



**Tripp
Umbach**
Turning Ideas Into Action

Growing Medical Education in Rhode Island

The University of Rhode Island
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TEAM

INTRODUCTION



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Tripp Umbach Profile

- Tripp Umbach is a private consulting firm founded in 1990.
- Tripp Umbach has served more than 500 Higher Education Institutions over the past 35 years
- Tripp Umbach has completed feasibility studies to establish 40 new medical schools and campuses.
- Tripp Umbach has consulting relationships for more than 100 medical schools in the United States, Canada, Europe, Australia, and Abu Dhabi.
- Tripp Umbach has served more than 800 hospitals and health systems.

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1990
TRIPP UMBACH
HAS WORKED WITH
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CLIENTS

IN ALL **50 STATES**
& **15 COUNTRIES**
WITH PROJECTS GENERATING MORE THAN
\$30 BILLION
IN ECONOMIC IMPACT THROUGHOUT THE WORLD.

150+
CLIENTS SERVICED IN
STRATEGIC PLANNING

1000+
ECONOMIC IMPACT
STUDIES CONDUCTED

400+
COMMUNITY HEALTH
ASSESSMENTS

TRIPP UMBACH
HAS WORKED WITH

40 New or Expanded
Medical Schools

500+ Colleges &
Universities

800+ Hospitals

CONNECT WITH US

TRIPP UMBACH
HAS PROFESSIONAL STAFF
& STRATEGIC PARTNERS
ACROSS THE UNITED STATES.

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New Allopathic Medical School Experience

Alice L. Walton Bentonville, AK	Carle University. of Illinois Urbana Champaign	Central Michigan Mount Pleasant	Charles Drew Compton, CA	Dell Medical School Austin, TX	Florida Atlantic Boca Raton, FL
Florida International Miami, FL	Geisinger Commonwealth Scranton	Hackensack Meridian Clifton, NJ	Michigan State Grand Rapids	NOVA Southeastern Fort Lauderdale	Roseman Las Vegas
Texas A&M U. Houston Methodist Houston, TX	Texas Christian, Fort Worth, TX	Texas Tech El Paso	U. of Central Florida Orlando, FL	U. of Arizona Phoenix	U. of Georgia Athens, GA
	U. of Houston Houston, TX	UNLV, Las Vegas,	U. of South Carolina, Greenville	Washington State Spokane, WA	

New Osteopathic Medical School Experience

Alabama COM Dothan, AL	Baptist Health Memphis, TN	Burrell COM Las Cruces, NM	Burrell Florida Tech Melbourne, FL	California Health Sciences Clovis, CA	Duquesne University Pittsburgh, PA	Edward Via Louisiana Monroe, LA
Idaho COM Meridian, ID	IUPCOM Indiana, PA	KCU Joplin, MO	Kansas COM Wichita, KS	LECOM Elmira, NY	Meritus SOM Hagerstown, MD	Montana COM Billings, MT
NYIT Arkansas Jonesboro, AR	Noorda COM, Provo, UT	Ohio U. Heritage Dublin, OH	Oklahoma State. Tahlequah, OK	Orlando COM Orlando	PCOM South Georgia Moultrie, GA	Rowan-Virtua Sewell, NJ
Sam Houston State Conroe, TX	Touro University Great Falls, MT	Touro University Middletown, NY	Ohio Heritage Cleveland	Northern Colorado Greeley, CO	Xavier University Cincinnati	

Feasibility Studies Deemed Not Feasible

Deemed NOT Feasible and Did Not Move Forward Allopathic – MD	Deemed Not Feasible and Did Not Move Forward Osteopathic — DO
George Mason University, Fairfax, Virginia	Catholic University of America, Washington DC
Health Quest/Vassar Brothers Medical Center, Poughkeepsie, New York	Northwestern University St. Paul, Minnesota
Montana State University, Bozeman, Montana	Heidelberg University, Tiffin, Ohio
Louisiana State University, Baton Rouge, Louisiana	Southern CA University Health Sciences, Whittier, CA
University of California, Merced, California	Minnesota College, Gaylord, Minnesota
Shenandoah University, Winchester, Virginia	Louisiana College, Pineville, LA
Kettering Health, Kettering, Ohio	Opelousas Health System, Opelousas, Louisiana
King University, Bristol, Tennessee	Sussex Economic Development Area Council (SEDAC), Delaware
Texas Southern University, Houston, Texas	Morgan State University, Baltimore, MD
Keck Graduate Institute, Claremont, California	Rocky Mountain University, Provo, Utah
Virginia State University, Petersburg, Virginia	Harding University, Searcy, Arkansas

