

Indiana Graduate Medical Education Board

Tuesday, July 23, 2019

10:00 am Eastern

101 West Ohio Street, Suite 300

Kent Weldon Board Room

Indianapolis, IN 46204

Meeting Minutes

Board Members Present In-Person: Steven Becker, Tricia Hern, Tim Putnam, Jeffrey Rothenberg, Donald Sefcik, Rachel Shockley, Beth Wrobel

Commission Staff Present: Eugene Johnson

Board Administrative Service Staff Present: Linda Bratcher

CALL TO ORDER

Tim Putnam called the meeting to order at 10:03a.

ROLL CALL OF MEMBER AND DETERMINATION OF QUORUM

A roll of seven Board members were in attendance in-person and a quorum was confirmed.

REVIEW OF PRIOR MEETING MINUTES

Minutes from the 5/13/2019 meeting were reviewed. Eugene Johnson noted that Linda Bratcher found a few corrections and that they would be made. Tim Putnam asked for a motion to approve the minutes as updated. Jeffrey Rothenberg moved to approve; Steven Becker seconded. Motion passed 7-0.

FISCAL UPDATE

Eugene Johnson stated that the GME Fund current balance is \$6,637,829.58 with \$2,931 in pending expenses for a total fund balance of \$6,635,739.27. He stated the current funding makeup is the \$4M in new dollars allocated by the Indiana General Assembly during the 2019 Legislative Session and the prior fund balance of \$2.6M. He noted that was part of the \$8M in biennial funding awarded and that the current balance included the 50% of the fund that could be spent in the current fiscal year. Tim Putnam confirmed that the Board now had that balance to spend until 7/1/20 and was told that is correct. Beth Wrobel asked about getting projects beyond their three year contracts and asked if there would be funds available to provide a continuation of funding. Eugene Johnson went over the end dates for grants that the Board had previously funded.

Tim Putnam commented that the Board needed to ask the philosophical question of whether their role is to fund the startup or to fund residencies in perpetuity. He noted that, at the point of full expansion, the money they have isn't there to fund those expansion residency spots in perpetuity. He asked Steven

Becker for information on what the total funding need would be; Steven Becker noted that the initial bill creating the fund estimated 500 new residency slots with a funding need of \$22.5M per biennium at maturity; he stated as a Board they've decided they are likely looking at a full expansion of 350-400 spots total which means the likely need is \$16M-\$17M per fiscal year at full maturity which would be enough to fund repositions at \$45,000 per slot. He noted which programs were ongoing; including Indiana University School of Medicine, Fort Wayne Medical Education Program and Rei Health and commented that the Board felt that \$4.5M per year for state fiscal years 2020 and 2021 would keep the expansion moving forward and provide funding for new programs to start. He stated the Board was awarded \$4M per fiscal year and it was close to what they needed.

Beth Wrobel commented that the NWIGMEC will have two residency startups requesting funding; Steven Becker noted they will need \$1M to start and would be requesting the \$45,000 per residency slot in two year. Jeffrey Rothenberg commented that, philosophically, funding from the state is not stable; he's supportive of startup funding but looking at funding in perpetuity; if programs are built only on funding in perpetuity, changes in leadership or other issues could leave programs high and dry. Steven Becker noted that Jeffrey Rothenberg was correct; he commented that the evidence is that the current Legislature supports residency expansion; they have a lot of strong supporters but he agreed that his point was valid.

Tim Putnam stated that the Board could go a few different ways in the future, including working to expand to 370 slots and then disband. He stated that hospitals around the state ask if they are losing money do they keep a program going; they may say that they can't incur a \$45,000 per resident loss. Jeffrey Rothenberg stated that hospitals have to want to have these programs, it can't be strictly an economic decision. Tim Putnam said they could decide to fund the beginning and that's it, or get up to 370 slots and then use any future state funding to maintain those slots. Steven Becker said his four hospital consortium was aware going in that state funding is not always guaranteed. He stated that if the Board isn't able to get to the \$17M needed; if they top out at \$8M they may have to do what the Medical Education Board does and top out at a different per residency slot amount.

