

Indiana Graduate Medical Education Board

Friday, January 29, 2021

11a Eastern

Virtual Meeting Conducted via Microsoft Teams

Meeting Minutes

Board Members Present: Steven Becker, Paul Haut, Tricia Hern, Michelle Howenstine, Tim Putnam, Rachel Shockley, Beth Wrobel

Advisory Members Present: Kaitlyn Brown

Commission Staff Present: Eugene Johnson, Josh Garrison

Board Administrative Service Staff Present: Linda Bratcher

CALL TO ORDER

The meeting was called to order at 11:00 A.M. Eastern time.

ROLL CALL OF MEMBER AND DETERMINATION OF QUORUM

Seven (7) Board members were counted as present. A quorum necessary to conduct business was confirmed.

Based on the number of Board members needed for official business to be conducted, Chairman Tim Putnam invoked the Rule of Necessity.

INTRODUCTION OF NOMINEES FOR OPEN BOARD POSITIONS

Eugene Johnson introduced Dr. Clif Knight and Dr. Curt Ward as nominees for the vacant Medical Director of a Residency Program and Marian College of Osteopathic Medicine Board positions. Both gentlemen introduced themselves and discussed their backgrounds and their present and prior roles.

REVIEW OF PRIOR MEETING MINUTES

Minutes from the October 21, 2021 meeting were reviewed. Tim Putnam asked if there was discussion on the minutes; Eugene Johnson noted that on page six (6) the last paragraph stated the Rachel Shockley passed Chairpersonship back to Tim Putnam; this should have said Tricia Hern passed the Chairpersonship back to Tim Putnam. Eugene Johnson requested approval to make this update in the approved minutes. Tim Putnam asked for a motion to approve the minutes with the corrections. Beth Wrobel moved to approve; Michelle Howenstine seconded the motion. Motion passed 7-0.

LEGISLATIVE UPDATE

Josh Garrison shared that the Governor's budget had been released, and the first round showed a 15% cut in the GME Fund appropriation from the prior biennial budget funding, with funding at \$3.4M per year for the upcoming biennium. He stated that this reduction was similar across other state programs. He stated he, along with Tim Putnam and Grant Achenbach, would be meeting with Rep. Dr. Tim Brown

that afternoon to discuss the work of the Board and the impact funding will have on current and future Board work. Stakeholders provided feedback; Luke McNamee noted that, like Josh, the Indiana State Medical Association would be working with the Indiana General Assembly to get funding back up to \$8M for the biennium and hopefully more.

Andy VanZee with the Indiana Hospital Association noted that there's strong support from the Governor's Office and legislature in expanding the state's workforce. He stated there's strong support in working to expand the healthcare pipeline; he noted that the pandemic exposed fractures in the healthcare workforce. He concluded by stating they have the opportunity to frame the discussion on what they've seen over the past year and what impact future investments can have.

Michelle Howenstine asked Josh Garrison what timeframe they might know if the 15% would be restored; Josh Garrison replied that it would be closer to the end of the first half of the legislative session; he stated they'd know by mid-February if the funding was reinstated.

Tim Putnam asked if anyone had insight on the revenue impact; Josh Garrison said he'd get that information, but it appeared revenue would show growth going into the 2021 with another forecast coming out before the end of the legislative session.

Tim Putnam asked physicians on the Board if they anticipated the post-pandemic the workforce shifting drastically with retirements, people leaving the state, etc. Michelle Howenstine and Steven Becker both commented and provided feedback and Michelle Howenstine stated AAMC data would be reviewed and drilled down to Indiana for discussion at the next meeting. Steven Becker inquired if any funding coming from the Federal government could be directed to GME expansion; Josh Garrison explained that getting into the budget reconciliation process could afford an opportunity for funds to be directed to GME

FISCAL UPDATE

Eugene Johnson stated the current available fund balance stood at \$3.5M. He noted the Board would be evaluating Expansion Grant applications totaling roughly \$4.4M. He stated that, if the Board approved the grant applications in today's meeting, they may want to pass them on the condition that full funding would be awarded if additional GME funding was passed into law during the current legislative session.