Commission Interview Findings

Interview Findings

Need for a Medical School

- **Need for Physicians:** Rhode Island faces a significant shortage of primary care providers, with many patients unable to access timely care. Many stakeholders, including representatives from community health centers, government officials, and academic leaders, emphasized the critical need for primary care physicians.
- **Low Physician Retention:** The state struggles to retain medical students after graduation, with approximately 14% staying in Rhode Island. Brown University's medical graduates primarily enter specialty fields rather than primary care.
- **Aging Workforce:** Rhode Island's medical workforce is aging, with many providers nearing retirement, exacerbating the physician shortage.

Interview Findings

URI's Capability to Develop a Medical School

- **Strong Health Professions Programs:** URI already has well-regarded programs in pharmacy, nursing, and health sciences, providing a strong foundation for interdisciplinary medical education.
- **Recent R1 Research Classification:** This designation enhances URI's credibility and ability to attract funding and faculty for medical research and education.
- **Established Community Partnerships:** URI has a history of collaborating with community health centers and hospitals, which could facilitate clinical training opportunities.
- **Support from University Leadership:** URI's president and board members have expressed interest in positioning the university as a regional leader in healthcare education.

Interview Findings

Opportunities for Rhode Island if a Medical School is Developed

- **Workforce Development & Retention:** A public medical school could increase the number of physicians from Rhode Island to train and stay in Rhode Island, especially if it offers incentives like tuition reimbursement or loan forgiveness.
- **Economic Growth:** A medical school could stimulate job creation, attract research funding, and enhance the state's biomedical sector.
- **Improved Healthcare Access:** Focusing on primary care training could improve access to medical services in underserved areas.
- **Potential Philanthropic & Public Funding:** Several stakeholders, including policymakers and healthcare executives, believe a combination of state funding, private donations, and partnerships could support the school's financial needs.

Interview Findings

Preferred Medical School Model (DO vs. MD)

- **Most individuals recommend a small, community-focused MD program as the most feasible option.**
Stakeholders cited:
 - An MD degree has better name recognition in Rhode Island
 - Opportunity for research in AI and innovative primary care training models
 - Better opportunity for philanthropy and state support
- **A few interviewees suggested a DO program because it emphasizes primary care and holistic medicine, which aligns with Rhode Island's needs.**

Interview Findings

Primary Care Focus

- URI's medical school should focus on primary care, with community-based clinical training and interdisciplinary education involving pharmacy and nursing students.
- Stakeholders emphasized the need for longitudinal primary care clerkships and partnerships with FQHCs and community hospitals.
- Many recommended that the school prioritize affordability and include financial incentives to encourage students from Rhode Island and neighboring states to remain in the state.

Interview Findings

Challenges to Overcome

- Funding
- Clinical Training Capacity
- Potential pushback from Brown University
- Short vs. Long-term Solution to the problem
 - Students won't practice until 2035
 - Expanding graduate medical education (GME) must happen faster to increase the physician workforce.
 - Increasing Medicaid reimbursement rates is a higher priority.

Unviersity of Rhode Island

URI Strengths

- Strong Health & Science Programs – URI already has well-established programs in pharmacy, nursing, biomedical sciences, and public health, providing a strong foundation for medical education.
- Existing Research Infrastructure – The university has ongoing medical and health-related research collaborations, including partnerships with healthcare institutions and biotech companies.
- Partnership Opportunities – Proximity to major hospitals and healthcare systems in Rhode Island who already have relationships with URI.
- 60% of URI Students are from Rhode Island and approximately 50% remain in the state after graduation.