Beth Wrobel stated that at the GME Initiative conference other states commented they are getting Medicaid match dollars for GME and that needs to be explored. Steven Becker noted that new hospitals get a hard to calculate state Medicaid kick in for GME. Tim Putnam stated eventually the Legislature will turn to the Board and ask what should be done and that the charge is to have a robust GME program. Steven Becker noted that the initial plan was created based on \$45,000/year per resident and they should stay with that number until they can't. He said that in the next 6-8 years all the programs that are going to start would have done so and they would have received startup grant money. The Board continued discussion on other sources of funding and the need to research what additional dollars could be available to support GME residencies.

Tim Putnam asked should the Board be looking at efforts for the state to fund the expanded programs perpetually or should they only focus on startup programs? Do they encourage the state that perpetual funding is a good economic investment, or do they get programs started and then they are on their own? He asked where everyone stood on that? Donald Sefcik commented that he'd answer from the lens of a program director and then as a member of the Board. He stated that if he were the program director he would not count on external soft dollars to fund his program in perpetuity. He stated as a result of that; it's the Board responsibility is to look at the expansions first, and if there's a surplus of

funding left, they can figure out how to continue to fund programs they initiated but he personally doesn't think that should be their primary responsibility.

RS stated she doesn't think funding should be perpetual; she feels entities should be applying for other funding like CMS dollars; she stated if the funds are there; maybe it turns into something like the Family Medicine grant dollars but she thinks their primary goal should be get programs running and giving them full support. Steven Becker stated he feels they should go as the bill was originally written and try to get up to \$16M-\$17M. He stated that the ROI for the state is so obvious that they should get support for it but they may not; he commented then what do you do? He stated he thinks startup of new programs is most important and his first priority is to protect the \$500k in startup funding. Next would be to do new program funding at \$45,000 versus expansion of ongoing programs; the only way we get numbers in Indiana is starting new programs in places where they are not right now; this solves maldistribution programs. It won't help to expand more Indianapolis programs as most of those residents will stay in the Indianapolis area. He finished by saying it's the Board's responsibility to prioritize the funds that they have.

Paul Haut stated he struggles with the idea of perpetuity because there really no such thing; he state he agreed on focusing on new versuss expansion but he thinks the reality of the state and health systems and supports in place will limit how much can be done brand new versus still needing to think about what needs to be done to expand; he commented that when you look at economic reality of sustaining programs, there may be a greater ability to sustain within a bigger infrastructure versus standing on brand new. He finished by saying thinks there will always be a balance until they hit their target number.

Steven Becker stated that the consultants felt 350-370 is what they could start new looking at naïve hospitals that could get Medicare funding; Paul Haut stated that the further they've go into the developing the expansion plan, 375 seems to be more ideal. Steven Becker said he feels they could easily get to 300 over the next seven to eight years with what's coming in Gary and other places.

Jeffrey Rothenberg said he's a fan of trying to start with new spots and focusing on their rural areas; he doesn't want to create a state of education that if the money doesn't come from the government they won't do it and the system won't locally and internally buy into it. If the money is available, great but the money may not be their forever and education could be something that's cut in the interest of other priorities. He said he wouldn't give funding to the bigger Indianapolis residencies as there are plenty of OBGYNs, as an example, in Hamilton County but 1/3rd of the state lacks access to a women's healthcare provider.

Kaitlyn Brown stated that she felt a balance is important; as a native of Delaware County, where Northeastern Indiana has more of a struggle; she hopes that striking a balance is important; she said that possibly after reaching the 375 numbers, the Board can determine how to fund ongoing residencies in the future. Paul Haut asked that, to Kaitlyn Brown's point, what would qualify an entity to continue to receive ongoing funding? Jeffrey Rothenberg said they'd need to not just look at graduates but who stays?

