The Rise and Potential Impacts of the Consortium of Accelerated Medical Pathway Programs on United States Healthcare

Introduction

In the 2020 census, more than 56 million adults aged 65 and older were reported living in the United States, accounting for 16.9% of the nation's population.[1] As the "Baby Boomer" generation continues to age, the 65 and older cohort is projected to grow to 73.1 million people by 2030 and account for roughly 20% of the nation's population.[2] An aging population requires more complex care, which only further increases the demand for qualified providers nationwide.[3]

To match the growing healthcare provider demand, the nation's healthcare workforce needs to expand by roughly 2.3 million new workers from 2018 to 2025 to adequately care for the U.S.'s aging population.[4] Despite many calls to action, a June 2021 report projected a physician shortage ranging from 37,800 to 124,000 by 2034.[5] The provider shortage has been further exacerbated by the COVID-19 pandemic, as 117,000 physicians left the workforce, while fewer than 40,000 new providers (i.e., graduating medical students) joined it in 2021 alone.[6]

Academic medical organizations around the U.S. have worked to address the growing physician shortage for many years. As key components of academic medical centers (AMCs), many medical schools have committed to producing qualified clinicians at a faster rate to minimize the nationwide physician shortage. Specifically, 32 innovative medical schools are participating in the Consortium of Accelerated Medical Pathway Programs (CAMPP).[7]

This white paper gives an overview of the program structures employed by member schools of CAMPP and their potential impact both on the nationwide provider landscape and medical student indebtedness. A number of other similar, highly impactful accelerated medical school program structures exist, including combined baccalaureate and medical school programs as well as specialty-specific accelerated medical training tracks. Emerging within the last decade, CAMPP is not as widely known as these other alternatives. Featured in this paper, CAMPP programs have the potential to influence the healthcare landscape greatly.

Accelerated Medical School Pathway Programs and Their Benefits

In the 1960s, the cost to attend a traditional, four-year medical school program was approximately $40,000 in today's currency.[8] Currently, the total cost to attend a traditional, four-year medical school is $300,000, a 750% increase from the 1960s.[9] Roughly 70% of medical students borrow from lending institutions to finance their education.[10] As a result, the average medical student indebtedness has risen to $202,450.[11]

This high average indebtedness has many consequences for the future of the U.S. healthcare workforce. As medical school tuition continues to rise, medical education will be accessible to those students who can independently fund these costs or qualify for loans.[12] African American, Hispanic American, and Native American groups each cited cost of attendance as the No. 1 reason for not applying to medical schools.[13] These ethnic groups make up roughly 25% of the U.S.'s population but only 12% of the medical student population.[14] Ever-increasing medical school costs will lead to a significant portion of the population continuing to be underrepresented in healthcare.[15] Further, the burden of debt has led many medical students to pursue lucrative, high-reimbursement specialties. As a result, primary care specialties are often not chosen, despite their high demand and value, and are expected to contribute between 17,800 and 48,000 physicians to the projected 2034 deficit.[16,17]

