

Indiana Graduate Medical Education Board

December 13, 2016

10:00 am Eastern

101 West Ohio Street

7th Floor Conference Room

Indianapolis, IN 46204

Meeting Minutes

Board Members Present in-person: Mark Cantieri, Tricia Hern, Bryan Mills, Peter Nalin, Tim Putnam, Donald Sefcik,

Board Members Calling-in: James Buchanan, Paul Haut, Steven Becker, Beth Wrobel

Commission Staff Present: Eugene Johnson

Other Attendees: Angie Vincent, Tripp Umbach (participated by phone)

A quorum was not in place when the meeting was called to order at 10:00am

A quorum was established at 11:45am when Peter Nalin joined the meeting.

DISCUSSION

The Board discussed the timeline for reviewing, scoring and awarding Development and Expansion Grant applications. Tim Putnam stated he felt comfortable about the end of January as a deadline for awarding the initial grants. Beth Wrobel asked what the date for matching was; Tricia Hern stated that she thought information had to be entered into the NRMP on how many slots entities have by January 31. Beth Wrobel stated she felt that's why they picked the dates they did and Angie Vincent confirmed that. The Board discussed how they would receive applications and have them reviewed. Tim Putnam asked Eugene Johnson if the Board had options outside a meeting to review, score and award funds. Eugene Johnson stated he felt it would need to be discussed and awarded in a public meeting and that he'd check with the Attorney General's office. Tricia Hern confirmed that January 31 is the deadline for quota, withdrawals, etc. in the match system. Tim Putnam commented that the Board wanted to have some success this year as 2017 was a big year. He stated the Board probably needed to meet to score the applications ahead of the deadline. Steven Becker asked the Board if an application deadline of January 10, 2017 and a meeting the week of January 23, 2017 would work. Tim Putnam asked Eugene Johnson if the Board could be assembled the week of the 23rd. Additional discussion took place about scheduling and the Board agreed about the deadline and to meeting the week of January 23, 2017.

Tim Putnam asked if anyone had additional questions about the Expansion Grant. Bryan Mills questioned the scoring rubric for application evaluation. He stated they needed to focus on the expansion aspect. Tim Putnam stated they have discussed the scoring aspect; they have not set a hard rubric. Mark Cantieri stated that the Board would likely see nuisances that they probably wouldn't

appreciate until they get into the process. The Board and Angie Vincent discussed what kind of response they would get, especially concerning rural expansion.

Bryan Mills commented that the first rubric criteria, Residency Program Expansion, to him, if they don't catch applicants in that criteria nothing else happens so he'd give higher rank to that. Tim Putnam asked if they make some things requirements. Mark Cantieri asked if that language in the application should be changed from funding priority to "it will be mandatory that residency programs be in one of the following"; Tim Putnam agreed with this. Steven Becker commented that for the expansion of current programs, he felt it would be a different mix than what the other grants; for Indiana University School of Medicine programs, 90% of programs are centered in Indianapolis; for initial expansion, most will probably occur in that area; Fort Wayne and Evansville will pick up spots here and there. He stated he thinks rural and urban applies less to expansion and more to program development.

Angie Vincent stated that a lot of the current programs exist in central Indiana; this is the grant they are talking about and that they want to get the rural programs applying for the Program Development Grant. Steven Becker asked if that, for this grant, additional points could be given for an underserved or rural area. Additional discussion took place around the scoring of applications. Angie Vincent asked for clarification on the Board's requirements. Tim Putnam stated it will be mandatory that the program the applicant is applying for is for the identified Primary Care specialties, and stated the scoring for Residency Program Expansion; those points would be reallocated among other criteria. The Board continued discussing the role of the Development and Expansion Grant and applicants providing training in rural and underserved areas. Tricia Hern stated that she felt it would simply be for a program to expand but have a requirement that they have a one month rotation in a rural or underserved area. Discussion continued concerning scoring and how the scoring model will work; the Board discussed the awarding of funding based on the number of applications; Tim Putnam commented that this year's scoring would allow initial funds to be awarded. Eugene Johnson explained that a scoring rubric is required for any grant funding and RFPs that the Commission for Higher Education administers.

