



October 13, 2016

The Honorable Scott Walker  
Governor, State of Wisconsin  
Room 115 East, State Capitol  
Madison, WI 53702

Dear Governor Walker:

Enclosed please find the Medical College of Wisconsin's (MCW) biennial medical school and family medicine report, due on October 15<sup>th</sup> of each even-numbered year. The contents of the report are organized into three primary divisions:

- Medical School Reporting Requirements
- Family Medicine Residency Program Reporting Requirements
- A Financial Summary of MCW

Please note that 2015 Wisconsin Act 184 updated MCW's medical school reporting requirements. MCW was previously required to submit an annual report, due on October 15<sup>th</sup> of each year, related to the new community medical education programs at MCW-Green Bay and MCW-Central Wisconsin. While the content of these reporting requirements remains unchanged Under Act 184, the report is now due biennially, by October 15<sup>th</sup> of each even numbered year. As a result, the reporting requirements for the two new campuses are now integrated within the contents of this biennial report. MCW appreciates the streamlining of these reports into a single, biennial report.

MCW is pleased to provide this biennial report and views the state as an effective partner toward advancing high-quality care for the citizens of Wisconsin. MCW looks forward to continuing this strong relationship into the future.

Please contact me, or Nathan Berken, Director of Government Relations, by phone at 414.955.8217, or via email at [kkuhn@mcw.edu](mailto:kkuhn@mcw.edu), if you have any questions or comments.

Sincerely,

Kathryn A. Kuhn  
*Vice President, Government and Community Relations*  
*Medical College of Wisconsin*

Enclosure:

*Medical College of Wisconsin Biennial Medical School and Family Medicine Report*

Cc:

Jeff Renk, *Senate Chief Clerk*  
Patrick E. Fuller, *Assembly Chief Clerk*  
Members of the Joint Committee on Finance  
Emily Pope, *Legislative Fiscal Bureau*  
Sara Hynek, *Wisconsin Department of Administration*  
Mickie Waterman, *Wisconsin Department of Administration*



**MEDICAL COLLEGE OF WISCONSIN (MCW)**  
**BIENNIAL MEDICAL SCHOOL AND FAMILY MEDICINE REPORT**  
*TO THE GOVERNOR, JOINT COMMITTEE ON FINANCE, AND CHIEF CLERKS*

**OCTOBER 14, 2016**

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# MEDICAL SCHOOL REPORTING REQUIREMENTS

*AS REPORTED BY THE:*  
**MCW OFFICE OF ACADEMIC AFFAIRS**

## **INTRODUCTION**

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The Medical College of Wisconsin's (MCW) deeply rooted commitment to medical education has been part of our rich heritage for over 120 years. Our origin dates back to 1893 with the establishment of the Wisconsin College of Physicians and Surgeons. It was the vision of our founders to educate physicians who would go forth to meet the health needs of the growing population and raise the standard of medical care in Wisconsin communities and beyond.

MCW has earned a reputation as a nationally ranked, highly sought out, private medical school that values community engagement and promotes diversity and inclusion. Our legacy can be measured in the thousands of doctors trained at MCW with more than one third of our 14,000 alumni practicing in the state. In addition, we are pleased to report enrollment for Wisconsin residents is currently at 53%, up from 44% in 2012-13.

Reports published by the American Association of Medical Colleges (AAMC) and the Wisconsin Hospital Association in 2011 called for action to aggressively address the need to fill the impending shortage of physicians through 2030. In Wisconsin, it was estimated that 100 additional new physicians per year would be necessary to keep pace with demand.

In response, MCW began looking at solutions to mitigate this dramatic shortage. After meeting with health system leaders from across the state, MCW made the decision to expand its medical education program into new regions of Wisconsin. Working with health system and academic partners in northeast and central Wisconsin, MCW developed two new community medical education programs to increase the physician workforce in these regions, as well as across the state. In 2013-15, MCW received grant funding from the Wisconsin State Building Commission to aid in the remodel, development, and renovation of these programs. As a result of this investment, MCW-Green Bay opened with its inaugural class of students in July 2015 and MCW-Central Wisconsin opened in July 2016.

The two programs have increased the overall medical student entering class at MCW by 25%. Since MCW-Green Bay and MCW-Central Wisconsin both feature calendar efficient curricula, students will graduate from medical school in three years, versus four years at a traditional institution. (Students also have the option to switch to a four-year track.) By 2018, the programs will each have a full complement of at least 75 students, totaling 150 additional medical students in Wisconsin.

## **STATUTORY CHANGES TO THE BIENNIAL REPORT - 2015 WISCONSIN ACT 184**

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2015 Wisconsin Act 184 updated MCW's medical school reporting requirements. Under s. 13.106 (4), MCW was previously required to submit an annual report, due on October 15<sup>th</sup> of each year, related to the new community medical education programs at MCW-Green Bay and MCW-Central Wisconsin. While the content of the community medical education report remains unchanged under Act 184, it is now due biennially, by October 15<sup>th</sup> of each even numbered year.

As a result of these changes, the s. 13.106 (4) reporting requirements for MCW's community medical education programs are now integrated within the contents of this biennial report. MCW appreciates the streamlining of these reports into a single, biennial report. Going forward, these modifications will reduce administrative burden, resulting in a more unified and cohesive report that provides the same level of transparency to policy-makers and the public.

### **13.106 (3)(AC) COMMITMENT TO STUDENT DIVERSITY**

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MCW has an active Diversity Advisory Committee, which meets regularly to develop, implement and monitor our institution's ongoing efforts to value, honor, and promote diversity and inclusion.

Our *Diversity and Inclusion Statement* is a testament to the learning environment and student experience we work to cultivate through our recruitment practices and educational programs.

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#### ***Medical College of Wisconsin Diversity and Inclusion Statement***

*The Medical College of Wisconsin defines diversity as a commitment to recognizing and appreciating the variety of individual differences in an environment that promotes and celebrates individual and collective achievement. The diversity of MCW continues to be an important source of innovative ideas and creative accomplishments.*

*MCW prides itself on being an inclusive community where all individuals are valued and respected. Inclusion is about embracing, respecting, honoring, recognizing and ultimately leveraging the differences we innately possess to build a better community. An inclusive community is essential to our mission to be a national leader in the education and development of the next generation of physicians and scientists; to discover and translate new knowledge in the biomedical sciences; to provide cutting-edge, interdisciplinary and compassionate clinical care of the highest quality and to improve the health of the communities we serve.*

*To create a more vibrant and equitable community, MCW endeavors to achieve inclusiveness through the composition and actions of our board of trustees, leadership, faculty, staff, residents and student body. MCW's commitment to understanding differences and fostering respect and inclusiveness affects all aspects of the college, including what and how we teach and learn, and how we behave.*

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MCW recognizes the importance of allowing medical students the opportunity to exchange ideas with others who have talents, backgrounds, viewpoints, experiences and interests different from their own. To this end, MCW is committed to the recruitment, admission and graduation of talented students from diverse backgrounds.