Board members continued discussing future funding of new versus existing residencies and how these metrics would be incorporated into the new scoring rubric. Tim Putnam asked for two metrics to be added to the new scoring rubric; percentage of graduates practicing in Indiana and percentage practicing in Indiana in an underserved area. Steven Becker asked if they wanted this to be for the types

of programs the Board is funding as listed in the RFP (Internal Medicine, Family Medicine, and Psychiatry).

Tricia Hern commented that she didn't necessarily think the residencies should be funded in perpetuity; she said there's an opportunity to look at the CMS funding these programs have; if they have CMS funding available at year five they shouldn't fund those; if they are at the cap then they should fund those; she said that this is a big differentiator and that she feels they aren't looking at that. Beth Wrobel said she agreed that ensuring entities have been good stewards of funding and helping them leverage all opportunities available is something they should be doing.

OLD BUSINESS

Tim Putnam moved to old business. Steven Becker recused himself and left the room. Eugene Johnson announced the Southwest Indiana Graduate Medical Education Consortium (SIGMEC) application, noting that the Board previously approved SIGMEC's applications for Family Medicine and Psychiatry and tabled the application for Internal Medicine since that program is due to start beyond the 12 month timeframe the Board required. He announced the funding request of \$2,520,000 to fund 16 three-year residency slots and 8 preliminary medicine slots for a total of 56 slots. Beth Wrobel asked who funds the loss; Tim Putnam noted there are four hospitals contributing; Beth Wrobel asked if they cover it and Tim Putnam confirmed this; he also noted that administrators discuss this and look at the community impact and ask if they will match residents well and is it worth it? He stated it's what they do.

Donald Sefcik stated he and his team visited SIGMEC on 7/3 to meet with their team; he stated he is impressed with what they are building. Tim Putnam noted he's visited as well; he stated that it's everything they've discussed; the medical community of the region coming together to say this is what they need and taking a leadership position. He noted that his own family has discussed the downtown development and that it is seen as taking Evansville to the next level.

As scoring was being compiled; Board members discussed their preference to score during the meeting because they liked to opportunity to discuss applications with fellow Board members. Paul Haut noted that the updated scoring rubric would have a couple of objective measures and a few subjective ones which will expedite scoring during the meeting.

While scoring was tabulated; Tim Putnam moved on to the New Residency Training Proposal that was submitted by the Indiana Primary Healthcare Association and Indiana Hospital Association. Beth Wrobel stated that this proposal was on hold.

Tim Putnam asked Eugene Johnson to report on grant reporting from Reid Health. Eugene Johnson stated that reports had not been received from Reid to date. He stated he'd been reaching out to their GME leadership, initially to see if they would continue applying for funding, but also for information on their reports; he stated he was told they weren't sure about applying for funding, along with getting a response that they'd be following up concerning the reports but didn't do so. He stated they had not invoiced for their 2017 development and expansion grant until 2019. He commented they had changes in leadership; he stated that the Board had the authority to withhold funding until the reporting requirements are met. He went thru his conversations with Reid. Board members felt the issue needed to be addressed at a higher level than the current GME program leadership at the hospital. The Board requested they get a response from Reid within two weeks before addressing at the CEO-level of the hospital.

The Board moved on to discussion of new scoring metrics. Jeffrey Rothenberg thanked Linda Bratcher for organizing the Zoom meeting; he noted the subcommittee's charges were to develop deadline dates; he said they agreed that rolling dates were good for accepting applications but there also needed to be some hard deadlines. He went over the draft updated scoring rubric; noting that they were focusing on hospitals more than FQHCs as there are more hospitals across the state compared to FQHCs; he noted they wanted to focus on primary care and metrics that gets people out to rural Indiana, scoring them higher than entities in Indianapolis.

