

Indiana Graduate Medical Education Board

Wednesday, October 21, 2020

11a Eastern

Virtual Meeting Conducted via Microsoft Teams

Meeting Minutes

Board Members Present: Steve Becker, Paul Haut, Tricia Hern, Michelle Howenstine, Tim Putnam, Jeffrey Rothenberg, Tom Sonderman, Beth Wrobel, Rachel Shockley

Advisory Members Present: Kaitlyn Brown

Commission Staff Present: Eugene Johnson

Board Administrative Service Staff Present: Linda Bratcher

CALL TO ORDER

The meeting was called to order at 11:02a.

ROLL CALL OF MEMBER AND DETERMINATION OF QUORUM

Nine Board members and one Advisory member were counted as being present. A quorum was confirmed.

REVIEW OF PRIOR MEETING MINUTES

Minutes from the 6/24/20 meeting were reviewed. Beth Wrobel moved to approve the prior meeting minutes. Jeffrey Rothenberg seconded. Motion passed 9-0.

FISCAL AND LEGISLATIVE UPDATE

Eugene Johnson reported the current fund balance as \$2.897M. He noted that the calculation is now based on encumbered funds for each fiscal year of an approved grant award.

NEW BUSINESS

NEW RESIDENCY PROGRAM DEVELOPMENT GRANT

Eugene Johnson reviewed the criterion for the Parkview Health Family Medicine Rural Training Track Program. Michelle Howenstine noted that Wabash and Parkview are critical access hospitals. Beth Wrobel stated that she could not find an FQHC in FW; she noted that Parkview had not yet applied for lookalike status. Paul Haut commented that the app said residents “may” participate in training at the FQHC; there was not a firm commitment. Beth Wrobel provided further information about the steps necessary to get a site approved; she said it was a two-year process and the application made it seem as if the status was already received. Eugene Johnson informed the Board of outreach he’d done, at the request of Beth Wrobel, with Gary Zwierzynski at Parkview Health to get clarification on if Allied Health had applied for FQHC status; he stated that the feedback was that Alliance Health would be submitting their FQHC-LA application in 2021 with first patients to be seen in 2020. Beth Wrobel noted the

clarification on the name. Tim Putnam commented that it is their intent for that located to apply as an FQHC, but it's two year before they become one; he asked Beth Wrobel to confirm this is correct; she confirmed that's likely the case and she understands that they haven't applied yet, but it was strange that they said they had one.

Paul Haut asked does this one component jeopardize the entire application? He asked for other members' feedback. Tricia Hern questioned the application to the ACGME concerning the Rural Training Track (RTT); she noted she went to that website to see if they are a new or expanding program; if an expansion should they be applying for expansion funding not program development funding? Steve Becker had a similar question; is the RTT a new Parkview program or a FWMEP program? The Board reviewed Parkview's letter to determine if they indicated it was a new program. He commented that a current capped program can expand their cap is by adding a rural track. RG stated that PGY1 training would occur primarily at the FWMEP with years two and three elsewhere. Tim Putnam noted that this is how other RTT programs around the country work, a 1+2 model.

Discussion continued about clarifying the status of the proposed program being new or continuing. Steve Becker noted that the rural component is the training that will occur outside of the Fort Wayne metro area, stated that the discussion led to ask should the application be for Expansion funding, not Development. Michelle Howenstine asked if this program goes for the match, will it be listed as two separate programs: Family Medicine in Fort Wayne, and this as a separate number? Tricia Hern stated she didn't think it could be; she said when he was a PD, the option was to bring residents in as a full cohort and then selecting them to various tracks once they matched into the program, or listing them as separate match sites. She said she thinks the key factor is whether the application to the ACGME was put in as a new program, or as an expansion, and she couldn't determine this from the application. Steve Becker stated he'd want to piggyback off what he already had if this was an existing program, as starting a new program has significant startup costs. Tom Sonderman stated there seemed to be enough concern that the Board should table the application and get some of the questions answered by Parkview and then bring it back for consideration. Tim Putnam agreed and asked Eugene Johnson to get member's comments and send to Parkview to get answers in writing. He also directed him to get feedback on when Parkview needed a decision by, noting that a special meeting of the Board could be called if necessary.

