Burrell College of Osteopathic Medicine at New Mexico State University (BCOM)
Feasibility Study

June 2014

Presented by:

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Editors Note: The project, during its development was titled the New Mexico College of Osteopathic Medicine, LLC (NMCOM). The name has been changed throughout this document to the official name - Burrell College of Osteopathic Medicine at New Mexico State University (BCOM) which was officially announced on July 14th, 2014. The new college is being named in honor of the Burrell Family, under the leadership of Dan Burrell, who will serve as BCOM’s Chairman. The Burrell family has committed to funding the required $85,000,000 to construct and operate the privately owned medical school in affiliation with NMSU.

Statement of Appreciation

The development team would like to recognize and express their sincere appreciation to the following organizations for their hospitality during site visits, ongoing advice, generosity in sharing their sample documents and plans: Edward Via College of Osteopathic Medicine, Philadelphia College of Osteopathic Medicine - Philadelphia and Georgia campuses, Alabama College of Osteopathic Medicine, New York Institute College of Osteopathic Medicine, Virginia Tech University and Auburn University.

Executive Summary

In January 2014, representatives from the Burrell College of Osteopathic Medicine at New Mexico State University (BCOM) contacted Tripp Umbach to assist in conducting a feasibility study as required by the American Osteopathic Association (AOA) for all new osteopathic medical schools seeking accreditation.¹ Per COCA requirements, the CAO/Dean has been directly involved and contributed to the creation of BCOM since its incorporation in 2013 and guided the accompanying feasibility study. Through the facilitation of a comprehensive feasibility study process that included such measures as interviews, work sessions, data analysis, financial analysis, and interest of hospitals and physicians in the region; Tripp Umbach has determined that the development of a new osteopathic medical school in Las Cruces, New Mexico is feasible. Tripp Umbach recommends that in order for a new osteopathic medical school in Las Cruces to be successful long-term, a number of factors should be in place:

¹ For a complete overview of osteopathic medicine, refer to Appendix B.
Close ties with a wide-variety of clinical partners must be established and maintained to provide the support for clerkships and residency training for medical students. Work has been done to engage clinical partners and response has been positive and collaborative; clearly defining these partnerships will be the next step for BCOM.

The development of a statewide residency expansion plan in partnership with other higher education entities and health care organizations (i.e., hospitals, AHECs, public health, etc.) to create 200 new residency positions statewide and within the West Texas region is beneficial to the long-term success of the medical school.

Locating the new osteopathic medical school at the Arrowhead Center, Inc. on the New Mexico State University – Las Cruces campus will provide needed infrastructure (i.e., current buildings, food services, recreational facilities, technology, etc.) as well as close integration with existing departments and colleges of the university (i.e., College of Health and Social Services – Public Health, Nursing, and Social Work; College of Engineering; College of Business and NMSU’s major research departments).

Local support for the medical school as well as New Mexico State University must be maintained. Our feasibility study demonstrates a high degree of support for the medical school, university, and community.

Develop and maintain strong relationships with BCOM’s principles as well as alternative funding sources. The current private investor of the project (the Burrell Family Group) is fully committed to the success of BCOM and related projects (i.e. GME planning). In addition to these funds, Tripp Umbach recommends that BCOM maintain strong relationships with local community organizations, economic development entities, and foundations to be available to additional funding sources (i.e., grants).

Key Findings from the Study Include:

1. There is a current shortage of physicians in New Mexico which is expected to worsen

New Mexico reports an average primary care physician rate per 100,000 population (91.2); however, the percentage of these physicians over the age of 60 (those nearing retirement) is the highest in the country. Over the next five to ten years, New Mexico will see a rise in the need for primary care or family practice physicians as a result of a multitude of factors.

- All but two of the 33 counties in New Mexico have been deemed, by the federal government (HRSA), to have a primary care physician shortage (Los Alamos and Union).²
- More than 833,000 New Mexicans (40.5% of the state’s population) currently live in one of the 94 areas designated as a primary care HPSA.³ An additional 125 practitioners

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³ UNM School of Medicine. Primary Care HPSAs, 2012.
would be needed in these communities to remove the HPSA designation, while an additional 254 primary care practitioners would be needed to achieve HRSA’s target practitioner-to-population ratio of 1:2,000.

- The most recent Association of American Medical Colleges (AAMC) assessment of active primary care physicians cited New Mexico as having 91.2 active primary care physicians (ranked 24th) per 100,000 population, compared with 90.5 per 100,000 population for the entire country. On a larger scale, New Mexico ranked 31st in rate of all active physicians per 100,000 population.
- New Mexico ranks #1 in terms of the percentage of active physicians aged 60 or older (33.3%) throughout the country; this factors into physician shortages in New Mexico as these physicians will most likely be retiring soon.

2. More doctors will be needed in New Mexico and throughout the country

The Patient Protection and Affordable Care Act (H.R. 3590), signed into law March 23, 2010, represents a sweeping health care reform legislation — a major overhaul of the health care system that will affect everyone, from insurance companies and health care providers to individuals and employers. The primary goals of the Act are to expand coverage to an estimated 40 million Americans without health insurance, reform the delivery system to improve quality, and lower the overall costs of providing health care.

A central goal of the Affordable Care Act (ACA) is to significantly reduce the number of uninsured by providing a continuum of affordable coverage options through Medicaid and new Health Insurance Exchanges. Following the June 2012 Supreme Court decision, states are facing the decision about whether to adopt the Medicaid expansion. The state of New Mexico has accepted the Medicaid Expansion program.

As a result of the ACA, New Mexico is expecting to see a large influx in the number of newly eligible and insured individuals seeking care. A main tenant of the ACA is to reduce health care costs by encouraging more preventive care; encouraging individuals to see their PCPs more often for check-ups as opposed to seeking care at an ER when an issue has progressed. Evidence suggests that access to effective and timely primary care has the potential to improve the overall quality of care and help reduce costs.

<http://fcm.unm.edu/physician_assistant_program/Mission%20and%20Goals/HPSA.html>

4 AAMC 2013 State Physician Workforce Data Book
5 AAMC 2013 State Physician Workforce Data Book
• It is expected that approximately 170,000 New Mexicans will become eligible for Medicaid and thousands more who previously had no coverage will be getting coverage through the ACA.  

3. Medical Education Opportunities Are Limited in New Mexico

With only one medical school in the state (UNM School of Medicine in Albuquerque), the opportunities for students to pursue a medical degree are limited. UNM maintains a class size of approximately 103 students per year. UNM is approximately 230 miles away from Las Cruces, NM; roughly 3 hour drive. Similarly, the closest osteopathic medical school to Las Cruces is 390 miles away at A.T. Still University School of Osteopathic Medicine in Arizona (ATSU-SOMA) in Mesa, AZ. Educating students locally is a critical piece to keeping physicians in the region long term; New Mexico ranks 14th in in-state matriculation of first year medical students who matriculated to a school in their legal state of residence (77.8%). Providing students with the opportunity to obtain their medical education within the state will be key in impacting the physician shortage in a positive way, as 70 percent of medical students remain in the area where they also complete a residency training program.

4. There is a need to Expand Graduate Medical Education/Residency Training

While medical and osteopathic school enrollment continues to climb, the number of available residency slots remains stagnant. For the 2013 graduating class of medical students, the AAMC reported 528 graduating medical school seniors did not match with a residency program; this is approximately twice the number of seniors who went unmatched in 2012.

In 2013, new medical school student enrollment at the nation’s osteopathic medical colleges increased by 11.1 percent over enrollment in 2012 (2.8 percent for the nation’s allopathic medical schools). Growth in physicians in residency training has been much slower. According to the Accreditation Council for Graduate Medical Education, the 2012-13 resident workforce totaled 117,717, a 1.8 percent increase from the previous year.

New Mexico currently has a total of 558 residency positions throughout the state; in 2014, 13 positions went unfilled through the National Residency Matching Program (NRMP). According to population need, New Mexico should have more than 770 residency positions. Through the

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7 New Mexico Center on Law and Poverty.
8 AAMC U.S. Medical School Applications and Matriculants by School, State of Legal Residence, and Sex, 2013
9 AAMC 2013 State Physician Workforce Data Book
11 AACOM. Preliminary Enrollment Report – Fall 2013.
12 AAMC. Table 4. Matriculants to U.S. Medical Schools by State of Legal Residence, 2002-2013.
development of the BCOM, an additional 200 (or more; depending on availability, motivation, and funding) residency positions will be created among regional and statewide hospitals. This growth in residency positions, along with the creation of the BCOM will allow medical students the opportunity to attend medical school and be placed in a residency program all within New Mexico and El Paso, TX.

Historically, 50 percent of osteopathic (DO) medical students match into a DO residency position. With 150 students expected per class at BCOM (600 total in four years), setting the goal of creating a minimum of 300 residency positions (50 percent of the 600 students) across the state and the region (including surrounding states) will be the goal of BCOM.

5. Expanding Medical Education in Las Cruces at New Mexico State University will have a positive impact on both health care and the regional economy

BCOM holds a mission to provide primary care physicians for and address the health issues of the Border region and vulnerable Hispanic and Native American populations of the Southwest. NMSU already maintains Colleges of Health and Social Services (Public Health, Nursing, and Social Work); Engineering; and Business all of which would be supportive and collaborative with osteopathic medical students, faculty, and staff. It is also anticipated that NMSU will see a positive increase in its undergraduate admissions as a result of BCOM’s presence; primarily in the science and health related degrees. Area hospitals, clinics, physicians, and related services create a rich environment for students and data suggests that they have the capacity to expand clerkship and residency sites.

The medical school will be a major driver of the regional economy, creating jobs and generating millions in annual net impact to the region. Tripp Umbach estimates the following impacts of the medical school on the local community and state:

- The total (direct, indirect and induced) economic impact of the new osteopathic medical school during the start-up period (2014-16) is expected to be $87.3 million (over the total start-up period of two and a half years) and create more than 390 new jobs (360 construction, 35 BCOM operations).\(^\text{13}\)

- Upon full operation, the new medical school will support 350 jobs in the region and generate more than $77.7M in total economic impact per year (direct, indirect and induced impacts).\(^\text{14}\)

- Address workforce needs by expanding numbers of highly qualified graduates in the health professions who have regional connections and interests.

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\(^{13}\) Start-up year impacts based on 150 student class size.

\(^{14}\) Full operation impacts based on 300 student class size.
• Accelerate expansion of an innovation economy whereby biomedical companies are launched in and attracted to the region, new jobs are created, and research sparks technology transfer, commercialization, and economic value through improvements in prevention, treatment, and practice.

• Reduce health care spending through community health improvements.

• Graduate medical education programs are also important drivers of health care quality, access, and economic development. Tripp Umbach estimates that each resident (physician in training) in a community-based residency program generates $200,000 in annual economic benefits to their community while in their program, and $1.5 million in economic benefits every year when they remain in the area to practice after training. Since funding for resident training comes largely from outside sources, residents represent fresh dollars in the local economy.
Consultant Conclusions:

The trends seen across the country related to an aging population requiring more health care, higher rates of retiring physicians than entering physicians, residency shortages, and tremendous health needs in rural areas all impact the state of New Mexico in substantial ways as well. It is clear that limited medical college capacity, physician demographics, and physician lifestyle changes are all significantly impacting the physician workforce. Most medical experts believe that the only way to adequately address the physician shortage in our country is through the combination of creating new medical schools and closely aligned graduate medical education programs.

- While New Mexico has an average rate of physicians per 100,000 population (ranked 24th), the percentage of these physicians over the age of 65 is the highest in the country (33.3%). It is expected that large numbers of physicians in New Mexico will retire in the next five to ten years. Combined with the growing population of Medicaid-eligible patients as a result of the ACA, New Mexico will experience large gaps in access to care if physician creation is not implemented.

- With only one medical school in the state, the opportunities for students to pursue a medical degree are limited.

- Residency positions throughout the state will need to expand to ensure that students who complete medical school at the new osteopathic medical school remain in the state to practice.

- A new medical school will expand the state’s economy, improve access to high-quality health care services, and improve the health and well-being of New Mexicans, especially underserved populations.

“Because large numbers of new osteopathic physicians become primary care physicians, often in rural and underserved areas, it is evident that the osteopathic medical profession will help the nation alleviate a primary care physician crisis,” Stephen Shannon, DO, MPH, AACOM president and chief executive, said in a statement. “And colleges of osteopathic medicine are expanding and increasing to meet this demand.”\(^\text{15}\)

BCOM Study Background

Burrell College of Osteopathic Medicine at New Mexico State University and the University of Health Sciences were formulated and developed for the sole purpose of facilitating the development of a high quality, accredited College of Osteopathic Medicine, on the campus and affiliated with New Mexico State University located in Las Cruces, New Mexico. The mission of this initiative is to proactively address the severe shortage of physicians within the State of New Mexico and Borderplex Region with a strong focus on placing new primary care practitioners within the border regions of the southwestern United States as well as Native American tribes, pueblos and nations. In addition to the population being underserved, the physician workforce does not represent the regional population ethnicity and is less able to deliver culturally competent care. A second part of BCOM’s mission is to increase diversity in the physician workforce to better resemble the local Hispanic and Native American demographic.

This initiative also serves to advance New Mexico State University's land grant mission and to provide a strong and positive economic development program for the entire State of New Mexico.

In order to achieve accreditation from the Commission on Osteopathic Accreditation for the medical school, BCOM must complete a feasibility study assessing the feasibility of opening a new osteopathic medical school, the financial considerations, the community support and the best model for the school.

BCOM began the process of incorporation in March 2013 and have since then worked to gather many of the pieces to become a fully-accredited, private osteopathic medical school.

BCOM contracted with Tripp Umbach, a national leader in economic impact analysis, strategic planning, and feasibility analyses for hospitals, health care organizations, and universities to conduct the feasibility study necessary for COCA accreditation of new osteopathic medical schools.
BCOM Feasibility Study Team

✓ George Mychaskiw II, D.O.; Founding CAO & Dean, BCOM
✓ John Hummer; Co-Founder NMCOM & Executive Board Member, BCOM
✓ Paul Umbach; President and CEO, Tripp Umbach
✓ Denise VanderSal; Project Director, Tripp Umbach
✓ Angie Lockwood; Principal Project Director, Tripp Umbach

GEORGE MYCHASKIW II, DO, FAAP, FACOP, FOUNDING CAO & DEAN, BCOM.
Dr. Mychaskiw is an AOA board-certified, academic pediatric cardiac anesthesiologist with over 20 years of experience, having completed medical school at the Kansas City College of Osteopathic Medicine and anesthesiology residency and fellowships at the Yale University School of Medicine. Dr. Mychaskiw has an extensive background in health policy and medical education and is a graduate of the AOA’s Health Policy Fellowship. He has previously worked with the Congressional Black Caucus in studies of osteopathic medical education to increase physician availability and diversity to underserved and vulnerable populations. Dr. Mychaskiw has also consulted in the development of the William Carey University College of Osteopathic Medicine and has been a senior consultant in clinical curriculum, affiliation and liaison with Mississippi hospitals and physicians in the NYIT-Arkansas State University College of Osteopathic Medicine project.

