

Meeting of the
Oregon Tech Board of Trustees
Executive Committee
Microsoft Teams
Tuesday, September 9, 2025
3:00 PM - 4:00 PM

Executive Committee

Agenda

- 1. Call to Order/Roll/Declaration of a Quorum (3:00 PM) (5 min) Chair John Davis
- 2. Action Items (3:05 PM) (45 min) Chair Davis and Oregon Tech President, Dr. Nagi Naganathan
 - 2.1. Planning and Study for a potential medical school
 - 2.2. Oregon Tech's next strategic plan and development process
- 3. Adjournment (3:50 PM)

All times are approximate.

ACTION ITEM

Agenda Item No. 2.1

Planning and Study for a Potential Medical School

Background - Lack of Access to Health Care in Rural Oregon

Rural Oregonians lack access to enough primary care health providers. Health inequities in the state become apparent when comparing health outcomes across regions. Rural areas such as Southern, Coastal, and Eastern Oregon have much poorer health outcomes than the regions located closer to urban population areas. Specifically, these inequities include lower life expectancies, poorer quality of life, premature death, and elevated suicide rates. For instance, the life expectancy of a resident in the Southern region is four years shorter than that of someone who lives in the Portland Metro region. This issue is so concerning that the Oregon Health Authority has established a goal of eliminating health inequities by 2030.

What is the driving force of these health inequities? According to 2024 data from the Oregon Health Authority, 2.5 million Oregonians live in areas designated as "Health Provider Shortage Areas" (see the areas shaded in red in Figure 1). In fact, the only non-shortage areas (shown in dark gray) lie near the urban population centers, primarily along the northern I-5 corridor. These shortages result in delays in receiving even the most basic primary care, thus worsening conditions over time and impacting the quality of life for citizens across the state.

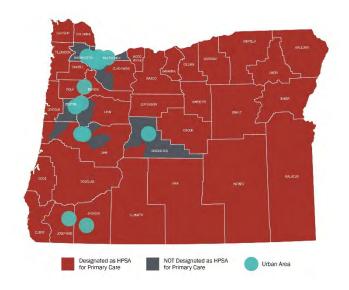


Figure 1: Health Provider Shortage Areas (HPSA's) pervade the state¹

Further, rural citizens are forced to travel long distances to urban areas for healthcare, which, in turn, floods those systems and results in compounded delays in receiving care across the entirety of the state. Earlier this Spring, an article published in The Oregonian² confirmed that urban areas also feel the impact of provider shortages; more specifically, diminished access to primary care providers. More

than half (54%) of residents reported finding it more challenging to get an appointment with a primary care physician now, as compared to three years ago.

Thus, the current health landscape is alarming, and recent projections of the national healthcare workforce paint a grim picture of what the future may hold. The American Association of Medical Colleges has projected that the United States will experience a significant shortage of between 20,000 and 40,000 primary care physicians by 2036. The number of physicians leaving the medical field will exceed the number of students expected to graduate from medical schools, further compounding the problem. The combined impact of planned retirements, increased clinical demands driven by an aging population, and the epidemic of physician burnout is creating an unsustainable environment where the supply of physicians is simply unable to keep up with the increasing demand.

In January of this year, the Oregon Health Authority issued a recommendation that state investments should "focus on expanding access to education and training programs in rural areas" to strengthen and retain medical providers³.

A Potential Solution: an Osteopathic Medical School Located in Rural Oregon

What is needed to address these challenges?

On solution is to develop a new, accelerated pipeline of primary care providers established directly in rural Oregon: a college of osteopathic medicine at Oregon Tech.

Research shows that healthcare providers who complete at least half of their training in rural settings are 5 times more likely to establish their practices in rural areas⁴.

U.S. News & World Report recently published the results of a study that showed almost half of the graduates from osteopathic colleges of medicine choose primary care and continue to practice for 10 years post completion of their training. By contrast, only 14% of allopathic medical school graduates choose primary care.

Thus, combining the primary care benefits of osteopathic training within a setting in rural Oregon for training should produce a pipeline of primary care physicians ready and willing to practice in rural Oregon.

Research shows that patients are equally satisfied with the type of care they receive from both Osteopathic (DO) and Allopathic (MD) physicians in everyday practice. Graduates from both programs complete the same medical residencies and often practice side by side in healthcare systems across the country.

The primary difference between the two is the pedagogy by which Osteopathic providers are trained during their medical education. Osteopathic medicine is known for its applied, hands-on learning and holistic approach to medicine. The holistic nature of their training is one of the key reasons osteopathic physicians choose primary care.

