



White coat ceremony for University of California Riverside School of Medicine Class of 2023. Photo Courtesy of University of California Riverside School of Medicine

NARROWING THE HEALTH GAP

BY JACOB LEISCHNER '21

After nearly 11 years of planning and well over \$500 million in investments, UC Riverside's School of Medicine graduated its third class in March of this year. As the first new public medical school in over four decades, the campus was envisioned as a remedy to deteriorating health infrastructure in the Inland Empire. Low access to healthcare, a lack of qualified primary care physicians and specialists, as well as poor quality of care when it is available are just a few of the compounding problems that result in poor healthcare for the entire region. Recognizing this issue has led to a variety of proposed solutions, including plans to increase access to medical education. Since the announcement of the construction of UC Riverside School of Medicine in 2008, three other institutions have announced plans for new medical schools in the region; all share the express purpose to provide competent,

accomplished physicians who are familiar with the area and its population.

The most substantial impediment to access to good healthcare for Inland Empire residents is the dearth of physicians. The California Health Care Foundation found that Inland Southern California had the lowest rates of primary care physicians and specialty care physicians of any region in the state. In fact, with 34.5 primary care physicians per 100,000 people in the region, the Inland Empire has barely over half the physicians per capita as compared to the greater Bay Area.

Unfortunately, lack of access due to scarcity is not the only issue plaguing Inland healthcare as poor quality of care also abounds. The California Office of the Patient Advocate releases an annual public report

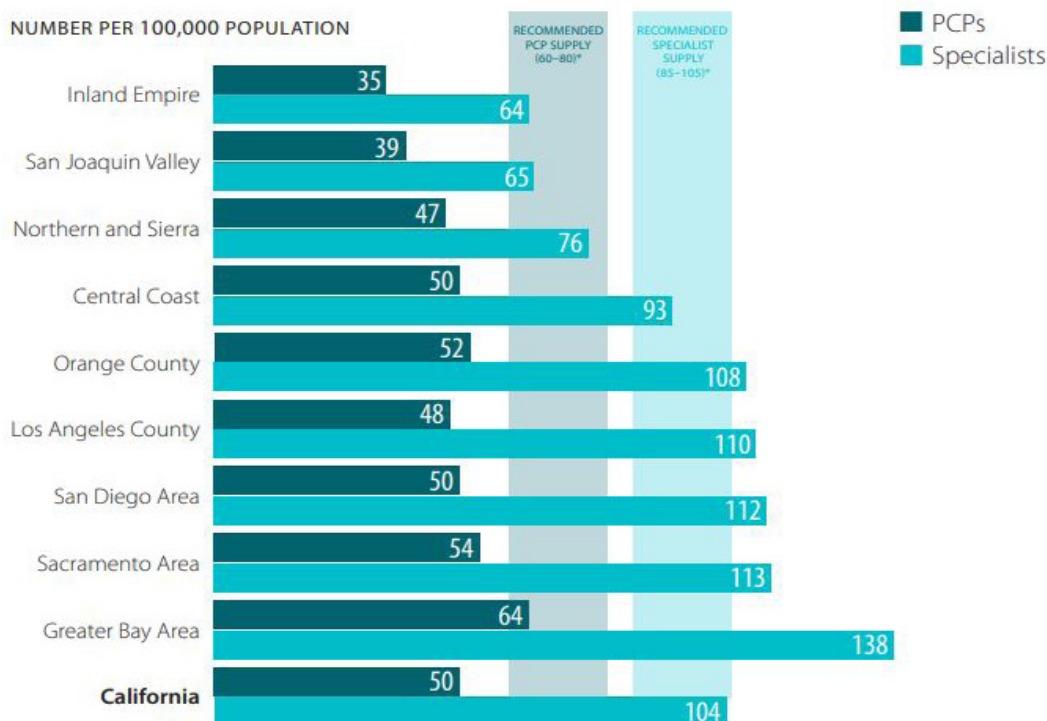
card assessing and ranking physician care across the state and the Inland Empire ranks empirically lowest across nearly every metric. Nearly 92% of all the groups in California that the office assesses receive an “Excellent” or “Good” ranking, yet only 45% of those health groups in the Inland Empire were granted the same. In fact, the Inland region received the highest proportion of “Poor” ratings at 22% (with the next highest being 14% in Los Angeles) and the lowest percentage of “Excellent” ratings at a mere 6% (again, Los Angeles was next lowest, but with over double at 15% “Excellent”). In a more holistic measure, the same organization created a composite score for each California region based on 16 clinical measures. On this ranking the Inland Empire’s 62.1/100 again scored the lowest compared to the 68.6 California average and the Bay Area’s 76.5.