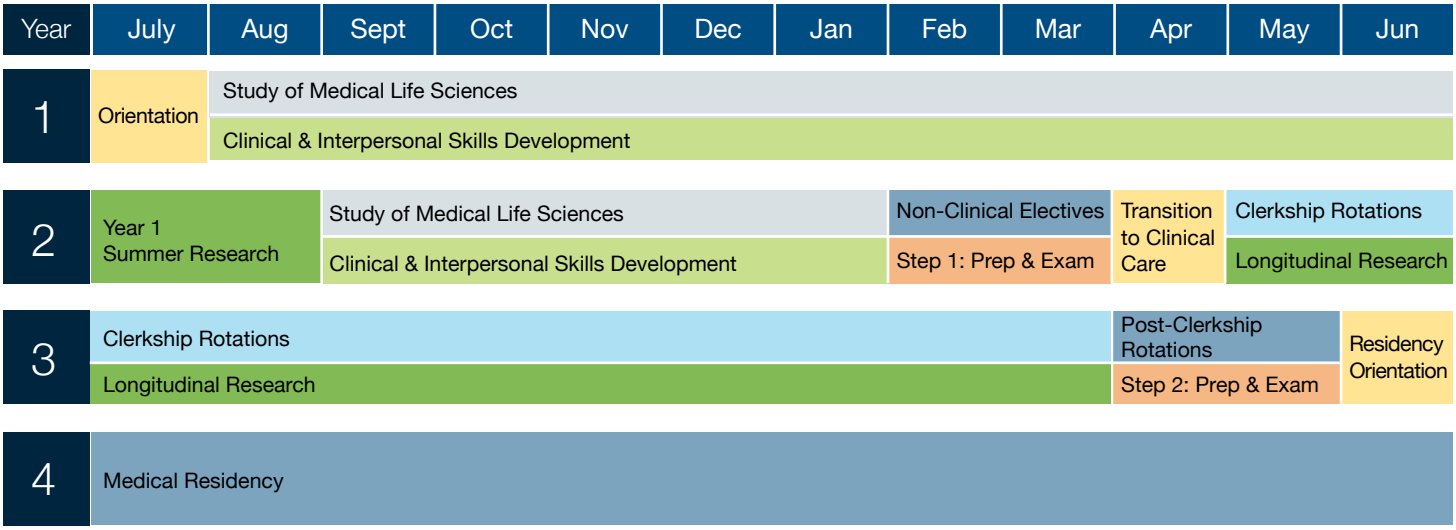
AMCs and U.S. medical schools have been developing innovative ways to decrease time spent in medical school to curb the growing provider shortage and reduce indebtedness. In addition to cost, the length of medical schools' curricula has come under scrutiny.[18] Countries around the world have established combined baccalaureate and medical school curricula that prepare students for residency training in as short as five and a half years after high school graduation, resulting in a two-and-a-half-year reduction from traditional U.S. curricula.[19]

In 2015, eight forward-thinking U.S. medical schools established CAMPP. CAMPP was founded to prepare medical students for residency programs in three years and reduce their levels of indebtedness through savings from one fewer year in medical school and earnings from an extra year in clinical practice. Since its inception, 24 additional medical schools have joined CAMPP.[20]

Each CAMPP member aims to effectively train medical students in three years, and the structure of each program varies depending on the program's goal (e.g., filling regional medical specialty deficits and establishing rural medicine programs in surrounding communities). Some programs are open only to future family medicine physicians, while others provide training for all specialties. Programs also vary by the amount of time saved and incentives attached to program participation. Finally, some programs offer their participants automatic residency positions at their parent AMCs.[21]

The accelerated medical curriculum is usually achieved through decreasing electives, pairing didactic and clinical blocks, and eliminating downtime associated with breaks in learning. The figure below represents a sample 3-year accelerated medical school program curriculum based on the various curricula from CAMPP members.[22]