Establishing a college of osteopathic medicine in Southern Oregon, centrally located in Klamath Falls, will improve access to primary and specialty healthcare for the southern region of the state. The college would also contribute to the economic development of the region through an increase in the

employment of medical professionals, ancillary healthcare-related jobs, enhanced medical diagnostic and treatment options, and growth in retail, services, housing and transportation.

Medical School Planning and Stakeholder Feedback

Planning and establishing a new college of osteopathic medicine is lengthy and complex, and involves multiple required steps before we can recruit the first cohort of students. This, in turn, will require significant investment in time and collaboration by partnering entities to develop a strong plan for consideration by the Commission on Osteopathic College Accreditation (COCA).

After sharing the aspirations with the campus community at the beginning of the 2024-25 academic year, Oregon Tech met with select key leaders across the state to inform them of the potential medical school.

To date, Oregon Tech has invested a great deal of effort in engaging key stakeholders in this conversation, including Sky Lakes Medical Center, Asante, St. Charles Medical Systems, Oregon's legislative and executive branches. Some of these focused conversations to date are illustrated by the chart below.

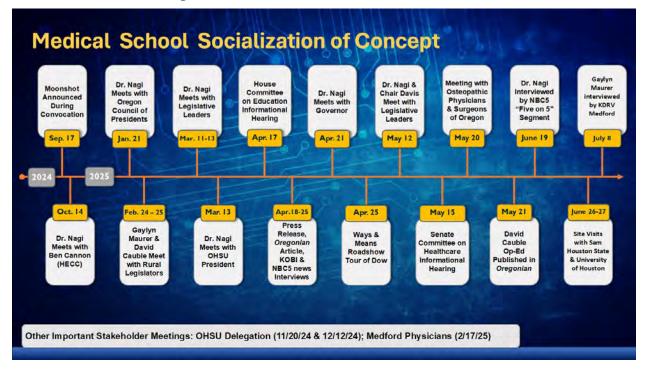


Figure 2: Efforts to Seek Stakeholder Feedback

In April 2025, Oregon Tech was invited to present at an Informational Hearing by the Oregon House Committee on Higher Education and Workforce Development. This was followed by a press release and interviews with the media, explaining why Oregon Tech is pursuing the launch of a medical school and how important this is for the state.

To date, 127 articles have been published, including three recorded television interviews (KGW in Portland, KOBI in Medford, and Klamath Community Television). Across all media outlets, it is estimated there have been up to 93.8 million views of this information, based on unique average views

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per month across all the media websites. The total monetary value of this media presence is estimated at \$1.71 million.

Subsequently, the Oregon Senate Committee on Health Care invited Oregon Tech to present at an Informational Hearing, which focused on the statewide provider shortage. The response from all stakeholder groups has been uniformly and strongly affirming of the value of the new medical school and the need for primary care physicians.

Why is Oregon Tech well-positioned to launch a medical school?

The hands-on applied learning pedagogy that is a hallmark of Oregon Tech uniquely aligns with a college of osteopathic medicine. Coupled with the close proximity to Sky Lakes Medical Center, Oregon Tech is uniquely positioned to create a new pipeline of primary care providers where students will experience a hands-on, technology-infused medical education supported by a rural academic medical center literally next door.

Oregon Tech is widely known for its world-class programs in engineering and technology. Additionally, the university has had a stronger focus on health programs over the last 50 years, and today nearly 50% of all Oregon Tech graduates specialize in health and bio-health programs.

Given Oregon Tech's proven track record in offering successful health programs, we are confident that we are not only well-positioned to launch a College of Osteopathic Medicine, but also one in which students will be allowed to graduate sooner, through the implementation of an accelerated program in the future, without compromising quality. This will not only expedite the entry of qualified physicians into the primary care field in Oregon but also reduce the burden of excessive medical education debt for the graduates.

With tech-infused, practice-oriented allied health programs, an existing science infrastructure (including collaboration with Sky Lakes Medical Center that enables shared medical education and training space), and an ongoing partnership with OHSU in select programs, Oregon Tech is uniquely positioned to launch a technology and AI-infused medical school in southern Oregon.

As stated above, a medical school concept at Oregon Tech is congruent with our university's mission to "meet current and emerging needs of Oregonians", not the least of which is the urgent need to address health inequities across the state. Given the existing healthcare crisis and how uniquely Oregon Tech is positioned to create a solution to a severe problem that affects a large percentage of Oregonians, it is essential that Oregon Tech takes the necessary and required next steps in planning for a medical school with a formal endorsement of the Board.