Finally, the lack of physicians that reflect the populace they serve may act as a final barrier to accessible healthcare. While 45% of Inland Southern California’s population is Latinx, only 5% of registered MDs are and this disparity is directly

related to the shortage overall. Benjamin Purper, writing for the Center for Health Journalism, found that alongside lower salaries for physicians in the region and competitive neighboring hubs like Los Angeles and Orange, the physician shortage is also due in part to “a diverse population that doesn’t always see itself reflected in the physicians that we have.” The impact of this may be mitigated somewhat due to the fact that there is a higher concentration of physicians that speak Spanish in the regions where they are most needed. The California Health Care Foundation found that in every California region “the percentage of physicians who reported that they spoke Spanish exceeded the percentage of the population that primarily spoke Spanish.” So while a significant amount of progress is still needed to create a more representative supply of physicians in the region, there is still an adequate number of Spanish-speaking doctors to address the demand currently.

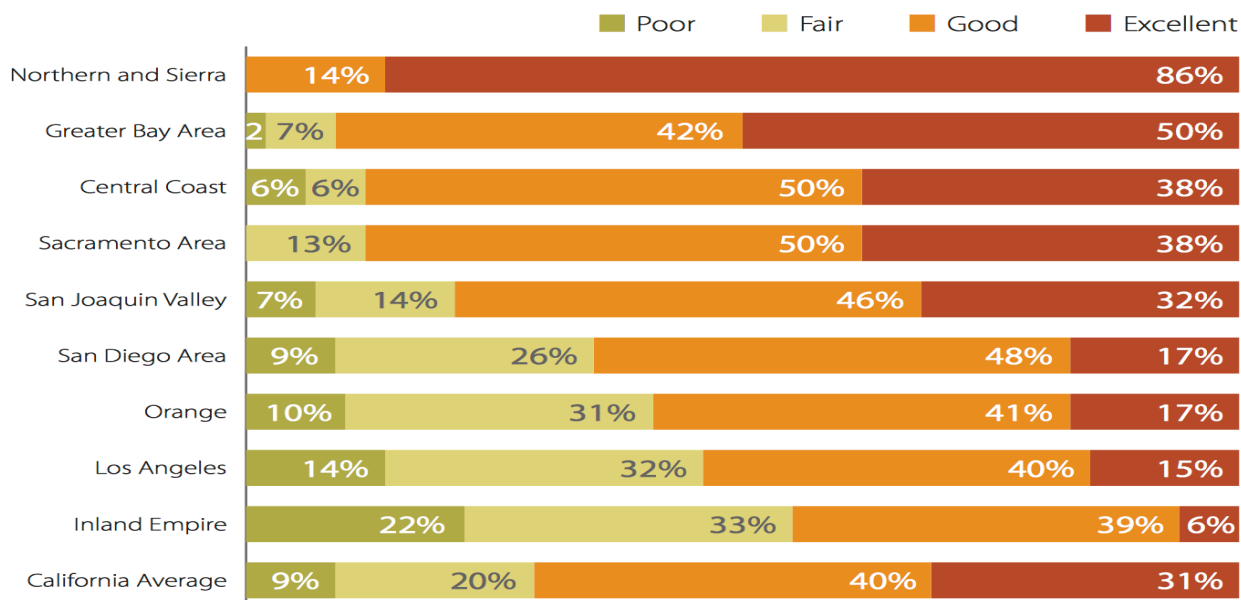
The 2008 pronouncement that UC Riverside would open a new medical school was a catalyst for a sudden boom in new medical education institutions

PRIMARY CARE PHYSICIANS AND SPECIALISTS, 2015



Source: California Healthcare Foundation, California Physicians: Who They Are, How They Practice, August 2017 (updated August 2018)

PHYSICIAN GROUP MEETING NATIONAL STANDARDS OF CARE, 2008



Source: California Healthcare Foundation, California Physicians: Who They Are, How They Practice, August 2017 (updated August 2018)

in the Southern California. Four distinct schools are currently in various stages of development and all share the goal of increasing access to healthcare in the region. Only two of these schools have been fully accredited and are welcoming students, while the other two are in the process of developing their curricula and faculty.