Linda Bratcher discussed an example of a metric that was offered by VR based on ACGME data; looking at scoring based on available slots in certain areas. VR thought it would be helpful for the Board to know how many residencies slots were in an area as the Board reviews funding applications; Linda Bratcher noted that this did not offer information about the workforce. Discussion continued about the proposed updates to the scoring metrics. Beth Wrobel noted that Robert Wood Johnson data looks at every county in the US and the subcommittee focused on two aspects; overall ranking in the state and how many primary care physicians per population and then a number was given.

Paul Haut asked about the removal of AHEC participation; Steven Becker noted that FQHC's are collaborative models and this should incentivize the hospitals to want to do it. Beth Wrobel noted it's \$120k in funding over three years. Beth Wrobel asked should it be all one, FQHC, AHEC and collaborative model? Paul Haut said the AHEC piece could be separate because its' not the same funding but it could ensure residents are getting training beyond the hospital. The subcommittee agreed they are encouraging to work together and this is a case for incorporating this into one metric.

Discussion concerning the updated metrics continued. Tim Putnam stated that at some point, the Board will be in a position to review and score applications and there will be some applicants who will received funding and some who won't. He stated he'd like to be able to fund everyone but they eventually won't be able to. Steven Becker commented that the Board was probably about two out from that situation, depending on what allocations the Board may receive from the Legislature. Board members offered feedback on additional details to be included in the updated scoring metrics, including support from the organization's Board, their partnership(s); strength of collaborations; and additional information on financial support. Donald Sefcik asked if they wanted information beyond a programs' ACGME accreditation; perhaps looking at individuals ties to the community and giving weight to that. Jeffrey Rothenberg noted that this would be an interesting way to look at it; however sometimes entities need to bring in people from the outside to get programs off the ground. Tim Putnam asked Jeffrey Rothenberg if he'd be ok with going back to his committee and incorporating the feedback of the Board; Jeffrey Rothenberg stated that this wasn't a problem as the first pass was initial draft by the committee and the discussion helped add things that also should be considered.

NEW BUSINESS

Steven Becker and Tim Putnam discussed their meeting in SE Indiana; Tim Putnam commented they met with staff from Clarke and Floyd Baptist hospitals; he noted their strong ties to Louisville but that they were excited about the possibility of working with the Board and with Steven Becker's programs. Steven Becker noted that they liked possible opportunities to work with the SIGMEC Psychiatry and Family Medicine residency programs. Tim Putnam commented that this was the area of the state that had not been touched.

Eugene Johnson read the scoring for the SIGMEC Internal Medicine request noting Steven Becker was not involved and that he was not in the room. He stated the SIGMEC Internal Medicine Residency scored 94 points out of a possible 100.. Tim Putnam called for a motion to approve the application. Beth Wrobel moved to approved; Donald Sefcik seconded. Motion passed 6-0.

PUBLIC TESTIMONY

Phil Morphew stated he would be retiring at the end of August. He commented that in parting he wanted to remind the Board that rural and underserved areas were the focus and asked the Board to not lose focus on that.

Eugene Johnson announced that Zach Smith would be leaving the Commission. Zach Smith stated his new role with Indiana University and that he'd be continuing working with the Commission. Eugene Johnson thanked Zach Smith for helping him engage with the IGA and thanked him for his work.

NEXT MEETING

The next meeting date was announced for Friday, October 25, 2019 at 10am at CHE's office.

Tim Putnam asked Steven Becker about the possibility of a meeting in Evansville; Steven Becker gave feedback that this could take place and they'd love to have the Board in Evansville. Tim Putnam asked Kaitlyn Brown about her thoughts; Kaitlyn Brown noted there is interest and they work closely with the IOA; she noted Tabitha Arnett keeps them updated on the work of the GME Board.

ADJOURMENT

Tim Putnam entertained a motion to adjourn; Beth Wrobel moved to adjourn; RS seconded. Motion passed 6-0. Meeting adjourned at 11:55am.