Tricia Hern asked if there are other programs looking to expand that could be looking to apply for expansion grant funding, thereby putting additional demand on the GME Fund? Eugene Johnson confirmed this is correct. Michelle Howenstine asked about Parkview Health's plans and delays they've encountered; Eugene Johnson noted they'd planned to apply for funding consideration but had to push their programs' start back. Eugene Johnson went thru various funding scenarios and reviewed the projected funding requests thru fiscal year 2024 which showed that anticipated demand for GME expansion funding would not keep up with the amount of funding available.

Tim Putnam asked for and received feedback that there was a shortage of \$900,000 in the current fund balance compared to the expansion grant applications the Board would be evaluating today. He noted the Board's work over the past few years to get residency programs started and expanded has been extremely successful, especially in getting residents exposure in underserved areas. He noted they now could be operating potentially with scarce funds compared to demand and they need to plan to live with less funding. He also stated the Board and stakeholders would need to work with legislators to champion the successes of the expansion plan to date, and how funding will impact future goals.

DISCUSSION TOPICS

The Board discussed the expansion plan to date. Tim Putnam noted, as a hospital CEO, his colleagues were encouraged see the support of the state legislature in funding GME expansion and that support would help them determine if starting or expanding a program would be right for them. Steven Becker stated that the \$500,000 Program Development funding is critical to get a hospital to start a program and he'd prioritize that funding over the \$75,000 Feasibility Study funding. He commented the \$45,000 Expansion grant will use the most funding. He stated that, assuming they have limited funds, they could cut down support, with a three-or-five-year period being all entities can apply for. He said those with Medicare funding could be ok if state funds are reduced; those looking to add residents to a current program would be impacted the most by a reduction in state funding. He summarized his comments by stating that the Board could set a time limit on the expansion grant, tie it five years when a new program is capped, or tie it to when the first residents graduate, and noted that the first three-to-five years of a program are the most risky and expensive part of launching that program.

Michelle Howenstine stated she agreed that the \$500,000 is the most important, and she'd agree with capping funding at the duration of the training program. She stated something may need to be done differently with the Feasibility Grant; perhaps a GME Board supported team to work with these applicants.

Curt Ward provided feedback on supporting the need for the \$500,000 funding as a start for a new program, as well as agreeing with Michelle Howenstine on the potential to possibly help coach Feasibility Grant recipients. Clif Knight commented that when he was with the American Academy of Family Physicians (AAFP), they had programs that reached out to the AAFP about how to start a program. He stated he felt this could be a valuable step, providing some state level coaching. He noted that organizations should go about residency development eyes open that funding would not be provided perpetually.

Tim Putnam asked that a small committee be formed to discuss how the Board can best operate with less funds being available compared to anticipated future demand. Michelle Howenstine added it's worth noting that CMS recently approved 1,000 spots over five years; she stated it's worth noting that funding is available but it's likely going to be extremely limited as there are 800 sponsoring institutions and 12,000 programs. She stated it's the first change in federal numbers since 1996. Beth Wrobel added that taking the original budget and seeing where they are at, to see where they are at compared to the Tripp Umbach study would be important. Kaitlyn Brown added they could work to anticipate the needs of underserved communities over the next 7-10 years and how to possibly align the GME Board with progressive movements in healthcare. Beth Wrobel, Steven Becker, Kaitlyn Brown, Curt Ward and Michelle Howenstine volunteered to serve on the funding committee.

Eugene Johnson brought up the prior plan to post an RFP for a fiscal impact study of the expansion plan to date, and since that had been postponed due to the pandemic, was it worth bringing up again in preparation for the 2023 legislative session. Tim Putnam stated this was something that they'd need to have ready to provide data on in 2023 and it'd be worth prepping to have this type of study done.

NEW BUSINESS

Prior to discussion of grant applications, Tim Putnam first again invoked the Rule of Necessity. He next asked if the Board was comfortable with that day's awards being funded at a partial level with any

remaining funding being awarded based on funding that's provided by the Indiana General Assembly. He stated they could fund 75% of the requested funds with the remaining 25% being funding pending 2021 state budget approval.