In 2011, Dr. Mychaskiw was selected as the Founding Chair of Anesthesiology and Anesthesia Medical Director of Perioperative Services at the new Nemours Children’s Hospital, in Orlando, Florida. A $400 million dollar project of the Al DuPont Charitable Trust, Nemours Children’s Hospital is the first new academic children’s hospital to be built in the US in nearly 40 years and is designed according to the principles of the Toyota Production System and Continuous Improvement. At Nemours, Dr. Mychaskiw developed the medical student curriculum for perioperative services clerkships in anesthesiology, pain management and critical care medicine for Florida State University and the University of Central Florida colleges of medicine. He was also involved in developing a new ACGME residency in internal medicine at the University of Central Florida College of Medicine. Before leading this project, Dr. Mychaskiw served as Professor and Chair of the Department of Anesthesiology and Perioperative Medicine at Drexel University, the largest medical school in the US. At Drexel, Dr. Mychaskiw developed numerous new service lines and was able to balance a budget in a department that, before his arrival, was losing $13 million dollars per year. During Dr. Mychaskiw’s tenure at Drexel, he was able to bring their anesthesiology and perioperative medicine residency to a 4 year accreditation cycle,
which is the longest in the 35 year history of the program. He also established a research center for high pressure biology and neurologic disease, recruiting a Vice Chair for Research and several post-doctoral fellows. To date, Dr. Mychaskiw has obtained over $2 million dollars in external research funding.

Additionally, Dr. Mychaskiw has served as Vice Chair of Anesthesiology at the University of Mississippi School of Medicine, where he led the opening of a new pediatric operating facility and development of a pediatric cardiac surgery program. An authority in medical education, Dr. Mychaskiw has authored over 100 articles and book chapters, including works on hospital, medical school and operating room management. He has given hundreds of lectures around the world and is an authority on medical and educational administration in the US and developing world. Dr. Mychaskiw is currently conducting numerous research projects with groups in China and India, exploring new solutions to issues of health care demand and limited resources.

Raised in Colorado Springs and a graduate of Colorado College, Dr. Mychaskiw has a love for the Southwest and New Mexico. Much of his work in health policy is centered around underserved and vulnerable patient populations, including the Hispanic and Native American people of the Border Region. He is a member of the American Osteopathic Association and American College of Physician Executives. In addition to the American Osteopathic Board of Anesthesiology, he is also certified by the American Board of Anesthesiology in general and advanced pediatric anesthesiology and by the National Board of Echocardiography in Intraoperative Transesophageal Echocardiography.

*Please refer to Standard 2, Exhibit E of the COCA Application for Dr. Mychaskiw’s Complete Curriculum Vitae, managerial resume and Letter of AOA Board Certification.*

**JOHN L. HUMMER, CO-FOUNDER & CHIEF EXECUTIVE BOARD MEMBER, BCOM.**

A strategic partner and co-founder of the Burrell College of Osteopathic Medicine, Hummer has and continues to provides strategic direction especially as it pertains to the integration with the healthcare community and New Mexico State University.

Hummer has over 20 years of executive leadership experience in the private healthcare industry. He has developed expanded and lead major hospitals in Las Vegas, NV, Washington, DC, New Orleans, LA and Ft. Lauderdale, FL. He is a past board member of The Federation of American Hospitals.
His experiences include a major teaching hospital as the Chief Operating Officer of The George Washington University Hospital (GW), Washington, D.C. He led and negotiated the provisions and shared service contracts between UHS, Inc. and GW as part of the 80/20 joint venture for the hospital.

John came to Las Cruces in July 2000 to lead the de novo development and operation of the single largest private project in the history of Las Cruces - MountainView Regional Medical Center (MVRMC), a 172-bed, tertiary, regional hospital, and MountainView Regional Medical Plaza, a 115,000 square foot medical office building and surgery center. This project totaled $100 million in total investment and has received state and national awards for its successful operation and return on investment.

Early in his career, Hummer served as the Chief Operating Officer of an Osteopathic Hospital in Plantation, Florida thus providing him with an appreciation and understanding of Osteopathic medicine. He comes from a large medical family of DO's, MD's and RN's. He received his Bachelor of Science in Economics from Kansas State University under a military scholarship and his Masters in Healthcare Administration from the University of Kansas. He served as a commissioned officer, United States Army, Adjutant General Branch.

In 2006, John and his wife Amy made the decision to make Las Cruces their permanent home and acquired the largest, independent, real estate brokerage in the State of New Mexico of which they will continue to operate and grow well into the future.

He is also a consultant and investor in healthcare related ventures. Since arriving to New Mexico in July 2000, Hummer has served as Chairman for both the Mesilla Valley Economic Development Alliance and The Greater Las Cruces Chamber of Commerce. He was appointed by Governor Bill Richardson and served six years as Commissioner, District One, New Mexico Department of Transportation. He was Co-Chairman, People for Aerospace, and led the successful special election campaign in 2007 to win passage of the gross receipts tax to fund the $250 million construction of Spaceport America, the nation's first purpose built spaceport, located outside of Las Cruces, NM.

**PAUL UMBACH, PRESIDENT AND CEO, TRIPP UMBACH.**

Paul Umbach is the founder and President of Tripp Umbach, a national research and planning firm that has completed more than 1,000 consulting assignments since 1990. Paul has consulted with more than 500 of the nation’s largest and most prestigious organizations, including The Mayo Clinic, Ford Motor Company, Blue Cross Blue Shield, 3M and Cornell University. His healthcare clients include 50 of the nation’s 100 leading hospitals and more than 100 of the nation’s largest universities and corporations.
Paul manages a diverse team of 25 professionals who are experts in market research, focus group facilitation, project feasibility studies, financial analysis, economic impact analysis and strategic planning. In 2007, his company was honored by the Pittsburgh Post-Gazette as being one of the 50 best places to work. Tripp Umbach was also honored as being one of the 100 fastest growing firms in the Pittsburgh region.

Paul is considered one of the nation’s leading community health researchers and planners having completed community health assessments in more than 200 communities. More than one in five Americans lives in a community where Paul has conducted research and health improvement strategies. Paul is also a leading figure nationally in conducting economic impact studies for clients in health care and higher education. He has led economic impact assessment projects for the Association of American Medical Colleges, the Mayo Clinic, and the Council of Boston Teaching Hospitals. Since 2004, Paul has conducted consulting assignments for seven new medical schools.

His previous professional employment in economic development and environmental science provides a base of experience for consulting with leading regional, state, national and international economic and community development organizations, including a 10-year assignment in the United Kingdom, a national-level assessment for the country of Trinidad & Tobago, and a year-long assignment for the U.S. Department of Energy in New Mexico.

Paul has published several books and articles, taught at colleges and universities, and presented at more than 50 state and national conferences on topics of community health, health care reform, economic impact, and regional planning. Paul was the host of a national radio show, “The National Health Forum” on the Voice of America Radio Network.

Paul possesses a Master of Arts in Geography and a Post-Graduate Certificate in Regional Resource Planning from The University of Akron, Ohio. Paul also holds a Bachelor of Arts degree in Geography and English from Concordia University, Nebraska.

DENISE VANDERSAL, PROJECT DIRECTOR, TRIPP UMBACH.
Denise received her B.S. in Psychology and M.A. in Research Methodology from the University of Pittsburgh. Her education focused on research study design, implementation, and statistical analysis.

Prior to working at Tripp Umbach, Denise worked on the international multi-center study examining pediatric liver failure (PALF) at the University of Pittsburgh, Graduate School of
Public Health. She has also acted as a consultant on a city-wide assessment of Pittsburgh public schools (A+ schools).

Denise began her work with Tripp Umbach as an intern in 2008 while obtaining her graduate degree and continued to consult with the firm on numerous projects through 2011. Denise began working full-time at Tripp Umbach in the Spring of 2012. With her statistical background, Denise is active on the data side of a number of projects.

Denise has worked with clients across the U.S. and Canada including: ACTION Health, Arkansas State University, the Association of Faculties of Medicine of Canada, BayCare Health System, Elk Regional Health Center, Gannon University, Greater Hazleton Health Alliance, Husky Energy, Mount Carmel Health System, The Ohio State University, Pennsylvania Homecare Association, The Pennsylvania State University, St. Jude Children’s Research Hospital, Summa Health System, TGen, Uniontown Hospital, University of Arizona College of Medicine Phoenix, and the University of Pittsburgh.

Denise enjoys leading as well as assisting on each of Tripp Umbach’s project lines; community health needs assessments, economic impact studies, market research projects, strategic planning assignments, and medical school and GME planning engagements.

ANGIE LOCKWOOD, PRINCIPAL PROJECT DIRECTOR, TRIPP UMBACH.

As a Tripp Umbach Principal and Director of Communications of Tripp Umbach’s Baton Rouge office, Angie has completed various strategic planning, economic impact, and feasibility studies for clients throughout the United States. She has experience conducting projects for major hospitals and health care organizations, colleges and universities, including new and established medical school programs. Angie also has experience coordinating and creating high-impact brochures and reports.

Angie has completed comprehensive consulting assignments for the Council of Boston Teaching Hospitals, SUNY Upstate Medical University, Medical Education Development Consortium, Children’s Hospital of Philadelphia, Boston Children’s Hospital, Independence Blue Cross, PENN Medicine, Indiana University School of Medicine Evansville, Medical College of Georgia, and Washington State University.

Angie has completed community health/planning work in more than 12 different communities for the Cleveland Clinic Health System in Cleveland, Ohio and for 11 hospitals within The Metropolitan Hospital Council of New Orleans (MHCNO). Angie is currently involved with a Phase III consulting contract with Indiana University School of Medicine Evansville and various
hospital, university, and economic development partners in the greater Evansville, Indiana region for the implementation of a collaborative multi-institutional and multi-disciplinary health science education and research center to be developed in Evansville, Indiana.

Angie is also currently completing a strategic plan for the Florida International University Herbert Wertheim College of Medicine and recently completed a strategic plan for their Academic Health Science Center. Lastly, Angie is also involved in Phase II consulting contract to establish a new, independently accredited, medical school at the University of Nevada Las Vegas, while expanding and developing graduate medical education statewide. Angie’s responsibilities at Tripp Umbach include the development of innovative research and planning methodologies; the collection of primary and secondary research data; public-private partnership teams and focus groups; presentation of market research studies, strategic plans, and marketing and communication recommendations to health care leaders, industry leaders, and community groups.

Angie’s current focus has been with various economic development planning processes regarding the implementation of interdisciplinary health science and medical education and research centers, including planning models for the expansion and development of graduate medical education.
Project Objectives

The Tripp Umbach study with BCOM was designed to achieve the following objectives:

- Determine the advantages and disadvantages of developing a new college of osteopathic medicine in Las Cruces, NM.

- Conduct an analysis of the clinical capacity where appropriate for osteopathic medical education programs (both undergraduate and graduate medical education) and the educational capacity of various educational partners in the determination of the ideal medical education program.

- Facilitate work sessions with a special feasibility study steering committee where best practices for funding a new college of osteopathic medicine, start-up structure, and governance is presented and discussed.

- Complete economic impact analysis that will provide potential economic impacts attributed to the development of a medical education program to the university and to communities where the University may expand. The impact analysis will provide projections for start-up and after five years of operations.

- Recommend the “ideal” osteopathic medical education program that can be supported both short-term and longer-term by both the university and the community. The feasibility study will recommend:
  - Partner(s)
  - Estimated number of students, faculty, staff, etc.
  - Strategy for accreditations and licenses
  - Clinical partnership strategy for training both undergraduates (DO students) and residents.
1) **Project Meetings** – Tripp Umbach and the client held regular conference calls to review and finalize project goals and objectives, timetable, responsibilities, and deliverables.

2) **Analysis of Need** – Tripp Umbach collected and analyzed primary and secondary data to evaluate the regional and health care market to determine the following:
   - Community Support and Clinical Partnership Opportunities - determined through detailed interviews with stakeholders in the region.
   - Secondary Data review of a variety of data sources (i.e., HRSA, AAMC, NRMP, BLS, Kaiser Family Foundation, United Health Foundation, Robert Wood Johnson Foundation) to assess demographic, physician, and health needs in the Las Cruces region as well as statewide. Tripp Umbach also gathered data related to physician needs as initiatives of the Affordable Care Act are felt throughout states and the country.
   - Internal and External Evaluation of Risks and Benefits of opening a new school of osteopathic medicine in Las Cruces, NM.

3) **Informal Planning Sessions** – BCOM and Tripp Umbach representatives met monthly to discuss specifics of COCA requirements, answer questions, and develop the best plan for submission of the application.

4) **Final Report** – Tripp Umbach synthesized the findings from the feasibility study and the planning session to provide a final, complete feasibility study document that BCOM will be able to use for planning and accreditation purposes.
The following is a high level historical and future summary of benchmark dates undertaken with the goal to admit the first class in August 2016 under the AOA's requirements for pre and provisional accreditation.

Burrell College of Osteopathic Medicine at New Mexico State University, LLC a was formulated and developed for the sole purpose of facilitating the development of a high quality, accredited College of Osteopathic Medicine, on the campus and affiliated with New Mexico State University located in Las Cruces, New Mexico. George Mychaskiw, DO initiated the project in November of 2012 and later formed a partnership with John L. Hummer. BCOM was officially incorporated in the state of New Mexico on September 6th, 2013. The mission of this initiative is to proactively address the severe shortage of physicians within the State of New Mexico, BorderPlex region which includes El Paso, TX and Chihuahua, Mexico. BCOM will have a strong focus on placing new primary care practitioners within the BorderPlex regions of the southwestern United States as well as Native American tribes, pueblos and nations.

The following team and advisors, in addition to their respective organizational representatives and/or colleagues, have been working and contributing towards the creation of BCOM since or throughout its inception in 2012.

- George Mychaskiw, DO - Chief Academic Officer & Dean, BCOM
- John L. Hummer, Executive Board Member, BCOM
- Paul Umbach, Founder - Tripp Umbach
- Dr. Garrey Carruthers, President - New Mexico State University (NMSU)
- Dr. Dan Howard, Provost - New Mexico State University
- Dr. Tilahun Adera, Dean - NMSU College of Health & Human Services
- Dr. Christa Slaton, Dean - NMSU College of Arts & Sciences
- Dr. Michael Morehead - Dean - NMSU College of Education
- Dr. Dennis Clason, President - NMSU Faculty Senate
- Dr. Kevin Boberg, VP Economic Development - NMSU
- Ben Woods, VP & Chief of Staff - NMSU
- Ralph McClish, Executive Director - New Mexico Osteopathic Medical Association
- James Baum, DO - President, New Mexico Osteopathic Medical Association
- William Baker, DO - Community Physician and NMSU Athletics' Team Physician
- Bill Allen, CEO - Greater Las Cruces Chamber of Commerce
- Davin Lopez, CEO - Mesilla Valley Economic Development Alliance
- Jon Barela, Cabinet Secretary (Economic Development) - State of New Mexico
Osteopathic Medical School Feasibility Study

- Denten Park, CEO - MountainView Regional Medical Center (MVRMC)
- Tony Levatino, MD - Chief of Staff (MVRMC)
- Hank Hernandez, CEO - Las Palmas Medical Center (El Paso)
- John Cruickshank, DO, CEO - Lovelace Medical Group and Chief Medical Officer
- John Harris, CEO, Memorial Medical Center (MMC)
- Sergio Huerta, DO - Chief of Staff (MMC)
- Myrna Deckert, Executive Director - Paso Del Norte Healthcare Foundation
- Emma Schwartz, President - Medical Centers of the Americas Foundation
- Rolando Poblas, CEO - BorderPlex Alliance

<table>
<thead>
<tr>
<th>Month</th>
<th>✔ Work Completed</th>
</tr>
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</table>
| March 2013 - April 2014 (13 months) | ✔ New Mexico State University, who was approached by BCOM, expressed interest in the development of new osteopathic medical school on the campus of NMSU's research park (March 2013). This college would be privately funded but with a strong affiliation with NMSU.  