Specifically, students who demonstrate experiences in one or more of the following categories will be deemed to contribute to the diversity of the MCW student body:

- Growing up in poverty or in a disadvantaged socioeconomic status;
- Being the first person from one's family to attend college or graduate school;
- Overcoming educational disadvantage (graduating from a high school with little resources or with a high dropout rate);
- Having a primary language other than English;
- Living in a rural area; or
- Overcoming a significant handicap

Responsibility for developing and coordinating the identification, recruitment and graduation of a diverse student body is a collaborative effort with the Associate Dean for Student Affairs Diversity, the Assistant Dean for Medical School Admissions and the Admissions Committee. A wide variety of activities are designed to inform students of career opportunities in medicine and the biomedical sciences, and to motivate them towards proper academic preparation. These activities provide the critical linkages from high school to college and on to medical and/or graduate school. MCW's learning skills specialist assists high school and college students by improving their study skills, preparing them for entrance exams, critical thinking skills and oral presentations. The efforts are continued intensively with students after they enroll at MCW to ensure their continued successful academic performance.

MCW offers several enrichment programs specifically designed to increase the interest of diverse students in medical careers, and has been successful in obtaining substantial extramural support from sources such as the National Institutes of Health (NIH) and private foundations. For example, the Diversity Summer Health-related Research Education Program, sponsored by the NIH, provides an opportunity for 14 students at the

undergraduate, graduate, or medical school level to engage in productive bio molecular research under the guidance of MCW researchers. Other programs include the Apprenticeship in Medicine Program, the Research Opportunity for Academic Development in Science for high school students, and the SEED Program.

In addition, we are continually looking for ways to increase our reach to diverse populations. We recognize that to enhance our presence in diverse communities a long term outreach strategy is important. To that end, we applied for and received a five year grant from Advancing a Healthier Wisconsin to develop pipeline programs dedicated to building long term partnerships with high schools and colleges/universities to attract future generations to careers in medicine. These programs are in their infancy and will be nurtured and monitored in the coming years to ensure their effectiveness in reaching diverse populations.

Student applications from underrepresented students are reviewed by the Associate Dean of Student Affairs/Diversity working closely with members of the Admissions Committee who screen and evaluate students for admission. In addition to traditional measures of academic achievement, non-cognitive factors such as motivation, leadership, enthusiasm for the profession of medicine, and evidence of academic improvement are given consideration in the selection process.

Once students enter MCW, retention becomes a key consideration. Among the methods used to assist students in adjusting to the rigors of medical education are academic supportive services such as assistance with study skills, one-on-one tutoring, group tutoring, and discussion sessions. A wide variety of computer software programs, including self-guided course materials, are available for individual use in the library and student computer labs. Additionally, special efforts are made to enroll selected students in a preparatory course to assist them in successfully completing the first step of the standardized national license exam usually taken at the conclusion of the second year of medical school.

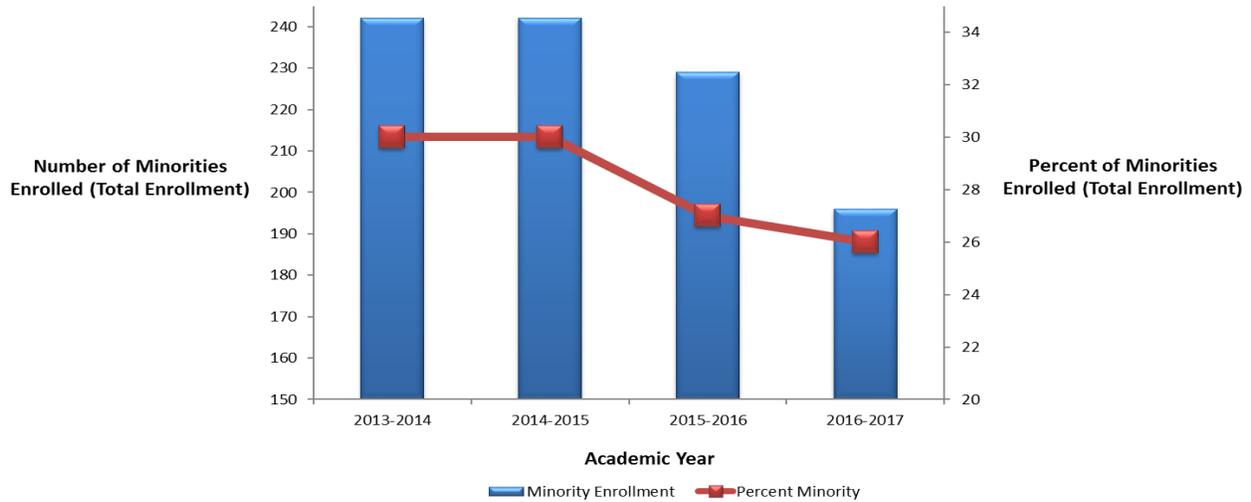
Another option available to assist students in the transition to the demands of medical school is the five-year curriculum program. This is a decelerated program in which the normal course work of the first year is extended over two years. Students take the regular sequence of second-year courses during their third year and complete the clinical clerkships and elective courses during the fourth and fifth years. This program allows students the opportunity to acquire the necessary basic knowledge in a less intensive sequence. This option is also available to students encountering academic difficulty during their first major medical school courses, or who have major non-academic commitments, such as young children at home.

Finances often present a major obstacle to talented students seeking medical education. In recognition of this tremendous need, MCW has established several scholarship programs, including the Dean's and Presidential Scholarships. All efforts are made to provide as much financial support for diverse students as possible to remove barriers to a medical education. A variety of scholarship programs have been developed over the past few years that provide partial or full scholarships based upon merit and need. Still, there is much to be done in the way of providing continued financial assistance and support once these students have matriculated into MCW.

MCW's minority\* enrollment currently represents 22% of total enrollment, and has consistently remained above the State of Wisconsin's statutory requirement that the college's total enrollment consist of a minimum of 5% of minority students. Minority reporting categories include: Any Hispanic, Latino or Spanish Origin, Black or African American, Asian American or Native American Indian. Although the Asian American minority group has decreased since the last reporting period, the enrollment for underrepresented minority groups as defined by the AAMC has remained stable including African American and Hispanic groups. As noted above we anticipate that through our long term strategy we will see a more diverse population of students entering medical school in 5 to 10 years.