Tim Putnam moved on to discussion of the Southwestern Indiana Graduate Medical Education Consortium (SIGMEC). He asked if anyone had a conflict of interest, real or perceived; Steve Becker, Michelle Howenstine and Jeffrey Rothenberg responded they did. Eugene Johnson noted that they had six eligible members available. Tim Putnam asked the members with conflicts to recuse themselves which they did. Eugene Johnson calculated the scoring. The Board had no concerns about the SIGMEC application, noted it was a strong application. Eugene Johnson announced the score as 89 out of 105. Beth Wrobel moved to approve the application; Tom Sonderman seconded. Motion passed 6-0.

SELECTION OF CHAIRPERSON

Tim Putnam was nominated to continue as Board Chairman. Tim Putnam passed Chairpersonship to Tricia Hern. Tricia Hern acted as Chairwoman. Beth Wrobel moved to approved Dr. Tim Putnam as continuing Chair. Tricia Hern seconded. No discussion took place. Motion passed 8-0. Rachel Shockley passed Chairpersonship back to Tim Putnam.

REAPPOINTMENTS

Eugene Johnson went over the upcoming Board reappointments and the new appointment for Medical Director of a Residency Program. He asked those who wished to continue to serve to please let him know and he'd send that information to the Governor's Office.

PRIORITIZATION OF FUNDING BASED ON STATE GME FUNDS AVAILABLE

Tim Putnam opened the floor for discussion on how funding would continue based on GME Funds that will be available. He noted that he agreed with Jeffrey Rothenberg, based on the state's current financial situation, they should anticipate possibly not getting the funds being asked for. Beth Wrobel questioned the original legislation, asking that they look at the legislation and make sure they are hold true to what the expectations are and were. Tim Putnam noted that he, Eugene Johnson and Steve Becker had met with several legislators, along with House and Senate budget staffs to inform them about the progress of GME Expansion and how funding will impact the future. Eugene Johnson went over the stakeholder meetings that had taken places and how the data from the Board's summary sheet was helping make the Board's case for continued funding based on forthcoming growth. He noted that the feedback and tone received was positive on the growth, but cautious and realistic about the status of future funding, noting that funding was tight and looking to maintain a level amount of funding was an unstated goal.

Steve Becker commented that it was probably unlikely they would get more and maintaining in their currently \$8M for the upcoming two-year cycle would probably be a more likely scenario. He noted that the most likely scenario was either getting \$4M for the biennium, or the \$3.4M that was the of result of the 15% reversion. Tim Putnam noted that Cara Veale has two hospitals that want to do Feasibility Studies; he asked that Eugene Johnson and Linda Bratcher take a look at what scenarios would take place if certain buckets were scaled back like Feasibility or Expansion. Eugene Johnson asked if the Board would consider taking a look at narrowing down the types of residencies that would be supported? Tim Putnam asked if there was a clear set of metrics that could be used to evaluate each residency type, or are they all equal in weight?

Michelle Howenstine stated she'd be interested in knowing is if in rural or underserved areas if they have projected needs compared to a decade ago; she's concerned that general surgery may have increased in need. Jeffrey Rothenberg commented that 91% of surgery residents do a fellowship and they tend not to go to rural areas. Steve Becker stated that there's a need to get general surgery programs out of academic centers. He stated that in the work of Southwestern Indiana, rural and midsized hospital, the number of Board-certified ER doctors are slim; he noted that critical access and other hospitals around them were happy they launched in SW Indiana. He also noted that the number of surgery residencies are slim. He stated the biggest amount of money for these programs would be in startup cost, as there wouldn't be a ton of residents. Jeffrey Rothenberg noted that most ERs in rural places are staffed by family physicians; given a choice between the two, he'd choose the family physicians. Steve Becker noted the critical access hospital CEO he'd spoken with would like a combination medicine/ER program, which is what the small hospitals need; if small hospitals have a full-time ER doctors, the ER is not busy enough.

