

Cultivating the Physicians of the Future
through Targeted Funding Initiatives:

A Roadmap to Measurably Expand Graduate
Medical Education (GME) in Indiana

April 19, 2017
Statewide GME Committee

Today's Objectives

1. Introductions
2. Background
 - Statewide Initiative
 - Physician Shortage
3. Grants
4. Statewide Efforts – Consortiums
5. Next Steps -- Forums

Introductions: Current Members of the Board

Tim Putnam - President/CEO, Margaret Mary Health, Batesville, IN (Board Chair)

Peter Nalin, MD – Executive Associate Dean for Educational Affairs, Indiana University School of Medicine

Steven Becker, MD – Director and Associate Dean, Indiana University School of Medicine, Evansville

James Buchannan, MD – Retired Physician, Indiana State Medical Association Representative

Mark Cantieri, DO – Private Practice and Clinical Assistant Professor, Marian College of Osteopathic Medicine

Beth Wrobel – CEO, HealthLinc

Paul Haut, MD – Chief Medical Officer, Riley Hospital for Children

Bryan Mills – CEO, Community Health Network

Tricia Hern, MD – Vice President Academic Affairs, Community Health Network

Donald Sefcik, DO – Dean, College of Osteopathic Medicine and Vice-President of Health Professions, Marian University

Introductions: Tripp Umbach

- ❑ Tripp Umbach was selected by the Board as a consultant to assist with developing a roadmap related to the most effective way to measurably expand Graduate Medical Education throughout Indiana in regions where it is most needed. Specific recommendations were associated with the allocation of state funding to support GME statewide.
- ❑ Over the past 10 years, Tripp Umbach has worked with 50 new or expanding medical education (both UME & GME) projects throughout the United States.
- ❑ National experience in GME expansion, including multiple projects in Indiana, Georgia, Oregon, Pennsylvania, Arkansas, New Jersey, Washington, and Colorado.
- ❑ Tripp Umbach has measured the economic impact of every U.S. allopathic medical school and teaching hospital.

State Initiative Background

- ❑ In 2015, House Enrolled Act 1323 was introduced and the Indiana Graduate Medical Education Board was created to lead the initiatives outlined in the bill.
- ❑ Indiana General Assembly charged the Board with providing recommendations relative to the best way to expand the primary care workforce through the development of targeted funding initiatives.
- ❑ In early 2016, Tripp Umbach was selected to work with the Board to develop a roadmap to measurably expand GME throughout the state.

The Physician Shortage is a National Crisis

- ❑ **Physician recruitment and retention is affected by many factors:** geography, finances, scope of practice, medical support, and hospital and community support.
- ❑ The ability to recruit and retain physicians directly affects the ability to provide **adequate services to the community.**
- ❑ Although medical school enrollment has increased significantly over the past 10 years, **GME training programs, especially in primary care, have seen limited growth.**
- ❑ The American Association of Medical Colleges (AAMC) projects **a total physician shortfall of between 40,800 and 104,900 physicians by 2030.** These estimates reflect updates to demand inputs and updates to projected Physician Assistant (PA) and Advanced Practice Registered Nurse (APRN) supply through 2030.