### Minorities Enrolled in Medical School Program

(All Classes: M1 - M4)

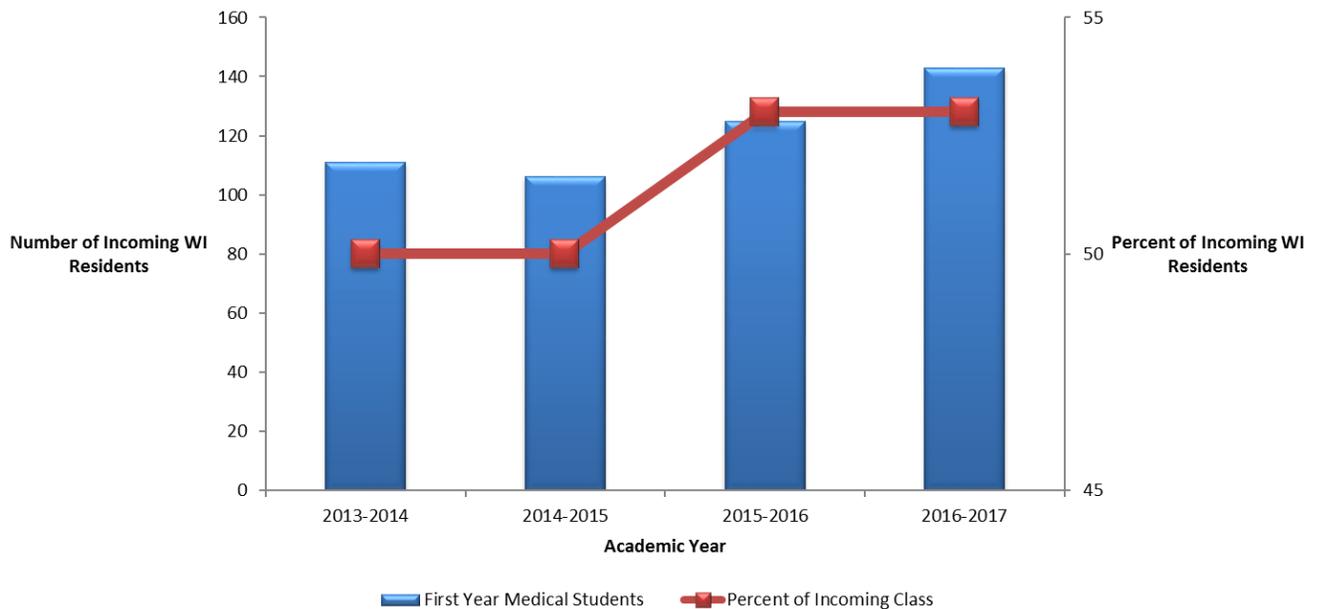


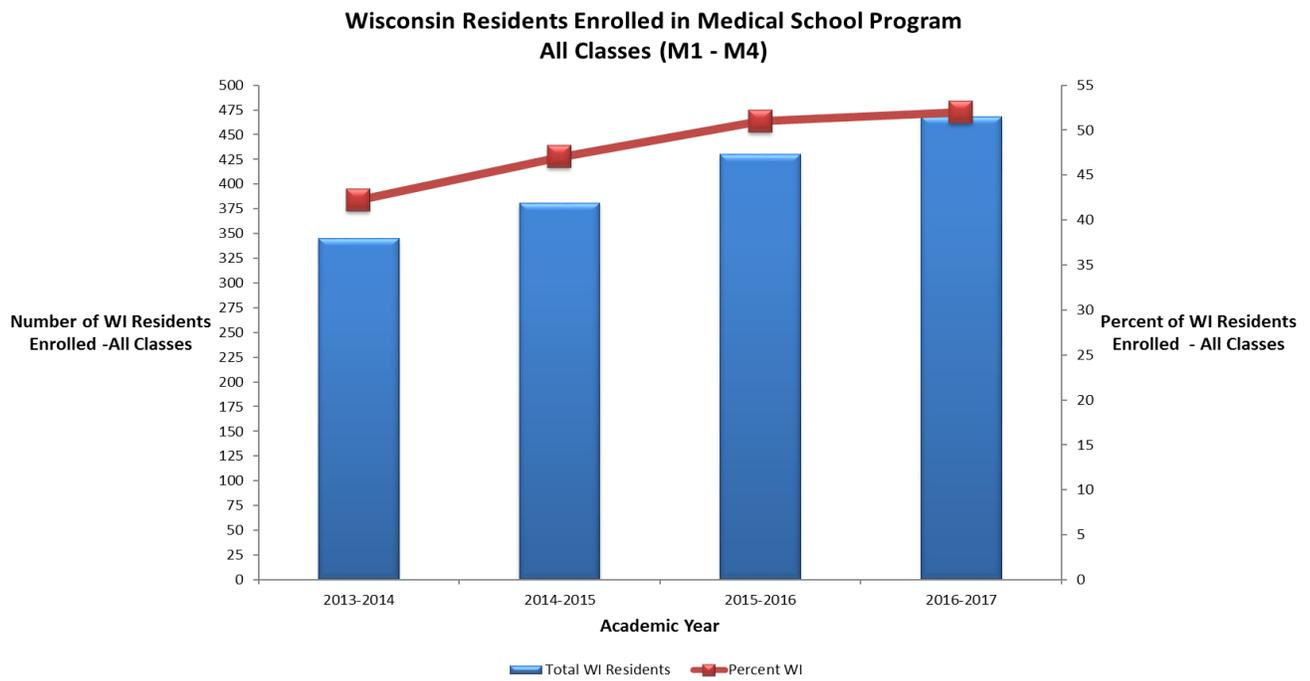
*\*Minorities reported include students who self-reported in one or more minority classifications as part of the AAMC's centralized medical school application process. NOTE: The drop in the percentage of minority students in 2016-2017 is due to a decrease in Asian-American students, which is not an under-represented group in Medicine.*

### 13.106 (3) (AG) COMMITMENTS TO WISCONSIN RESIDENTS

MCW is deeply committed to addressing the projected physician shortage in the coming decades. Over half (53%) of the students enrolled are Wisconsin residents. This is a significant increase from 2011 when Wisconsin residents represented just under 40% of students enrolled.

### Wisconsin Residents as Incoming M1's





**13.106 (3)(AL) AVERAGE FACULTY SALARIES**

Overall MCW faculty salaries for both basic science and clinical departments are comparable or below averages reported by the AAMC annual survey.