✔ Multiple educational meetings and sessions were conducted with NMSU's President, Provost, Chief of Staff, Sr. VP of Economic Development, Dean of Health Services, Dean of Arts & Sciences, Dean of Education, Faculty Senate President and Chairman, Board of Regents. Such educational initiatives included site visits with NMSU's leadership to VCOM's Virginia Tech campus and PCOM's Philadelphia and Georgia campuses. Meetings were also held at Virginia Tech University with its Provost and administrative team.  

✔ Educational meetings and briefings were also held with community physicians, local and regional hospital leaders, foundations, state osteopathic medical association leadership, Governor of New Mexico, State Legislature leaders.  

✔ Meetings resulted in positive support by NMSU’s President and his cabinet, College Deans and Board of Regents to pursue and evaluate an affiliation agreement with either a branch campus or de novo medical college. |
With stakeholder collaboration, the established goal of BCOM is to develop, open and operate a high quality, accredited, financially viable medical school based upon the following guiding principles:

- (1) An effective, mutually beneficial relationship with New Mexico State University with an affiliation agreement to collaborate on joint research, faculty and services. Student-centered and patient centered philosophy.

- (2) Pro-active solutions to the severe shortage of medical professionals within the state of New Mexico and border regions with a particular emphasis on the underserved Hispanic and Native American populations and an increase in the diversity of the regional physician workforce

- (3) Serve as a catalyst for increased educational and economic development opportunities in Las Cruces, NM, state of New Mexico and the BorderPlex region

- (4) Lead the development efforts with a strong net increase in new clinical clerkship and GME residency programs in the region. Collaborate with UNM and Texas Tech shared goals as it pertains to GME.

- (5) Private funding. Absolutely no state funding for BCOM's capitalization or ongoing operational support.

Five (5) interested entities expressed interest in capitalizing and operating the new medical college. Of the five, three (3) were existing DO Colleges interested in a potential branch campus and two (2) were private entities interested in the de novo option. External and internal site visits and meetings were conducted with these entities to determine the best fit in fulfilling the goals, mission and guiding principles of BCOM.

Due to its critical importance to its educational mission, BCOM established “Leading with GME” as one of its core founding principles.
## Osteopathic Medical School Feasibility Study

- MountainView Regional Medical Center (MVRMC), Las Cruces, NM, Las Palmas / Del Sol Medical Centers (El Paso, TX) and Memorial Medical Center, Las Cruces, NM have been the initial planned nucleus, since day one of BCOM's development, for new, net growth, in clerkship programs and GME residencies. Combined these hospitals consist over 1,000 acute care beds and every possible inpatient, outpatient and ancillary services needed for clerkships and residencies. In addition Lovelace Health System's Medical Group has also expressed very strong interest in aligning with BCOM.

- Two of these three hospitals are virgin hospitals (Las Palmas/Del Sol and MVRMC) thus providing for positive financial reimbursement. Educational sessions and in-depth meetings have been conducted since day one of BCOM's development with the CEO’s and their respective teams. The CEO’s in turn have been working with their respective medical staff and corporate leaders. In-depth ten (10) year GME pro forma’s were developed for the virgin hospitals and the results of the analysis by the hospitals themselves proved the new GME to financially viable and thus able to support the real value and mission which is training more physicians locally.

- Between the two virgin hospitals, the pro forma's support a maximum of 216 new residency programs (168 at Las Palmas / Del Sol and 46 at MVRMC. NOTE: It is assumed that after further design, final approval, the number may be more or less as the mix and number of primary care, fellows and specialty programs are determined.

- MMC has an existing ACGME family practice residency, capped under 1997 BBA at 18, but has pledged their support for BCOM. Once finalized and approved, BCOM will bring an extremely strong and impressive creation of new GME to the local, regional and national medical community and national matching program. In fact, BCOM sees these new programs as a benefit to the existing allopathic schools at UNM and Texas Tech El Paso, assuming the merger of ACGME / OGME occurs by 2020. The new programs demonstrate significant increase in new GME locally and regional for the benefit of students in the region, both BCOM, UNM and Tech to apply and "stay local"; meaning New Mexico.
Clinical affiliation agreements will be established with these hospitals and a significant number of applications have been received from physicians (both DO and MD) expressing their support and desire to participate in the clerkship training and clinical faculty appointments at BCOM.

In addition to the very strong nucleus of hospital partners described above, MVRMC and Las Palmas / Del Sol have sister community hospitals in 7 other locations that BCOM will be working with for development of new clinical training. In addition, and based on existing relationships, BCOM's strategic GME expansion plan includes Albuquerque, Tucson, and West Texas. Again, demonstrating one of BCOM's founding principal of "Leading with GME".

| April 2014 | ✓ Preliminary Financial Analysis  
|           | ✓ Formal request for Applicant Status  
|           | ✓ Receipt of Applicant status from COCA |

| May 2014 | ✓ Complete financial plan  
|         | ✓ Execute Term Sheet with ACI & NMSU  
|         | ✓ Site Visit to Chicago by BCOM and NMSU's leadership to meet with COCA's Konrad C. Miskowicz-Retz, PhD, CAE, Director, Department of Accreditation. Presentation on project by BCOM/NMSU and a Q&A on requirements. (May 22)  
|         | ✓ Development of the following Items to be submitted by June 15:  
|         | ✓ Develop Learning outcomes assessment plan  
|         | ✓ Develop conflict of interest policies  
|         | ✓ Develop Policies on academic standards and grievances, tuition and refunds, promotion, etc.  
|         | ✓ Develop mission statement, including goals and objectives  
|         | ✓ Develop plan for research and scholarly production -- supporting letters and agreements with NMSU for lab space, faculty collaboration, library and editing services, student services, etc.  
|         | ✓ Obtain permit from the State of New Mexico to operate and grant degrees  
<p>|         | ✓ Finalize plans for clinical service to the community, including osteopathic practice. This should include clinic space contracts or leases and staffing plan, potentially with NMSU student health services. |</p>
<table>
<thead>
<tr>
<th>June 2014</th>
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- Finalize plans for medical student clinical clerkships including Affiliation agreements with clinical training sites
- Develop document that includes the appointments and CV's for all clinical affiliate faculty
- Bylaws and governance structure
- CV's for Board Members and Staff
- Job descriptions for all staff
- Applications from as many hospitals as possible to an OPTI for GME
- Letters of support from NMOMA and Texas Osteopathic Medical Association
- Letters of support from community, local development groups
- Letters of support from State and Federal delegations, Texas legislature and Federal delegations as applies to the El Paso area.
- Letters of support from Governor
- Letter of agreement with NMSU and commitment of support from Regents.
- Statement of financial capacity from Burrell family
- Dean reviews feasibility study, is incorporated into study and signs off on study (accreditation requirement).

- BCOM, with consent of NMSU, selected a de novo, private family funded entity to assume ownership of BCOM. The selected private entity is Burrell Family Offices. Biography on Burrell Family Offices and BCOM Leadership is attached to this timeline.

- NMSU and BCOM executed what have become known as LIFE, LAND and BRAND agreements as follows:

  | LAND: | Long term land lease with NMSU |
  | BRAND: | Directed Scholarship Fund Agreement.  
  |       | Executed with NMSU's foundation whereby by significant annual contributions are provided by BCOM for the directed use of scholarships for students pursuing health care and health science related careers with an emphasis on pre- medicine students. |
  | LIFE: | Collaboration and Affiliation Agreement.  
  |       | Purchased and shared services, joint faculty, |
### Osteopathic Medical School Feasibility Study

**Research programs as well as student life services.**
- Feasibility Study Finalized and Submitted to COCA including documentation of all work to date and all materials required (June 15)
- Project announced publicly in partnership with NMSU

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<th>July 2014</th>
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<tr>
<td>- Architect engaged</td>
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<td>- COCA staff reviews Feasibility Study to assess technical completeness of submission.</td>
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<tr>
<td>- COCA Executive Committee reviews Feasibility study.</td>
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<tr>
<td>- Execute final, detailed affiliation agreement, land lease, purchases services between Investor and ACI/NMSU.</td>
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<tr>
<td>- Investor, its advisors and staff, in collaboration with NMSU, begin work on design and construction planning for new school.</td>
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<thead>
<tr>
<th>August 2014</th>
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<tr>
<td>- Begin scheduling COCA Pre-Accreditation On-Site Visit for Aug.-Sept.</td>
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<td>- OPTI planning and solidification</td>
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<tr>
<td>- Community engagement</td>
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<tr>
<td>- Begin clinical faculty development and implementation of clerkship and GME plans</td>
</tr>
<tr>
<td>- Begin planning process with NMSU for temporary facilities and shared services</td>
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<th>September – October 2014</th>
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<tr>
<td>- Full construction plans completed, contractor hired and permit obtained for construction.</td>
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<tr>
<td>- Potentially break-ground on construction or renovation</td>
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<tr>
<td>- Dean hires Assoc./Asst. Dean(s)</td>
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<tr>
<td>- Dean/Assoc. Dean(s)/Assist. Dean(s) finalize mission, vision, &amp; goals. Begin development of curriculum</td>
</tr>
<tr>
<td>- COCA Pre-accreditation visit conducted</td>
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<tr>
<th>November 2014</th>
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<td>- Secure funds for segregated, unencumbered reserve fund (the greater of either $12,500,000 or tuition * # of students *4 years)</td>
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<tr>
<td>- Secure funds for operating reserve (1/4 of reserve fund). This fund can be used for operations, equipment, or construction costs but the minimum value of the fund must be re-attained at the end of the fiscal year</td>
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<td>- Update and re-submit Feasibility study</td>
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<th>December 2014</th>
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<tr>
<td>- COCA review of documents and site-visit report and approve Pre-Accreditation of new osteopathic medical school (Dec 6-7 COCA Mtg).</td>
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After Pre-Accreditation is Granted:

- Complete design, and Break Ground on 80,000 SF new facility at Arrowhead Research Park at NMSU - Late December ’14 / January ’15
- Obtain Provisional Accreditation - May 2015
- Accept Student Applications - July 2015
- Admit first class - August 2016
- Commence clerkship rotations - June 2018
- Graduate first class - May 2020
- First GME Match in 2020

*Note: Much more in-depth documentation and work products are available as needed for review and discussion.*
Community Support

Throughout the feasibility and planning process, representatives across the southern New Mexico region have been extremely supportive of the efforts to establish a new osteopathic medical school in Las Cruces.

Letters of Support:

Letters of Support for BCOM in working collaboratively with NMSU have been compiled from the following individuals/organizations:

- Governor, State of New Mexico, Susana Martinez
- United States Senator Tom Udall
- United States Senator Martin Heinrich
- United States Congressman Steve Pearce
- Mayor, City of Las Cruces, Ken D. Miyagishima
- MountainView Regional Medical Center (MVRMC)
- Memorial Medical Center
- Lovelace Health System
- HealthCare Partners
- Las Palmas Medical Center
- Del Sol Medical Center
- Mesilla Valley Hospital
- Mercy Regional Hospital
- Secretary Jon Barela, New Mexico Economic Development Department (NMEDD)
- Borderplex Alliance
- Medical Center of the Americas Foundation (MCA Foundation)
- Mesilla Valley Economic Development Alliance (MVEDA)
- State Representative Terry McMillan, MD
- Greater Las Cruces Chamber of Commerce
- Paseo Del Norte Foundation
- State Representative Bill McCamley
Osteopathic Medical School Feasibility Study

Key Community Stakeholder Interviews

Representatives from health care, economic development, education, business, and governmental organizations throughout Las Cruces, NM: Albuquerque, NM; El Paso, TX; and the surrounding regions were contacted to gather their opinions related to the possibility of a new osteopathic medical school. Interviews were conducted with the following list of regional stakeholders with the organizations that they represent:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>F.Name</th>
<th>L.Name</th>
<th>Title</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr.</td>
<td>Daniel</td>
<td>Armistead</td>
<td>Chief Medical Officer</td>
<td>La Clinica de Familia (FQHC)</td>
</tr>
<tr>
<td>Dr.</td>
<td>William</td>
<td>Baker</td>
<td>Community Physician Leader</td>
<td>Has been Chief of Staff of both MMC and MVRMC</td>
</tr>
<tr>
<td>Dr.</td>
<td>John</td>
<td>Cruickshank</td>
<td>Chief Medical Officer</td>
<td>Lovelace Health System</td>
</tr>
<tr>
<td>Mr.</td>
<td>John</td>
<td>Harris</td>
<td>CEO</td>
<td>Memorial Medical Center</td>
</tr>
<tr>
<td>Dr.</td>
<td>Michael</td>
<td>Kelly</td>
<td>Chief Program Officer</td>
<td>Paso Del Norte Healthcare Foundation</td>
</tr>
<tr>
<td>Dr.</td>
<td>Tony</td>
<td>Levatino</td>
<td>Chief of Staff</td>
<td>MountainView Regional Medical Center</td>
</tr>
<tr>
<td>Dr.</td>
<td>John</td>
<td>Andazola</td>
<td>FP Residency Dir.</td>
<td>Memorial Medical Center</td>
</tr>
<tr>
<td>Mr.</td>
<td>Ralph</td>
<td>McClish</td>
<td>Executive Director</td>
<td>NMOMA</td>
</tr>
<tr>
<td>Mr.</td>
<td>Denten</td>
<td>Park</td>
<td>CEO</td>
<td>MountainView Regional Medical Center</td>
</tr>
<tr>
<td>Ms.</td>
<td>Emma</td>
<td>Schwartz</td>
<td>President</td>
<td>Medical Center of the Americas Foundation</td>
</tr>
</tbody>
</table>

The resounding sentiment from stakeholders was that there is very much a need for more physicians (of all types; primary care and specialty) in the southern New Mexico region and that the development of a new osteopathic medical school would be an excellent resource to counter these physician shortages. Specific stakeholder comments follow:

Stakeholders recognized the current physician shortages while also warning of further shortages through retirement, aging population, specific health needs of the region and its populations) ideal solution to the health needs of southern New Mexico.

**Health Needs**

- There was agreement among all of the stakeholders that there are vast shortages of physicians of all types (primary care and specialists) throughout the entire State of New Mexico. When asked of the specific needs in Las Cruces or the southern New Mexico region, stakeholders felt that similar to other rural and urban areas, the need for physicians occurs quickly after exiting the immediate city center. Outside of the Las Cruces metro area are a number of towns that have very small populations and lack any kind of health professionals or health care. Stakeholders felt that the development of a
new osteopathic medical school in Las Cruces will encourage medical students to remain in the region and potentially practice in the small towns of New Mexico.

- Two stakeholders felt that there is a specific need for prenatal and neonatal physicians. These individuals referenced poor prenatal and neonatal findings such as limited maternal care.

- Two stakeholders mentioned that there is a need, similar to that across the country, for mental health care professionals in southern New Mexico. With military bases nearby, one stakeholder referenced PTSD and family counseling for children that would be critical areas of need that more mental health providers could address.

- One stakeholder also mentioned difficulty in recruiting and retaining general surgeons to the area.

- Stakeholders were clear that there is a current physician shortage across New Mexico and it is expected to get much worse due to a number of factors:

  - Stakeholders were well aware that New Mexico has an older physician base with many close to retirement in the near future. Stakeholders expressed concern over the need to have a system in place to counteract the large number of physicians retiring.

  - Stakeholders also mentioned the aging population of New Mexico. The average age of residents of New Mexico is higher than the average for the country and with Baby Boomers growing older, the volume of individuals aged 65 and older will be larger than any other time in history. Stakeholders were well aware that, generally speaking, older individuals require more care.