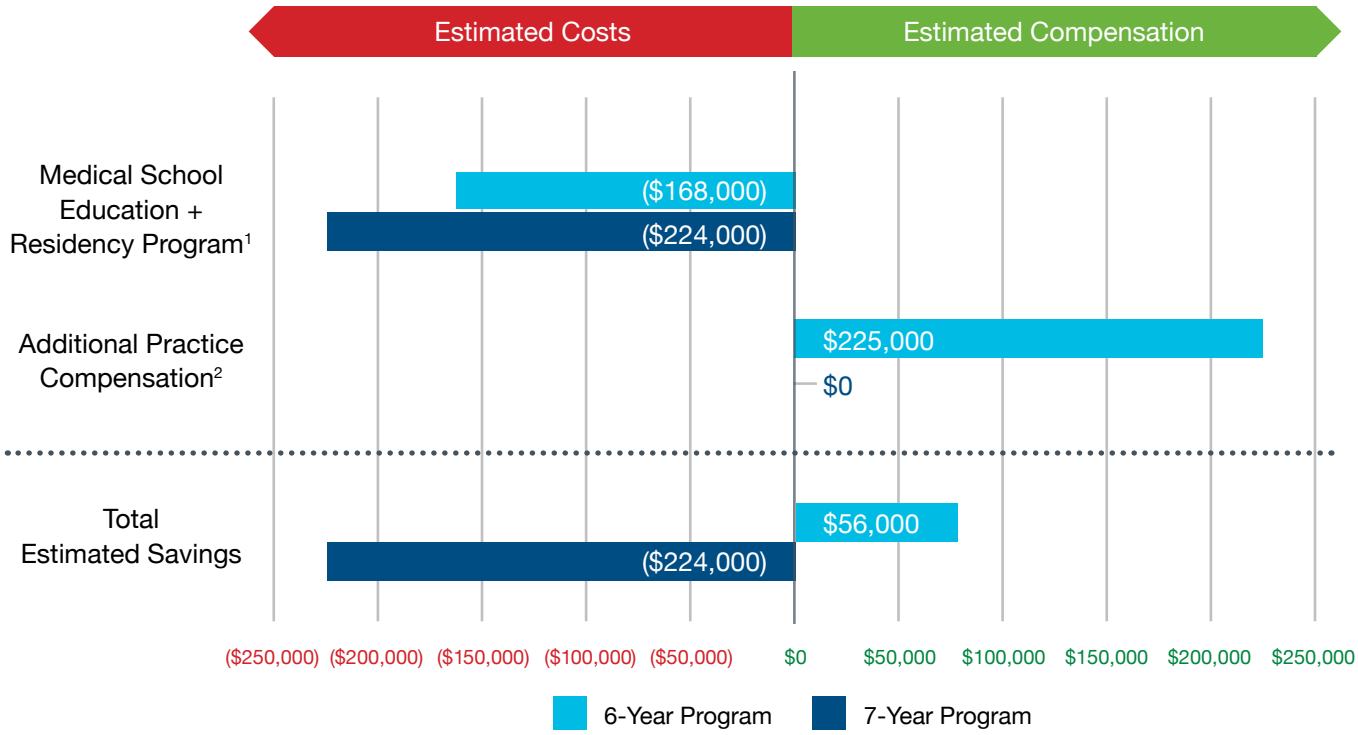
Example Curriculum: Accelerated Medical School Program



As of November 2022, the average annual tuition and fees for allopathic (MD) medical schools were $48,968 for in-state students and $63,871 for out-of-state students, while the average annual tuition and fees for osteopathic (DO) medical schools were $50,449 for in-state students and $53,412 for out-of-state students.[23] Reducing medical education by one year allows MD-seeking students to generate savings ranging from $48,968 to $63,871.[24] Some accelerated medical school pathway programs are incentivizing students to participate by offering scholarships up to full coverage of tuition and fees for their medical education;[25] although, some CAMPP members have not explicitly specified savings in their recruitment materials. This white paper used national survey data and research to determine an estimated amount of cost savings through participation in these programs. Federal and regional economic adjustments (e.g., Pell Grants, inflation rates, cost of living variations) were also considered, but saving estimates were viewed at a higher level to make this analysis applicable to all programs regardless of location.

CAMPP member schools have a positive economic impact on students of approximately $280,000 (for completion of accelerated curriculum) when compared to traditional programs through savings in tuition and other expenses and revenue from entering clinical practice earlier.[26]

Economic Impact Comparison Between Traditional & Accelerated U.S. Medical Education Models



