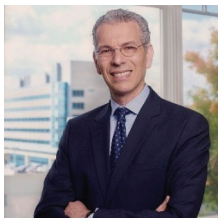




# A pipeline of talent for population health

By David Levine | March 31, 2017

On January 1, The Commonwealth Medical College, in northeast Pennsylvania, became the Geisinger Commonwealth School of Medicine, part of Geisinger Health System.



Danville, Pa.-based Geisinger is the second large healthcare organization to get into the medical school business recently. Kaiser Permanente is starting its own school from scratch.

And both schools share the explicit purpose of training doctors specifically for population health.

Geisinger's acquisition gives it an opportunity to train and recruit staff for its 12-hospital, physician-led system, with new graduate programs in population health and genomics in the works. For example, Geisinger has participated in a study, involving more than 110,000 participants, that is intended to help researchers better understand the relationship between genes and diseases.

The health system now serves over three million patients annually, has two research centers, and a 551,000-member health plan.

athenaInsight asked David Feinberg, M.D., M.B.A., president and CEO of Geisinger Health System, about further creating a pop health mission, its focus on delivering community care, and steering medical students to primary care.

**Q Why did Geisinger decide to acquire a medical school?**

**A** Geisinger is now 101 years old, and it has been in the education business almost its entire existence. We have about 500 residents in postgraduate education, and two nursing schools, and we felt adding a medical school completes that continuum from undergraduate to graduate programs.

**Q Is there something about the current medical school system that you see lacking, and that you hope to fix or change?**

**A** With this school, we will create what we think is the country's only community-based medical school embedded in a health system that is fully committed to population health. If you want to learn in a system that will train you for the way medicine is going

to be practiced in the future, we think this offers that opportunity.

**A** It is much like what Kaiser will have in 2019, but they will have to go through the growing pains of developing a new medical school. This helps create a pipeline not just of primary care physicians but of people who want to practice in northeast and central Pennsylvania.

**Q** **Has the national shortage of primary care physicians been a factor in the decision?**

**A** We don't have a problem recruiting currently. Our recruitment and retention have been fantastic. It is more about creating students who understand the way we think medicine should be practiced. When we get a student or resident from somewhere else, it takes a number of months to get them up to speed. This way we eliminate that transition time. Instead of retraining people, training them from the beginning makes it much easier for us to realize our purpose.

Our goal is to train students to become leaders in this kind of care, at Geisinger and other parts of the country. I have a feeling it will allow us to keep more local people, because this school gives extra weight to local men and women. And evidence shows that doctors tend to practice where they are from or where they did their residency, so taking them from the community through medical school and residency here makes sense.

**Q** **Will the medical school encourage students into certain specialties, such as primary care?**

**A** There are shortages in primary care, but also lots of others, such as dermatology, psychiatry, general surgery. We hope we see students go into things they are passionate about but also filling needs in our community.

Geisinger has a strong community focus, so students will be engaged with families

right from the beginning. The best way to get students into primary care is when they have experience with PCPs who are happy and enjoy their work. If the doctor is overwhelmed, it is not appealing.

The other thing is, because primary care doesn't pay as well, if you come out with lots of debt you have to eliminate certain practices. Through scholarships and experience with great primary care preceptors, this medical school has a higher percent of students going into primary care than the national average.

**Q** **How is this related to the growth of large physician systems within healthcare organizations, as opposed to private practices?**

**A** Geisinger hired its first doctor 101 years ago – we have been hiring doctors since long before anyone else. In our setting, we know if you see a Geisinger doctor, have Geisinger insurance, come to a Geisinger facility, our outcomes are fantastic and costs are lower. Alignment is around our shared purpose, not employment. If they become Geisinger doctors, fantastic. If they become community doctors who want to work collaboratively with us, that is also fantastic.

**Q** **With Kaiser Permanente also starting a medical school, is this a trend? Do you think more health systems will follow suit?**

**A** I'm not sure. There are not a lot of schools like this one – or organizations like Kaiser with the resources to start a medical school. They are tricky and not money makers. I do think you will see systems saying to medical schools and residents, "These are the kinds of students we want to see: Students who understand how important it is to be engaged in the community, who are aware of costs and are doing things to keep people healthy."

I also see medical schools changing the way they look for students and educate students. It is more and more focused on the human qualities of medicine. Schools are looking for

what I call better-rounded students, not just biochemistry majors.

**Q** What do the current medical students have to say about this transition?

**A** The biggest question students have is, do they get new sweatshirts?

*David Levine is a regular contributor to athenaInsight.*



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