

Statement on SB273
Roxanne Fahrenwald

Chairman Cooney, ladies and gentlemen of the Senate Finance and Claims Committee, thank you for this opportunity to provide support for SB 273. My name is Roxanne Fahrenwald, I am a family physician and educator. I am the current director of the Montana Family Medicine Residency and formerly on the faculty of the State University of New York, Stony Brook School of Medicine where I taught 1st through 4th year medical students and held positions including family medicine student clerkship director, residency director and vice chairman of the Department of Family Medicine. I am a clinical associate professor of family medicine at the University of Washington School of Medicine and affiliate faculty of medical science at Montana State University. I am unable to be at this hearing in person today but feel strongly about this subject and wish to share these thoughts and opinions with you.

I urge you to support SB 273, the request for funding for Montana to do a study of our state's medical education needs. This bill funds examination of these needs in the context of the possibility of starting a rural medical school in Billings. I believe this focus is a good one, combining a needs analysis simultaneously with the exploration of a solution. No matter the outcome, it will be good and useful to us: Should the need be there and the school be realistic, the Legislature can make a seamless transition into a start up. If the need is not there or the school not feasible, the legislature need not act again and the project and study ends, nothing changes. If there is additional need confirmed, the confirmation of the school as the solution will also define startup requirements. If there is a need defined but the school is not the best solution, the elimination of this possibility will take the medical school discussion off the table once and for all, as well as having provided the REASON it is not feasible – thus the alternative and correct solution. This seems a win-win for the state no matter what we find.

It may seem like a big step out there for us as a rural state to look at providing this level and type of education. It is not. There exists in every state the local resources to teach medicine – here within MSU and the state's medical community. There is no magic about medical centers and universities in other states that makes them untouchable or the curriculum unable to be duplicated. There is a formula and content to medicine and capable teachers of this in every state, including right here in Montana. In fact, much of the WWAMI student's education here and in the other WWAMI states is based not in Seattle, but in the rural state itself, in small and larger communities with the very kind of community physicians that Senator Stapleton sees as part of the education of locally schooled medical students. The community based educational model is already here, successful and used every day by the University of Washington. The first two years of medical school offers much classroom based education in the medical sciences. This curriculum is straightforward. We can do this here if there is a need and desire. But we will not know unless we look, and an internal examination of this – as opposed to an external group determining what we need in Montana – is the first step.

We have had a very successful relationship with the University of Washington WWAMI program in providing these resources to Montana for 30 years. This program serves us well but provides access only to a small number of Montanans every year. You have heard testimony about the number of graduates from Montana who apply and are accepted to medical school around the country annually. This number is far too large to be served by WWAMI which is well designed for a few, when that was our need, but not for many. In addition, there are literally hundreds of well qualified students around the country every year who are forced to seek alternatives to their dream of becoming a physician or to seek education in the ever expanding international medical schools, most of whom then return to practice here in the United States. Let us look at how we can serve select non-residents as well with a rural medical education program.

WWAMI has increasingly focused on education for medical specialists which, granted, there is a need for here too. Our rural communities however do not provide an opportunity for these specialists and sub-specialists but cry out for general physicians – family physicians and general surgeons in particular – to meet the huge range of the health care needs of our small rural Montana communities. We can teach students here first hand about the rewards of rural life and rural medicine without risking losing them to a city lifestyle any bigger than that found in Billings. We can focus our recruiting on communities in serious straits, mentoring their children through school and their medical education to return home.

I urge you to take this opportunity for our own state to examine our own needs and see if we can locally and internally address these. There is no need to contemplate changing or severing the relationship with WWAMI or with WICHE – I expect we will find there is enough to go around. WWAMI was a marvelously innovative program in its time and is an excellent medical school. MSU is an excellent school as well and there are a large number of physicians with outstanding teaching abilities in the state of Montana. It may well be time for Montana to be the innovator and owner of its medical education. Please support this effort.

Respectfully submitted,
Roxanne Fahrenwald MD