The UCR School of Medicine was announced in July 2008, but had been conceived of five years prior by a special working group created by the school's then-Chancellor, France A. Córdova. By October of the following year Dr. G. Richard Olds was named as UCR School of Medicine's founding dean. In 2012 the school received accreditation and opened their Education building, and finally in 2013 the inaugural class participated in their white coat ceremony. Slowly the school has been expanding, welcoming subsequent classes as well as new residents and faculty members. The success of the UCR School of Medicine paved the way for the other three schools by proving the viability of a medical school in the Inland Empire.

The first of these such schools is the California University of Science and Medicine (CalMed) where the opening class of 64 students began their

studies in August 2018. Located in San Bernardino, the private, nonprofit medical school received over 2,200 applications for their first class with nearly all applicants hailing from some of the top undergraduate institutions and over a quarter of these having previously received a graduate degree, according to the school. CalMed has also boasted that a third of their new class is "from low-income households and...from underserved areas" while maintaining an equal number of male and female students.

Eventually, the student body is expected to expand to 480 students, who "are projected to care for 2.16 million patients annually" according to CUSM's Associate Dean of Student Affairs and Admissions, Peter Eveland as quoted in the *San Bernardino Sun* (SBS). This is significant, not just for the large number of patients the class will care for, but primarily for the location where the care is expected to take place. The CalMed students are provided resources and encouragement to stay where they were trained to complete their residencies and begin practicing. In fact, San Bernardino County Supervisor Dawn Rowe confirmed to the *San Bernardino Sun* that "CUSM is directing its education, research, and service activities towards addressing the priority

health concerns and wellbeing of underserved areas, including our own communities in Southern California.”

Not long after CUSM began gaining traction, Kaiser Permanente - the largest managed healthcare organization in the U.S. - announced their plans to open a new medical school, the Kaiser Permanente School of Medicine (KPSM) with the express purpose of resolving the Inland physician shortage. In February of this year the Liaison Committee on Medical Education granted a “preliminary accreditation” to the school, allowing the school to begin accepting applications, which they did in June. The school will welcome their inaugural class to begin their studies in late summer 2020.

The school has been announcing a series of policies that will bring the education they provide more in line with the goal of reducing the Inland physician gap. In June, Kaiser Permanente announced that,

for its first five classes, tuition would be fully waived in a bid to increase the number of applicants from diverse and low-income backgrounds. While tuition will increase to nearly \$55,000 per year after the first five classes, the founding dean of the school, Mark Schuster, assured the *New York Times* that Kaiser Permanente would still provide “very generous financial aid” in keeping with their core mission.

Additionally, the school’s plans for small class sizes (only 48 students), the inclusion of new technology for better care, and their training “model of integrated care” all work to create well-rounded primary care physicians that understand the community that surrounds them.

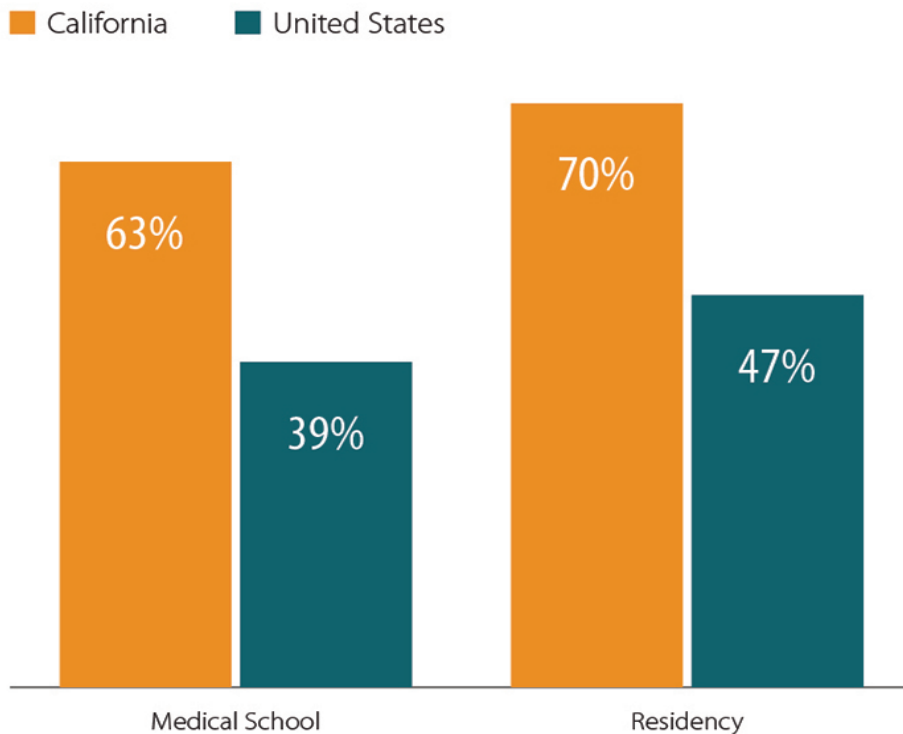
Most recently, Keck Graduate Institute (a part of the Claremont University Consortium) announced their intention to create the KGI School of Medicine. The *Los Angeles Business Journal* reported that Mario Molina was named as the school’s founding