- When asked of specific regional health needs related to the New Mexico population, stakeholders provided the following health concerns:

  - Diabetes
  - Obesity
  - Hypertension
  - Prenatal care

- As discovered in the secondary data analysis, stakeholders spoke of the high rates of drug usage and deaths in New Mexico and specifically the southern region.

  - One stakeholder wished to clarify that while New Mexico holds the highest rate for drug deaths in the country, the population of New Mexico is smaller than
that of other states; therefore the actual count of drug deaths may be lower than big cities that have larger populations. This stakeholder did, however, express that drug usage and deaths are health concerns that should be examined further.

- To address the drug concerns in New Mexico, one stakeholder mentioned that his organization (a health care organization), have discussed the need for a pain management specialist. This health care professional could be employed at a number of health care delivery spots to provide assistance to those having difficulty managing their pain to help so that these individuals do not become addicted or abuse the usage of pain medications.

**Challenges/Barriers**

- When asked about potential challenges or barriers that BCOM may face in developing the medical school, stakeholders felt that there may be some political push-back from representatives at the opposing state medical school, the University of New Mexico (UNM) School of Medicine. All stakeholders, however, recognized that under a private funding system, UNM should not have concerns about BCOM that cannot be discussed among leadership teams.

- One stakeholder felt that competition can make all parties strive to be better. This stakeholder offered the possibility that with the development of this medical school in Las Cruces, the current medical school in Albuquerque has the opportunity to work collaboratively as well as independently to develop complimentary medical programs (PT, OT, etc.). This initiative can be thought of as a stepping stone for further medical education development across the entire State of New Mexico.

- A number of stakeholders mentioned the concern for most new and existing medical schools today are enough residency positions. BCOM has been working diligently to conduct clerkship and GME planning with local, regional, statewide and further health care organizations.

- One stakeholder mentioned that a potential challenge to clerkship and GME planning is the proposed merger of the AOA and ACGME GME accreditation processes. The stakeholder provided the advice for BCOM to encourage their health care partners to move forward with GME planning to satisfy the ACGME requirements as they are currently very stringent.

**Strengths**

- Stakeholders were able to speak of their support for the new osteopathic medical
school while also mentioning their impressions of the surrounding community sentiments as being very positive as well.

- Stakeholders mentioned that the partnership between BCOM and NMSU will be a critical strength for the new medical school by providing the necessary infrastructure, faculty/staff, supporting departments (business, health sciences, etc.), and research capabilities at arrowhead Research Center.
  - Stakeholders also mentioned that the mission of NMSU is in alignment with the mission of a medical school to provide care for the community (being the state land-grant university) and by being a useful pathway to provide public health to the region.

**Weaknesses:**

- The only weakness that stakeholders mentioned is the current environment of medical education in the State of New Mexico, it only being through UNM. While this may be a current weakness for the state in terms of physician production, the creation of the new medical school in Las Cruces will aid in the reduction of physician shortages statewide and for the great border region.

**Opportunities**

- One stakeholder mentioned that a health care organization has recently acquired an old hospital that will be an ideal opportunity for the health care organization, NMSU, and BCOM to develop community-based health care programs and delivery methods.
- Stakeholders were very excited at the prospect of a medical school that offers Spanish language teaching and training for physicians. This will allow for a larger students base to explore the medical fields while also training physicians in the region to be bi-lingual (a trait in physicians that is highly sought after in the southern New Mexico region).
- Stakeholders felt that with the development of a new medical school should also come medical education pipeline planning (planning for students to be introduced to the medical professions at a young age; i.e., grade school).
  - With local universities accepting low rates of local students due to admission requirements, students in the region need to be encouraged to pursue medical education at a younger age. This encouragement is currently not in place due in part to the lack of a medical school in the region as well as strong pipeline programs (i.e., K-12 and college informational programs, coursework to expose young people to the medical field, etc.).
- Stakeholders identified the real phenomenon that occurs in the development of a medical school, by developing a medical school in a region that is in need of physicians.
The school can attract local students who are much more likely to remain in the region that they are comfortable (data supports this trend).

- Stakeholders took this thought process one step further by understanding that the majority of physicians meet their spouse while studying medicine either in medical school or in supporting health care professions. If a student attends medical school in Las Cruces, meets a spouse and begins the development of a family, they are much more likely to remain and support that family (spousal employment) in the region.

- Stakeholders felt very strongly that the new medical school will be an important opportunity in “growing-your-own” physicians for the region.

- Stakeholders were very aware of the potential that opening a new medical school in the area can have on attracting more people to the area, more business to the area, and therefore, increased economic activity in the area.

- Stakeholders described the very high demand for primary medical care; long-waits times to obtain an appointment with a PCP. This very high demand will allow for multiple opportunities for graduating medical students, residents and new physicians to find a patient base requiring care.

- Stakeholders mentioned that a medical school in Las Cruces would be attractive for students, patients, and physicians in New Mexico, Texas, Mexico, Arizona and possibly further.

**Additional Support:**

BCOM has received responses from many organizations and individuals expressing their support for the development of a new osteopathic medical school in Las Cruces, NM. The complete documentation of interest of individuals in providing clerkship training, residency training, or faculty involvement at BCOM is included in Section Eight of the COCA application.
The recommended location for the proposed osteopathic medical school will be in Las Cruces, New Mexico. The location is in alignment with the Arrowhead Center, Inc. on the New Mexico State University – Las Cruces campus. The location will allow for ample space to build as well as close proximity to NMSU for supportive resources. The proposed osteopathic medical school will plan to enroll 150 students per year, beginning year one through graduation of the first class. Upon graduation of the first class, the class size is expected to increase every four years by 50 additional students until 2028 when BCOM will be at full capacity at 300 students per year. The first four years at a student class size of 150 will allow BCOM to analyze the operations of the medical school and adjust any necessary components before expanding to accept more students. Multiple hospital partners will play a significant role with student residency and help with an integrated teaching model. From all of this, a positive economic impact will be generated back to the regional community through job creation, increased government revenues, and possible spin-off, creation and/or expansion of businesses and services in the Las Cruces community, statewide, and nationally.

**Recommended Class Size:**
Tripp Umbach recommends an initial class size of 150 students in the fall of 2016, with a plan to grow the class size by students every four years until 2028 in which BCOM would remain at 300 students per year. The reality is that solving physician shortages by expanding medical education is a long-term endeavor. Tripp Umbach recommends that a goal be established on the first day of the project, within 8 years the new medical school will produce 75 new physicians in the state annually, growing to 150 new physicians statewide as class size increases.

The school will have a vision of retaining 50% of all graduates in the southern region of New Mexico. Through the production of 75 new D.O.s statewide per year starting in 2023, the southern region of New Mexico can expect to retain 38-40 physicians per year. Table 1 outlines the recommended class size starting in 2016 through 2035 and shows how a total of approximately 75-150 new physicians a year will be practicing within the state.

Table 1. Osteopathic Medical School Class Size 2016-2035 (20 years).

<table>
<thead>
<tr>
<th>Year</th>
<th>BCOM UME Enrollment</th>
<th>BCOM UME Graduation</th>
<th>Students in Residency Training (GME)</th>
<th>New Doctors Practicing in NM $^{16}$</th>
</tr>
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<tbody>
<tr>
<td>2016</td>
<td>150</td>
<td></td>
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<tr>
<td>2017</td>
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<td>2035</td>
<td>300</td>
<td>300</td>
<td>300</td>
<td>150</td>
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</table>

$^{16}$ Assuming that the 200 graduate medical education residency positions are in place after 2020. Our calculations are based on 50% retention of medical students.
New Mexico currently sees 39.1% of students staying in state after GME training. With the creation of 200 new residency positions, Tripp Umbach estimates that this retention rate will rise to the national average (50%). Therefore, of the entering class of 150 students to BCOM, approximately 75 graduates will remain in the state; 15-20 to locate in federally designated underserved areas.
State Osteopathic Medical Association Letters

- New Mexico Osteopathic Medical Association (NMOMA)
- Texas Osteopathic Medical Association (TOMA)
New Mexico State University

Affiliation Agreements

BCOM has executed the following agreements with New Mexico State University (NMSU) as shown in Exhibit B of the COCA Application:

1. Land Lease Agreement aka "LAND" This agreement provides for the long-term lease of land for the construction of BCOM.

2. Scholarship Fund Agreement aka "BRAND". The agreement provides for annual contributions to NMSU's Foundation for the awarding of scholarships to students entering the healthcare related fields with a weighted preference to pre-medicine undergraduates.

3. Collaborative Affiliation Agreement - aka "LIFE". This agreement provides for the purchase of services by BCOM from NMSU, collaboration among faculty and join research initiatives.
As it pertains to the New Mexico Higher Education Department (NMHED), and based on discussions with licensing personnel, all indications are that the application will be approved per the standard process and in collaboration with the stages of COCA accreditation. Although BCOM will submit an application for NMHED approval, final approval cannot be officially obtained until further into the development as NMHED requires certain things, such as a final curriculum and fire/life safety inspection of the physical facilities. Furthermore, the Secretary of HED is a cabinet member of Governor Susana Martinez. As you will see from her strong support, as well as her staff for BCOM, we do not see any difficulties with final HED approval to coincide with COCA requirements; which are far more rigorous than HED.
Hiring Timeline:

January 2014
- Lease office space, phone, utilities
- Hire Chief Academic Officer (CAO) and one Executive Assistant
- Execute contract with Chief Executive Officer (CEO)

July-September 2014
- Interview and contract Associate Deans for Academic and Clinical Affairs
- Interview and contract for Chair of OMM Department
- Hire Chief Financial Officer (CFO)

September 2014-April 2015
- Contract with NMSU or interview for Assistant Deans of Student Affairs (includes financial aid) and Admissions.

January 2015
- Start for Associate Dean of Academic Affairs.
- Hire two additional Executive Assistants

January – June 2015
- Interview and hire Chairs of Biochemistry, Physiology, Anatomy (includes histology and neuroanatomy) and Pharmacology.

July-December 2015
- Hire Assistant Dean for Admissions, one Admissions Coordinator, and one Executive Assistant for admissions office.
- Hire Financial Aid Coordinator.
- Interview and contract for IT support.
- Hire three lab assistants.
- Hire Simulation Center Director and one technician.
- Hire two additional Executive Assistants

December 2015-July 2016
- Hire additional faculty in OMM, Biochemistry, Physiology, Anatomy and Pharmacology (one each).
August 2016-December 2016

- Interview and hire Chairs of Pathology, Microbiology, Family Medicine, Surgery, OB/GYN, Pediatrics and Psychiatry.

December 2016-June 2017

- Hire Chairs of Pathology and Microbiology.
- Hire additional faculty in Pathology, Microbiology, and OMM (one each). Hire two additional lab assistants.
- Start staffing BCOM clinic: two RN’s, two medical assistants, and two Executive Assistants / Billing Clerks.

Spring 2017

- Open BCOM clinic
- Hire additional clinical faculty if needed

*Other expenses/personnel without fixed start dates:*

- Director of marketing and social media
- Basic and clinical curriculum materials
- Prosection/cadaver costs for anatomy lab
- Soft supplies for basic science labs.
- Web/IT design and management
- Physical facilities maintenance/housekeeping
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<td>OMM Chair</td>
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### Osteopathic Medical School Feasibility Study

<table>
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<th>No. of Staff</th>
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Clerkship and Graduate Medical Education

Clinical Partnerships:

An important aspect in determining the feasibility of a new medical school is the number of clinical encounters at nearby hospitals. Clinical ties are critical for medical schools to allow for a variety of clerkships during UME as well as enough residency positions for GME. Tripp Umbach’s analysis of hospitals in the Las Cruces area indicates that a significant amount of clinical activity is present to support the education of up to 200 medical students per class, which should easily increase to allow over 300 students per class as population increases over time. BCOM leadership has already reached out to regional medical centers and hospitals to begin the processes to secure clerkships and residencies in the very near future.

To support the educational training needs of 3rd and 4th year medical students, a high degree of commitment to education must be present among a consortium of all hospitals statewide to ensure a feasible project. Based on our clinical model, for up to 200 students per class (400 for a combined 3rd and 4th years), there should be approximately 22-36 FTE (full-time equivalent) physicians to provide the educational requirements for clerkships. If a physician gives 20% effort, there would be a need for 110-180 physicians available to provide the educational teaching for the 3rd and 4th year clerkships.

In addition to clerkship training during medical school, before becoming a physician, medical students must complete a residency training program after graduating medical school. There are currently 558 residency positions in the state of New Mexico. Currently, approximately 92% of the residency positions are housed in Albuquerque; with only 27% of the total population of New Mexico, the residency position distribution is skewed. The vast majority of residents of New Mexico (73%) live in rural areas; currently, there are only 8% of the total residency positions that are located in communities outside of Albuquerque. As previously mentioned, medical students are most likely to stay in the area that they complete their residency training to practice. To meet the statewide need in residency slots, 200 additional slots needs to be created at hospitals and health centers.

- For this feasibility study, Tripp Umbach recommends setting a goal for the development of 200 new residency positions statewide by 2026 (10-year goal). This goal will need to be addressed by more than just BCOM; it will need to be a concerted effort by other universities (i.e., school of medicine), hospitals, health centers, government entities, and businesses. Reaching this goal will result in an additional 63-100 physicians completing their training in New Mexico every year.

18 National Residency Matching Program. Program Results 2014 Main Residency Match.
GME Planning:

The AOA has published the “AOA Basic Documents for Postdoctoral Training” that contains the basic standards for all postdoctoral training, including for OPTIs, individual training institutions, individual programs and for trainees.

As required, BCOM applied for and was accepted membership into the OMNEE OPTI. BCOM's OPTI agreement can be found in the COCA Application, Exhibit J. It is anticipated that once BCOM is operational, it will convert its affiliated facilities into its own, created and certified, OPTI.

From the very beginning of BCOM's development, March of 2013, a bedrock principle was established. That principle being "Leading with GME". Even though it is a requirement of COCA that new COM's demonstrate the ability to foster the actual creation of new GME programs and positions into the national match pool, BCOM considers it an ethical duty.

Given this duty, BCOM reached out to major hospitals and their respective parent companies that have virgin hospitals in the immediate geographical area. The major entities are HCA's Las Palmas Del Sol Healthcare (600 acute care beds) - El Paso, TX (35 miles outside Las Cruces) and CHS' MountainView Regional Medical Center (172 acute care beds). In addition, Lifepoint's Memorial Medical Center (300 acute care beds) was also approached. Memorial is an ACGME private, non-medical school affiliated family practice residency. As a Las Cruces program, they did not hesitate to support and become actively involved in BCOM's development. These three major hospitals are what BCOM coined its "HUB" or "NUCLEUS". However, Lovelace Health System, in Albuquerque, has also expressed strong interest in supporting and working with BCOM and will hopefully become another strong HUB.

Detailed pro-forma analysis was conducted for both HCA and CHS's virgin hospitals as shown in Exhibit K of the COCA Application. To date, Las Palmas Del Sol, MountainView, and Memorial Medical Center's hospital leaders have demonstrated their support to pursue the development of new GME programs. The final design and approvals are in process. In the case of Memorial, they support having their existing residency program collaborate closely with BCOM.

