

Testimony for the Senate Committee on Health, Education,  
Labor and Pensions Subcommittee on Primary Health and Aging

April 23, 2013

1000 hrs. Room SD-430 Dirksen Building

*Narrative report submitted for the record to the*

Committee on Health, Education, Labor, and Pensions (HELP)  
Subcommittee on Primary Health and Aging  
United States Senate

**The Honorable Bernard Sanders, Chairman**

**The Honorable Richard Burr, Ranking Member**

“Successful Primary Care Programs: Creating the Workforce We  
Need”

As Dean, I am pleased to represent the Brody School of  
Medicine at East Carolina University at this hearing and to  
submit this statement for the record. I want to thank Chairman  
Sanders and Ranking Member Burr for holding this hearing on  
such an important topic and for extending to me an invitation  
to testify.

**History:**

The Brody School of Medicine at East Carolina University has  
roots that go back to the early 70’s, when the North Carolina

General Assembly appropriated the \$43 million to build a full-fledged medical school at East Carolina University.

Legislatively mandated at the time, the mission of the Brody School of Medicine was, and continues to be, intentionally tripartite in nature:

- To educate primary care physicians
- To provide access to careers in medicine for minority and disadvantaged students
- To improve health care in eastern North Carolina

### **Results:**

The Brody School of Medicine is setting the pace for the nation in some very important ways:

- Highest ranking school in percent of graduates from 1996-2000 practicing in rural areas; 95<sup>th</sup> percentile in graduates practicing primary care according to the 2013 AAMC Missions Management Tool.
- Highest ranking school in percent of graduates from 1996-2000 practicing in underserved areas; 95<sup>th</sup> percentile in graduates practicing primary care according to the 2013 AAMC Missions Management Tool.
- 96<sup>th</sup> percentile for graduates practicing primary care

- Highest ranking school in percent of graduates from 2007-2009 entering training in family medicine; 100<sup>th</sup> percentile – highest ranking school – in % of graduates practicing Family Medicine.
- Highest ranking school in percent of graduates from 2004-2009 who are American Indian or Native American; 98<sup>th</sup> percentile ranking nationally for graduates who are Native American according to the 2013 AAMC Missions Management Tool.
- Highest ranking school in percent of graduates from 2004-2009 who are Black or African-American; 98<sup>th</sup> percentile ranking nationally for graduates who are Black/African American according to the 2013 AAMC Missions Management Tool.
- Achieved the lowest ranking among all schools in cost of attendance for a 2012 graduate (where low cost is desirable); \$119,891.
- Achieved the lowest ranking among all schools in average debt of 2010 graduates; \$92,416. At the 4<sup>th</sup> percentile nationally for average debt of graduates according to the 2013 AAMC Missions Management Tool.
- For the current year – and for many, many years preceding – the Brody School of Medicine has the lowest combined rate for tuition and fees of all public medical schools in the 50 states.

- We are bending the health curve in eastern North Carolina in a positive manner – a 28 year trajectory for age-adjusted mortality rates shows an 18% decrease that tracks favorably with the rest of the state, and a couple of percentage points more favorable than the nation overall.
- Although this is not a stated part of the mission, it is important to note the transformative economic effect to Greenville and surroundings of the establishment and growth of Brody School of Medicine. We have been an important “economic engine” for the region.
- These accomplishments have been realized despite successive permanent state budget cuts of approximately 17% since Fiscal Year 2008-2009.

**Method used to achieve a positive outcome:**

We accomplish these goals in a number of ways.

1. We are embedded in the most rural part of North Carolina, and the communities that we serve.
2. We are closely affiliated with, but do not own a large teaching Hospital – Vidant Medical Center.
3. The cause is noble, and the faculty who are selected are authentic in their mentorship.
4. Our faculty, staff and students display a visible and palpable commitment to the mission of the School. There has never been one day of mission drift as the winds of

time change with respect to physician production models or other changes in the health care system.

5. The mission of the School precisely aligns with the need of the communities that we serve.
6. Our curriculum is aligned in a manner that provides early clinical experience with primary care physicians and embeds primary care training and exposure throughout the four years of training.
7. There is immediate gratification at the professional and personal level when the work that is being accomplished shows visible evidence of success, and there are measurable changes in the lives of those that we serve.
8. We actively select individuals with the competencies, and the capacities to meet the mission and the needs of the citizens that we serve.
9. Over time, the aspirations, and behaviors have become internalized, and now drive performance, and have created lifelong habits.

### **Forecasting the future needs for rural eastern North Carolina, and the nation:**

1. The commitment of other medical schools across the nation is no different, but in the past, the development of

their strategies and missions were predicated on different reward models and strategies.

2. The government has a responsibility to help with the transitions that are necessary to align payment and rewards with the current and future needs of our citizens.
3. Current health care debates are critical, and should not deter us from progress.
4. The focus will need to be on what we should do, rather than on what we can do. This is a reality that recognizes that people are not succumbing to chronic diseases as in the past, , and that they are negotiating their way through in a vastly more complex health care system.  
Acknowledging that, and creating teams of health professionals to put around patients and families to help coordinate their care with the patient at the center of decision making is critical for success.
5. It remains unclear as to the method by which we will be able to successfully up-scale the current educational enterprise, or export the positive outcomes to other cultures or geographic locations. We could easily grow and produce more of the excellent outcomes we have achieved, but need to have primary care and other residencies in which to send students after medical school.
6. We sense an advantage locally, since we are co-located and fully collaborative with the most prolific School of

Nursing in the State; a prestigious College of Allied Health; the newest and most innovative School of Dental Medicine; a robust Area Health Education System; and a cooperative Community College System.

7. We are prepared to join in future conversations, in depth, and across the nation, so as to bring greater enlightenment.

Thank you again for the opportunity to submit this statement for the record and for your interest and leadership in this important subject for the future of healthcare in our nation. The Brody School of Medicine at East Carolina University stands ready to work with the Subcommittee to strengthen and improve the ways in which we train primary care physicians in the United States.