Prospectus: Interprofessional Healthcare Campus (IHC) Project Ver 2.0

Executive Summary

The Interprofessional Healthcare Campus (IHC) is a transformative initiative designed to revolutionize healthcare education, delivery, and outcomes in Northern California—a region critically affected by healthcare provider shortages and underserved rural communities. With a planned phased construction of a comprehensive campus encompassing **70,000 square feet** of outpatient clinical space and expanded facilities for education, simulation, administration, and medical informatics, the IHC aims to be fully operational within **7 years** at an estimated cost of **$199.67 million**.

Urgent Need

Northern California is facing a healthcare crisis. The region is designated as a Health Professional Shortage Area (HPSA) by the Health Resources & Services Administration (HRSA) for primary care and mental health services. Rural counties are experiencing significant population declines, with **60% more deaths than births between 2020 and 2023**. Rural residents, who make up approximately **6% of California's population**, face higher rates of chronic conditions, disability, and mortality, along with lower rates of preventive care utilization. The physician shortage is acute, with rural areas averaging only **14 medical doctors per 10,000 people** compared to **31 in metro areas**. By 2025, California is projected to need an additional **4,700 primary care clinicians**, and by 2030, a **12-17% shortage** is anticipated.

Transformative Potential

The IHC will serve as a wellspring for producing a diverse spectrum of healthcare professionals—including Medical Assistants (MAs), Registered Nurses (RNs), Nurse Practitioners (NPs), Physician Assistants (PAs), Doctors of Osteopathy (DOs), and Medical Doctors (MDs)—through innovative education and training programs. By fostering interprofessional collaboration and leveraging cutting-edge simulation and medical informatics, the campus will prepare providers who are not only clinically proficient but also socially aware and committed to serving underserved rural communities.

Strategic Objectives

- **Enhance Healthcare Education:** In partnership with esteemed institutions like UC Davis School of Medicine, Touro University California, and CSU Chico School of Nursing, the IHC will offer advanced didactic learning spaces, simulation centers, and experiential learning opportunities across high-intensity medical environments.
- **Address Workforce Shortages:** By accelerating educational timelines and reducing the financial burden on students, the campus aims to quickly mitigate provider shortages, increasing the number of graduates from the existing numbers to meet regional needs.
- **Improve Community Health and Access:** The IHC will focus on integrated, holistic, patient-centered care, directly addressing the disparities in health outcomes for marginalized, poor, ethnic minorities, and people of color in rural Northern California.
- **Advance Healthcare Research and Innovation:** With dedicated research facilities, the campus will spearhead advancements in healthcare informatics, wearable medical technology, and artificial intelligence, in collaboration with CSU Chico and strategic health informatics partners.

Financial Sustainability

Operationalized through a consortium model of diverse revenue streams—including educational subsidies, tuition, simulation center services, outpatient clinical revenue, and research development—the IHC is designed to be financially self-sustaining after the initial years. As a non-profit entity, any residual net revenue will be reinvested into scholarships and tuition reductions.

Call to Action

We seek legislative support to make this transformative vision a reality. By investing in the IHC, legislators will directly contribute to alleviating critical healthcare shortages, improving public health outcomes, and stimulating long-term economic growth in Northern California.

Problem to be Addressed

Northern California's rural communities are in dire need of improved healthcare access and services. Key challenges include:

Healthcare Workforce Shortages

- **Physician and Specialist Deficit:** Rural areas have significantly fewer physicians per capita, with non-metro areas averaging **14 medical doctors per 10,000 people** compared to **31 in metro areas**.
- **Specialty Care Deserts:** Several rural counties lack specialists entirely, contributing to "specialty care deserts."

Health Disparities

- **Chronic Conditions:** Higher rates of diabetes, heart disease, mental health disorders, and substance abuse.
- **Preventive Care Utilization:** Lower rates of screenings, vaccinations, and routine check-ups.

Aging Population

- **Demographic Shift:** An aging rural population increases demand for healthcare services, particularly in managing chronic diseases prevalent among older adults.

Educational and Training Bottlenecks

- **Limited Medical Education:** Despite an increase in medical school graduates, California has fewer medical students and residents per capita compared to national figures.
- **Graduate Medical Education (GME) Shortages:** Bottlenecks in GME limit the number of new physicians entering the workforce.

Infrastructure Challenges

- **Geographic Isolation:** Complicates infrastructure development, including healthcare facilities.
- **Limited Funding:** Resource allocation often overlooks rural needs.

Project Vision and Objectives

Enhance Healthcare Education

- **Interprofessional Collaboration:** Foster a culture of collaborative learning and patient care by bringing together a diverse spectrum of healthcare professionals.
- **Innovative Learning Spaces:** Develop state-of-the-art didactic spaces encompassing approximately **30,000 sq. ft.**, including flexible auditoriums, breakout rooms, and hybrid spaces connected to the simulation center.
- **Cutting-Edge Simulation Centers:** Create **25,000 sq. ft.** of simulation spaces modeled after successful global programs, replicating real-world healthcare environments such as ICUs, EDs, ORs, and crisis units.