Indiana Has a Serious Primary Care Shortage

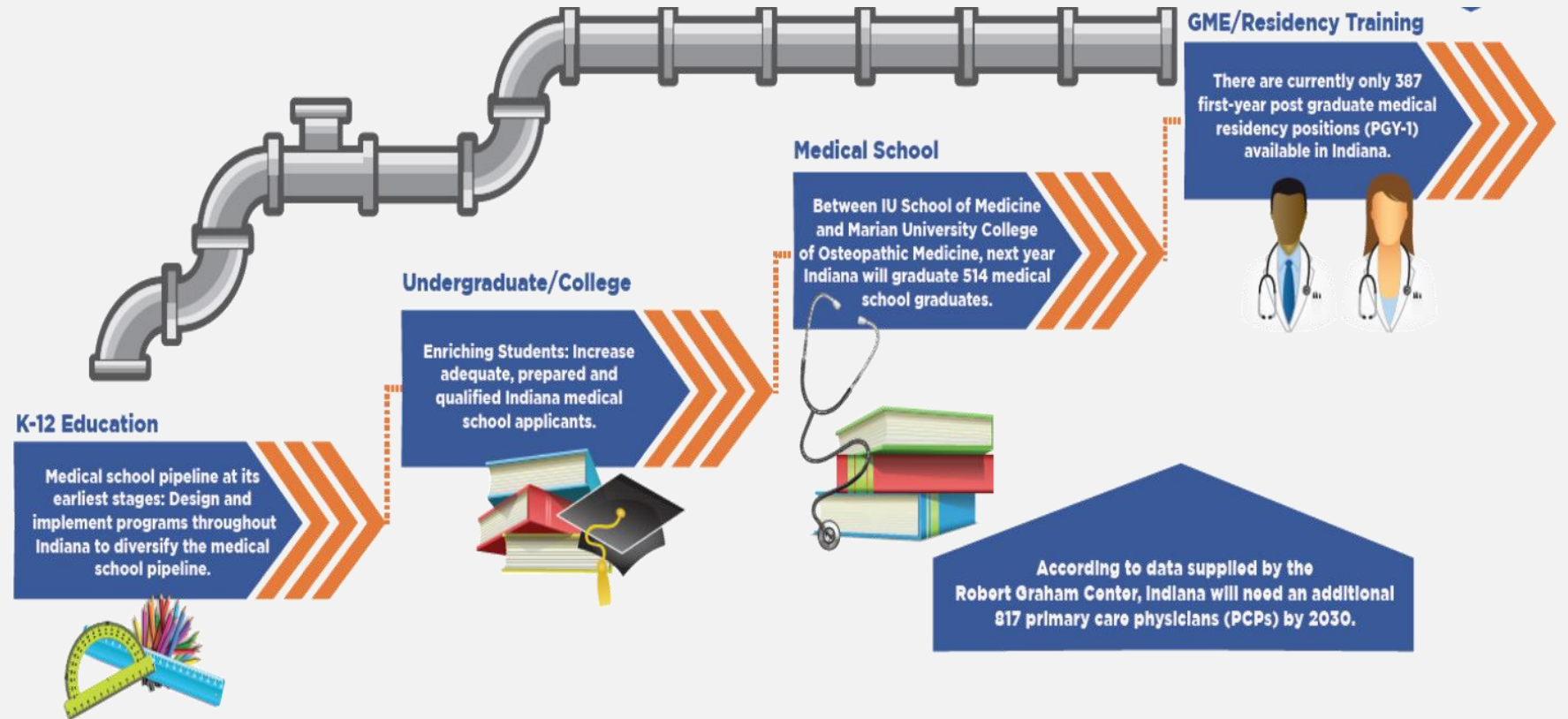
According to “County Health Rankings, 2016: Indiana Health Gaps Report”:

- ❑ The ratio of population to primary care physicians in the ‘best counties’ is 1,214:1, while in the ‘worst counties’, the ratio is 4,622:1.
- ❑ The difference is even more staggering when it comes to mental health providers (MHPs). The ratio of population to MHPs in the ‘best counties’ is 611:1, while in the ‘worst counties’, the ratio is 4,590:1.