Required Planning Steps

The guiding principles for creating an osteopathic medical school are codified in the 2023 Accreditation Standards issued by the Commission on Osteopathic College Accreditation (COCA)⁵. The Standards represent a complex process with a specific timeline and requirements for accreditation. For instance, once the initial Application is submitted, the institution is expected to complete the process in no sooner than 36 months and no longer than 60 months to invite the first cohort of students.

The accreditation process is divided into three stages: Seeking Applicant Status, Candidate Status, and Pre-Accreditation Status (see Figure 3 below).

- To achieve <u>Applicant Status</u>, the institution completes an application and submits an application fee; this submission is not made public, and the university must refer to itself as "proposed XCOM application status seeking accreditation".
- The bulk of the work in creating a College of Osteopathic Medicine (COM) falls between Applicant Status and applying for *Candidate Status*, which includes hiring the Founding Dean at least 12 months before submitting the Candidate Status application. Once Candidate Status is approved, the university can refer to itself as "proposed XCOM".
- The institution then has 24 months to move forward to <u>Pre-Accreditation Status</u>; if this period lapses without progress, the institution must begin the entire accreditation process from the beginning. Applying for Pre-Accreditation Status involves fine-tuning and a good deal of policy development. Student recruitment can begin once this Status is achieved (at least 18 months before the first cohort).
- As is the standard with most professional programs, full accreditation is granted upon graduation of the first cohort of students.

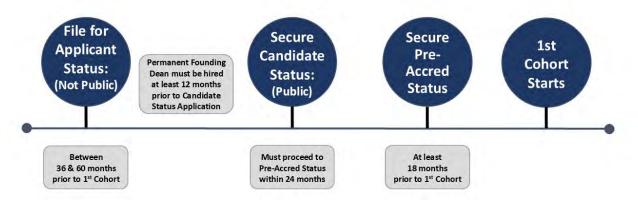


Figure 3: COCA Accreditation Timeline

To illustrate the accreditation timeline, the associated requirements, and other necessary activities, the following is an example of the detailed planning steps from calendar year 2026 through 2031, if our goal is to achieve a first cohort of students in Fall 2031.

2026-2027

- Feasibility Study: Issue RFP and hire a nationally-recognized third-party business consulting firm to conduct a feasibility study and create a business plan & operational pro forma. The Standards specify "An applicant for candidate status must submit a candidate status self-study along with a feasibility study and business plan that assesses the viability of the proposed new COM. The feasibility study and business plan must be developed in partnership with a professional nationally known external business consulting firm." (American Osteopathic Association Commission on Osteopathic College Accreditation Accreditation of Colleges of Osteopathic Medicine, COM New & Developing Accreditation Standards, Effective September 26, 2023 Page 12).
- Foster widespread support (create an Advocacy Network).
- Obtain State legislative support and affirmation of plans, through a resolution, proclamation or another legislative mechanism.

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- Actively engage in philanthropic efforts and identify key donors.
- CY2026 Spring or Fall term: Apply for Applicant Status

2027-2028

- Hire Founding Dean & 2 Associate Deans as required by the accreditation process.
- Approach the legislature with a funding request.
- Draft and sign Affiliation Agreements with clinical rotation sites.
- Explore residency opportunities.
- Continue philanthropic efforts.

2028-2029

- Fall term: Secure Candidate Status
- Continue philanthropic efforts.
- Begin work on Pre-Accreditation Status components.

2029-2030

- Engage in policy development (professionalism, student assessment & outcomes, transfer policy, etc.).
- Continue philanthropic efforts.
- Commission an annual independent financial audit.
- Develop an Information Technology Strategic Plan.
- Spring term: Secure Pre-accreditation Status.
- Begin faculty and student recruitment.

2030-2031

- Continue philanthropic efforts.
- Commission an annual independent financial audit.
- Curriculum development (including Interprofessional Education)

Fall 2031

• First cohort of students enter Medical School.

It is important that the next phase of the planning be pursued actively at this time, including issuing an RFP for and conducting a feasibility study. Therefore, the staff is making the following recommendation to the Board.

Recommendation:

Staff requests a Motion by the Oregon Tech Board of Trustees Executive Committee to authorize the President and his designee(s) to move forward with the required next steps to plan for a College of Osteopathic Medicine leading to the Doctor of Osteopathic Medicine (DO) degree on the Oregon Tech Klamath Falls campus, including issuing an RFP for a feasibility study and business plan, creating an Advocacy Network, seeking philanthropic support, and state legislative support.

Sources

¹Oregon Health Sciences University Office of Rural Health (2024). Oregon Health Professional Shortage Area (HPSA) Maps. https://www.oregon.gov/oha/HPA/HP-PCO/Documents/HPSA-Primary-Care-Type-2024.pdf

²de Leon, K. (2025). Portland-area residents can't find doctors, and they say it's only getting worse. The Oregonian. April 6, 2025. https://www.oregonlive.com/health/2025/04/portland-area-residents-cant-find-doctors-and-they-say-its-only-getting-worse.html

³Oregon Health Authority. (2025). Oregon's Health Care Workforce Needs Assessment 2025.