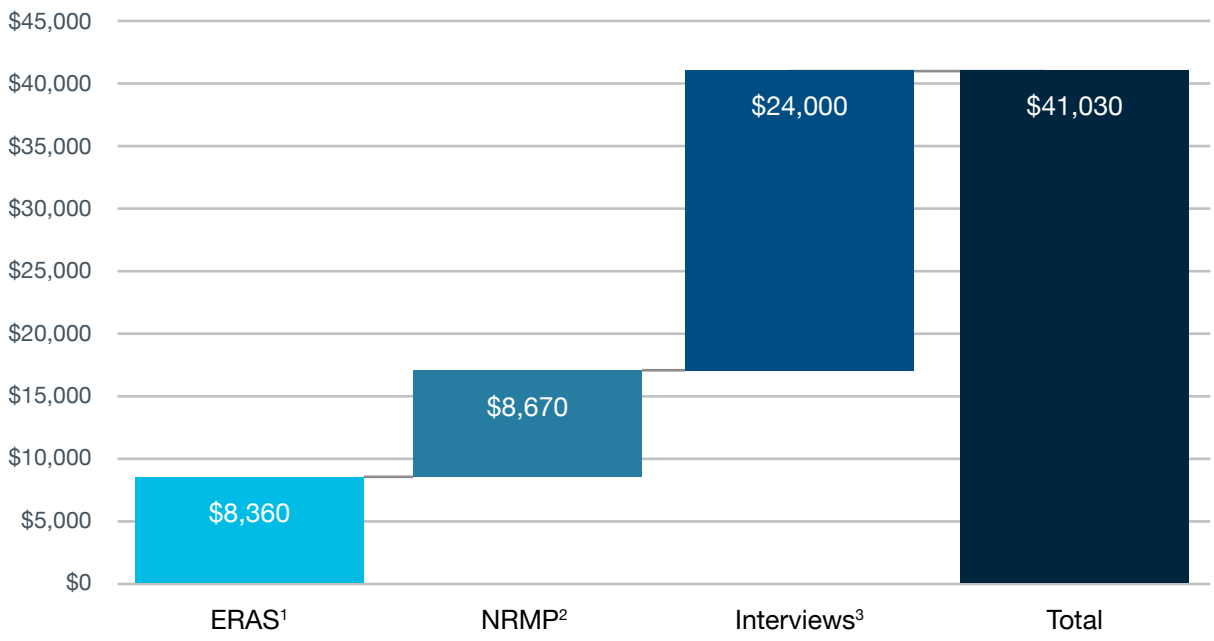
1. Based on an average of $56,000 per year of medical school education for four years, as reported by Shemmassian Academic Consulting (Based on 2022 – 2023 School Year Tuition and Fees for All Medical Schools Nationwide)
2. Based on PYA experience for Primary Care Provider Starting Compensation

Accelerated Medical School Pathway Programs' Connection to Residency Programs

Reducing time to graduation resulting in cost savings is one part of the equation; the other is ensuring availability of residency positions for all graduates. Although time and cost savings are the most obvious impacts of these programs, roughly 80% of CAMPP medical schools offer their participants automatic positions in residency programs upon successful completion of the accelerated curricula.[27] In 2015, the number of graduating medical students exceeded available residency positions for the first time (residency training is required for physician licensure). The gap has only widened. In 2021, 42,508 graduating medical students applied for residency programs, but only 35,194 first-year positions were available, which left more than 7,300 students without immediate residency opportunities.[28]

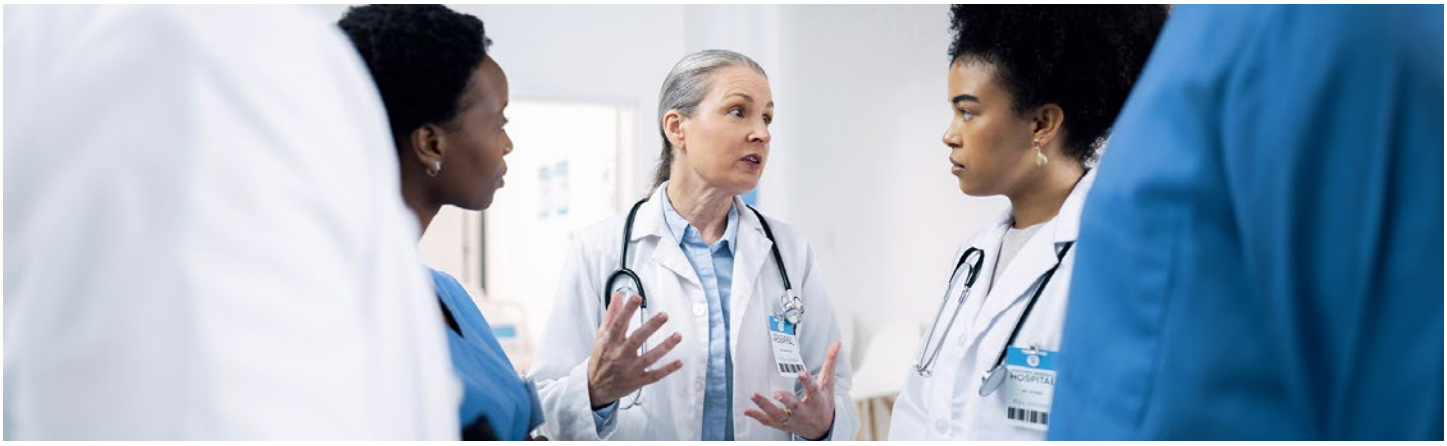
By ensuring graduates residency positions, CAMPP members provide additional cost savings. Students accepting automatic residency positions can save as much as $41,030, relieving them of residency application and interview costs as well as the time associated with both endeavors.[29,30,31] Not only does this opportunity reduce student indebtedness, but it is also a major factor in addressing the physician workforce shortage.