Physicians are Most Likely to Practice Where They Train

Incentivize, facilitate and support innovation

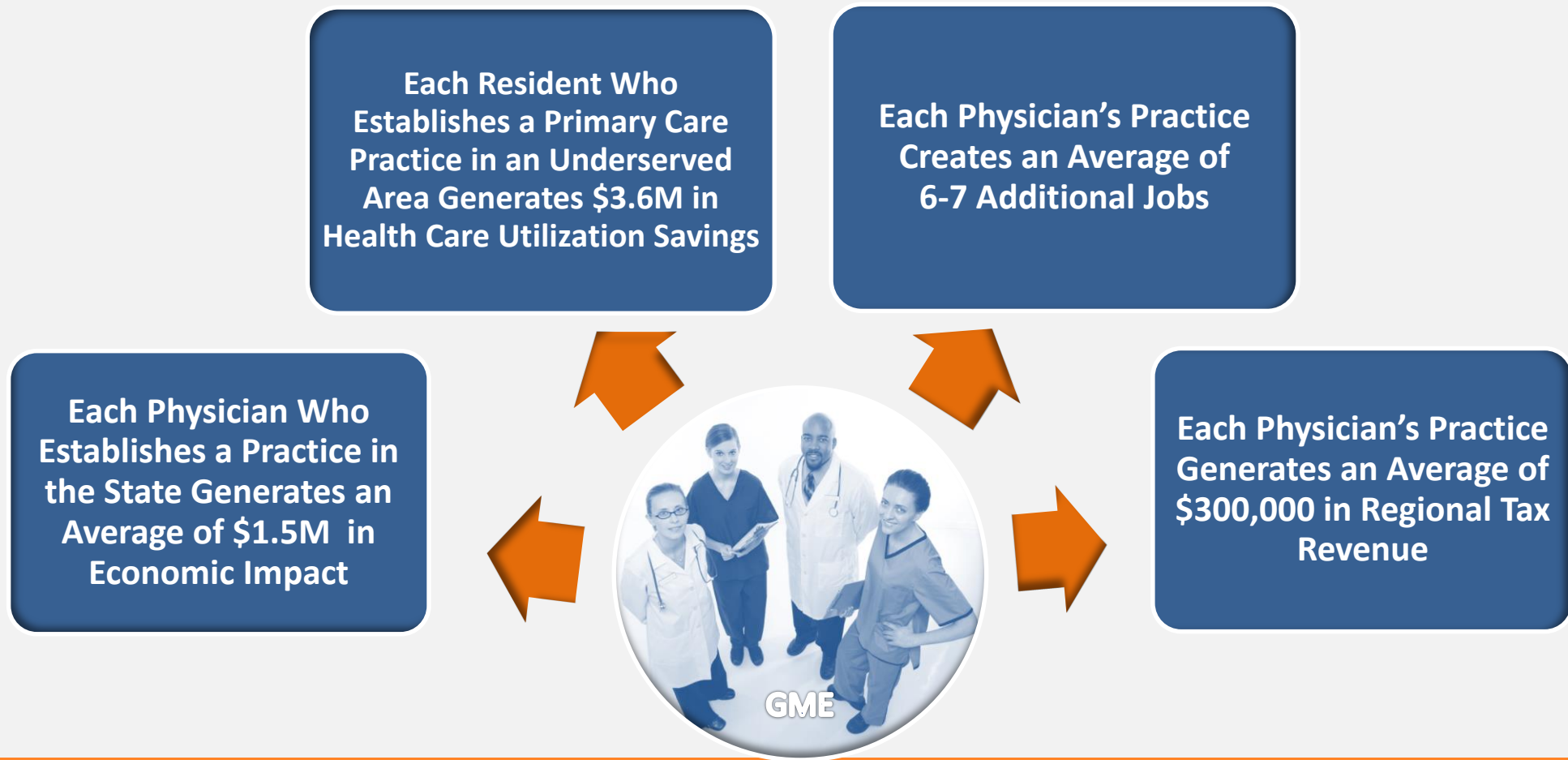
The time required to train a physician is at least seven years after graduation from college (four years of medical school and minimum of three years of residency training).



Health Care and Financial Benefits of GME for Hospitals

- ❑ **Recruitment Cost Savings** Resulting From Graduating Residents
- ❑ **Revenue Generation** Due to Increase in Physicians and Residents
- ❑ **Provision of Care** by Residents (compensation lower than other care providers)
- ❑ Revenue from **Quality Outcomes**
- ❑ **Image Enhancement** as a “Teaching Facility”
- ❑ Workforce Aligned with **Culture** of **Life-Long Learning**
- ❑ Community-Based Training Sites Such as Community Health Centers Can **Improve Health Status, Decrease Costs** and Facilitate **Interdisciplinary Care**

GME Generates Significant Economic Impact



Residents and new physicians represent fresh dollars in the local economy.