In addition, as shown in Exhibit H of the COCA Application, Clinical Affiliation agreements have been executed with CHS's other hospitals in NM. MVRMC's projected new residency number for the analysis is a total of 46. However, the strategic goal of MVRMC may eventually be to go beyond this number by having the program set up sister residencies at the other fellow CHS hospitals and provide the coordination and support from MVRMC. Given their size and expansive service lines, Las Palmas and Del Sol's pro-forma projects a maximum total of 168 new residency positions or approximately 84 at Las Palmas and 84 at Las Palmas subject to final design and approval.
BCOM is also closely following the anticipated AGMGE-AOA merger and incorporating any necessary changes as they become available.

**GME Consortium Model:**

The feasibility of a new osteopathic medical school in New Mexico may be challenged by external audiences if a plan to develop new residency positions is not put in place.

- Tripp Umbach recommends the development of a statewide residency expansion plan in partnership with other higher education entities and health care organizations (i.e., hospitals, AHECs, public health).

- The development of a GME Consortium model where hospitals and others partners develop residency programs and act as the vehicle to expand physician training in the region.

- Physicians in the future will deliver health care in close partnership with other health professions, such as physician assistants, nurse practitioners, and allied health professionals, with a goal of the Consortium to stimulate interdisciplinary training opportunities throughout the region for a wide range of health professionals.

- The Consortium is typically an independent 501(c)3 not-for-profit corporation that establishes bylaws, financial participation levels, member guidelines, rules of engagement, and a conflict of interest policy.

*Table 2. Benefits of Statewide Graduate Medical Education Approach*

<table>
<thead>
<tr>
<th>Benefits of a GME Consortium Approach</th>
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</thead>
<tbody>
<tr>
<td>• Excellence in GME</td>
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<tr>
<td>• Access to Quality Care</td>
</tr>
<tr>
<td>• Multiple Venues for Teaching Medical Students &amp; Health care Professionals</td>
</tr>
<tr>
<td>• Transformation of Health care Provision</td>
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<tr>
<td>• Patient-Centered Education</td>
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<tr>
<td>• Collaboration among Providers</td>
</tr>
<tr>
<td>• Research that matches training experiences</td>
</tr>
<tr>
<td>• The Recruitment &amp; Retention of high-quality physicians in the region</td>
</tr>
<tr>
<td>• Most Cost-Effective Approach</td>
</tr>
<tr>
<td>• Positive Economic Impact</td>
</tr>
</tbody>
</table>
Clinical Partnerships

Within a 100 mile radius of Las Cruces, NM are a number of other towns and cities that house numerous hospitals and health centers. Below is a listing of hospitals and medical centers within a 100 mile radius of the proposed site of the new osteopathic medical school. There are nearly 3,000 beds at these hospitals/health centers. These sites have and will be approached for multiple opportunities for students to complete residency training. In addition to these sites, BCOM’s pre-accreditation application provides additional sites in Albuquerque, Tucson, and West Texas as part of its strategic expansion plan.

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<tr>
<th>Hospital Name</th>
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New Mexico also has three Area Health Education Centers (AHECs) located in Las Vegas, NM (Montañas del Norte AHEC at Luna Community College); Las Cruces, NM (Southern AHEC at NMSU); and Silver City, NM (Southwestern AHEC at Hidalgo Medical Services). These sites are currently utilized by the University of New Mexico School of Medicine.

Additional opportunities for clinical partnerships for BCOM can include: the FQHCS mentioned previously (n=180), health centers in Juarez, as well as all local and regional health clinics, community centers, or physician offices.

Clinical partnerships have been explored by BCOM leadership. All documentation related to clerkships, GME planning and OPTI applications are included in the COCA Application Standard Eight.
Economic Impact Analysis

Overview
Tripp Umbach’s national studies estimate that medical schools and teaching hospitals generate more than $600 billion annually in the U.S. economy. Furthermore, in 2004, the UNM Health Sciences Center (includes School of Medicine, College of Nursing, and College of Pharmacy) totaled $173.5 million on an annual basis; this equates to approximately $233.2 million in 2014. Academic medicine is clearly a significant driver of the national and statewide economies.

The establishment of an osteopathic medical school in southern New Mexico will likewise bring significant “fresh dollars” to the region and is likely to inspire additional economic development through the potential expansion of other health science education programs, clinical and research partnerships with nearby community hospitals and private business expansions that may be developed over time.

The proposed new medical school will bring economic benefits both directly and indirectly to both the regional and statewide economies. The direct benefits will come from the direct spending of the proposed medical school on capital improvements, goods and services to businesses in the region, through the hiring of new faculty and staff, and through student spending. The indirect impact is derived from these direct, first-round expenditures, which are received as income by other businesses in the region and state and circulated through the economy in successive rounds of spending.

Employment and insurance coverage being concerns for the region as well as national concerns, the medical school will be providing a large number of new employment opportunities that will also come with benefits (i.e., health insurance coverage). The proportionate rise of employment due to the presence of the new medical school is expected to greatly increase employment and, in turn, the number of insured workers. This should remove access barriers for many who are currently underinsured or have no insurance. The development of the medical school will be beneficial to individuals who may be unemployed or uninsured as a means of employment and health coverage.

Tripp Umbach conducted an independent analysis of the potential economic impacts that the new osteopathic medical school will bring to the State of New Mexico and the Southern New Mexico region (using ACE-based, linear-cash flow modeling). Economists and representatives at NMSU have concurrently conducted an economic impact analysis utilizing a varying methodology (REMI+). Tripp Umbach’s analysis is presented below.

20 Credits to Professor Jim Peach and Dr. Kevin Boberg for their economic impact analysis.
Executive Summary

- The total (direct, indirect and induced) economic impact of the new osteopathic medical school during the start-up period (2014-16) is expected to be $87.3 million (over the total start-up period of two and a half years) and create more than 390 new jobs (360 construction, 35 BCOM operations).\(^{21}\)

- Upon full operation, the new medical school will support 350 jobs in the region and generate more than $77.7M in total economic impact per year (direct, indirect and induced impacts).\(^{22}\)

- In addition, by 2028, the economic impact that the medical school will have on the communities in southern New Mexico will total $31.9 million per year (for a total impact of $109.6 million community and statewide) as the communities begin realizing healthcare benefits and additional economic impact as graduates of the new medical school locate in the region and state. Tripp Umbach estimates that by 2028, as the school reaches full student capacity and students have been graduating and practicing in the region for five years, these new primary care physicians will also yield real savings, as emergency room utilization declines, for example. These savings are expected to total $14.8 million annually by 2028.

Methodology

\(^{21}\) Start-up year impacts based on 150 student class size.

\(^{22}\) Full operation impacts based on 300 student class size.
Tripp Umbach is the nation’s leader in developing economic impact statements for medical schools, having completed studies since 1995 for every allopathic medical school and for numerous osteopathic medical schools. Over the past 20 years Tripp Umbach has completed economic impact studies for 25 new or expanded medical schools, including studies for five new medical schools that are now operational. The economic and employment numbers presented in this report are based on projected spending data provided to Tripp Umbach by BCOM as well as historical achievement of existing medical schools and the projected economic impact of similar osteopathic medical schools.

The methodology employed in this study was originally derived from a set of research tools and techniques developed for the American Council on Education (ACE). The ACE-based methodology employs linear cash flow modeling to track the flow of institution-originated funds through a delineated spatial area. Based on previous economic impact studies performed for new and/or expanding medical schools throughout the United States and data supplied to Tripp Umbach from BCOM, Tripp Umbach conducted the economic impact modeling for BCOM showing how the new school will provide “fresh dollars” in the statewide and regional economies.

The application of this "fresh dollar" model provides a first-line measure in the state economy caused by the proposed medical school. The final model concept evolved into a hybrid model including a fresh-dollar approach feeding into a traditional model which tracks in-state and in-region spending. The final model used for this research measures funds brought into the state together with the ultimate flow of these funds through the New Mexico and southern New Mexico economies and the effect on economic expansion; job growth and government revenue and enterprise development. The final methodology closely matches the impact study methodology recommended for individual medical schools by the Association of American Medical Colleges (AAMC) that Tripp Umbach has completed for more than 400 teaching hospitals over the past 10 years.

The data in the model were supplied by BCOM (faculty, students, and operational expenses etc.) and from Tripp Umbach’s comprehensive database and models from new medical school and existing medical school expansion studies in other localities throughout the United States.

**Economic Impact**

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23 The data supplied by BCOM included the student class size counts; 150 students per class for the first four years, 200 for the next four years, 250 for the four years after that, and 300 students per year at full operations. Operational expenses were also provided for faculty, physicians, and staff.
In 2024, when the proposed medical school in Las Cruces is fully operational, the economic impact of the proposed medical school on the state of New Mexico will equal $77.7 million annually. The total annual economic impact of the medical school (direct, indirect, and induced effects), specifically felt in the southern New Mexico region will equal $64.5 million in “fresh” economic activity. This economic impact is expected to grow each year as additional hospital partnerships and private businesses are attracted to the region as a result of the proposed medical school.

Economic impacts will take the form of expansions of existing businesses in multiple sectors of the economy (government, construction, technology-based manufacturing, service industries, etc.) and the creation of new businesses developed to meet the needs of the proposed new osteopathic medical school and its related populations. Tripp Umbach estimates from the historical experience of other medical school development projects that between seven and ten new spin-off businesses, employing approximately 42 full-time jobs per business will be developed over a ten year period. Such new businesses that are likely to be attracted by the medical school could be related to population health analysis, technology related to community health provision, or consulting services.

In addition to the economic impacts listed above that will be generated due to the operations of the proposed medical school, significant economic impacts will be created as a result of the planned construction of the new medical school. During the construction phase, the southern New Mexico region will see a total economic impact of $52.4 million. It is important to note that construction related economic impacts outlined in this report are “in addition” to the annual operating impacts related to the proposed medical school, as the direct and indirect construction benefits are limited to the construction period.

**Employment Impact**

By 2028, the proposed medical school will generate approximately 350 full-time equivalent jobs, including direct employment as well as indirect jobs. On average, jobs created by medical schools are higher paying than jobs created by other organizations and provide healthcare benefits for employees. It is important to note that employment generated by the proposed medical school is far in excess to the faculty and staff that will work at the facility, as a medical school generates between one and two additional full-time jobs within the region for every one full-time job on campus.

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24 Building costs were estimated at $23 million for an 80,000 sf space.
25 Examples of indirect jobs created in support of the proposed medical school include workers in all sectors of the regional economy including professional services, food service, and hospitality.
Healthcare Savings and Workforce Impacts

Even more so than medical schools established in the past, new schools of osteopathic medicine provide substantial benefits to the communities in which they operate, beyond just their economic, government revenue, and employment impacts. Through its provision of primary care medical trainees to community hospitals and health clinics, the proposed new medical school will generate more physicians who, data argues, are much more likely to remain in the area after medical school than physicians who have studied elsewhere. These new physicians practicing in the region will contribute to a provider safety net for patients without the ability to pay for health care services.

Finally, in addition to the impacts resulting from the proposed medical school’s operation, employment, and construction the total annual economic impact attributable to students who decide to locate their practices in the southern New Mexico region will equal more than $14.8 million beginning in 2028. Tripp Umbach indicates that communities with higher numbers of primary care physicians have lower hospital Emergency Department costs which benefits employers and the general population through lower insurance costs.

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26 Tripp Umbach assumes that 50% of graduates annually will remain in the region to practice medicine beginning in 2028.
Dear COCA:

For more than 20 years Tripp Umbach has been a leading consultant to the academic medical community throughout the United States, Canada, England, and Australia.

Over the past eight years we have completed feasibility studies, economic impact studies, and business plans for 25 new or expanded medical schools - both osteopathic and allopathic. Our firm has the most experience nationally in developing the business plans and financial models for medical schools.

While Tripp Umbach did not develop the financial model for the Burrell College of Osteopathic Medicine at New Mexico State University, as it was developed by BCOM’s senior management team through a rigorous process of reviewing multiple new and existing medical schools and customizing the final financial plan with the vision and mission of BCOM, our firm did a careful review of the model and believes that it accurately reflects the costs and revenue streams of a successful and sustainable medical school enterprise.

As you will see below, the financial model has also been reviewed by Schneider Downs, an independent accounting firm located in Pittsburgh, PA.

Finally, we believe that the business plan and financial model developed by BCOM is the best osteopathic medical school model developed to date.

Sincerely,

Paul

Paul O. Umbach
Founder and President
Tripp Umbach
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Pittsburgh, PA 15222
Corporate Headquarters: 412.281.2313
Cell Number: 412.780.9723
Fax Number: 412.281.9946
www.trippumbach.com
Recommendations

Tripp Umbach believes that the following will need to be in place to ensure the success of the medical education program at BCOM:

- **Support from the health care community.** BCOM will need to continue to solicit support from all physician groups, private physicians, hospitals, and health systems in New Mexico and as well as neighboring states (i.e., Texas). The future expansion of the proposed medical school will require multiple hospital and physician organization partners – both tertiary care facilities, community hospitals, and rural critical access facilities.

- **State political support.** Garner additional political support from the state that will benefit from a new medical school. The state support will be critical in the GME planning process.

- **Local political support.** Solicit and maintain support from local elected public officials.

- **Technology.** Knowledge of new and emerging digital tools such as simulation labs and other health care technologies will be needed in the future practice of medicine and should be included in medical training.

- **Commitment to “Growing Your Own”.** Establish a sustainable pipeline of new medical students. Ultimate success of the proposed osteopathic medical school will require strong grassroots support from communities throughout the area. “Pipeline Programs” should be created with local and regional middle schools, high schools, colleges, and universities. This will ensure a continuous stream of students into the education program and encourage those who aspire to become doctors to attend the new osteopathic medical school and stay in the region after completing their training. Attention is needed at every stage of the pipeline.

Additionally, the following is needed to ensure the new osteopathic medical school fulfills its purpose to provide physicians to the areas of New Mexico experiencing physician shortages:

- **Plan to keep more doctors in-state.** Encouraging medical residents to remain in-state after training is a cost-effective way to help overcome a physician shortage across the state. Researchers have found that one of the strongest predictors of where physicians will practice is where they did their residency. While New Mexico ranks only 25th for retention of physicians who attend medical school in-state, the addition of new GME
residency positions will allow students the opportunity to stay in-state for their entire medical education. Additional incentives will also need to be implemented to preserve and ramp up retention in the rural areas of New Mexico. Mechanisms to do this include:

- Emulate successful retention strategies and techniques employed by other states and institutions
- Offer debt forgiveness for service to underserved areas
- Facilitate tuition-for-service contracts with rural hospitals
- Provide more scholarships, particularly in return for agreeing to practice in an underserved area
- Offer other service- and specialty-related benefits associated with the practice of rural medicine, primary care, and geriatric medicine
- Recruit qualified rural and underprivileged students who might be more likely to remain in-state

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27 AAMC 2013 State Physician Workforce Data Book
Next Steps

Since the late 1980’s, Tripp Umbach has been among the leading consulting firms serving academic medical centers. To date, our company has worked with more than 25 established medical schools and has completed multiple projects for the Association of American Medical Colleges, the American Osteopathic Association, and the American Hospital Association. Over the past ten years, Tripp Umbach has assisted more than 20 communities develop new or expanded medical schools in all regions of the United States. Our firm has worked on the development of both osteopathic and allopathic programs in urban and rural areas – working closely with academic, healthcare, and community leaders to develop an entire generation of medical schools.

The proposed new medical school in Las Cruces (to be associated with New Mexico State University) has the greatest level of community, healthcare, and university support of any of Tripp Umbach’s 20 past projects. This project has the most experienced leadership team, the most supportive university, and the most engaged healthcare partners of any project in our history. Beyond these important factors, the BCOM program is positioned to immediately address clearly documented community needs and as such will certainly become a model for future medical education programs.