Basic Science Departments	2014-15		2015-16	
	Medical College of Wisconsin FY 15	AAMC (Reporting Schools) 2014 Report	Medical College of Wisconsin FY 16	AAMC (Reporting Schools) 2015 Report
Assistant Professor	\$69,248	\$92,000	\$75,106	\$94,000
Associate Professor	\$95,485	\$116,000	\$95,410	\$118,000
Professor	\$171,098	\$168,000	\$157,572	\$172,000

Clinical Departments	2014-15		2015-16	
	Medical College of Wisconsin FY 15	AAMC (Reporting Schools) 2014 Report	Medical College of Wisconsin FY 16	AAMC (Reporting Schools) 2015 Report
Instructor	\$73,032	\$185,000	\$99,725	\$190,000
Assistant Professor	\$247,173	\$235,000	\$242,837	\$239,000
Associate Professor	\$295,340	\$271,000	\$305,213	\$276,000
Professor	\$381,223	\$312,000	\$385,372	\$320,000

## **13.106 (3)(AP) DEVELOPMENT OF COOPERATIVE EDUCATION PROGRAMS**

MCW is expanding its education offerings across the state. In July 2015, MCW opened its first regional campus at MCW-Green Bay, and in July 2016 MCW-Central Wisconsin opened. These campuses offer a three-year curriculum (with an optional fourth year) with an emphasis on primary care to support the increased demand for primary care physicians in Wisconsin.

### **Regional Campus Expansion Programs**

#### **Green Bay Campus Partners (Opened July 2015)**

Bellin College  
Bellin Health  
Hospital Sisters Health System  
Northeast Wisconsin Technical College  
Prevea Health  
St. Norbert College  
UW-Green Bay  
VA-Green Bay Outpatient Clinic

#### **Central Wisconsin Partners (Opened July 2016)**

Aspirus Health  
Ascension (formerly Ministry Health Care)  
Nicolet College  
Northcentral Technical College  
Aspirus Riverview Hospital  
UW-Marathon County  
UW-Marshfield/Wood County  
UW-Stevens Point

### **Degree Programs**

#### **Joint Degree Programs**

Healthcare Technologies Management (M.S.)  
Marquette University (Biomedical Engineering)

#### **Joint Degree Programs**

Medical Informatics (M.S.)  
Milwaukee School of Engineering

### **High School Programs**

#### **Apprenticeship in Medicine Program (AIM)**

The AIM program offers local high school students of diverse backgrounds the opportunity to engage in a variety of clinical hands-on experiences. An intensive six-week program has been designed to increase awareness of common medical problems in underserved communities and career opportunities in fields of medicine. This program offers a stipend upon completion of the program.

#### **Research Opportunity for Academic Development in Science (ROADS)**

Students of diverse backgrounds, from Milwaukee and surrounding area high schools, participate in an eight-week intensive summer research project designed to stimulate their interest in biomedical research. Particularly important and available to most students is the program's laboratory experience, which provides an opportunity to work directly with a scientist faculty at MCW. Each student conducts their own research and presents their results at the end of the summer.

### **Undergraduate and Enrichment Programs**

#### **Diversity Summer Health-Related Research Education Program (DSHREP)**

Open to undergraduate, graduate, and medical students of color, DSHREP provides an opportunity to engage in exciting bio molecular research for a ten-week period. The summer research fellowships are under the supervision of full-time MCW faculty who have grants in pulmonary, cardiovascular, or hematological research.

#### **Community Outreach Programs**

Minority medical students are encouraged to become active in community outreach programs which are sponsored by student-led organizations such as the Student National Medical Association (SNMA), La Raza Medical Student Association (La RaMA), and Physicians for Social Responsibility (PSR). Students utilize their creative energies to sponsor health fairs, high school career day visits, and are available to participate in the numerous programs and activities sponsored by the Office of Student Affairs/Diversity.

#### **Summer Program for Undergraduate Research - SPUR**

Open to students from any college or university, SPUR provides the opportunity for students to learn first-hand the potential of the biomedical sciences as an interesting and fulfilling career, providing laboratory experience in science, in which the undergraduate works with graduate faculty, students, and staff on significant ongoing basic science research issues.

## Professional Training Programs

### Masters of Science of Anesthesiology Program

In August 2016, MCW matriculated its first class of 12 students in a new Master's of Science of Anesthesiology program which will train participants to become anesthesiology assistants. Anesthesia assistants are health professionals who can provide anesthetic services in an operating room and perform other duties under the supervision of a physician anesthesiologist. The 27-month curriculum is modeled after physician assistant programs and MCW is only the 11<sup>th</sup> program of its type in the country.

### School of Radiologic Technology (in partnership with Froedtert Hospital)

This two-year program provides a high quality academic and clinical educational experience which will prepare medical imaging practitioners to be: critical thinkers, ethical individuals, technically competent, compassionate, empathetic, dedicated to the Radiologic sciences, and committed to professional growth and lifelong learning.

### Nuclear Medicine/PET Technology Program (in partnership with Froedtert Hospital)

A one-year internship is designed to orient and train technologists in the utilization of radioactive materials for therapeutic and diagnostic nuclear medicine/PET procedures.

### EMT and Paramedic Education (in partnership with Milwaukee County Emergency Medical Services)

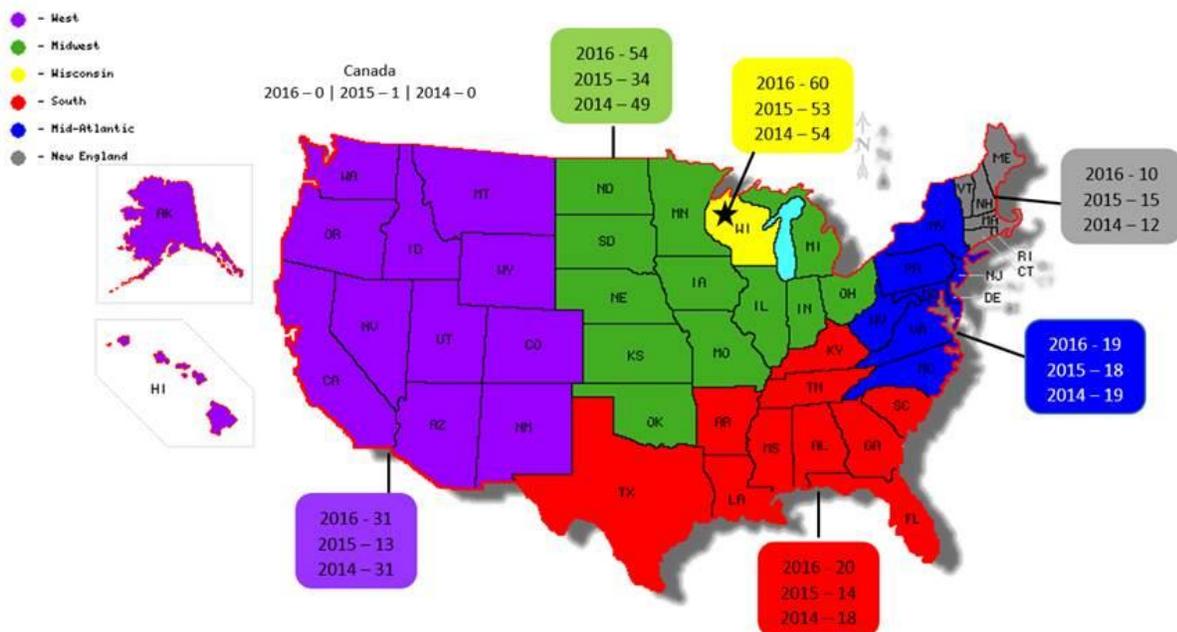
The program provides initial and continuing education to southeast Wisconsin's EMT and Paramedic Emergency Medical Services personnel and establishes the clinical benchmarks for over 350 Paramedics that serve in the Milwaukee County EMS system.