Address Workforce Shortages

- **Accelerated Educational Timelines:** Implement innovative educational models to expedite training without compromising quality.
- **Financial Support:** Mitigate the burden of educational debt through scholarships and loan forgiveness programs.
- **Local Recruitment:** Prioritize accepting students from rural backgrounds to increase the likelihood they will practice in rural areas.

Improve Community Health and Access

- **Integrated Clinical Services:** Offer comprehensive outpatient care through a **70,000 sq. ft.** facility, focusing on primary care, urgent care, mental health services, and specialty care.
- **Telehealth Integration:** Leverage technology to provide remote consultations and follow-up care, addressing geographic barriers to access.
- **Community Outreach:** Implement programs targeting preventive care and health education tailored to rural populations.

Advance Healthcare Research and Innovation

- **Medical Informatics Core:** Establish a robust informatics infrastructure to support data analytics, AI applications, and augmented intelligence.
- **Research Facilities:** Dedicate spaces for innovative studies in healthcare leadership, management, chronic disease, public health, and the integration of healthcare informatics and AI.
- **Wearable Technology and AI:** Partner with CSU Chico and strategic health informatics partners to advance research in wearable medical technology and AI-based health informatics systems.

Strategic Importance

Addressing Workforce Shortages

- **Increase Provider Supply:** Train and retain healthcare professionals in rural areas, including primary care physicians, specialists, nurses, and mental health providers.
- **Retention Strategies:** Foster a commitment among graduates to remain in rural communities through targeted recruitment and support programs.

Economic Impact

- **Job Creation:** Generate employment opportunities during construction and long-term positions in education, clinical care, administration, and research.

- **Economic Development:** Stimulate growth in the surrounding area through increased demand for housing, services, and infrastructure improvements.

Community Benefits

- **Improved Health Outcomes:** Address health disparities by providing accessible, high-quality care tailored to the needs of rural populations.
- **Reduced Healthcare Costs:** Decrease the burden on local hospitals and emergency services through preventive care and chronic disease management.
- **Enhanced Quality of Life:** Contribute to longer life expectancies and better overall health for residents in rural communities.

Financial Sustainability and Revenue Model

Educational Subsidies and Tuition

Projected Annual Revenue:

- **MD/DO Programs:** $200,000 per student per year
- **NP Programs:** $75,000 per student per year
- **PA Programs:** $45,000 per student per year
- **Medical Students:** $12,000 per student per year

Total Educational/Tuition Revenue per Year: *(Exact figures will be calculated based on enrollment numbers aligned with capacity and demand.)*

Simulation Center Revenue

- **Training Programs:** Offer recurrency training, certifications, and continuing education for healthcare professionals.
- **Technology Showcases:** Serve as a demonstration site for advanced robotics platforms, VR/AR applications, and other emerging technologies.

Outpatient Clinical Revenue

- **Comprehensive Services:** Provide primary care, urgent care, multispecialty care, outpatient surgery, imaging, behavioral health, and telehealth services.
- **Revenue Projections:** Estimated to ramp up to **$51.7 million** annually by Year 3, as detailed in the updated Operational Financial Pro-Forma.

Research and Development Revenue

- **Innovations in Healthcare:** Generate income from research activities, grants, and development of healthcare informatics and biotechnology.
- **Partnerships:** Collaborate with industry partners for funded research projects and technology development.

Reinvestment Strategy

As a non-profit entity, any residual net revenue will be reinvested into:

- **Scholarships and Tuition Reductions:** Supporting students and reducing financial barriers.
- **Community Health Programs:** Expanding outreach and preventive care initiatives.
- **Facility Upgrades and Technology:** Enhancing patient care and operational efficiency.

Metrics for Validation

Regional Needs Assessment

- **Tri-Annual Assessment:** Conduct regular assessments by a regional health advisory committee to shape the blend of accepted applicants and address current and projected needs.

Performance Metrics

- **Healthcare Outcomes:** Monitor improvements in community health indicators, access to care, and patient satisfaction.
- **Educational Outcomes:** Track graduation rates, licensure exam pass rates, and placement in rural healthcare settings.
- **Operational Metrics:** Evaluate financial performance, operational efficiency, and sustainability.

Continuous Improvement

- **Feedback Mechanisms:** Implement systems for collecting feedback from students, staff, patients, and community members.
- **Adaptive Strategies:** Adjust programs and services based on data and evolving community needs.

Project Details

Location

- **Strategic Placement:** The campus will be situated on a **15-20 acre** site in Chico, CA, to maximize accessibility and allow for future expansion.