- Complete the formal accreditation process with COCA (See Appendix C).

- Develop a detailed plan for expanding Graduate Medical Education locally as well as statewide and throughout the region.
  - Tripp Umbach recommends setting a goal of creating 200 new residency positions statewide by 2026.

- Open the School with an initial class in the Fall 2016
Appendix A: Overview of Osteopathic Medicine

Background:

There are two types of complete physicians, M.D.s and D.O.s, who are fully-licensed to prescribe medication and practice in all specialties of medicine and surgery. In 2008, there were about 780,000 practicing physicians in the United States, of which 68% were graduates from a U.S. M.D. school, 25% were graduates from a foreign medical school, and 7% were graduates from a D.O. school. All these graduates must pass the medical licensing board examinations and complete internships and residencies before being licensed to practice medicine.

Allopathic medical school training is the more traditional medical training in which physicians diagnose and react to illness, injury, or dysfunction in the body. Osteopathic medicine, on the other hand, is focused on assessing and treating the “whole patient” (mind-body-spirit). Osteopathic medicine utilizes osteopathic manipulative treatment which recognizes the importance of the musculoskeletal system in overall health.

While the basic curriculum of the allopathic and osteopathic colleges is the same, there are some important differences. The basic sciences and hospital training are taught from an osteopathic viewpoint and there is a heavy emphasis on anatomy. There are also additional hours spent learning the techniques of osteopathic manipulation and focusing on preventive health care and nutrition. The bulk of clinical training is carried out in community clinics and hospitals rather than in university-based, research-oriented hospitals, although in recent years this approach has been changed to a good extent. Osteopathy is a community-oriented profession training mainly. Approximately 60% of D.O. graduates go into primary care, compared with less than 20% of M.D. graduates. D.O.s are also able to explore specialty training through residencies and, in the last few years, an increasing number of D.O.’s have specialized in a variety of highly sophisticated medical areas (i.e., neurosurgery) in response to significant demographic changes in the patient population. Table 3 shows us the number of osteopathic physicians in each discipline.

28 DeLengocky, T. Osteopathic medicine and the growth of D.O. graduates as physicians. KevinMD.com
29 Decker, F. Allopathic vs. Osteopathic Medical Schools. eHow.com.
30 Kuther, T. What’s the Difference Between Allopathic and Osteopathic Medicine? About.com Graduate School.
31 Schierhorn, C. Financing remains a challenge, but Wis. D.O.s push forward plans for new school. The DO.
Table 3. Self-Identified Active D.O. Practice Specialties.\textsuperscript{33}

<table>
<thead>
<tr>
<th>Year</th>
<th>DOs</th>
<th>%</th>
<th>DOs</th>
<th>%</th>
<th>DOs</th>
<th>%</th>
<th>DOs</th>
<th>%</th>
<th>DOs</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>22,176</td>
<td>36.9</td>
<td>7,817</td>
<td>13.0</td>
<td>3,490</td>
<td>5.8</td>
<td>2,771</td>
<td>4.6</td>
<td>1,134</td>
<td>1.9</td>
</tr>
<tr>
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</tbody>
</table>

Schools:

Currently, there are 30 colleges of osteopathic medicine (COM), offering instruction at 41 locations in 28 states. 24 of the COMs are private; six are public. Figure 1 shows the location of each of the osteopathic medical schools. There are currently no osteopathic medical schools in New Mexico. The closest osteopathic medical school to Las Cruces, NM is 390 miles away in Mesa, AZ (A.T. Still University School of Osteopathic Medicine in Arizona).

Figure 1. Map of the Colleges of Osteopathic Medicine – Admissions Offices.\textsuperscript{34}

The Liaison Committee on Medical Education (LCME) accredits allopathic schools, while The American Osteopathic Association’s Commission on Osteopathic College Accreditation (AOA COCA) accredits osteopathic medical schools. Only two schools are accredited by both; Michigan State University and the University of Medicine and Dentistry of New Jersey.

\textsuperscript{34} Osteopathic Medical College Information Book, 2014. American Association of Colleges of Osteopathic Medicine.
Students:

In 2013, the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS) received 137,542 individual school applications from 16,454 applicants for 5,577 COCA-approved seats in Fall 2013 (There were 46 New Mexicans who applied to osteopathic medical schools across the country in 2013). There were 2.95 applicants for each COCA-approved seat in the first-year class. The mean number of individual school applications per applicant was 8.36. In 2013, the only other medical school in New Mexico, University of New Mexico School of Medicine, received 1,129 applications and matriculated 103 students.

Table 4. Average Applications, First-Year Enrollment, Total Enrollment, and Graduates.

<table>
<thead>
<tr>
<th></th>
<th>2011-12</th>
<th>2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg. Private Schools (n=24)</td>
<td>3,965</td>
<td>192</td>
</tr>
<tr>
<td>Avg. Public Schools (n=6)</td>
<td>3,220</td>
<td>196</td>
</tr>
</tbody>
</table>

In-state resident tuition at a private medical school is, on average, 63% higher than that of a public school. For out-of-state, non-resident students, public schools report 17% higher tuition rates than private schools.

Table 5. Average Annual Tuition Rates of Osteopathic Medical Schools, 2012-2013.

<table>
<thead>
<tr>
<th></th>
<th>Resident Tuition</th>
<th>Resident Increase from Previous Year</th>
<th>Non-resident Tuition</th>
<th>Non-resident Increase from Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg. Private Schools (n=24)</td>
<td>$42,694</td>
<td>4.7%</td>
<td>$42,934</td>
<td>4.0%</td>
</tr>
<tr>
<td>Avg. Public Schools (n=6)</td>
<td>$25,897</td>
<td>2.8%</td>
<td>$49,550</td>
<td>2.5%</td>
</tr>
<tr>
<td>University of New Mexico School of Medicine (Allopathic)(^{40})</td>
<td>$16,120</td>
<td>Tuition and Fees $16,170</td>
<td>$46,297</td>
<td>Tuition and Fees $46,347</td>
</tr>
</tbody>
</table>

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\(^{35}\) AACOMAS Applicant Pool Profile: 2013 Entering Class. AACOM.

\(^{36}\) AAMC U.S. Medical School Applications and Matriculants by School, State of Legal Residence, and Sex, 2013


\(^{38}\) Does not include WCU-COM; WCU-COM enrolled its first class in Fall 2010.

\(^{39}\) Tuition at osteopathic medical schools, 2012-2013. The D.O. Magazine.

\(^{40}\) UNM Health Sciences Center. Academic Tuition Rates. Fiscal Year 2012-2013. MD Program – Full Year.
Osteopathic Medical School Feasibility Study

Curriculum:

The traditional path to become a physician (both allopathic and osteopathic) is to complete a traditional four-year undergraduate degree; preferably in one of the sciences (i.e., life, social, physical, pre-med, etc.). Due to the nature of a focused undergraduate degree in the sciences, for those entering the medical field, this degree is designated as their undergraduate medical education (UME). The student must then apply and be accepted to medical school. The student then attends the first two years of medical school in a classroom setting. Years three and four of medical school are typically spent conducting clinical clerkships outside of the classroom in settings such as hospitals, clinics, health centers, etc. Finally, the student must complete graduate medical education (GME) and a residency program for between three and seven years. Residency positions are held by local hospitals, health centers, and/or federally qualified health centers (FQHCs).

Figure 2. Flowchart of Educational Phases of Medical Education Pipeline

The vast majority of medical schools offer dual-degree programs. For osteopathic medical schools, students are able to earn their D.O. degree while also earning degrees in areas such as: Doctor of Health Education, Doctor of Dental Medicine, Juris Doctorate, Master of Arts, Master of Business Administration, Master of Health Administration, Master of Science in Medical Education Leadership, Master of Public Health, Master of Science, Master of Science in Biomedical Sciences, Master of Science in Health Sciences, Master of Science in Medical Sciences, and Doctorate.41

Three-Year Medical School Curriculum:

Medical education and training must be reinvented to adapt to the changing health care paradigm. Academic health centers (AHCs) are beginning to re-examine traditional beliefs and approaches to medical education, questioning cost, and duration. Some considerations in adapting medical education to our changing health care needs include: using increased online instruction, simulation, possibly even gaming. It will also be in the interest of AHCs to shorten training time by streamlining the educational continuum. One example of this could be providing a focused three-year medical school curriculum in primary care, plus a two-to-three-year residency.42

Graduate Medical Education (GME) and Residency Training:

As previously mentioned, the AOA COCA accredits osteopathic medical schools. It is the Accreditation Council for Graduate Medical Education (ACGME) that accredits the GME and residency training programs across the country.

- In 2010, every state in the United States had at least one ACGME-accredited GME program. The number of residents and fellows in ACGME-accredited training programs per 100,000 population varied widely across the U.S. from a low of 2.0 in Montana to a high of 83.7 in Massachusetts. The national average was 36.6 residents and fellows per 100,000 population; the rate for New Mexico was 25.8 residents per 100,000 population (ranked 30th in the nation).43

Physicians:

As of 2010, osteopathic physicians constituted 7% of American physicians, approximately 70,480. In 2009, the number of D.O. graduates for that year reached an all-time high of 3,588. They provide more than 100 million patient visits a year. Chart 1 shows the rises in number of osteopaths from 1935 to 2013; the growth trend has been substantial. As of August 2013, there were 1,901 active primary care physicians; 1,429 of which practice in New Mexico.44 Of the total 1,901 active primary care physicians in New Mexico, 277 are active osteopathic physicians (142 osteopathic primary care physicians).45

43 AAMC 2013 State Physician Workforce Data Book
44 2013 Annual Report. New Mexico Health Workforce Committee
45 AAMC 2013 State Physician Workforce Data Book
Chart 1. Number of Osteopathic Physicians in The U.S. 1935-2013.46

NUMBER OF DOs IN NM:

- All = 339
- D.O.s in Active Practice = 277
- AOA D.O. Members = 180

* This number does not include the 2013 osteopathic medical school graduates. Including an estimated 5,154 graduates, there are an estimated 87,300 DOs in the United States.

Appendix B: Need Assessment

The Future of the Health care System

Over the past decade, an increasingly complex health care system has led to transformations in service delivery. These transformations emphasize:

- generalist and primary care;
- managed care that links inpatient and outpatient services;
- continuity of health care services in partnership with communities;
- cost-effective care and population approaches;
- accountability for outcomes; and
- explosion of information technologies.

Although we try valiantly to differentiate public health and personal health care, the near collapse of health care reform and the blurring of lines between individual and population-based health are forcing practitioners to understand and negotiate both worlds. Such trends reinforce the need to improve education and training in interdisciplinary collaboration both for individual care and for health initiatives aimed at communities and population groups.

The terms “population” or “population-based” care increasingly coupled with “health,” “health care,” “medicine,” “medical care,” or “managed care” to indicate a changing reality in the organization and delivery of health care in the United States.

“A population health perspective encompasses the ability to assess the health needs of a specific population; implement and evaluate interventions to improve the health of that population; and provide care for individual patients in the context of the culture, health status, and health needs of the populations of which that patient is a member.” AAMC

“Population-based care involves a new way of seeing the masses of individuals seeking health care. It is a way of looking at patients not just as individuals but as members of groups with shared health care needs. This approach does not detract from individuality, but rather adds another dimension, as individuals benefit from the guidelines developed for the populations to which they belong.” Boland

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47 An approach characterized by a high degree of collaboration and communication among health professionals. What makes integrated health care unique is the sharing of information among team members related to patient care and the establishment of a comprehensive treatment plan to address the biological, psychological, and social needs of the patient. The interdisciplinary health care team includes a diverse group of members (e.g., physicians, psychologists, social workers, and occupational and physical therapists), depending on the needs of the patient.
“Members with a particular disease must be prioritized so that disease management interventions are targeted toward those members most likely to cost-effectively benefit. This type of intervention is increasingly referred to as population health management.” Zeich

New Mexico Outlook:

In the current, national debate whether to accept federal funding to expand Medicaid or not, the State of New Mexico has moved health care forward by accepting the federal funding to expand their Medicaid coverage (Figure 3).

**Figure 3. State Commitment to Expand Medicaid Eligibility in 2014.**

With the acceptance of Medicaid funding in the State of New Mexico, along with changes in health insurance coverage requirements put in place by the federal government, there is projected to be a large influx in the number of Medicaid-eligible residents and newly covered residents under the Affordable Care Act.

- It is estimated that 170,000 New Mexicans will become eligible for Medicaid in 2014.49

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49 New Mexico Center on Law and Poverty.
Physician Shortages

National Outlook:

The U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) develops shortage designation criteria and uses them to decide whether or not a geographic area, population group, or facility is a Health Professional Shortage Area (HPSA) or a Medically Underserved Area or Population (MUA/P). HPSAs may be designated as having a shortage of primary medical care, dental, or mental health providers.

As of January 2013, across the country there were:

- 5,900 Primary Care HPSAs. Collectively, it would take approximately 16,000 practitioners to meet their need for primary care providers (a population to practitioner ratio of 2,000:1).
- 4,600 Dental HPSAs. It would take 6,600 practitioners to meet their need for dentists (a population to practitioner ratio of 5,000:1).
- 3,800 Mental Health HPSAs. It would take 2,200 practitioners to meet their need for mental health providers (a population to practitioner ratio of 30,000:1).

Figure 4. Health Professional Shortage Areas (HPSA) – Primary Health HPSA Designated Type

50 Rural Assistance Center. Health Resources and Services Administration (HRSA), Bureau of Health Professions (BHPR): July 9, 2013. Note: Alaska and Hawaii not shown to scale.
Medically Underserved Areas (MUAs) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.

Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care.

*Figure 5. Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) Designated Type.*
New Mexico Outlook:

Similar to national trends, New Mexico shows large swaths of land area that are designated as HPSA, MUA, and/or MUP. Across New Mexico, 25 entire counties are designated as primary care HPSAs. There are a total of 33 counties across the state; therefore, 76% of the counties in New Mexico are deemed to have primary care health professional shortages.\(^{51}\)

In New Mexico, more than 833,000 people (40.5% of the state's population) currently live in one of the 94 areas designated as a primary care HPSA.\(^{52}\) An additional 125 practitioners would be needed in these communities to remove the HPSA designation, while an additional 254 primary care practitioners would be needed to achieve HRSA’s target practitioner-to-population ratio of 1:2,000.

*Figure 6. New Mexico Primary Care Physician Gaps.*\(^{53}\)

- 11 of the 33 counties in New Mexico report a shortage of more than 10 primary care physicians.
- The most severe physician shortages are in the northwestern and southeastern parts of the state.
- The proposed site of the new osteopathic medical school is surrounded by counties with primary care physician shortages (Las Cruces in Doña Ana County; surrounded by Luna and Otero counties).

The most recent Association of American Medical Colleges assessment of active primary care physicians cited New Mexico as having 91.2 active primary care physicians (ranked 24th) per 100,000 population, compared with 90.5 per 100,000 population for the entire country.\(^{54}\)

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\(^{52}\) UNM School of Medicine. Primary Care HPSAs, 2012. <http://fcm.unm.edu/physician_assistant_program/Mission%20and%20Goals/HPSA.html>

The Age Factor

Another issue tied to physician shortages that is often overlooked is the fact that physicians retire. Not only is there currently a national shortage of physicians, but there are also many physicians that leave the field every year. Across the United States, there are approximately 798,235 active physicians. Of these physicians, 17.6% are under the age of 40, 56.2% are aged 40-59, and 26.2% are aged 60 or older. This equates to approximately 208,000 physicians across the country that will be retiring in the next few years.