## 13.106 (3)(AT) PLACEMENT OF GRADUATES OF DOCTOR OF MEDICINE AND RESIDENCY TRAINING PROGRAMS

### Doctor of Medicine Placement

Graduates of the undergraduate medical education program are placed in residencies through the National Resident Matching Program in March of each year. Historically, a substantial portion of medical school graduates place in Wisconsin and the Midwest Region. In 2016, nearly 30% of the students matched to programs in Wisconsin.

Doctor of Medicine Placement Map



## Residency Training Program Placement

LOCATION OF MCWAH HOUSE STAFF WHO COMPLETED TRAINING							
State	2013-14	2014-15	2015-16	State	2013-14	2014-15	2015-16
Alabama	1	0	0	Montana	0	2	0
Alaska	0	0	0	Nebraska	0	2	1
Arizona	4	1	2	Nevada	0	1	0
Arkansas	1	0	0	New Hampshire	0	0	0
California	11	10	3	New Jersey	0	1	0
Colorado	3	4	6	New Mexico	2	0	2
Connecticut	2	1	0	New York	7	3	5
Delaware	0	0	1	North Carolina	3	2	3
Dist. of Columbia	1	1	2	North Dakota	1	2	1
Florida	5	10	0	Ohio	5	7	7
Georgia	2	1	1	Oklahoma	1	2	1
Hawaii	0	1	0	Oregon	3	7	2
Idaho	1	0	0	Pennsylvania	2	4	5
Illinois	24	18	18	Rhode Island	0	0	0
Indiana	5	4	1	South Carolina	0	3	0
Iowa	2	3	7	South Dakota	0	0	3
Kansas	0	0	2	Tennessee	4	1	3
Kentucky	3	0	2	Texas	11	1	1
Louisiana	2	2	1	Utah	3	0	2
Maine	0	0	2	Vermont	0	0	0
Maryland	0	2	1	Virginia	3	3	0
Massachusetts	3	4	4	Washington	3	5	6
Michigan	1	5	5	West Virginia	0	0	0
Minnesota	9	19	11	Wisconsin *	130	128	172
Mississippi	1	0	0	Wyoming	1	0	0
Missouri	6	7	7	Outside US	2	3	1
				Unknown	3	0	
				Total:	271	270	291

\*This number includes housestaff who have transferred programs within MCWAH (i.e. completing residency and going into fellowship).

## COMMUNITY MEDICAL EDUCATION PROGRAMS AT MCW-GREEN BAY AND MCW-CENTRAL WISCONSIN

### **13.106 (4)(b) 1. Number of students enrolled in rural or underserved programs**

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MCW received grant funding from the Wisconsin State Building Commission in the 2013-15 biennium to aid in the remodel, development, and renovation of two new community medical education programs at MCW-Green Bay and MCW-Central Wisconsin.

Both programs are expected to each matriculate on average 25 students per year. Since MCW-Green Bay and MCW-Central Wisconsin both feature calendar efficient curricula, students will graduate from medical school in three years, versus four years at a traditional institution (although students have the option to switch to a four-year curriculum). By 2018, the programs should each have a full complement of 75 students, totaling 150 additional medical students in Wisconsin.

#### **Enrollment at MCW-Green Bay**

In July 2015, MCW-Green Bay welcomed its inaugural class of 26 first-year medical students (Class of 2018). In July 2016, MCW-Green Bay matriculated its second incoming class of 30 first-year medical students (Class of 2019).

One student from the original Class of 2018 chose to formally withdraw from the program, and three others switched to the optional four-year educational track. As a result, MCW-Green Bay's enrollment currently comprises 33 first-year medical students (28 are Wisconsin residents) and 22 second-year students (20 are Wisconsin residents).

#### **Enrollment at MCW-Central Wisconsin**

In July 2016, MCW-Central Wisconsin welcomed its inaugural class of 26 first-year medical students (Class of 2019). Twenty-one of these students are Wisconsin residents.

### **13.106 (4)(b) 2. Medical specialties and residency locations**

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While the medical specialties of the first graduating classes of medical students at MCW-Green Bay and MCW-Central Wisconsin will not be known until 2018 (MCW-Green Bay) and 2019 (MCW-Central Wisconsin), MCW has been working diligently to develop new graduate medical education (residency) programs within the northeast and central regions of the state.

Graduate medical education (GME), or residency training, is a separate educational process following graduation from medical school, and is a significant predictor of a physician's post-residency practice location. As a result, MCW is working diligently with hospital partners to expand upon MCW's existing 670 residents and 180 fellows in southeast Wisconsin to also develop new GME programs in the northeast and central Wisconsin regions. These GME programs will significantly improve physician recruitment efforts and will also serve as potential training pipelines for graduates of MCW-Green Bay, MCW-Central Wisconsin, and MCW-Milwaukee.

#### **Family Medicine Residency Programs in northeast Wisconsin**

*An update on efforts to expand family medicine residency programs in northeast Wisconsin can be found under the Family Medicine Residency Program portion of this report.*

#### **Psychiatry Residency Programs in northeast and central Wisconsin**

In 2014, MCW received grant funding from the Wisconsin Department of Health Services (DHS) to support the development of two additional psychiatry residency programs in northeast and central Wisconsin. Both programs received initial accreditation from the Accreditation Council for Graduate Medical Education's (ACGME) Psychiatry Residency Review Committee in May 2016. As a result, preparations immediately began

for interviewing and recruiting medical students through the National Residency Matching Program for new residents to begin at both programs in July 2017.

The northeast Wisconsin psychiatry residency has received the initial accreditation to become a four-year residency, with a class of four residents per year. As a result, the total residency program will feature approximately 16 psychiatry residents. Potential residents will interview for the program in October 2016. Financial support and clinical rotations will be provided by the Milo C. Huempfer Green Bay Clinic (7 stipends), the Winnebago Mental Health Institute (4 stipends), the Wisconsin Resource Center (2 stipends), Bellin Health (2 stipends), and Brown County Mental Health (1 stipend).