Medical Education in U.S. and Rhode Island

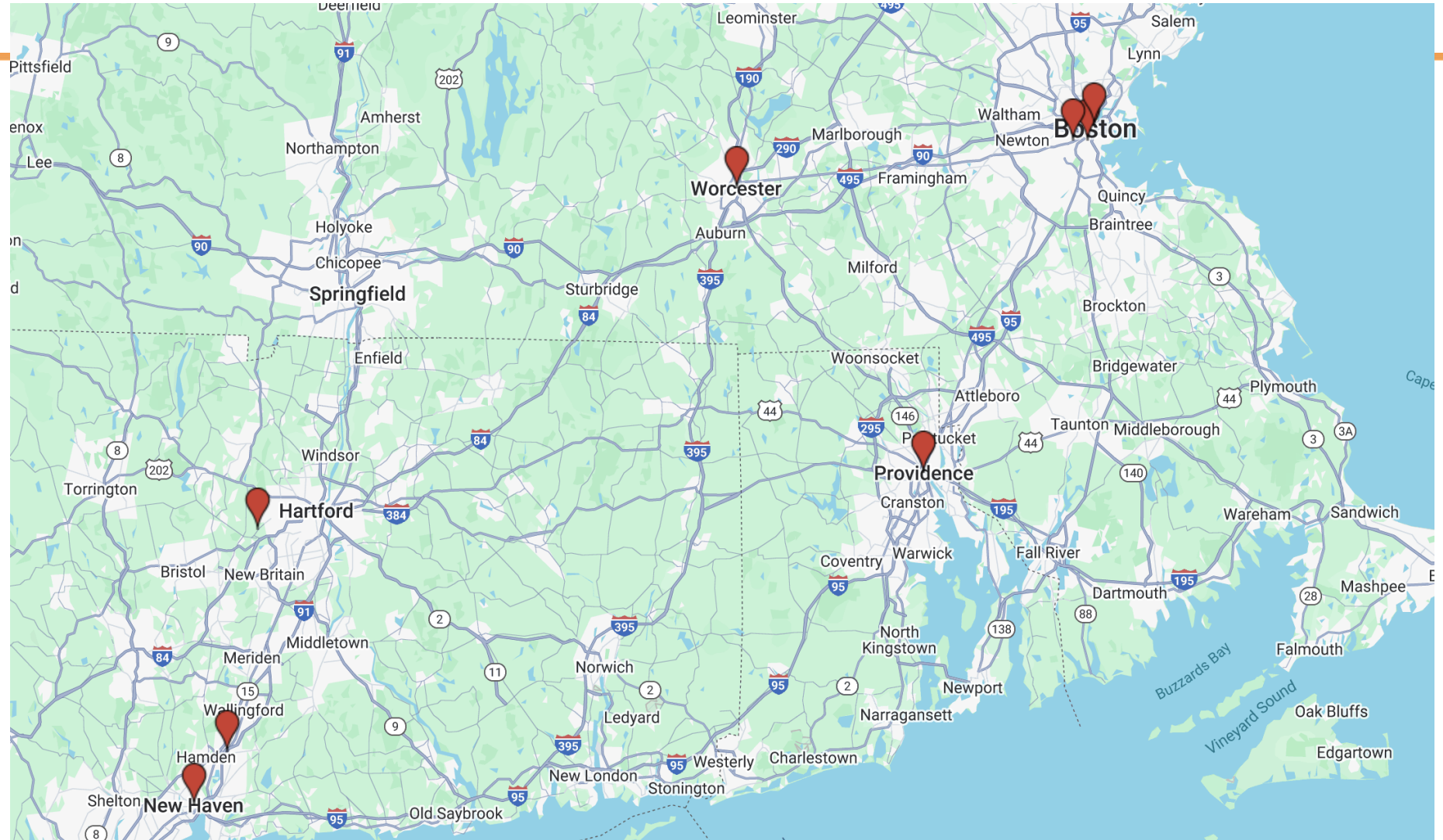
How Does Rhode Island Compare?

