

Indiana Graduate Medical Education Board

October 23, 2018

11:00 am Eastern

101 West Ohio Street, Suite 300

Kent Weldon Board Room

Indianapolis, IN 46204

Meeting Minutes

Board Members Present In-Person: Paul Haut, Tricia Hern, Peter Nalin, Donald Sefcik, Beth Wrobel

Board Members Calling-In: Steven Becker, Tim Putnam

Advisory Members Present In-Person: Darcy Lash, Kelsey Quin, Nilay Ghandi

Commission Staff Present: Eugene Johnson

CALL TO ORDER

Tricia Hern called the minute to order at 11:05am.

ROLL CALL OF MEMBER AND DETERMINATION OF QUORUM

A roll of five Board members attending in-person and two calling in was counted. A quorum was confirmed.

INTRODUCTION OF ADVISORY MEMBERS

Student advisory members were introduced and Board members introduced themselves to the advisory members.

REVIEW OF PRIOR MEETING MINUTES

Minutes from the 7/24/18 meeting were reviewed. A motion was offered and seconded; minutes were approved 7-0.

FISCAL UPDATE

Eugene Johnson discussed the current fiscal status of the GME Fund and stated the fund balance currently stood at \$6.4 million. He noted this amount was significant going into the 2019 legislative session as the Board was looking to increase GME funding. He commented that Zach Smith would be working with the Board and the Indiana General Assembly (IGA) so that the IGA understood how the Expansion Plan was moving along and the future demand that would be coming on the fund. Beth Wrobel asked which entities still had reports outstanding and was told Columbus Regional and Franciscan Health still had studies on-going.

NEW BUSINESS

Tricia Hern informed the Board that they had two grant applications to review; one from Indiana University School of Medicine-Arnett (IUSM-Arnett) and one from Indiana Primary Health Care Association/Indiana Hospital Association. Eugene Johnson noted that only gubernatorial-appointed Board members were eligible to vote; he stated appointed members and advisors were eligible to discuss applications.

Tricia Hern announced the timeframe of IUSM-Arnett's grant request as 7/1/18 to 6/30/23 for a total of \$1.8 million. In lieu of a quorum being in place, Peter Nalin moved to recuse himself from the discussion and consideration of the grant by leaving the room and coming back when discussion and action was completed. Eugene Johnson noted that based on the number of people on the call and attending in-person, there appeared to be six Board members that did not have a direct potential conflict of interest remaining. Eugene Johnson stated that the Chair could invoke the rule of necessity if needed if there were other Boards member who had conflicts, real or perceived. Tricia Hern commented Peter Nalin could stay but recuse himself. Peter Nalin recused himself and remained to listen thru the discussion. Eugene Johnson noted that the Chair could invoke the rule of necessity if someone left the meeting and Peter Nalin was needed to ensure the Board could conduct business.

The IUSM-Arnett application was discussed. Beth Wrobel asked about the expansion being based on funding positions above the cap. Eugene Johnson said that the legislation stated positions above the CMS cap; he commented that Tim Putnam discussed the need to possibly clarify language in the current RFPs because certain language was very broad. Steven Becker commented that when the plan originally came up he did not believe it was intended to be only for above cap for new programs that were starting; he commented that there was always a \$45k to \$60k deficit for hospitals starting residency programs; he stated funding was for residencies not getting CMS funding. Tricia Hern asked about precedent for other funded awards; Tim Putnam stated that he didn't know that the cap played into it and their goal is to fund new programs. He noted how entities like Schneck Memorial looked at the funding available as they did their feasibility study assuming the funding would subsidize the loss experience in funding a new program. Steven Becker stated that the Board's choice was a good one to help entities that were established go above their cap. He noted that in discussion with the taskforce and initial legislation, it was \$45k per residency slot to incentivize programs to expand. He noted that the GME expansion legislation took the \$45k amount into account for all new programs starting.

