



A few Questions for ...

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Dr. Hunsaker, Founding Dean of MCW-Green Bay, spoke with Dr. Bruce Campbell, Editor-in-Chief of the Transformational Times, about the Green Bay campus and how its mission will improve the health of Wisconsin's smaller towns and cities...

1. How does a regional campus help address some of these challenges of rural health care?

It is atypical for a non-state university medical school to launch regional campuses. Although some might think of our community as small, Green Bay is the third-largest city in Wisconsin (population of 100,000) and has a total metropolitan population of 300,000. We have three health care systems, several institutions of higher learning, and sophisticated hospitals. And, of course, there is the Green Bay Packers football team and foundation that have been philanthropic supports of the school. That said, it does not take long to get from downtown to sparsely populated areas like Door County or Shawano.

As a regional campus, we have several unique opportunities to impact health care.

First, we can recruit wonderful, talented students who have unique backgrounds. Many of our students are drawn from pools that "traditional" medical school admissions processes overlook. For example,

some are non-traditional in the sense that they are the first of their families to enter medicine or even graduate from college. Many come from smaller towns and cities across Wisconsin. Many have graduated from smaller colleges and come from very modest backgrounds.

Our focus and our approach to interviewing seek to identify those who have an affinity for primary care and psychiatry in non-urban settings. If a student at interview does not align well with those campus goals, we encourage them to consider our Milwaukee campus for other career paths that better align with their personal goals.

Once the admissions office has determined that an applicant has the aptitude to likely succeed in medical school, we rely on our Regional Applicant Advisory Committee (RAAC) to secondary screen and interview candidates and provide recommendations to the Admissions Committee. The RAAC members are trained by the admissions office in screening and interviewing. All are selected from the Green Bay community and represent a broad representation of Northeast Wisconsin. MCW-Green Bay is searching hard for their other qualities in addition to cognitive performance. We have people both the Admissions Committee and the Regional Applicant Advisory Committee screen each portfolio. The results of the local interview process are provided to the admissions committee who makes all the decisions about a candidate's status and extends offers to matriculate. Of the more than 2300 applications we received for Green Bay this year (including 275 Wisconsin) we are nearly finished interviewing eighty candidates from which to build the class. To flatten the inherent biases of one-on-one interviews, we have each applicant interview with a group of seven to ten people from the RAAC. This community-based interviewing approach provides us great feedback and a wonderful cohort of students.

Next, we leverage our location and faculty to train outstanding physicians who will thrive in their careers, with a special emphasis on primary care and psychiatry in smaller communities across the state. We graduate students with the requisite skills for these practices who are equipped to

focus on the central tenet of medicine, which is that a physician is merely a person who happens to have an advanced science degree helping another person improve or regain their health. Central to our program is the idea, nothing we teach should ever work to diminish the student's ability to talk to another human being with empathy, compassion respect, and clarity.

We want students to become part of the community. Each student participates in the Physician in the Community Scholarly Pathway. Students complete an IRB-approved Community Orientated Primary Care (COPC) research project while working with community-based organizations, to address local health problems. The student conceives the project, develops it with a local community organization, executes the project, and presents it to the community, their peers, and the local healthcare research forum. COPC requires them to participate in CITI research training, build research skills, community-based health care experience, interprofessional education exposure, and insights into health care challenges unique (and not so unique) to communities located away from academic medical center teaching environments.

Many smaller communities and hospitals have huge problems with physician recruitment and retention, and a campus like ours can offer a pool of individuals already familiar with the region. Students who have rotated through, for example, Bellin or Prevea, might be drawn to work for these systems after they graduate. They can build connections even as they are in school or residency that lead to future career employment.

By observing their mentors, students recognize that working in smaller communities will allow them to practice closer to their full potential, functioning at the "top of their licensure and appropriate training," that is, a family physician in a small town is more likely to deliver babies, perform GI endoscopies, and do minor procedures than one who works in the shadow of an urban institution with multiple subspecialists. They experience the satisfaction of providing services that would not otherwise be available in their zip code.