The central Wisconsin psychiatry residency has been initially accredited for 12 approved positions, and is expected to start with three residents in July 2017. Central Wisconsin's current financial support (and clinical rotations) will come from North Central Health Care (2 stipends), Bridge Community Health Clinic (2 stipends), the Tomah VA Community Based Outpatient Clinic in Wausau (3 stipends), Wood County Human Services (2 stipends), Portage County Health and Human Services (1 stipend), Ministry St. Michael's Hospital in Stevens Point (1 stipend), Ministry St. Mary's Hospital in Rhinelander (1 stipend), and Froedtert Hospital in Milwaukee (0.5 stipend for the required neurology rotations).

MCW appreciates the program grants from DHS, as well as grants from the Wisconsin Rural Physician Residency Assistance Program that have helped fund portions of the start-up investments within these programs.

### **13.106 (4)(b) 3. Graduates' initial post-residency practice locations**

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The inaugural class of medical students at MCW-Green Bay will graduate in 2018, while the inaugural class at MCW-Central Wisconsin will graduate in 2019. Graduates will then enter residency programs, typically lasting three or more years, and sometimes followed with fellowship programs. As a result, the earliest that MCW would likely be able to begin providing data on graduates' initial post-residency practice locations would be 2021 and beyond.

## **FAMILY MEDICINE RESIDENCY PROGRAM REPORTING REQUIREMENTS**

*AS REPORTED BY THE:*

**MCW DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE**  
*Activities from July 1, 2014 – June 30, 2016*

### **OVERVIEW OF MCW DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE**

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The practice of family medicine was born more than 40 years ago out of the need for better health care for the people of our nation. In 1970, recognizing the need to broaden the availability of primary care in Wisconsin, the state legislature voted to enact the establishment of Family Medicine programs at MCW and the University of Wisconsin School of Medicine and Public Health.

Since then, the state's two medical schools have focused on advancing the specialty of family medicine, which combines medical knowledge and clinical skill with the understanding that the totality of the family and community play an important role in health care. The specialty of family medicine emphasizes the patient-physician relationship and the need to incorporate major life factors, including individual, family and community behavior into the daily practice of family medicine.

MCW's Department of Family and Community Medicine (DFCM) has produced more than 1,070 family physicians, educated more than 7,500 medical students, and on an ongoing basis provides care to more than 30,000 patients per year. Since the program's inception, a total of 63% percent of residency program participants have stayed in Wisconsin to serve the health needs of the people of this state following graduation.

In partnership with three community hospital systems, the DFCM currently administers three family medicine residency programs in Wisconsin. DFCM also maintains an affiliation with a fourth, Mosaic Family Health in Appleton:

- The Columbia St. Mary's Family Practice Residency program, supported by the Columbia St. Mary's system.
- St. Joseph's Family Medicine Residency Program - All Saints is supported by Wheaton Franciscan Healthcare (WFHC) – this program includes both St. Joseph's Hospital and All Saints in Racine.
- The Waukesha Family Medicine Residency program, supported by Waukesha Memorial Hospital and the ProHealth Care System. (This affiliation is ending by June 2017)
- Fox Valley Family Medicine Residency Program at Mosaic Family Health – supported by Theda Care and St. Elizabeth's hospitals. This affiliation began in July 2015.

<b>Family Medicine Residency Program Site</b>	<b>FY 2013-2014 Total Residents</b>	<b>FY 2014-2015 Total Residents</b>	<b>FY 2015-2016 Total Residents</b>	<b>FY 2016-2017 Total Residents</b>
Columbia St. Mary's	21	22	23	26
St. Joe's (Wheaton)	18	18	17	19
Waukesha (ProHealth Care)	18	22	23	23
Fox Valley (Mosaic)	-	-	20	23
<b>Total</b>	<b>57</b>	<b>62</b>	<b>83</b>	<b>91</b>

In addition to these programs, MCW received accreditation to create a new Family Medicine Residency Program at the Froedtert & the Medical College of Wisconsin Community Memorial Hospital in Menomonee Falls. Construction of a new, state-of-the-art 19,000 square foot Family Medicine Practice facility will begin in late-October 2016 and is expected to be completed in March 2017, preparing the way for a potential inaugural class of first-year residents in July 2017. MCW expects to matriculate six residents per year into this three-year program.

### **CREATION OF A NEW FAMILY MEDICINE RESIDENCY PROGRAM IN NORTHEAST WISCONSIN**

2013 Wisconsin Act 20 provided planning funding for MCW to begin a new family medicine residency program in the northeast region of the state. While progress continues, the development of the new program has been slower than expected. This delay has been due to a number of factors, but has primarily resulted from artificially low federal funding caps imposed on two of the area's hospital systems, as well as financial and programmatic challenges associated with creating a shared residency platform across multiple competing hospital systems.

As a result, the Hospital Sisters Health System (HSHS) has decided to sponsor the development of the new Family Medicine Residency Program, which will primarily utilize HSHS St. Mary's Hospital in Green Bay, along with additional resident rotations at HSHS St. Vincent Hospital. With final HSHS approval, a national search for a Program Director will begin, and the program could matriculate its first residents by July 2018.

Since the enactment of 2013 Wisconsin Act 20, MCW has utilized state funding toward the development of the program, including procuring a consultant affiliated with the American Academy of Family Physicians to review the feasibility of a new program in the region. In August 2016, the consultant's report expressed very positive and realistic impressions about the feasibility of developing this new program. Going forward, MCW will fund a portion of the recruitment costs of recruiting a program director, as well as funding to supplement developmental costs (faculty-staff salaries). The upcoming fiscal year will be spent recruiting the Program Director and helping to lay the ground work for a new program.

### **13.106 (3) (AX) FINANCIAL STATUS OF THE FAMILY MEDICINE PRACTICE RESIDENCY SITES**

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MCW's family medicine residencies are supported by four major funding streams: clinical dollars generated by their practices; Medicare GME and Medicare Indirect Medical Education (IME) funding passed through sponsoring hospitals; the State of Wisconsin appropriation; and federal grants.

In 2010 and 2011 each of the three existing residency programs applied for and received initial accreditation through the National Committee on Quality Assurance (NCQA) as Patient Centered Medical Homes. These accreditations were renewed in 2014 under the new accreditation standards. This approach to care emphasizes utilizing a team approach and pro-active outreach and management of populations, especially of patients with chronic diseases. This approach has been demonstrated in numerous studies nationwide to reduce the overall costs of care and reduce hospitalizations. Reaccreditation is underway with the St. Joe's/All Saints program receiving Level III accreditation in 2016. The remaining programs are in the reapplication phase. This was also recognized by the State of Wisconsin and the Wisconsin Medicaid program in its 2010 piloting of an OB Medical Home Program. Under this program, incentives are made available to providers who meet certain standards of care and successful outcomes. Three of DFCM's residency clinics in southeastern Wisconsin are participating in this program, and as a group, are one of the largest provider groups (by number of annual infant deliveries) in the program.