Peter Nalin noted for the Board and the record that he was not speaking about the particular application from IUSM-Arnett. He stated that there's a moment in time when the cap is established and they can confirm that the cap is confirmed at the fifth-year of a program's development. He noted it is likely no new program has a cap until that cap is defined. Tricia Hern commented that in that vein, the Board feels they are within precedent and intent to fund slots as they'd done previously. Beth Wrobel asked about Lafayette being an underserved area; feedback was given that Lafayette was not but the surrounding areas they services are. Paul Haut noted that in their Expansion Grant application along with their Program Development application, IUSM-Arnett noted they serviced patients from outside their county of location. Darcy Lash discussed the lack of physicians in the areas surrounding Lafayette. The Board reviewed the grant scoring rubric and discussed IUSM-Arnett meeting the outcomes required. Paul Haut reviewed the language in the RFP and noted that the RFP stated an example of what would be funded. He also noted that IUSM-Arnett's application included a letter from AHEC supporting the expansion. Eugene Johnson clarified the language in the RFP concerning what could be funded.

Tricia Hern discussed the length of the application. Eugene Johnson commented that the application included a PGY2 start and PGY1 starts. He stated they were requesting funding for the PGY2s that started that July 2018. He stated that to date, the Board had funded only residencies with future start dates, not any with a PGY groups who have already started their training. The Board discussed the start dates proposed by IUSM-Arnett. Beth Wrobel asked for additionally clarification on the start dates for the prior funded applicants. Discussion continued about the definition of “new”. Kelsey Quin asked if it was an all or nothing grant; Tricia Hern told her that if the Board ever had concerns about an application, they would request the applicant make changes and resubmit the application. Eugene Johnson noted that CHE’s CFO stated she was not comfortable with paying for students that have already started. Donald Sefcik noted that the 2020 class doesn’t appear to have a third year of funding and that, in his opinion, striking the PGY2s and funding the other classes to be taught out to completion made more sense for that money rather than to pay in arrears. He stated he also wondered why they didn’t apply last year or before the current PGY1 started. Paul Haut expressed similar concerns.

Peter Nalin asked to speak to the topic of state funding followed by federal funding and this was okayed. He noted that a reason for the creation of the Board and GME Fund was to create a funding ramp that would flip to federal reporting once the steady stream of state funding has been reached. He outlined what the ramp would look like and then how it would flip to federal funding after the fifth year. Steven Becker noted his understanding was for a new program that the state would fund up to \$45k per year, getting up to \$16 to \$18 million a year to support up to 400 new slots. He noted that IUSM-Arnett applied for and received a Program Development grant though they had only one year remain to their program launch. He noted that the current students are first years; he also noted that in theory, a new program may not match though he does not think that will happen. Beth Wrobel asked what do they do if they get to the point that they fund Program Development Grants but not have funding for Expansion Grant.

Tricia Hern asked the Board if they’d like to move forward with voting on the application or if they wanted more information. Paul Haut stated he felt it would be a stronger application if they provided information on how they planned to sustain long-term and what will happen at the end of the funding cycle. Beth Wrobel asked if, at this point, he asking to see what they will do to make up funding differences? Paul Haut commented that the way they built their proposal budget it is unclear. Steven Becker stated that this is something that will be tough to do with a new program because they don’t have good figures on how much reimbursement the entity will be getting and how much the alternate cap will be. He commented that it you almost have to rely on the fact that the entity created a program and committed to it and the numbers being submitted are not crazy. Tricia Hern stated the biggest question is funding the PGY2 year. Kelsey Quin asked when, if they were awarded, when they would be funded? She asked if there was a possibility of setting precedent if they funded the grant as submitted. Donald Sefcik said that as he saw it they were looking for funding to take effect 7/1/19.

Beth Wrobel asked if they stated the Board would not fund retroactively, but will pay for years four and five, is that not an option? Paul Haut commented that the applicant would need to confirm that and the Board would have to go back to them and ask. He noted he’d rather send it back to them and request clarification rather than voting it down. Eugene Johnson noted that the Board has, in the past, sent back applications to entities requesting additional information. Tricia Hern stated that she felt the Board had additional questions and requested additional information from IUSM-Arnett. Tim Putnam noted that it seemed appropriate to request additional information and that it could be worthwhile to have a small committee of Board members to ask questions. He noted it may also require legal advice to clarify the

definition of new. He also commented that this may need to be reviewed again at a meeting of the Board prior to the end of the year. Eugene Johnson stated he'd touch base with CHE's Counsel to get clarity on the definition of new. Steven Becker stated that it would be good for the Board to potentially give a timeframe on when entities could receive funding based on when they apply and the dates of their program. Beth Wrobel stated she would volunteer for the committee; Tim Putnam asked Steven Becker and Peter Nalin to participate as well and both agreed to do so. The full Board and Advisors were offered the opportunity to join the committee.