- There are 154 medical schools in the US offering an MD program, and 41 DO or osteopathic medical programs.
- Alaska, Delaware, and Wyoming are the only U.S. states without an independent medical school.
- Idaho, Maine, and Montana have DO programs but no MD program.
- Rhode Island is one of only two states without a public medical school – the other state is New Hampshire (note: based on states with an MD school)

Allopathic Schools in and around Rhode Island



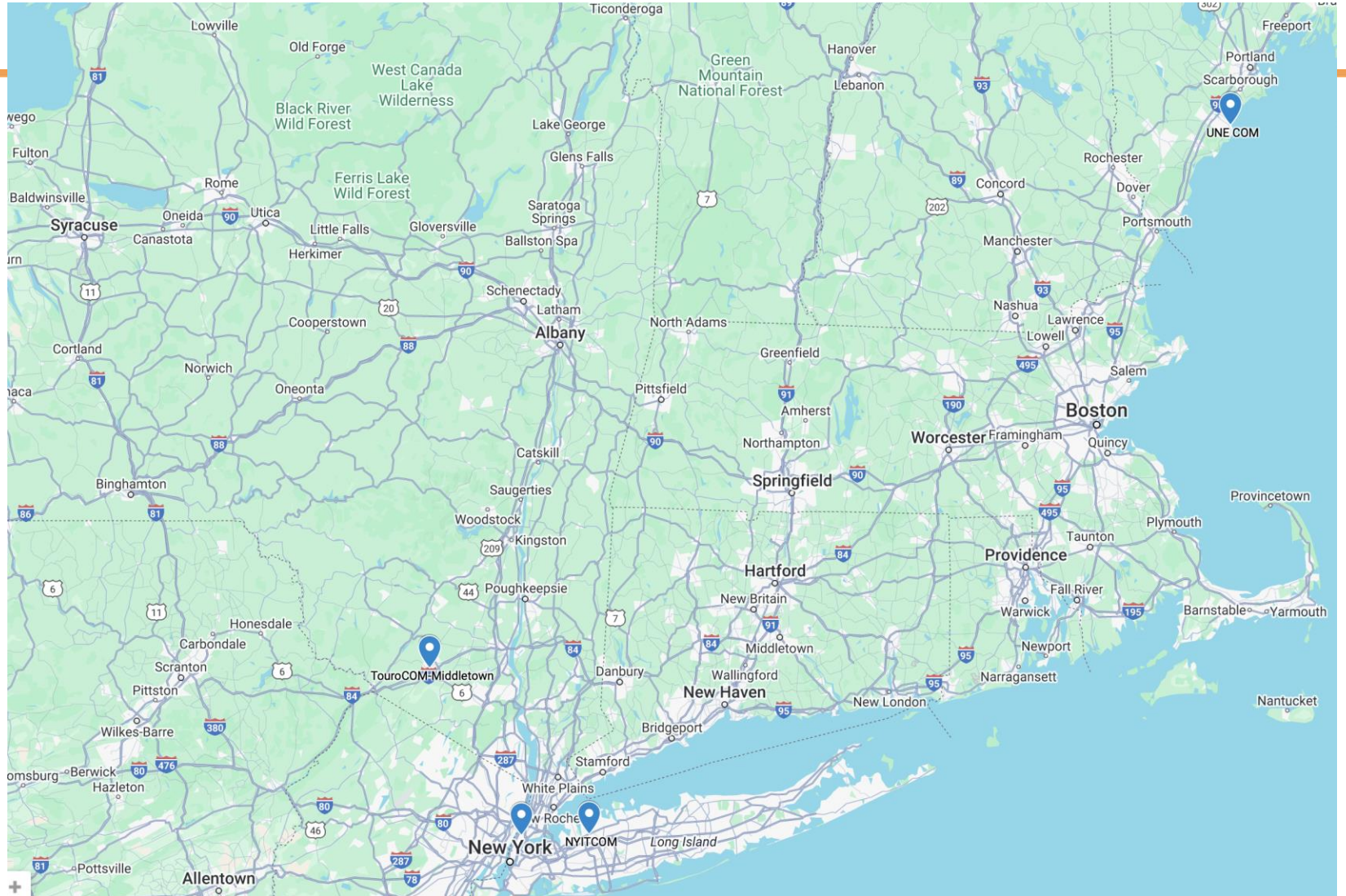
Allopathic Schools



Osteopathic schools in and around Rhode Island



Osteopathic Schools



Medical Education in Rhode Island

Rhode Island

1	MD-DO granting Schools
6	Teaching hospitals
784	Residents in training
623	Medicare-supported GME slots
161	Residents not supported by Medicare DGME

- MD- or DO-granting school†
- ▲ Teaching hospital†

†Numbers next to symbols denote the number of institutions in a location.