Beth Wrobel asked when the funding would roll over and was told it would be in July. She asked if they would have any funding remaining; Tim Putnam stated that, based on what's current in the 2021 version of the budget, they'd have about \$2.5M for state fiscal year 2022 if they award the current proposals at 75% and the remaining 25% being approved depending on continued state support.

Additional discussion about the future of expansion was discussed; the plans for the Northwest Indiana program were discussed and it was stated that several of the planned programs were delayed. The Board calculated the anticipated funding from the General Assembly and reviewed what grants were anticipated to be submitted for review. Michelle Howenstine stated her support for the possible 75%/25% funding plan for the current applications. Linda Bratcher asked if Michelle Howenstine's feedback was because of the match process coming up and entities needing to make their rank list; Michelle Howenstine said yes it was and it sounds like they can handle receipt of 75% of requested funding as it keeps the momentum going. Steven Becker agreed. Paul Haut asked if the lack of guarantee of full funding would cause anyone not to move ahead? Steven Becker stated he felt people would be comfortable knowing they were getting 75%.

Tim Putnam asked for a motion to approve current grants out of available funds with any remaining balance of the fund request to be paid out of the first dollars of the 2021 GME Fund appropriation if dollars are allocated to the fund by the Indiana General Assembly. Michelle Howenstine moved to approve current grants out of available funds with any remaining funds being requested to be paid out of the first dollars of 2021 GME Fund dollars if dollars are allocated to the fund by the Indiana General Assembly, Beth Wrobel seconded. Motion passed 7-0.

Eugene Johnson asked for clarification on keeping the RFPs up; the Board agreed on keeping the RFPs posted pending the outcome of the 2021 budget session.

NEW BUSINESS

Eugene Johnson stated that the Commission for Higher Education (CHE) would be requesting additional information related to costs on future invoices.

Scores were announced for Expansion Grant fund applicants. Franciscan Health Indianapolis' Family Medicine residency score was announced as 70 out of 105. Beth Wrobel asked at what point would they not fund a score of 70; Michelle Howenstine noted that Franciscan's score was lower due to being a program that had been in existence for a longer period. Tim Putnam called for a motion to approve the application. Steven Becker moved to approve; Tricia Hern seconded. Motion passed 7-0.

In the interim for scores for Southwestern Indiana Graduate Medical Education Consortium (SIGMEC) being calculated, Michelle Howenstine announced that IU Health Arnett (Lafayette, IN) Family Medicine residency would be graduating their first group of residents; out of the five graduates, three would be staying in the area, with one returning to their home area and the other doing a geriatric medicine fellowship. Curt Ward noted the Arnett graduate would be a fellow at St. Vincent.

Scores were announced for SIGMEC. The Internal Medicine Residency program was announced as scoring an average of 88 out of 105. Tim Putnam asked for a motion to approve the application. Paul Haut moved to approve; Rachel Shockley seconded. Motion passed 7-0.

The Psychiatry Residency program application was announced as scoring an average 83 out of 105. Tim Putnam asked for a motion to approve the application. Rachel Shockley moved to approve. Tricia Hern seconded. Motion passed 7-0.

The Family Medicine Residency program application was announced as scoring an average of 73 out of 105. He noted that this school was depressed based on the location of the residency program as it is not a the most underserved area of the state. Tim Putnam asked for a motion to approve the application. Beth Wrobel moved to approve; Tricia Hern seconded. Motion passed 7-0.

OLD BUSINESS

Eugene Johnson stated that CHE is still working to get appointments and reappointments made to the Board.

PUBLIC TESTIMONY

No public testimony was offered.

NEXT MEETING

The next meeting was announced as being scheduled for Friday, April 30, 2021 at 11am Eastern.

ADJOURNMENT

Tim Putnam asked for a motion to adjourn. Michelle Howenstine moved to adjourn; Paul Haut seconded. The meeting adjourned at 11:58a.