The Board discussed the Program Feasibility Grant application submitted by Indiana Primary Healthcare Association/Indiana Hospital Association (IPHCA/IHA). Tricia Hern noted it is a GME training proposal. Beth Wrobel and Paul Haut noted they were the Board appointee of the IPHCA and a member of the IPHCA Board respectively. Tim Putnam stated that he was a member of the IHA. Tricia Hern invoked the rule of necessity so that the Board would have an appropriate number of members to take possible action on the grant application. Beth Wrobel provided background on how the application came before the Board; she stated that two years ago the Board looked at teaching and education sessions as part of the Expansion Plan and that they've done some of those; she discussed attending a conference in California where the focus was partnerships between hospitals and FQHCs to provide continuity clinics. She noted that the overall financial impact, it's a \$120k and \$150k difference over the three years of a residency because of the way FCHCs get paid and this amount could make or break a hospital wanting to get involved. She noted that the California Primary Healthcare Association and California Hospital Association had a training session similar to the proposal; lots of hospitals and FQHCs attended that session.

Steven Becker asked if this application was truly a feasibility grant or was it supporting state-wide education? Beth Wrobel noted that in October 2016 the Board put money in for training and forums. Tricia Hern commented that this was correct but that was not put into the feasibility bucket per se. She asked if this application should be considered in a different bucket? Paul Haut commented that it would be hard to use the feasibility study scoring rubric to evaluate the application. Donald Sefcik stated that he had similar questions; he noted that if he looked at a partner bringing third-parties together that would otherwise not come together, he could look at the event as a series of feasibility studies that could yield a tremendous benefit. He stated that due to this, he doesn't feel it's a stretch from the Board's intent. Eugene Johnson noted that the applicants were in attendance and if the Chairwoman desired they could speak. Tina Darling with IPHCA commented that their goal is to be a part of the solution of residency and physician expansion, noting that where residents train is where they stay. She noted that they have FCHCs and hospitals that are interested. She agreed that the event could bring partners together to move into a feasibility environment.

Tim Putnam commented that when the Board worked with Tripp Umbach (TU) to put the plan together, they realized there was a void of knowledge from key stakeholders that could be involved in physician education. He stated that if someone could manage the educational piece and the Board does not have to perform this that is favorable. He stated that if others could set up the educational piece statewide that this would be worthwhile. Tricia Hern asked if the Board supported the training but not as a feasibility grant item, should they have Eugene Johnson and the Commission work on figuring out how this could work? Peter Nalin stated that, before TU was engaged, along with the IUSM for administrative services both evaluations were longitudinal processes. Eugene Johnson reviewed language from the October 2016 meeting when the Board created the \$100k amount for training thru the feasibility grant and that may be why IPHCA/IHA submitted their application as a feasibility study grant. Paul Haut asked

was that money for the regional forums; Eugene Johnson confirmed that the four forums that were held; the host provided in-kind hosting to the Board and the only cost was mileage for his commute to and from. Tricia Hern asked if the Board was comfortable scoring as a feasibility grant; Steven Becker noted that he'd hate to fund and only have a few people in attendance for a \$75k ask; he commented that he supports the idea however.

Phil Morphey, CEO of the IPHCA, commented about parties already interested in participating in the event. He commented that they had substantial commitments from FQHC members and hospitals who plan to participate; he noted Parkview will be in attendance; he noted that there were a few hospital they'd not focused on that they'd be going back to; he stated they'd spoken with Good Samaritan who been talking to them for years about starting an FQHC and that folks in Bartholomew and Columbus had expressed interest in an FQHC. He stated Clinton and Terre Haute will be in attendance for sure. He stated he felt confident in the anticipated attendance for the event. Steven Becker noted that the hospitals are the critical piece to be there; he also stated that getting hospitals that already have residencies to attend would be extremely beneficial.