Rhode Island Hospitals

Teaching hospitals

Hospital	Bed Size	Academic Affiliation
Rhode Island Hospital	719	Brown
Kent Hospital	359	Independent
Meriam Hospital	247	Brown
Roger Williams Hospital	220	Boston University
Women's & Infants	137	Brown
Hasbro Children's	63	Brown

Non-teaching hospitals

Hospital	Bed Size	Location
Our Lady of Fatima Hospital	312	North Providence
Landmark Medical Center	214	Woonsocket
Westerly Hospital	129	Westerly
Newport Hospital	125	Newport
South County Hospital	100	South Kingstown

Community Assessment Needs

Community Health Needs in Rhode Island

Top Needs Identified in Community Health Needs Assessments

1. Access to Healthcare Services (Especially Primary Care)
2. Mental and Behavioral Health Services
3. Social Determinants of Health
4. Chronic Disease Prevention and Management
5. Community Health Education and Prevention
6. Navigation Assistance in Finding Care

Physician Shortages

Physician Workforce Shortages Nationally

- Projected Shortage: The Association of American Medical Colleges (AAMC) projects a shortage of 37,800 to 124,000 physicians by 2034.
- Primary Care Shortage: There could be a shortfall of 17,800 to 48,000 primary care physicians by 2034.
- By 2034, over 77 million people in the U.S. will be 65+
- Physician Retirement: Over 40% of active physicians are retirement age. Rhode Island Physicians 65 years and older (2023): 77.6%

Physician Needs in Rhode Island

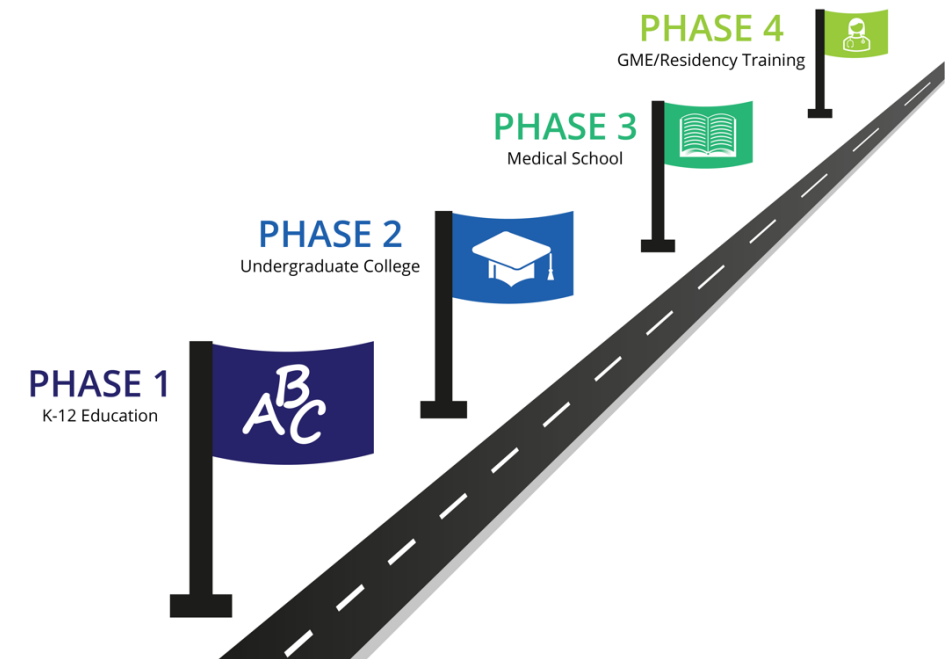
- There are nearly 700 primary care providers for Rhode Island's population of about 1.1 million — or roughly one clinician for every 1,700.
- If every active physician saw 1,200 patients yearly, approximately 343,000 would still be without a provider.
- Rhode Island needs approximately **300** additional physicians to meet healthcare needs.

Physician Workforce

- 39.8% of medical students completed GME in Rhode Island.
- 14% of residents remain to practice in RI after completing residency.
- 18% of residents enter primary Care Residencies in Rhode Island*

* Not including Internal Medicine residents who continue into specialty programs.