Cost for Residency Application Process



1. Based on Electronic Residency Application Service 2024 Residency Fee Calculator. Assumes the cost of 300 applications and USMLE & COMLEX-USA Transcript fees
2. Based on National Resident Matching Program Fee Schedule. Assumes the cost of 300 residency application ranks
3. Based on an Association of American Medical Colleges 2022 report indicating that a candidate can spend as much as $24,000 in residency program interview process

Overall, "55.2% of the individuals who completed residency training from 2012 through 2021 are practicing in the state of residency training."[32] California has the highest rate of converting resident positions to physician workforce members at 77%.[33] With a majority of CAMPP medical schools providing students with automatic positions in their AMCs' residency training programs, indebtedness has decreased for these students, and the physician supply has improved in these communities. The reduction in student indebtedness can incentivize students to select primary care specialties (e.g., family medicine, internal medicine, pediatrics, rural medicine), which are typically remunerated at lower rates than sub-specialties.[34]



Considerations

Accelerated medical school pathway programs are gaining traction nationwide. Early results have found that students in accelerated programs are as satisfied with the quality of their medical education and feel as prepared for residency programs as their peers in four-year medical programs.[35] As medical schools consider implementing these programs, they must continue to pursue innovation to minimize any adverse effects of accelerated programs. While continued innovation can lead to more time and cost savings for students, accelerated program structures can greatly strain a medical school's resources when superimposed on a traditional four-year program.

Strain on Medical School's Resources

Accelerated medical school pathway programs help medical schools produce physicians at a faster rate than traditional medical school program structures. They can also significantly strain a medical school's resources: faculty, facilities, and finances. Rolling out a three-year medical school curriculum in parallel with a medical school's traditional four-year program adds additional responsibilities to its teaching faculty, who are increasingly leaving academic medicine due to burnout.[36] Some past accelerated medical school programs ceased their operations for a variety of reasons, including state regulations stemming from provider quality and burnout concerns.[37] These programs also create additional financial burdens for medical schools.

Opportunities exist to partner with community business development efforts to address these added costs, both to the medical school and even more significantly to the eventual practicing physician, whom these communities are hoping to attract and retain in their region. Opportunities can include community-funded scholarships, loan forgiveness, housing, and support for practice start-up.