Facilities

- **Didactic/Educational Space: 30,000 sq. ft.** at **$751/sq. ft.** totaling **$22.53 million**.
- **Simulation Center Space: 25,000 sq. ft.** at **$780/sq. ft.** totaling **$19.5 million**.
- **Clinical Space: 70,000 sq. ft.** at **$780/sq. ft.** totaling **$54.6 million**.
- **Administration Space: 15,000 sq. ft.** at **$751/sq. ft.** totaling **$11.265 million**.
- **IT/Informatics Space: 15,000 sq. ft.** at **$751/sq. ft.** totaling **$11.265 million**.

Sustainability

- **Green Building Practices:** Incorporate environmentally friendly materials and energy-efficient systems, aiming for LEED Silver or higher certification.
- **Sustainable Operations:** Implement renewable energy use, waste reduction, and sustainable procurement strategies.

Timeline, Enrollment, and Staffing

Phase 1: Planning and Design (Year 1)

- **Site Acquisition and Master Planning:** Secure land and develop the master plan with expansion strategy.

Phase 2: Construction and Development (Years 2-3)

- **Facility Construction:** Build educational, simulation, and administrative spaces with modular expansion capabilities.

Phase 3: Program Launch (Years 4-5)

- **Educational Programs Commence:** Open didactic and simulation spaces for initial cohorts.
- **Clinical Services Begin:** Launch outpatient clinical services with a focus on primary care and urgent care.

Phase 4: Expansion and Integration (Years 6-7)

- **Clinical Services Expansion:** Add specialty care services and telehealth programs.

- **Research Initiatives:** Establish research programs in collaboration with partners.

Full Operations (Year 7 Onwards)

- **Operational Efficiency:** Achieve full operational capacity and financial sustainability.
- **Continuous Evaluation:** Monitor performance metrics and community impact.

Budget

Total Project Cost: $199.67 million

Breakdown:

- **Site Acquisition and Preparation: $15 million**
- **Construction Costs:**
  - **Didactic/Educational Space:** 30,000 sq. ft. × $751/sq. ft. = **$22.53 million**
  - **Simulation Center Space:** 25,000 sq. ft. × $780/sq. ft. = **$19.5 million**
  - **Clinical Space:** 70,000 sq. ft. × $780/sq. ft. = **$54.6 million**
  - **Administration Space:** 15,000 sq. ft. × $751/sq. ft. = **$11.265 million**
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  - **Total Construction Costs: $119.16 million**
- **Equipment and Technology: $15 million**
- **Contingency and Miscellaneous Costs (approximately 25% of construction costs): $29.79 million**
- **Total Estimated Cost:** $15 million (Site) + $119.16 million (Construction) + $15 million (Equipment) + $29.79 million (Contingency) = **$178.95 million**
- **Additional Costs (Permits, Fees, Legal, etc.): $20.72 million**
- **Grand Total: $199.67 million**

Funding Strategy

State and Federal Grants

- **Healthcare Workforce Development Grants:** Pursue funding for education and public health initiatives.
- **Infrastructure Grants:** Apply for grants targeting rural infrastructure and healthcare facility development.

Public-Private Partnerships

- **Technology Partnerships:** Engage private sector partners like Oracle, Microsoft, and Apple for technology integration and funding support.
- **Healthcare Providers:** Partner with large non-profit care providers for operational expertise and funding support.

Philanthropy

- **Capital Campaign:** Launch fundraising efforts targeting alumni, healthcare organizations, and community benefactors.
- **Donor Engagement:** Offer naming rights and recognition opportunities to major contributors.

Legislative Support

- **Capital Funding Request:** Seek an allocation of **$199.67 million** from the state legislature to support construction and infrastructure costs.
- **Operational Funding:** Request annual support for staffing and program development during the initial years.
- **Policy Support:** Seek legislative and regulatory assistance to facilitate land acquisition, environmental impact filings, zoning, permitting, and approvals.

Conclusion

The Interprofessional Healthcare Campus represents a bold and innovative approach to addressing critical challenges in healthcare education and delivery, particularly in rural Northern California. By integrating advanced facilities, fostering interprofessional collaboration, and focusing on community needs, the IHC is poised to make a significant positive impact on the healthcare landscape.

We invite legislators and stakeholders to support this vital initiative and help make this vision a reality. By investing in the IHC, you will directly contribute to alleviating critical healthcare shortages, improving public health outcomes, and stimulating long-term economic growth in Northern California.

Attachments

- **Attachment A:** Rural Health Needs Assessment
- **Attachment B:** Letters of Support from Partner Institutions and Community Leaders
- **Attachment C:** Detailed Budget Sheets
- **Attachment D:** Project Timeline and Milestones

- **Attachment E:** Operational Financial Pro-Forma
- **Attachment F:** Detailed Expense Analysis

References

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5. California Department of Public Health. (2020). **The Burden of Chronic Disease, Injury, and Environmental Exposure – Second Edition**.

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