FLOWCHART OF EDUCATIONAL PHASES



Primary Care Physician Production

Public Universities — Allopathic	Percentage entering primary care residencies
U. of North Carolina – Chapel Hill	70%
U. of Nebraska Medical Center	62%
U. of North Dakota	60%
East Carolina U.	57%
West Virginia U	55%
Florida State U.	54%
U. of Kansas	52%
U. of Hawaii	50%
U. of Arkansas for Medical Sciences	48%
U. of New Mexico School of Medicine	47%

Primary Care Physician Production

Private Medical School	2024 MATCH in Primary Care
University of Pennsylvania	13%
Yale University	16%
Dartmouth University	16%
Brown University	18%
Harvard University	20%

* Not including Internal Medicine residents who continue into specialty programs.

Primary Care Physician Production at Brown

- Brown University has about the same percentage of graduates who enter primary care (18%) as peer private institutions, below the national average of 35% but higher than highly research-intensive universities such as Johns Hopkins, which has only 5% of graduates entering primary care.
- Approximately 10 medical students at Brown University annually enroll in the Primary Care-Population Medicine Program, a dual degree program that awards both an MD degree and a Master of Science.
- Brown was established as a primary care training program in 1972.

Rhode Island Residents Applying to Medical School (2024-2025)

- 110 applicants — 53 matriculants (9th best rate nationally)
- The number of applicants ranked 43rd when controlling for state population
- 32.2% of RI residents who matriculate, matriculate in-state -- only Maryland and New Hampshire have a lower percentage

Instate Matriculants for New England Medical Schools

School	Percent of Students	Number of Students
University of Connecticut	81.3%	91
University of Massachusetts	62.6%	147
Tufts	27.7%	56
University of Vermont	25.8%	32
Boston U-Chobanian Avedisian	20.7%	29
Harvard	13.9%	23
Brown	13.2%	19
Quinnipiac-Netter	11.6%	11
Dartmouth-Geisel	4.2%	4
Yale	1.0%	1

UME and GME

		Rhode Island	Ranking	US
Retention	% physicians retained in-state from UME, 2020	12.6%	44	39.7%
	% physicians retained in-state from public UME, 2020	--	--	43.7%
	% physicians retained in-state from GME, 2020	30.9%	47	45.1%
	% of physicians in-state from UME and GE Combined (2020)	49.3%	44	69.7%

- While nationally, retention in the state for medical students is 39.7% and even higher for public medical schools (43.7%), the retention rate in Rhode Island is much lower at 12.6%.

Primary Care Residency Output

Program	Discipline	Program Length	# New Trainees Per Year AY2023–2024	Total Resident Enrollment – All Years AY2023–2024	# of Graduates AY2022–2023	# of Graduates from AY2022–2023		# of Graduates from AY2022–2023	
Brown Categorial Internal Medicine Residency Program (Lifespan-RIH/TMH)	Internal Medicine	3	29	87	29	0	0%	0	0%
Brown General Internal Medicine	General Internal Medicine	3	10	30	10	5	50%	0	0%
Roger Williams Internal Medicine Residency Program	Internal Medicine	3	18	48	18	2	11%	1	6%
Hasbro Children’s Hospital Pediatric Residency	Pediatrics	3	16	49	16	5	31%	3	19%
Brown Family Medicine Residency	Family Medicine	3	16	48	16	15	94%	9	56%
Kent Hospital Internal Medicine Residency	Internal Medicine	3	13	38	13	2	15%	2	15%
Brown Pediatric-Internal Medicine	Internal Medicine-Pediatrics	4	4	16	4	2	50%	0	0%
Total			106	316	106	31	29%	15	14%

- 29% of Residents Enter Primary Care Residencies in RI
- 14% of residents remain to practice in RI after completing residency.

In-State Physician Production

- Among all medical school matriculants nationally, 60% attend a school in their home state.
- On average, the 20 private MD schools accepted 13.9% of their students from their respective home states.
- Brown aligns with the average of top-tier private medical schools, with 13.2% of its matriculants coming from Rhode Island.
- Brown University's in-state enrollment rate is nearly identical to peer institutions such as Penn, Johns Hopkins University, the University of Chicago, Duke University, and Harvard University. This analysis indicates that Brown's percentage of in-state students is consistent with that of other top-tier private medical schools.
- Among private medical schools with the lowest percentages of in-state students, Yale University admitted just 1% from Connecticut, George Washington University accepted 2.4% from Washington, D.C., and Dartmouth College enrolled 4.2% from New Hampshire.