#### ■ **COLUMBIA ST. MARY'S RESIDENCY PROGRAM**

For the past several years, Columbia St. Mary's (CSM) has filled all of its positions offered through the National Resident Matching Program, largely from the top half of its preferred list of candidates. It is the largest residency program, recently growing to nine residents per class, as a result of State of Wisconsin assistance for two new residents per class. Despite the challenges the program faces as a predominantly urban Medicaid clinic, Columbia St. Mary's is MCW's most economically viable family medicine residency program. For the past few years, the Columbia St. Mary's system has been able to increase its funding by approximately 2% per year, and has also maintained a stable patient panel. The program also converted to the CSM system wide EHR (Cerner) in the summer of 2016 and will be more integrated into the CSM system.

#### ■ **ST. JOSEPH'S RESIDENCY PROGRAM**

For many years, Wheaton Franciscan Healthcare (WFHC) sponsored this residency program at St. Michael's Hospital, which closed in 2006. After moving the program to St. Joseph's Hospital, the residency program still utilized the St. Michael's location for various clinical rotations until late July 2010, when the Family Practice Center at the former St. Michael's Hospital was flooded and deemed a total loss.

A new Family Practice Center was constructed and has been operational since July 1, 2012. This new facility was funded entirely by insurance proceeds realized after the flood destruction and federal funds through the Federal Emergency Management Agency. While the new facility has had a positive effect on both the program and the community, the practice as a whole has grown slower than anticipated. Clinic visits actually fell slightly in FY 2016, but are now growing in FY 2017. Hospital service volumes also fell dramatically with the switch to St. Joseph's and have not yet recovered. The program is partly sponsored by the WFHC All Saints hospital in Racine, due to unused residency slots at that hospital. As a result of accreditation rule changes, the program has not been able to expand the number of residents in the program, but may be able to go from a six-resident per year to a seven-resident per year program by July 1, 2017.

#### ■ **WAUKESHA FAMILY PRACTICE PROGRAM (WFMRP) (THIS AFFILIATION IS ENDING IN 2017)**

This program serves a significant Hispanic population, has an EHR supported by ProHealth and does well at recruiting students from MCW, UW and other Midwestern states and regions in the country. A large proportion of its graduates stay in the Waukesha area and are employed by ProHealth.

In February of 2015, MCW received notice that ProHealth Care would be ending its affiliation with MCW effective no later than June 30, 2017, as a result of market-based realignments of various health system networks within the state. MCW is proud of the training provided to physicians within this program, as well as the thousands of patients our residents have provided care for over the years. Moving forward, MCW has received accreditation to create a new Family Medicine Residency Program at the Froedtert & the Medical College of Wisconsin Community Memorial Hospital in Menomonee Falls. State funding for the Waukesha program will be moved to the Community Memorial Program after July 1, 2017, when the first residents matriculate into the new program.

■ **FOX VALLEY FAMILY MEDICINE RESIDENCY PROGRAM (FVFMRP)**

In June 2015, MCW became affiliated with the existing Fox Valley Medicine Residency Program in Appleton. This residency program is sponsored by ThedaCare and Ministry, which has been formed into a new, not-for-profit corporate entity called Moasic Family Health (MFH). MFH contracts with MCW to employ the program’s faculty and contracts with the Medical College of Wisconsin Affiliated Hospitals to employ the residents. MCW expects utilizing a portion of the northeast Wisconsin expansion funding at MFH in order to assist that program with hiring new faculty.

**TABLE 1  
DISTRIBUTION OF STATE FUNDING ALLOCATION, 2015 & 2016**

<b>Existing Programs in Southeast Wisconsin (Pre-2013 Wisconsin Act 20 Funding)</b>	<b>2015 Expenditures</b>	<b>Percentage</b>	<b>FY 2016</b>	<b>Percentage</b>
Direct Residency Support	\$ 1,743,330	61%	\$1,839,472	65%
Indirect Residency Support and Program Administration	\$ 594,060	21%	\$ 621,224	22%
Residency Information Systems Support	\$ 352,044	12%	\$ 266,904	9%
Medical Student Education	\$ 148,980	5%	\$ 157,720	6%
<b>Total</b>	<b>\$ 2,838,414</b>	<b>100%</b>	<b>\$2,885,320</b>	<b>102%</b>

<b>Program Expansion in Southeast Wisconsin (2013 Wisconsin Act 20 Funding)</b>	<b>2015 Expenditures</b>	<b>Percentage</b>	<b>FY 2016</b>	<b>Percentage</b>
Resident Stipends & Benefits	\$ 467,256	55%	\$ 787,316	56%
Program Support (expanded faculty)	\$ 316,723	37%	\$ 614,378	44%
IT and Teleconferencing Equipment	\$ 62,228	7%		
<b>Total</b>	<b>\$ 846,207</b>	<b>100%</b>	<b>\$ 1,401,694</b>	<b>100%</b>

<b>Planning for New Program(s) in Northeast Wisconsin (2013 Wisconsin Act 20 Funding)</b>	<b>2015 Expenditures</b>	<b>Percentage</b>	<b>FY 2016</b>	<b>Percentage</b>
Faculty Salary & Benefits	\$ 59,240	43%	\$ 273,900	84%
Staff Salary & Benefits	\$ 34,411	25%	\$ -	0%
Consultants and Recruitment	\$ 43,808	32%	\$ 50,525	16%
<b>Total</b>	<b>\$ 137,459</b>	<b>100%</b>	<b>\$ 324,425</b>	<b>100%</b>

<b>Total Expenditures</b>	<b>\$ 3,822,080</b>	<b>-</b>	<b>\$ 4,611,439</b>	<b>100%</b>
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**Notes:**

- Direct Residency Support comprises funding spent at each of the residency programs, primarily including faculty salary and benefits, along with program supplies.
- Indirect Residency Support comprises funding spent centrally to support MCW’s family medicine residency programs.
- Resident Stipends & Benefits includes funding spent through MCWAH to support the expanded resident classes (additional funding provided through 2013 Wisconsin Act 20).

**13.106 (3) (B) NUMBER OF FAMILY MEDICINE PRACTICE RESIDENTS CHOOSING TO PRACTICE IN MEDICALLY UNDERSERVED AREAS OF THE STATE UPON GRADUATION**

Below, Table 2 provides an aggregate list of the number of program graduates that entered practice in Wisconsin following residency training, as well as the number entering practice in Medically Underserved Areas (MUA), or Health Professional Shortage Areas (HPSA) in Wisconsin following residency training at MCW’s DCFM.

