet emerging fields such as health informatics, population health management, and patient navigation that will be central to emerging models of team-based primary care delivery.

Elected officials and pundits in southern Nevada are correct in their calls for an adult conversation about health workforce priorities and the best use of the public dollar in Nevada. That conversation is best served, however, by starting with a frank assessment of what we can immediately do to strengthen, integrate, and expand the capacity of existing health education programs, rather than the folly of building another medical school.

John Packham, PhD is Director of Health Policy Research at the University of Nevada School of Medicine and Past President of the Nevada Public Health Association.