2. What challenges do you see in the rural health care workforce and in rural health care in the coming decade?

Smaller hospitals and their health care systems face many of the same problems faced by their urban counterparts but have fewer resources, less flexibility, and greater risks as they attempt to meet the mandates and challenges. For example, the implementation of computerized medical records, enormous data and reporting systems, and the costs of health care delivery have had disproportionate effects on smaller hospitals. They simply cannot scale up as easily and the larger systems in many cases. As mergers and acquisitions are predicted to continue, smaller systems will likely continue to consolidate; towns like Green Bay which currently has three, might soon have fewer systems at some point in the future and if predictions are correct, alignment with other system-level resources. As physicians, we have seen the intrusion of “business activities” and documentation requirements at the bedside and we need to protect and champion the importance of meaningful interactions that preserve patient respect, dignity, and quality of care. Not long ago, I heard from a community member that they were disturbed that scheduling the visit on the phone took longer than the time spent with their physician. Who we train and how we train them will prevent “transaction” from overtaking the sanctity of meaningful doctor-patient interactions.

That said, all hospitals are facing increased mandated requirements and decreased margins. Rural hospitals will likely continue to adapt, and larger systems should identify the mutual engagements that encourage a healthy state. MCW-Green Bay’s efforts to recruit, train and support a workforce with appropriate primary care specialty distribution and geographic distribution are key to a sustainable future.

Here is an analogy:

We, as a society, have made the decision that every community, regardless of size or income, deserves clean water. If the water is bad or tainted, we will not tolerate it. Think of Flint, Michigan.

We have similar beliefs surrounding public health. Generations ago, we decided that sanitation and clean water were basic rights. Over the past fifty years, we have added vaccination as being critical for human health. Over the past twenty years, we added health care screenings, as well. We began pivoting from disease treatment alone to screening and early detection. We are accustomed to believing that basic interventions like these decrease every person's morbidity and improve everyone's wellbeing.

So, how do we extend this analogy of basic health care services to our rural areas? What types of interventions and sacrifices should we, as a medical school, contribute to ensure care reaches all of Wisconsin's citizens? How do we assure equity to access and treatment despite where a person lives? How do we deliver services that are not easily scalable? Rural and Urban disparities are often similar in terms of workforce and accessible services.

These are huge challenges for our smaller towns and cities. It is a consideration for each of us to contemplate and participate in developing solutions.

3. As a Dean, what have you discovered?

Since our class sizes are smaller, I can schedule meetings with each of the medical students individually for half an hour each year and twice in their final year, all in addition to their career counseling, mentorship, and future planning provided elsewhere. As I meet with them, I realize we can measure their knowledge, but that we have a much more difficult time measuring and influencing character growth and the non-cognitive aspects of who they are becoming, yet these are critical to their success

and happiness as physicians. The development of character and robust mentoring are key factors to success in and beyond medical school.

4. Any other advice?

I have enjoyed my journey from working as a family physician in a small town in downstate Illinois to my decade at the University of Illinois College of Medicine at Rockford to now my work as Dean at MCW–Green Bay.

I believe that our task as a physician is straightforward. It is to help people live longer or feel better. If our advice and care fall outside of those goals, we need to contemplate what forces in medicine or society are driving our decision-making.

I believe that good doctors are the most aware of their biases, judgment, and care outcomes. Less successful doctors, on the other hand, wait for others to criticize or react to concerns from others. Pay attention to where the criticism comes from. As medical educators, we must incorporate this in our educational models so that the future peer is knowledgeable, successful, and one with whom their patients, and we as colleagues enjoy working.

Matthew L. Hunsaker, MD, is the founding dean of MCW–Green Bay. Dr. Hunsaker provides overall leadership and management of MCW's regional campus. Interview by Bruce H. Campbell, MD.