Paul Haut asked how they'd put things together to ensure that the cost-sharing requirements would be met; Eugene Johnson explained options for the Board to move forward including requesting an updated version of the proposal be submitted. Peter Nalin commented that there are aspects of the plan that read like an event sponsorship; he stated he didn't see enough detail for the training and cost that was being proposed. He noted he favored IPHCA as an applicant; he wanted to see how they could provide more clarity as to how this will translate to expansion. Beth Wrobel noted that the travel cost could easily be made up with travel expenses for those like herself who travel from parts of the state not in Indianapolis in order to work on efforts to expand GME in Indiana. Tricia Hern asked if they should vote or ask for more clarity. Donald Sefcik said that more clarity on the proposed \$55k spending for the event entailed. Eugene Johnson confirmed what the Board was requesting he do; clarify with stakeholders on what their plans entailed and review the scoring rubric by which such applications would be evaluated.

The Board moved on to discuss plans to speak with members of the Indiana General Assembly about the requested funding for the GME Expansion Plan. Zach Smith went over the information document that the Commission put together to summarize the Board's work to date and what future plans are. He talked about working with the IGA and how the process would go. He went over the document with the Board; the Board provided feedback and CHE committed to going and making updates and changes that were requested. Tricia Hern commented that she and Tim Putnam discussed having a small group of advocacy groups meet with the Board to go over the document and how the Board should go about championing the plan, along with getting those stakeholders buy-in to champion the plan.

Paul Haut noted he liked the general approach and the document is easier for someone to look at and digest. He wanted the order rearranged and noted that the document did not highlight the "why" in terms of how more doctors will fill the need for Hoosier health outcomes. He noted the benefit and that nothing was listed other than direct dollars; he asked if they could include information on how a program like the plan could reduce federal and state-level healthcare spending. He also stated that it needed to be shown the length of the process for both residents and residency programs and how it is truly a sprint not a marathon. He also noted other changes that would benefit the document, noting that the IGA saw a need and took action and this should be noted. Continued discussion took place on the document and the plan to engage stakeholders; the Board asked Eugene Johnson to move forward with setting up meetings with advocacy groups and stakeholders.

The Board discussed the 2019 meeting schedule. Eugene Johnson noted the planned change of start times to 10am Eastern. Beth Wrobel moved to accept the 2019 meeting dates and times. Paul Haut second. Motion passed 7-0.

Eugene Johnson explained that some Board members terms would be expiring at the end of 2018 and to please let him know if they had an expiring term, about their interest in continuing service on the Board. He also informed the Board that they would need to again select their Chairperson for 2019.

Eugene Johnson discussed the dates for the 2019 GME Summit; he commented that the Summit would be held in Washington, D.C. in March of 2019.

The Board's new url, www.in.gov/che/gme was announced as the new weblink that would direct interested parties to the GME webpage on CHE's website.

OLD BUSINESS

Linda Bratcher with IUSM addressed the Board; she let the Board know about her background and asked the Board to let her know what they needed from her as she'd be working with the Board to meet their administrative services need.

The Schneck Medical Center Feasibility Study report was discussed; Tim Putnam noted he was surprised that they didn't decide to move forward but that Schneck couldn't make the numbers. He stated that Schneck leadership was awaiting the Columbus Regional study to see how they might be involved in moving forward with their residency program plans.

The Board discussed the IUSM-Arnett Program Development report, noting their report stated how they successfully matched in the first year and their success in recruiting faculty and staff for their Family Medicine residency.

Tricia Hern asked for updates on outstanding study reports; Eugene Johnson noted that Franciscan Health and Columbus Regional were still conducting their studies. Steven Becker provided an update on the SW Indiana GME Consortium; he stated they were in the interview phase for both their Psychiatry and Family Medicine programs; he announced they were successful in recruiting a Program Director in Medicine and they had an ACGME site visit upcoming for their Internal Medicine program; he stated that the residency program will be 12-16 residents per year by 2020, with a total of 75-87 residents at full maturity in five years.

PUBLIC TESTIMONY

Tricia Hern called for public testimony; none was brought forth.

Eugene Johnson announced the next meeting as being scheduled for January 29, noting that a special meeting may need to be called concerning the IUSM-Arnett and IPHCA/IHA applications and taking action on them.

ADJOURMENT

Tricia Hern called for a motion to adjourn the meeting. Paul Haut moved to adjourn; Donald Sefcik seconded. Motion passed 7-0. Meeting adjourned at 1:40p