**TABLE 2**

<b>MCW Department of Family and Community Medicine</b>				
<b>Family Medicine Residency Programs</b>				
<b>2010-2016 PROGRAM GRADUATES - Practice Location Summary</b>				
<b>Year</b>	<b>Total Number of Graduates with Known Intentions</b>	<b>Annual Number and Percentage That Entered Practice or Extended Training in Wisconsin</b>	<b>Rolling Five Year Average of Wisconsin Retention</b>	<b>Number That Entered Practice in Medically Underserved Areas (MUA) or Health Professional Shortage Areas (HPSA) in Wisconsin</b>
2010	21	13 (62%)	59%	5
2011	19	13 (68%)	60%	1
2012	20	18 (90%)	68%	8
2013	19	8 (42%)	66%	4
2014	19	12 (63%)	65%	3
2015	16	11 (69%)	67%	6
2016	24	13 (54%)	63%	6
<b>Totals</b>	<b>138</b>	<b>88 (64%)</b>	_____	<b>33</b>

**13.106 (3) (C) NUMBER OF GRADUATES ENTERING FAMILY MEDICINE PRACTICE AS A CAREER**

Nationally, student interest in family medicine, as measured by the percentage of United States medical school seniors going into the specialty, has declined over the past several years. While the percentage of students at MCW going into family medicine did not decline as rapidly as the national figures until recently, it still has diminished historically. Many factors are considered when medical students determine their specialty. This includes familiarity with a specialty, specific interest areas, specialty lifestyle, practice scope, income, as well as student indebtedness. Nationally, some 25% of graduating medical students have incurred over \$200,000 of educational debt, and these debt levels are increasingly driving students’ choice of specialty.

While many of these factors such as indebtedness and practice income are beyond the control of any school or residency program, MCW continues to take steps to improve the attractiveness of our programs to Wisconsin residents or those individuals who have Wisconsin connections as detailed in the residency discussion section. As shown in Table 3 below, 12.5% of MCW students went into family medicine in 2014, 50% more than the national average.

**TABLE 3**

MCW Graduates: Number and Percentage that Choose Family Medicine as a Specialty*		
Year	National - % - US Seniors	MCW Students
2010	7.90%	14 (7.3%) of 193
2011	8.40%	21 (10.2%) of 206
2012	8.50%	17 (8.4%) of 202
2013	8.40%	18 (9.5%) of 190
2014	8.60%	23 (12.5%) of 183
2015	8.40%	15 (7.9%) of 188
2016	8.70%	22 (11.0%) of 199

\*Source: AAFP Match Results Analyses, Family Medicine, 1999-2016

Our success over the long term compared to the national average is due in part to the excellent exposure to family medicine in the undergraduate curriculum. This occurs across all four years of the curriculum. For MCW students, the third year clerkship in family medicine has been one of their top ranked learning experiences and remains one of the top ranked clerkships every year. This presence has been significantly enhanced over the past several years. While most of this educational effort is supported by federal grants, college funds and clinical earnings, the ability to utilize state dollars in the last five biennia to support educational programs for students has enabled us to improve the quality of these offerings. This helps MCW's DFCM sustain the continued above average student interest in family medicine.

# FINANCIAL SUMMARY

## 13.106 (2) FINANCIAL SUMMARY OF MCW

**The Medical College of Wisconsin, Inc.**  
**Statements of Activities**  
(in Thousands)

	<b>Unaudited</b>		
	<b>2016</b>	<b>2015</b>	<b>2014</b>
<b>Unrestricted Revenues</b>			
Net patient revenue	\$ 629,679	609,854	590,201
Affiliated hospital contracts	129,841	121,236	118,571
Grants and contracts	148,507	144,241	144,296
Tuition and fees	40,197	38,002	36,726
Investment income	18,190	15,520	13,079
Contributions	11,806	11,244	10,499
Other	43,338	46,262	48,468
Total unrestricted revenues	<u>1,021,558</u>	<u>986,359</u>	<u>961,840</u>
<b>Unrestricted Expenses</b>			
Salaries and fringe benefits	737,920	694,714	686,853
Supplies and expense	202,918	188,298	183,283
Other operating	35,518	36,795	37,003
Total unrestricted expenses	<u>976,356</u>	<u>919,807</u>	<u>907,139</u>
Excess of unrestricted revenues over expenses	<u>\$ 45,202</u>	<u>66,552</u>	<u>54,701</u>
<b>Nonoperating gains (losses)</b>			
Investment gains (losses)	(26,120)	(756)	70,958
Other	(17,238)	(675)	(598)
Nonoperating gains (losses), net	<u>\$ (43,358)</u>	<u>(1,431)</u>	<u>70,360</u>
<b>Temporarily restricted net assets</b>			
Contributions	8,935	10,733	7,126
Investment gains (losses)	(18,764)	15,059	81,279
Other	(27,521)	(26,403)	(23,560)
Increase (decrease) in temporarily restricted net assets	<u>\$ (37,350)</u>	<u>(611)</u>	<u>64,845</u>
<b>Permanently restricted net assets</b>			
Contributions	3,305	3,896	2,733
Investment gains (losses)	50	168	303
Other	(384)	(131)	402
Increase in permanently restricted net assets	<u>\$ 2,971</u>	<u>3,933</u>	<u>3,438</u>

**The Medical College of Wisconsin, Inc.**  
**Statements of Financial Position**  
(in Thousands)

	<b>Unaudited</b>		
	<b>2016</b>	<b>2015</b>	<b>2014</b>
<b>Assets</b>			
Cash and cash equivalents	\$ 82,139	93,327	99,832
Investments, at fair value	1,398,122	1,416,283	1,338,903
Receivables	161,484	147,354	147,206
Prepaid expenses, trusts and other assets	161,172	63,367	55,757
Land, buildings and equipment, net	200,556	198,003	206,862
Total assets	\$ 2,003,473	1,918,334	1,848,560
<b>Liabilities and Net Assets</b>			
Liabilities:			
Accounts payable	\$ 73,719	73,919	64,368
Accrued payroll and related liabilities	118,133	109,993	107,421
Long-term debt	306,933	203,258	208,637
Other liabilities	63,177	57,118	62,531
Total liabilities	561,962	444,288	442,957
Net assets:			
Unrestricted	854,184	852,340	787,219
Temporarily restricted	195,406	232,756	233,367
Permanently restricted	391,921	388,950	385,017
Total net assets	1,441,511	1,474,046	1,405,603
Total liabilities and net assets	\$ 2,003,473	1,918,334	1,848,560

**The Medical College of Wisconsin, Inc.**  
**Statements of Cash Flows**  
(in Thousands)

	<b>Unaudited</b>		
	<b>2016</b>	<b>2015</b>	<b>2014</b>
<b>Net Cash Provided by:</b>			
Operating activities	\$ 44,526	82,035	93,397
Investing activities	(157,205)	(90,043)	(98,132)
Financing activities	101,491	1,503	8,345
Net increase (decrease) in cash	(11,188)	(6,505)	3,610
Cash and cash equivalents at beginning of period	93,327	99,832	96,222
Cash and cash equivalents at end of period	\$ 82,139	93,327	99,832