At the same time that the state population is increasing and baby boomers are aging (with their corresponding increased health care requirements), New Mexico’s active physician force is aging. The number of doctors under age 40 (13.7%) is less than the number who are over 60 years of age (33.3%). It can be reasonably assumed that many physicians age 60 or older will leave their practices in the next few years. New Mexico shows the highest rate across the country of active physicians aged 60 or older. This is concerning as it will further impact New Mexicans’ ability to seek care.

A third of New Mexico’s physicians will be retiring within the next five years.

Source: AAMC 2013 State Physician Workforce Data Book.

Figure 7. Ages of Active Physicians in

- Under Age 40
- Ages 41-59
- Age 60 and Over

54 AAMC 2013 State Physician Workforce Data Book
55 AAMC 2013 State Physician Workforce Data Book
56 AAMC 2013 State Physician Workforce Data Book
Population Growth

The 2010 U.S. Census Bureau population estimates for New Mexico reported nearly 2.06 million residents. The population is projected to rise to nearly 2.1 million by 2030 (a 2% increase over 20 years). While this population growth is moderate to minimal compared to other states across the country and the national rate being 17.9%; the real concern for health care in New Mexico is the percentage of individual entering the age bracket of 65 and older.

There are currently approximately 70 million baby boomers, born between the years 1946 and 1964, still living in the United States. On the first day of the year 2011, the first baby boomers started turning 65. Starting on January 2011 and going for the next 19 years (2030), 10,000 baby boomers will turn 65 every day. Baby boomers constitute 35% of the U.S. population. Currently, 13% of the U.S. population is aged 65 and older; this percentage is expected to rise to 18% by 2030 (71.5 million people).

In 2010, nearly 280,000 residents of New Mexico (14.1% of the total population) were aged 65 or older. By 2030 the number of residents aged 65 or older in New Mexico is expected to rise to over 555,000 (26.4% of the total population). New Mexico is ranked 4th in projected growth of residents aged 65 and older from 2010 to 2030. Lack of access to physicians might inadvertently deny many older individuals of needed medical care.

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59 Resources 50+ Fact & Fiction. Immersion Active.
61 Resources 50+ Fact & Fiction. Immersion Active.
62 U.S. Census Bureau
Graduate Medical Education

Physicians in the United States can only be licensed to practice medicine after first completing a residency training program at a teaching hospital. Residency programs range from three to seven years to complete after completion of the either an M.D. or D.O. degree program. Residency training programs have separate accreditation requirements than medical schools as well as separate funding streams (i.e., funding from the federal government, the primary funder of residency training in the U.S. flows through hospitals – not medical schools). Therefore, it is important to ensure that newly established medical schools have accredited residency training programs in close proximity, so that physicians can complete all of their training and begin the practice of medicine in the same region.

National Outlook:

While medical and osteopathic school enrollment continues to climb, the number of available residency slots remains stagnant. One result was that 528 graduating medical school seniors did not match with a residency program this year, as many as twice the number of seniors who went unmatched in 2012, the AAMC reported.63

In 2013, medical school enrollment broke the 20,000 mark for the first time ever, while enrollment in osteopathic medical colleges grew by 4.9% to 23,144.

Growth in physicians in residency training has been much slower. According to the Accreditation Council for Graduate Medical Education, the 2012-13 resident workforce totaled 117,717, a 1.8% increase from the previous year.

Each year, a bill is introduced in Congress to expand residency slots. And each year, the legislation goes nowhere. Both the Obama administration and Congress have proposed spending less on GME programs.

Other experts are much more skeptical of the claimed physician-shortage crisis. RAND Corp. researchers argued in Health Affairs that properly staffed, nurse-managed health centers and doctors’ offices that have adopted the patient-centered medical-home model64 have shown that provider organizations can serve more patients better with fewer physicians as long as they have the right team and right processes in place.

Organized medicine counters by arguing that nurse practitioners are no more likely to practice in underserved areas than physicians.

And the market is driving change as well. Retail clinics are growing rapidly around the country and now total around 1,400. These clinics generally are staffed by nurse practitioners who

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64 A team-based health care delivery model led by a physician, P.A., or N.P. that provides comprehensive and continuous medical care to patients with the goal of obtaining maximized health outcomes.
operate without onsite physician supervision. In 2010, an estimated 4.1 million families used a retail clinic, according to a study by the Center for Studying Health System Change.

In late October, Walgreen’s clinics were accredited by the Accreditation Association for Ambulatory Health Care, based on providing patient-centered, accessible, comprehensive care in coordination with a patient’s primary- and specialty-care providers.

Along the same lines, in April, the University of Nebraska Medical Center’s College of Pharmacy, Omaha, was awarded a $369,000 grant from the National Association of Chain Drug Stores Foundation to test how pharmacy-provided medication management could help patients in ACOs and medical-home practices control their diabetes and high blood pressure. Walgreen, the Kearney (Neb.) Clinic multi-specialty practice, Blue Cross and Blue Shield of Nebraska and the Nebraska Health Information Initiative are participating in the initiative.

Reps. Aaron Schock (R-Ill.) and Allyson Schwartz (D-Pa.) who are co-sponsoring the “Training Tomorrow’s Doctors Today Act,” a bill that would increase the number of graduate medical education (GME) slots by 15,000 over a five-year period. “This is an issue that’s uniting [Republicans and Democrats] on Capitol Hill,” Shock said.65

- In 2011, there were more residents and fellows in ACGME and OGME programs than there were students in medical and osteopathic schools in the U.S., due in part to the inflow of International Medical Graduates (IMGs) to GME. The ratio of total GME to total UME was 1.21. However, many states that had medical and osteopathic schools had fewer residents and fellows than students. Nevada had the lowest ratio of GME to UME (0.45) (NM = 1.51, More GME than UME, ranked 11).66
- Overall, 38.7% of medical and osteopathic students end up practicing in the same state where they received their undergraduate medical education (UME). California reports the highest physician retention rate from UME (62.4%). New Mexico ranks 25th in physician retention from UME at a rate of 37.5%; worse than the national average.67
- In 2011, 44.9% of physicians who graduated from a public medical or osteopathic school were practicing in the state from which they graduated (NM = 37.5% same as UME retention due to the fact that there is only one medical school in the state of New Mexico which is public, ranked 32).68
- After completing training in an ACGME-accredited GME program, 47.4% of physicians either stayed or returned to the state where they completed their most recent graduate

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66 AAMC 2013 State Physician Workforce Data Book
67 AAMC 2013 State Physician Workforce Data Book
68 AAMC 2013 State Physician Workforce Data Book
medical education. California again ranks #1 at 69.5% retention of physicians after GME; New Mexico ranks 38th at 39.1%. 69

- Retention rates were highest for physicians who completed both UME and GME in the same state. Two-thirds (66.6%) of the physicians who completed UME and GME in the same state remained in-state to practice. In terms of overall retention (UME and GME completed in the same state), Hawaii reports the highest rate at 85.8% while New Mexico reports a rate of 65.8% (ranked 27th). 70

Tripp Umbach gathered population and current residency position data to calculate the recommended value of residency slots for New Mexico. The calculation specifics are as follows:

- The total population of the U.S. is 318 million; total population of New Mexico is 2 million. New Mexico represents approximately 0.7% of the population of the U.S. 71
- There are currently 117,717 residency positions in the United States. New Mexico should hold 0.7% of these spots which equates to 772 spots. 72
- New Mexico currently reports 558 residency positions across the state. Roughly 92% of the residency slots are placed in Albuquerque, NM; where only roughly 27% of the population of New Mexico resides. Conversely, 73% of the population of New Mexico lives outside of Albuquerque with only 8% of the residency positions available. These positions are housed in Las Cruces (4%), Santa Fe (3%), and Silver City (1%).
- Therefore, based on population demand, New Mexico should have approximately 200 more residency positions than it currently holds.
- Tripp Umbach recommends setting a goal of creating 200 new residency positions statewide by 2026.

Estimating that 50% of graduates will remain in New Mexico after completing their training, 73 with a projected class size of 150-300 students per year; it is estimated that 75-150 additional graduates per year will stay in New Mexico after completing their medical school training at BCOM.

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69 AAMC 2013 State Physician Workforce Data Book
70 AAMC 2013 State Physician Workforce Data Book
71 U.S. Census Bureau. U.S. and World Population Clock.
72 Data Resource Book Academic Year 2012-2013. Accreditation Council for Graduate Medical Education.
73 AAMC 2013 State Physician Workforce Data Book
Health Need

Access to Care

It is crucial that there are an adequate number of physicians and physician-specialists to serve the health care needs of individuals within geographic areas; however, simply injecting more physicians into an area is not a health care panacea. Access to health care is also influenced by other factors including economic factors.

National surveys reveal that those who have health insurance have better access to health care than those who are uninsured, make better use of preventive services, and have better health outcomes.74

New Mexico reports high rates of uninsured individuals (21%). This is the third highest rate compared to other states across the country (Texas has the highest at 24%; national rate is 15%).75

Figure 10. New Mexico Health Insurance Coverage76

"A shortage of U.S. doctors would have a profound impact on all Americans by affecting access to quality health care, especially for the underserved who already encounter substantial barriers when seeking care."

Source: Jordan J. Cohen, M.D., Former President Association of American Medical Colleges

Health Factors Contributing to Need:

Every year, the University of Wisconsin in collaboration with the Robert Wood Johnson Foundation, puts out their County Health Rankings database that compares all of the counties within each state to one another, looking at various health care barriers (i.e. morbidity, mortality, tobacco use, obesity, access to care, education, employment, etc.).

Each county is given a Health Factor and Health Outcome ranking. The Health Factor ranking is comprised of tobacco use, diet and exercise, alcohol use, sexual activity, access to care, quality of care, education, employment, income, family and social support, community safety, environmental quality, and built environment. The Health Outcome ranking is comprised of mortality and morbidity.

With 33 counties in New Mexico and Harding County not being ranked in this version of the County Health Rankings; a rank of 32 is the “worst” or unhealthiest county, while a rank of one is the healthiest county.

**Doña Ana County**
- Ranked 32nd (worst in the state) for Alcohol and Drug Use

**Luna County**
- Ranked 32 (worst in the state) for Social & Economic Factors, Sexual Activity, Education, and Employment
- Ranked 31 for Health Factors, Clinical Care, and Income

**Sierra County**
- Ranked 30 for Health Outcomes, Length of Life, and Income

**Lea County**
- Ranked 31 for Diet and Exercise
- Ranked 30 for Health Behaviors and Sexual Activity

The state of New Mexico ranks **50th (worst)** in the nation for Drug Deaths.

Within the state of New Mexico, **Doña Ana County ranks 32nd (worst)** for Alcohol and Drug Use.

Source: United Health Foundation; County Health Rankings
Figure 11 shows us the health factor rankings in the state of New Mexico. With darker areas (higher rankings) indicating the areas of worse rankings (“unhealthier”), we can see that the Northeastern and Southeastern regions of the state report some of the highest rate for Health Factors (measured through four types of indicators: health behaviors, clinical care, social and economic, and physical environment factors).

In 2014, Luna County (adjacent to Doña Ana County) reported a Health Factors rankings of 31 (second worst in the state after McKinley County). This indicates that residents of this county have a variety of barriers to quality health care.

At Lovelace Hospitals in Albuquerque, chief medical officer Dr. John Iacuone said his company has been anticipating the need for more primary care providers over the past 18 months.

Aside from contracting with an Arizona firm to provide urgent care, he said, Lovelace has hired more than 50 physicians, of whom 30 to 35 were recruited from out of state.

Even though rural areas are struggling to find providers, Iacuone said, “There is still ample evidence from the (state Department of Health) that there are access issues to health care even ... in the (Albuquerque) metropolitan area.”


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Poverty

Numerous studies have documented that lower family income is significantly associated with poorer physical and mental health status, less social support, more behavioral risk factors, higher rates of obesity and uncontrolled blood pressure, and poor medical diagnoses.

Figure 14 shows us that the entire state of New Mexico reports lower average weekly wages than the national average ($1,000) and that many of the counties including and surrounding Las Cruces, NM show a weekly wage rate of $600-$699.

Source: United Health Foundation

Between 2012 and 2013, the rate of children living in poverty in New Mexico declined from 31.7% to 30.9% of children under the age of 18.

Conversely, obesity in New Mexico has risen from 26.3% to 27.1% (a jump from rank 17 to 21 in the nation).

Source: United Health Foundation

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Figure 12. Average weekly wages by county in New Mexico, fourth quarter 2012.78

---

Other Opportunities to Improve Health care and Quality of Life

Table 9 shows us how well New Mexico compares to all other states across the country in a variety of health measures. New Mexico is ranked as the worst state in the country for drug deaths at 24.1 per 100,000 population.

**Table 6. America’s Health Rankings for New Mexico, 2013.**

<table>
<thead>
<tr>
<th>Topic</th>
<th>NM Rank</th>
<th>State Ranked #1</th>
<th>State Ranked #50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>32</td>
<td>HI</td>
<td>MS</td>
</tr>
<tr>
<td>Drug Deaths</td>
<td>50</td>
<td>ND</td>
<td>NM</td>
</tr>
<tr>
<td>Children in Poverty</td>
<td>49</td>
<td>WY</td>
<td>LA</td>
</tr>
<tr>
<td>Occupational Fatalities</td>
<td>49</td>
<td>MA</td>
<td>ND</td>
</tr>
<tr>
<td>High School Graduation</td>
<td>48</td>
<td>VT</td>
<td>NV</td>
</tr>
<tr>
<td>Lack of Health Insurance</td>
<td>48</td>
<td>MA</td>
<td>TX</td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>48</td>
<td>NH</td>
<td>AR</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>47</td>
<td>WV</td>
<td>MS</td>
</tr>
<tr>
<td>Violent Crime</td>
<td>47</td>
<td>ME</td>
<td>TN</td>
</tr>
<tr>
<td>Suicide</td>
<td>46</td>
<td>NY</td>
<td>AK</td>
</tr>
<tr>
<td>Low Health Status</td>
<td>44</td>
<td>MN</td>
<td>WV</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>44</td>
<td>MD</td>
<td>MS</td>
</tr>
<tr>
<td>Cholesterol Check</td>
<td>44</td>
<td>MA</td>
<td>UT</td>
</tr>
<tr>
<td>Pertussis</td>
<td>44</td>
<td>LA</td>
<td>UT</td>
</tr>
<tr>
<td>Health Status</td>
<td>43</td>
<td>VT</td>
<td>WV</td>
</tr>
<tr>
<td>Personal Income, Per Capita</td>
<td>43</td>
<td>CT</td>
<td>MS</td>
</tr>
<tr>
<td>Disparity in Health Status</td>
<td>42</td>
<td>AK</td>
<td>IL</td>
</tr>
<tr>
<td>Immunization - Adolescents</td>
<td>42</td>
<td>RI</td>
<td>MS</td>
</tr>
<tr>
<td>Dentists</td>
<td>41</td>
<td>MA</td>
<td>AR</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>41</td>
<td>NH</td>
<td>AK</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>9</td>
<td>CO</td>
<td>MS</td>
</tr>
<tr>
<td>Public Health Funding</td>
<td>7</td>
<td>HI</td>
<td>NV</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>6</td>
<td>UT</td>
<td>AL</td>
</tr>
<tr>
<td>Air Pollution</td>
<td>5</td>
<td>WY</td>
<td>CA</td>
</tr>
<tr>
<td>Cancer Deaths</td>
<td>4</td>
<td>UT</td>
<td>KY</td>
</tr>
</tbody>
</table>

In 2013, New Mexico ranked 32nd in Overall State Health Ranking; it was 36th in 2012.