Allopathic vs. Osteopathic

Allopathic vs. Osteopathic

- **The curriculum is almost identical.**
- **Accreditation is similar: consolidation considered**
- **Business models are often different:**
 - Allopathic Schools utilize the academic model:
 - Teaching, medical practice, and research
 - Development of family practice plans expands the quantity and quality of healthcare in the region
 - Emphasis on research significantly expands the economic impact of medical school in the region
 - Osteopathic Business Model: Strong Net Income
 - Minimal supervision and cost for clinical training
 - Minimal impact on regional healthcare
 - Lesser regional economic impact
 - The budget is based mainly on tuition

Models for Medical Expansion

Branch Campus of Existing Medical School

- Partnership between an established medical school and an independent university or hospital to offer medical education
- Designed to address physician shortages by training students in areas that can't support an independent medical school
- Operates under the administration/accreditation of the primary medical school
- Degrees awarded by the primary institution

Example:

- Maine Track, Tufts University offers a 3-year program at the Maine Medical Center in Portland.

Models for Medical Education Expansion

Partnership Medical School

- A partnership between one or more universities or hospitals to offer medical education.
- A formal agreement exists between local universities for operations and faculty appointments.
- Partner universities provide classroom facilities and pre-clinical training.

Examples:

- Medical College of Georgia and University of Georgia
- University of Arizona and Arizona State University
- UNT Health Science Center and Texas Christian University

Models for Medical Education Expansion

Independent Medical School

- Either University (majority) or hospital-based (i.e., Geisinger, Kaiser)
- Public, Private, or For Profit (only two MD schools)
- Must hold accreditation (MD – LCME or DO- COCA)
- Is fully responsible for all aspects of the program
- Most rely on independent hospital partners – only a few own and operate hospitals.

Reimbursement Rates and Recent Actions

Barriers to Primary Care: Increasing Medicare & Medicaid Reimbursement Rates

Rhode Island's Historically Low Reimbursement Rates

- Medicaid physician fees in RI are only 38% of Medicare's rates, the lowest among all states.
- This is dramatically lower than the national average of ~72%.
- Hospitals receive 15–20% lower Medicaid payments per patient than Massachusetts and Connecticut.

Lower reimbursement has led to provider shortages and financial strain.

- Low rates made attracting and retaining doctors difficult, especially for Medicaid patients.
- Higher rates in neighboring states have led to a “brain drain” due to better pay crossing state lines.
- Rhode Island hospitals serve 74% of government-insured patients, making them more vulnerable to federal cuts.

Rhode Island's Commitment to Increasing Medicare & Medicaid Reimbursement Rates

Recent Medicaid Rate Increases (Effective Oct. 1, 2024)

- The largest Medicaid reimbursement increase in RI's history covers nearly all provider types.
- Aims to align payments closer to regional norms after years of stagnation.
- Tied to a 3.3% annual increase based on CMS indexes to account for inflation.

State Initiatives to Address Disparities

- Expanded Medicaid managed care payments: \$333.8 million in state-directed hospital payments planned for FY 2026.
- Increased funding aims to narrow the gap between Medicaid and private insurance reimbursements.

Recent Action in Rhode Island to Address Physician Shortages

Medical School Student Debt Relief

2024 legislative wins for Primary Care:

- Two legislative initiatives were passed to help address Rhode Island's shortage of primary care providers. It has been incorporated into the 2025 state budget bill.
- The bills provide funding to enable primary care practices to serve as clinical training sites and would defray student loan payments for people beginning their career as primary care physicians, nurse practitioners, or physician assistants in return for a commitment to practice in Rhode Island.
- Both bills are part of the HEALTH initiative (Holistic Enhancement and Access Legislation for Total Health) to improve health care access and affordability in Rhode Island.

Questions Still Remaining...

Vision for the new medical school

- Where will clinical training take place?
- How to attract RI Students?

Financial Realities

- Capital Costs
- Start-up Costs
- Tuition and revenue
- Ongoing Support

Moving Forward

- Timetable
- Funding
- How to advocate for a public Medical School in today's environment?

Open Discussion