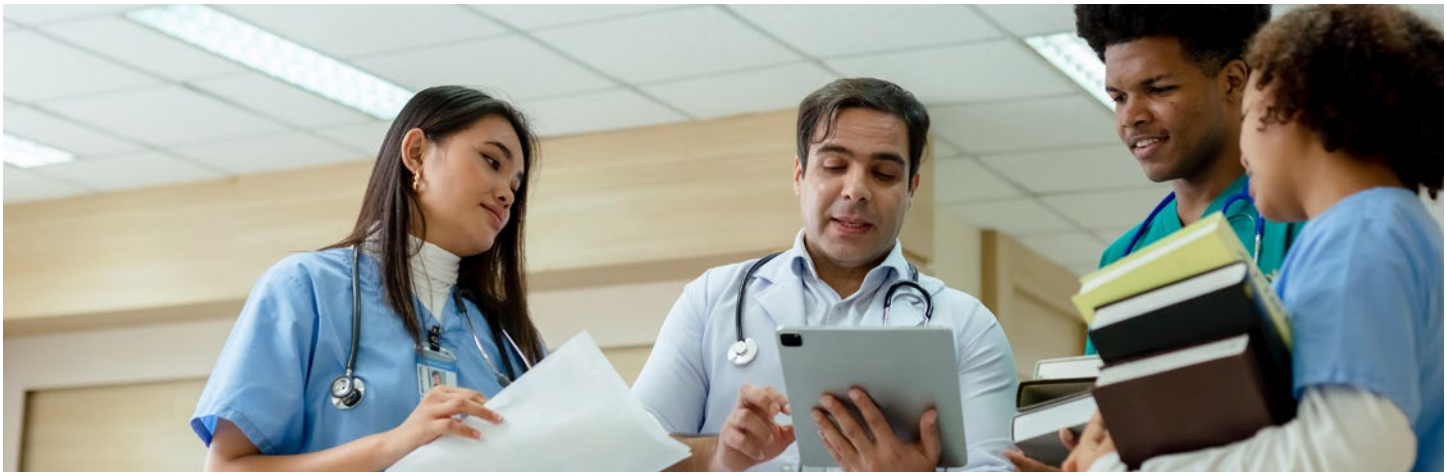
Physician Quality & Burnout

The quality of healthcare providers must remain a key measure of success for schools looking to implement accelerated programs. In the 1960s and 1970s, many states either stopped or significantly reduced the amount of funding to these programs citing skill and maturity concerns for graduating students.[38,39]

While determining programmatic structure, medical schools considering implementing accelerated programs will need to thoroughly assess courses and electives that are quintessential to a provider's overall development. Tracking data associated with medical school graduate questionnaires and board passage rates also will be crucial in ensuring that these programs' curricula are effective in producing mature, qualified clinicians to serve various communities around the U.S.

In 2022, 62.8% of U.S. physicians surveyed (1,570) had at least one manifestation of burnout in 2021, compared with 38.2% in 2020, 43.9% in 2017, 54.4% in 2014, and 45.5% in 2011. This trend was seen regardless of the medical specialty surveyed.[40] Several schools with accelerated programs have reduced students' time in medical school by pairing didactic and clinical blocks as well as eliminating the number of breaks previously incorporated into the traditional four-year medical program.[41] The pressure of this accelerated pace without breaks could lead to burnout concerns.

Schools considering implementing accelerated pathway programs will need to understand and address causes of burnout plaguing physicians and ensure the program structures do not expedite burnout. Examples could include incorporating some breaks from learning in a program's curriculum or making adequate mental health resources available to students.



Conclusion

Accelerated medical school pathway programs similar to those of CAMPP member medical schools are an attractive alternative to traditional medical education tracks as they can slow the U.S.'s growing provider shortage, address increasing healthcare demand, and reduce student indebtedness. These fast-tracked programs can not only help generate time and cost savings for students but can also greatly impact communities' provider supplies by allowing physicians to enter into the workforce much sooner. Medical schools must continue to innovate to ensure their missions of decreasing student indebtedness and adequately serving the medical needs of their surrounding communities by expanding their AMCs' provider networks are met. Pursuing accelerated medical school pathway program structures like those of CAMPP members is an innovative way for medical schools to achieve both.

PYA is here to help. With more than 40 years of industry experience, PYA has a team dedicated to serving healthcare clients to solve any matter related to academic medicine, compliance, valuation, transactions, and strategy, among others.

If you would like to learn more about accelerated medical school programs; the process of implementing one in tandem with a traditional four-year program structure; or an accelerated program's potential impact on your students, faculty, and community, please contact:

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Endnotes

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