California University of Science and Medicine welcomes its Class of 2023. Photo Courtesy of California University of Science and Medicine

RETENTION OF MEDICAL STUDENTS AND RESIDENTS, 2014

PERCENTAGE OF PHYSICIANS PRACTICING IN SAME STATE WHERE EDUCATED



Source: California Healthcare Foundation, California Physicians: Who They Are, How They Practice, August 2017 (updated August 2018)

dean. Molina was the CEO of Molina Healthcare Inc. and will direct the school's efforts in fundraising and faculty hiring in order to receive the same preliminary accreditation that Kaiser Permanente's school recently received. The president of the Keck Graduate Institute, Sheldon Schuster, outlined the school's major goal, which is "to recruit [students] from here, train them here, and keep them here," citing the Inland physician deficit and the "incredible demand for people who...understand the community and who speak the language."

The establishment of these four schools is a promising start in an effort to increase the quantity of physicians and the quality of care provided in the Inland Empire. However, while the schools share a laudable goal it is necessary to analyze whether or not the proliferation of medical education will solve the twofold problem of access to and quality of care. The newness of these institutions (with two of the four not even at a point

to be accepting applications yet) make this sort of impact analysis more difficult, but not impossible.

UC Riverside's School of Medicine has graduated three classes and, encouragingly, one third of these graduates practice locally, *U.S. News* reports. Looking at the makeup of these graduates proves that the school is taking significant steps to uphold its promises. In their most recently published yearly review (2017-2018), the UC Riverside School of Medicine reports that a large portion, 45.5 percent, of the 2021 graduating class is from "underrepresented groups in medicine" and that 74.2 percent have ties to the Inland Empire. These statistics suggest that access to quality medical education is an important part of remedying historic health injustices in the area. By training students in the area, they produce future doctors who will remain in the area.

The state too has recognized the substantial success of the new medical school at UC Riverside and has committed additional resources to support the school's mission. In May, the California Senate advanced a bill to provide additional resources to the UC Riverside School of Medicine to allow them to double their class size within the next five years, but the bill is currently stalled in the State Assembly pending debate. In August the National Institutes of Health awarded the medical school a \$16 million grant to support the mission of reducing "health disparities in inland Southern California, particularly among Latino communities that make up about 49% of the region's population." The school also received a \$250,000 grant in October 2016 from the Patient Centered Outcomes Research Institute "to lay the groundwork for providers and Native American patients in the Riverside-San Bernardino, Calif., area to address patient well-being and chronic health concerns." With a focus on providing medical education to a diverse set of students and support from a multitude of organizations, the school has been able to tackle the physician drought head-on.

The other schools have yet to graduate students, so their outcomes cannot be compared. However, studies show that increasing the number of physicians in a community is directly linked to expanding positive,

long term health outcomes. In a study published in the *JAMA Internal Medicine Journal*, a team from Stanford University found that an increase of 10 primary care physicians per 100,000 people "was associated with a 51-day increase in life expectancy, after accounting for health care, demographic, socioeconomic and behavioral factors." This bodes well for a region that will soon have four medical schools training doctors to be an active part of the community and closing the health gap.

While the Inland Empire is the region in California most affected by a shortage of physicians, this is not an isolated phenomenon. The Stanford research also found that the rural locales across the country are facing similar circumstances to Inland Southern California. While the overall number of primary care physicians increased in the U.S. between 2005 and 2015, "disproportionate losses in rural counties led to an overall loss in average primary care physician supply at the county level, from 46.6 to 41.4 per 100 000 population." Fortunately, the boom in medical schools in the Inland Empire can provide a model for other regions with similar institutional health disparities. Accessible medical education for diverse students can work to increase access to both a higher quantity and better quality of care for residents of the Inland Empire, and rural areas across the country. ♦

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