⁴Russell, D.J., Wilkinson, E., Petterson, S., Chen, C. & Bazemore, A (2022). Family medicine residencies: How rural training exposure in GME is associated with subsequent rural practice. <u>Journal of Graduate Medical Education</u>, 441-450.

⁵American Osteopathic Association. (2023). <u>Accreditation of Colleges and Osteopathic Medicine:</u> <u>COM New and Developing Accreditation Standards</u>.

ACTION ITEM

Agenda Item No. 2.2

Oregon Tech's next Strategic Plan and development process

The current Five-Year Strategic Plan, "Oregon Tech Together" (*Current Plan*), spans the 2021-2026 timeframe and was created during the COVID-19 Pandemic. In light of reaching the end of the Current Plan's timeframe, and the University's stabilized enrollment and solid financial footing, the Board in its August 2025 retreat launched an update to the Strategic Planning process, with the goal of convening a Strategic Planning Committee (*Committee*) led by the Provost and consisting of representatives from the Board, faculty, staff, students, community supporters, donors, and other stakeholders.

The charge of the Committee will be to create and recommend a new Strategic Plan to the President by March 1, 2026, who then upon review will make his recommendation to the Board for adoption at its April 2026 meeting.

The Board envisions that in creating the next Strategic Plan (*New Plan*), the Committee will use the Current Plan's Four Pillars as a framework, with necessary adaptations:

PILLAR I: COMMITMENT TO STUDENT SUCCESS

Oregon Tech enhances the quality and diversity of the student experience by increasing access to and support for high-quality, student-centered education, resulting in student and graduate success.

PILLAR II: COMMITMENT TO INNOVATION

Oregon Tech is entrepreneurial and on the leading edge of student engagement, innovative teaching, and collaborative research.

PILLAR III: COMMITMENT TO COMMUNITY

Oregon Tech is an active member of the communities that it serves. Students, faculty, and staff are encouraged to contribute to their physical, professional, scholarly, and social communities via leadership and active participation through their academic and professional expertise.

PILLAR IV: COMMITMENT TO INSTITUTIONAL EXCELLENCE

Oregon Tech fosters a culture of scholarship, leadership, engagement, and institutional pride. A focus on shared vision, inclusion, and collaboration motivates members of the Oregon Tech community to achieve and celebrate excellence.

Given the many developments underway across our nation and the state, the New Plan should span a shorter timeframe (2026 through 2029), contain 8 to 10 usable and measurable comprehensive goals with metrics, and address some or all of the following areas:

PILLAR I: COMMITMENT TO STUDENT SUCCESS

- 1) Enrollment: Continue to grow at a stable pace by filling programs with capacity and adding new programs and capacity where financially viable. The Board emphasizes the importance of enrollment management, which includes both recruitment and retention, in ensuring the University's budgetary stability.
- 2) Retention: Emphasize individual attention to students with a goal to retain and graduate existing students.
- 3) The Oregon Tech Pledge: A guiding principle to distinguish our commitment to students, linked to individual attention, experiential learning, affordability, career success, and co-curricular opportunities.

PILLAR II: COMMITMENT TO INNOVATION

- 1) Future Programs: Medical School, Graduate Management, and Online Education aligned to market needs.
- 2) Curricular Flexibility: Combined/accelerated degrees, year-round pathways, efficient academic calendar.
- 3) AI Integration: Embedding AI intentionally across all aspects of recruitment, retention, teaching, research, delivery, and our business processes.

PILLAR III: COMMITMENT TO COMMUNITY

- 1) Brand Presence: Increase marketing visibility throughout Oregon, particularly in Portland and southern Oregon.
- 2) Partnerships: Strengthen collaborations with industry, business, healthcare systems, and community stakeholders.
- 3) Economic Development: Position Oregon Tech as a convener and partner for economic development, regionally and statewide.

PILLAR IV: COMMITMENT TO INSTITUTIONAL EXCELLENCE

- 1) Faculty Research: strengthen support for the research office, increase scholarships, and support faculty and student innovation.
- 2) Organizational Readiness: support and fill gaps in faculty, staff, and institutional processes consistent with institutional growth.

In summary, the New Plan should provide the University with strategic guidance so that Oregon Tech is nimble, distinctive, and future-focused — advancing student success, embedding innovation, engaging communities, and pursuing excellence — to be a world-class polytechnic university of choice. ■