Expanded New Residency Positions Grant

- ❑ **Expanded New Residency Positions:** The intent of this funding was to provide support for sponsoring institutions/existing GME programs that intend to expand new residency positions beyond their federally funded cap and to sponsoring institutions establishing a new GME program(s). The Award amount was \$45,000 per training year for each new residency position.

Awarded Funds for Expanded New Residency Position Grant

□ Allocation of Funds:

- **Reid Health in Richmond, IN** – Family Medicine – two (2) positions, three (3) years, \$270,000
- **Fort Wayne Medical Education Program in Fort Wayne, IN** – Family Medicine – two (2) positions, three (3) years, \$270,000
- **Indiana School of Medicine:**
 - Obstetrics and Gynecology – one (1) position, four (4) years, \$180,000
 - Psychiatry – one (1) position, four (4) years, \$180,000
 - Pediatrics and Psychiatry – one (1) position, five (5) years, \$225,000
 - Emergency Medicine – two (2) positions , three (3) years, \$270,000

State Funds for Grants

- ❑ **Statewide Educational Sessions:** The intent of the educational workshop session(s) is to increase knowledge of basic GME elements, awareness of need and funding opportunities. Funding is used to support statewide educational sessions.
- ❑ **Feasibility Study Grant:** Encourages communities to explore opportunities for GME expansion. Funding is allocated to entities that will study the opportunities, challenges, costs, and benefits of developing primary care and select specialty shortages residency programs.
- ❑ **Program Development Grant:** Supports efforts to develop new residency programs. The program development/start-up phase of GME development is typically the most difficult challenge faced by entities.

Live RFP Link

<http://www.in.gov/che/3171.htm>

Proposed Model: Primary Care GME Consortium

The development of a GME Consortium model where **hospitals and other organizations partner to develop residency programs** and act as the vehicle to expand physician training.



The Consortium would be an **independent 501(c)3 not-for-profit corporation** that will establish by-laws, financial participation agreements, contractual agreements.

Consortium models are more cost effective and **better able to achieve the scale needed** to impact the physician workforce.



Consortium models **increase opportunities to attract funding from federal and state sources** and other funders looking for collaborative initiatives.

State Example: Southwest IN

- Responding to the critical need to expand the number of physicians who are trained and retained in Southwestern Indiana, the following entities are engaged in a collaborative planning process to develop and expand GME programs in the region.
 - Deaconess Health System, St. Mary's Medical Center (both located in Evansville, IN), Memorial Hospital and Health Care Center in Jasper, Indiana, Good Samaritan Hospital in Vincennes, Indiana, and Indiana University School of Medicine – Evansville (IUSM-Evansville).
 - The Consortium created a board of directors consisting of the initial entities as founding voting members working with IUSM as the institutional sponsor and community members as affiliate members.
 - The Consortium plans on applying for the Program Development Grant.

Note: Various entities in Northwest IN are engaged in a collaborative planning process to develop and expand GME programs in the region.

The Potential Consortium Advantages

- ❑ **Cost Efficiency:** The Consortium serves as the Institutional Sponsor for all residency programs in the Consortium. The GME accrediting body (ACGME) requires that all GME programs have an Institutional Sponsor with a Designated Institution Official (DIO) to oversee residency programs.
- ❑ **Collaboration:** Members share best practices related to program development, resident and physician recruitment and retention, and faculty development.
- ❑ **Pipeline Enhancement:** Consortium structure facilitates a close relationship with Area Health Education Centers (AHECs) to increase access to physicians who are most likely to remain in Indiana to practice.
- ❑ **Ability to Leverage Funding:** The Consortium is attractive to private and public funders who desire collaboration and investment by members.

Next Steps

- ❑ Contact Eugene Johnson at ejohnson@che.in.gov for more information.
- ❑ Future events to be announced to discuss GME development in Indiana through statewide forums and educational sessions.
- ❑ Use information in this presentation to educate stakeholders about need and benefits of GME.

Questions???