*Source: United Health Foundation*

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Insufficient Supply of Medical Students to Support Physician Workforce in Outlying Areas

Currently, there is only one medical school in New Mexico; University of New Mexico School of Medicine (UNM SOM). Geographically, the school is centrally located in the largest city in the state, Albuquerque. This makes it difficult to recruit medical students and physicians outside of the big city into the more rural areas of New Mexico.

Interestingly, a large majority of the applicants (73.9%) to UNM SOM are out-of-state students. Approximately 294 (26.1%) of the total applicants to the UNM SOM program are from within New Mexico. The UNM SOM program class size in 2013 was 103; approximately 99 of these students were New Mexico residents.

With 1,129 applicants to UNM SOM, the acceptance rate in 2013 was 9.1%, leaving over 1,000 students seeking medical education in another state.

**Table 7. U.S. Medical School Applications and Matriculants by School, State of Legal Residence, and Sex, 2013.**

<table>
<thead>
<tr>
<th>University of New Mexico School of Medicine (2013)</th>
<th>Applications (n=1,129)</th>
<th>Matriculants (n=103)</th>
</tr>
</thead>
<tbody>
<tr>
<td>By in state status</td>
<td>By sex</td>
<td>By in state status</td>
</tr>
<tr>
<td>In State</td>
<td>Out of State</td>
<td>Women</td>
</tr>
<tr>
<td>26.1%</td>
<td>73.9%</td>
<td>45.0%</td>
</tr>
<tr>
<td>In State</td>
<td>Out of State</td>
<td>Women</td>
</tr>
<tr>
<td>96.1%</td>
<td>3.9%</td>
<td>48.5%</td>
</tr>
</tbody>
</table>

**Chart 2. Total Graduates by U.S. Medical School and Sex, 2009-2013.**

80 AAMC U.S. Medical School Applications and Matriculants by School, State of Legal Residence, and Sex, 2013
81 AAMC Total Graduates by U.S. Medical School and Sex, 2009-2013
Over the 10 years from 2000 to 2010, New Mexico has experienced an increase in the number of students entering undergraduate medical education programs (Table 10).

**Table 8. Change in Number of Students Enrolled in Medical or Osteopathic Schools, 2002-2012.**

<table>
<thead>
<tr>
<th>Total Students Enrolled in Undergraduate Medical Education (UME)</th>
<th>Students Enrolled in Medical School</th>
<th>Students Enrolled in Osteopathic School</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2002</strong></td>
<td><strong>2012</strong></td>
<td><strong>% Change</strong></td>
</tr>
<tr>
<td>United States</td>
<td>80,180</td>
<td>102,498</td>
</tr>
<tr>
<td>New Mexico</td>
<td>324</td>
<td>393</td>
</tr>
</tbody>
</table>

It is clear that there is an interest from New Mexican students to enter the medical field; both from rises in the number of students entering undergraduate medical programs as well as the large numbers applying to the one medical school in the state. As previously mentioned, it is much more likely for a student to stay in the state in which they were educated and trained. Therefore, the important question that New Mexico needs to ask and address is; how do we attract and retain physicians into the underserved areas of New Mexico?

**Federally Qualified Health Centers (FQHCs)**

The Centers for Medicare and Medicaid Services announced in June of 2011 that 500 Federally Qualified Health Centers (FQHC), including 25 in New Mexico, have been selected for the FQHC Advanced Primary Care Practice demonstration project from over 800 applicants. The 500 community health centers in 44 States across the country will receive approximately $42 million over three years to improve the coordination and quality of care they deliver to people with Medicare and other patients. The initiative is designed to evaluate the impact of the advanced primary care practice model, also known as the patient-centered medical home, on improving health, improving quality of care, and lowering the cost of care provided to Medicare beneficiaries served by FQHCs.

There are approximately 180 FQHCs across the state of New Mexico. These 25 locations, spread throughout the state, are centers for innovation and the first step in analyzing a new way to provide care.

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82 AAMC 2013 State Physician Workforce Data Book
84 U.S. Department of Health and Human Services. Health Resources and Services Administration. Find a Health Center
Appendix C: Accreditation

A crucial part of the implementation phase for the proposed college is the accreditation process. The American Osteopathic Association’s Commission on Osteopathic College Accreditation (AOA COCA) accredits osteopathic medical schools. Through accreditation, the COCA provides assurance to medical students, graduates, the medical profession, health care institutions, and the public that:

- Educational programs culminating in the award of the D.O. degree meet reasonable and appropriate national standards for educational quality, and;
- Graduates of such programs have a complete and valid educational experience sufficient to prepare them for the next stage of their training.

<table>
<thead>
<tr>
<th>TABLE 5: ACTIONS FOR ACCREDITATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ORGANIZATIONAL REQUIREMENTS</strong></td>
</tr>
<tr>
<td>➢ Creation of a founding authority</td>
</tr>
<tr>
<td>➢ Delineation of the relationship between the proposed college and area hospitals</td>
</tr>
<tr>
<td>➢ Definition of the organizational and governance structure</td>
</tr>
<tr>
<td>➢ Strategic plan</td>
</tr>
<tr>
<td>➢ Job description for the Dean</td>
</tr>
<tr>
<td>➢ Appointment of the Dean</td>
</tr>
<tr>
<td>➢ Appointment of Senior Administration (academic affairs, student affairs, clinical affairs, administration, and finance)</td>
</tr>
<tr>
<td><strong>EDUCATIONAL REQUIREMENTS</strong></td>
</tr>
<tr>
<td>➢ Overall mission and objectives of the proposed college</td>
</tr>
<tr>
<td>➢ The need for the proposed college</td>
</tr>
<tr>
<td>➢ Outline of the curriculum as a whole</td>
</tr>
<tr>
<td>➢ Detailed layout of first year curriculum</td>
</tr>
<tr>
<td>➢ Teaching and evaluation (faculty and curriculum) methods</td>
</tr>
<tr>
<td>➢ Methods for curriculum review</td>
</tr>
<tr>
<td><strong>STUDENT-RELATED REQUIREMENTS</strong></td>
</tr>
<tr>
<td>➢ Admissions policies</td>
</tr>
<tr>
<td>➢ Projected enrollment</td>
</tr>
<tr>
<td>➢ Student services resources (academic counseling, financial aid, health services, personal counseling)</td>
</tr>
<tr>
<td>➢ Evaluation procedures for advancement and graduation of students</td>
</tr>
<tr>
<td>➢ Teacher-student conduct standards</td>
</tr>
</tbody>
</table>
### FACULTY REQUIREMENTS
- Appointment, promotion, and tenure policies
- Salary schedules and qualification requirements
- Sufficient faculty for 1st year
- Faculty recruitment plan and timeline for 2nd year

### EDUCATIONAL RESOURCES REQUIREMENTS
- Five year budget (expenses and revenues by source) and financial resources
- Classroom space and infrastructure for 1st year
- Classroom space and infrastructure plan for 2nd year
- Library
- Information technology services
- Ability to expand
- Clinical teaching site identification

The fees for accreditation of colleges of osteopathic medicine are established as follows:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application fee for a new college of osteopathic medicine</td>
<td>$32,000</td>
</tr>
<tr>
<td>Branch Campus application fee</td>
<td>$32,000</td>
</tr>
<tr>
<td>Pre-accreditation fee, to be charged each year a new College of Osteopathic Medicine is awarded Pre-accreditation</td>
<td>$21,081</td>
</tr>
<tr>
<td>Provisional accreditation fee, to be charged each year a College of Osteopathic Medicine is awarded Provisional accreditation</td>
<td>$40,281</td>
</tr>
<tr>
<td>Accreditation fee, to be charged to each fully accredited College of Osteopathic Medicine and each Branch Campus and/or Additional Location annually</td>
<td>$35,281</td>
</tr>
<tr>
<td>The direct cost of all on-site accreditation visits is charged to each College of Osteopathic Medicine.</td>
<td>(Varies)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$160,643 (+)</strong></td>
</tr>
</tbody>
</table>

---

85 American Osteopathic Association. Memo to Prospective COM Applicants.
### Osteopathic Medical School Feasibility Study

#### Commission on Osteopathic College Accreditation Prototypical Pre-Accreditation Timetable

<table>
<thead>
<tr>
<th>No.</th>
<th>Key Events for COM Development (numbers refer to feasibility study requirements)</th>
<th>The day of the COCA meeting: 7-Dec-14</th>
<th>Target Days</th>
<th>Calculated Date</th>
<th>Persons Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>NOTE: The target days for this domain do not take into account the duration of each of the steps.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1. Assess support in the community</td>
<td>-325</td>
<td>01/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2. File articles of incorporation, if a new institution</td>
<td>-325</td>
<td>01/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>2. Appoint a functioning governing body</td>
<td>-325</td>
<td>01/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>2. Prepare bylaws, if a new institution</td>
<td>-325</td>
<td>01/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>2. Amend bylaws, if an existing institution</td>
<td>-325</td>
<td>01/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>3. Obtain support of parent, if COM is to be in an existing institution</td>
<td>-325</td>
<td>01/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>4. Obtain permission from state higher education authority to offer the degree</td>
<td>-325</td>
<td>01/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>5. Secure a Chief Executive Officer, if a new institution</td>
<td>-325</td>
<td>01/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>5. Secure a Chief Academic Officer / Dean</td>
<td>-325</td>
<td>01/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>6. Document planning and progress in securing clinical education training affiliates in numbers appropriate for the proposed curriculum and class size.</td>
<td>-325</td>
<td>01/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>6. Assess impact of proposed clinical education experiences upon existing osteopathic training programs</td>
<td>-325</td>
<td>01/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>7. Secure financial resources for operations</td>
<td>-325</td>
<td>01/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>7. Secure escrowed teachout-reserve fund</td>
<td>-325</td>
<td>01/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>7. Secure operating reserve fund</td>
<td>-325</td>
<td>01/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>7. Secure letter of commitment, if a state institution</td>
<td>-325</td>
<td>01/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II.</td>
<td><strong>Preparation and Submission of Feasibility Study</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Write draft feasibility study (30 days)</td>
<td>-325</td>
<td>01/16/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Review, revision and signoff by COM CEO &amp; Dean</td>
<td>-295</td>
<td>02/15/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Submit to COCA</td>
<td>-288</td>
<td>02/22/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III.</td>
<td>Initial Review by COCA Executive Committee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Feasibility study received by COCA staff --&gt; COCA-EC</td>
<td>-286</td>
<td>02/24/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Schedule time of meeting (30 days)</td>
<td>-264</td>
<td>03/18/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Initial feasibility study review completed by COCA staff (45 days)</td>
<td>-241</td>
<td>04/10/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Meeting: Receive staff analysis and make decision on visit</td>
<td>-234</td>
<td>04/17/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Staff prepares report of meeting (7 days) and sends to COM</td>
<td>-227</td>
<td>04/24/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV.</td>
<td>Second Review by COCA Executive Committee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>COM responds to findings, submits amended study (30 days)</td>
<td>-197</td>
<td>05/24/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Feasibility study updates received by COCA staff --&gt; COCA-EC</td>
<td>-195</td>
<td>05/26/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Schedule time of meeting (30 days)</td>
<td>-188</td>
<td>06/02/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Second feasibility study review completed by COCA staff (30 days)</td>
<td>-165</td>
<td>06/25/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Meeting: Receive staff analysis and make decision on visit</td>
<td>-158</td>
<td>07/02/14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Staff prepares report of meeting (7 days) and sends to COM</td>
<td>-151</td>
<td>07/09/14</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
V. INITIAL PRE-ACCREDITATION SITE VISIT

<table>
<thead>
<tr>
<th></th>
<th>Event Description</th>
<th>Days</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Propose site visit date, team &amp; submit to COM</td>
<td>-136</td>
<td>07/24/14</td>
</tr>
<tr>
<td>31</td>
<td>Confirm site visit team (30 days) + 30 days in advance of date</td>
<td>-106</td>
<td>08/23/14</td>
</tr>
<tr>
<td>32</td>
<td>COM identifies lodging</td>
<td>-106</td>
<td>08/23/14</td>
</tr>
<tr>
<td>33</td>
<td>Team arrives and departs campus</td>
<td>-76</td>
<td>09/22/14</td>
</tr>
<tr>
<td>34</td>
<td>COCA Staff prepares draft report for team review (10 days)</td>
<td>-76</td>
<td>09/22/14</td>
</tr>
<tr>
<td>35</td>
<td>Team reviews draft report (5 days)</td>
<td>-66</td>
<td>10/02/14</td>
</tr>
<tr>
<td>36</td>
<td>Draft report is submitted to COM</td>
<td>-61</td>
<td>10/07/14</td>
</tr>
<tr>
<td>37</td>
<td>COM has 30 days to submit response, timeline may be waived.</td>
<td>-60</td>
<td>10/08/14</td>
</tr>
<tr>
<td>38</td>
<td>Materials are submitted to COCA 30 days in advance of meeting</td>
<td>-30</td>
<td>11/07/14</td>
</tr>
</tbody>
</table>

VI. COCA MEETING

<table>
<thead>
<tr>
<th></th>
<th>Event Description</th>
<th>Days</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>Pre-accreditation site visit report is presented</td>
<td>0</td>
<td>12/07/14</td>
</tr>
</tbody>
</table>

Note: This is a prototypical timetable. It does not represent an average or any specific applicant COM's experience.

It should be considered as a guideline, not as a guarantee of any decision by the COCA.
Appendix D: Tripp Umbach Qualifications

Tripp Umbach has completed projects for more than 50 of the top 100 academic medical centers ranked in the 2009 *U.S. News & World Report*. Since 1990, Tripp Umbach has completed individual studies for more than 50 leading academic medical centers and their hospitals, including the Mayo Clinic, the University of Pennsylvania, Children’s Memorial Hospital in Chicago, Shands Health care at the University of Florida, the University of Pittsburgh Medical Center, the University of North Carolina, and The Ohio State Medical Center. Tripp Umbach has completed economic impact studies for all 125 U.S. medical schools and for more than 400 teaching hospitals throughout a 10-year relationship with the Association of American Medical Colleges. Tripp Umbach has provided consultation to 15 new or expanded medical schools over the past five years.

In 2007, Tripp Umbach worked with The Board of Regents University System of Georgia to develop a medical education expansion plan for the Medical College of Georgia School of Medicine and statewide partners. Tripp Umbach recommended a combination of expanded class sizes at current regional campuses, as well as newly developed clinical campuses. As a result of the regional campus model, an additional 1,200 medical student slots will be created over 12 years (from 745 current students). The plan required collaborative efforts from a number of entities; the Medical College of Georgia, the University of Georgia, statewide health care providers, and the state of Georgia. The primary contact for the project was Dr. Dan Rahn, president of the Medical College of Georgia and the senior vice chancellor for health and medical programs for the University System of Georgia.

Tripp Umbach has also worked with the Montana State University WWAMI program to complete an economic impact analysis of the program on the state of Montana (WWAMI is a partnership between the University of Washington School of Medicine and the states of Washington, Wyoming, Alaska, Montana, and Idaho). The study analyzed the current impacts of the program on the state of Montana as well as projected impacts if the program expanded to support 40 students.

Tripp Umbach is currently working with a number of universities and entities to develop plans for colleges of medicine, both allopathic and osteopathic. Current medical school clients include: Indiana University (allopathic), Nevada System of Higher Education (allopathic), and Arkansas State University with the New York Institute of Technology (osteopathic).