Discussion continued about how the Board might look at evaluating each program based on score or specialty. Another consideration offered is, if there are places paying fully for their residents since the Board was established, do they need the money more? This was stated as a possible discussion for a strategic planning session.

Steve Becker stated that the original legislation stated new programs, and those should get preference versus existing programs, if there's not enough money to they consider limited established programs? Michelle Howenstine asked if the Bowen Center has updated information about projected physician needs around the state. Eugene Johnson commented that legislation still allows for GME funds to be used for consultancy services, however this would likely be a tough sell. He commented that he'd look at what the Bowen Center has. Tim Putnam stated they might be able to, for a few thousand dollars, answer the Board's questions directly. Tom Sonderman stated that any enabling legislation would help him to revisit the Board's priorities, including any charter documents.

The Board looked at scheduling a separate meeting to discuss the Parkview Health application.

OLD BUSINESS

Resident Diversity; How are Applicants Addressing Inequity in Physician Pipeline – Updated Grant Application Language

The Board reviewed adding language on getting data on patient population and ethnic/underrepresented in physician groups for grant applicants. The Board was comfortable with adding the language provided by Eugene Johnson to update in the RFPs. Michelle Howenstine moved to add the language into the RFP; Rachel Shockley seconded. Motion passed 8-0.

2021 Meeting Schedule

The 2021 proposed meeting schedule was discussed and Eugene Johnson stated he'll work to confirm the availability of Board members for those dates.

PUBLIC TESTIMONY

Tabitha Arnett of the Indiana Osteopathic Association (IOA) shared that the IOA sent letters to 17 residency programs in Indiana that do not currently accept the COMLEX for DO graduates; it was their hope to speak with those Program Directors and IUSM to get them to accept the COMLEX as recognized by the ACGME, the American Medical Association and a number of other organizations. She reported that many responded they would remove the USMEL requirement. She noted it's up to each program director and they aren't asking them to take on more DOs. She commented that if all 17 programs did this, Indiana would be the only state in the region that would allow DO to take only the COMLEX.

Rachel Shockley commented that DO student must take the COMLEX for their licensing exam and it's expensive and time for DO students to take both the COMLEX and USMEL; she noted that it's a deterrent to some MUCOM students to stay in Indiana if they have to take both exams and they may go to other states where they don't have to take both exams. She stated that spreading awareness to program to accept both equally will help keep more MUCOM students in Indiana. She thanked Michelle Howenstine for her support in this endeavor.

Tabitha Arnett thanked everyone for the opportunity to bring this topic to the Board's attention.

Tim Putnam followed up and asked if they needed to possible host a meeting with residency leaders in 2021 to discuss what happening with funding, conveying information and details both parties, Board and leaders, have learned, and get information and data that might be not readily available. Steve Becker stated he takes everyone in his region takes both; he thinks this is the right way to go about it.

Rachel Shockley stated that it's an awareness; it helps to let folks know this is a barrier to practicing in Indiana.

Beth Wrobel asked if the Board thought they'd be asked, once they fund residencies, how many residents stay in Indiana? She said she foresees this question forthcoming; Steve Becker noted that of the first GME Fund supported residents, 70% stayed. Tim Putnam noted that the number starting and staying in Indiana will be a good number to have.

NEXT MEETING

The next meeting will be announced as Friday, January 29, 2021 at 11a Eastern.

ADJOURNMENT

Tim Putnam asked for a motion to adjourn. Beth Wrobel moved to adjourn; Tricia Hern seconded. Motion passed 8-0. Meeting adjourned at 1:02p Eastern.