Donald Sefcik commented that, with time management challenges, etc. as an administrator, if he looks at the scoring and if he can't get 50 of the first points, he would tell his team not to pursue the funds. Steven Becker stated that he didn't feel the rubric aligned well with this grant. Discussion continued about the role of rural and underserved areas and how they should factor into expansion and requirements of applicants. Mark Cantieri asked if underserved and rural is one and the same; Angie Vincent stated she felt if the Board stated they were looking at expansion involving underserved and rural areas in Indiana; Tim Putnam stated he felt underserved and rural should be used together. Board members continued discussing the draft rubric and things that could be removed such as collaboration requirements. There was consensus on rebalancing the rubric for this grant and addressing it again during spring meetings.

Tricia Hern brought up the award amount of \$45,000; she stated it could be a little low to incentivize people to go thru the application process. She stated she was worried that the amount may not offset other costs. Tim Putnam stated that he felt the Board would do a lot of learning over the next few months related to the grants and that feedback would be beneficial to guide future work. James Buchanan stated they all recognized \$45,000 is low; that amount is what was submitted to the state legislature and to the Indiana State Medical Association and Indiana Hospital Association Task Force; it

would be challenging to up the amount they offer within the application as they did not pitch the grant being in this amount.

Sean Tierney talked the Board and provided feedback on the report that was delivered to the General Assembly in late-October. Sean discussed his conversation with Representative Tim Brown and that he was aware of the Board's work and would be working to try and continue providing support for their work. Angie Vincent asked Sean if he had any insights on how the Board was communicating with legislators; Sean said he would take cue from the Board on how they wanted information about their work to be communicated. Tim Putnam asked if there was any benefit to presenting to members of Representative Brown's committee as the Board wanted to be respectful of their wishes. Sean stated he'd speak with Representative Brown to see if he would be interested.

Tim Putnam welcomed Peter Nalin to the meeting and announced the establishment of a quorum. The quorum was established at 11:45a.

CALL TO ORDER

The meeting was called to order at 11:45a.

APPROVAL OF MINUTES

Minutes from the prior meeting were approved unanimously.

NEW BUSINESS

Modification of the Development and Expansion Grant application was discussed; Tim Putnam reviewed what had been talked about during discussion and what would be changed in the application. Section 2.2.4 was to be changed from "funding priority" to "funding mandate"; \$45,000 per residency year would remain the same. The first evaluation criteria was removed as it is a mandatory requirement for applicants. Residency "expansion" in rural area would change to "exposure" in rural areas. Rebalancing of the scoring rubric would be done to get the total back to 100. A paragraph would be added to encourage all to apply for funding to be received, and stating that the rubric is not the sole factor in determining receipt of funding. A conference call would be held on or around December 20, 2016 to clarify details for potential applicants. The application date would change from December 10, 2016 to January 10, 2017. It remains December 10, 2017 for 2018 grant awards.

Peter Nalin asked about the decision date for awards preceding posting of positions. Tim Putnam clarified meeting dates and that the Board would meet the week of January 23, 2017. Peter Nalin commented that there are programs that serve underserved populations and those programs are not always located in what is literally an underserved area; he asked the updates provide for flexibility for those programs; Tim Putnam stated they hope it does and this is why the language was changed from expansion in rural and underserved to exposure in rural and underserved. Peter Nalin asked if there's still a shortage discipline like neurology; if an existing program wanted to expand would they have the opportunity to apply to expand using these funds? Mark Cantieri stated they would not as it would not meet the original mandate. Donald Sefcik asked if sending a second call or expanding residencies types if they do not receive enough applicants by the deadline is something they should look at. Peter Nalin stated perhaps an institution prioritizes to the list and below the priority list, list the rest of their residencies. Tim Putnam asked the group if they should expand primary care residency programs if they

don't get a robust group of applicants. Tricia Hern commented that if they approved a specialty like neurology (as an example), are they committing to funding it for four years and would there then be an expectation of continued funding. Mark Cantieri stated this would seem inconsistent with their mandate and that it would be better to have this funds down the road. Bryan Mills stated his concern is that deviation could hamper their ability to go back to the original purpose; however, if they have programs wanting to expand outside the core residencies they should get the information; he's worried if they intertwine them it will work against the Board.

The Board continued discussion about potentially expanding beyond primary care. Beth Wrobel asked for clarification on what the legislation specified concerning the expansion needing to address primary care. Eugene Johnson read the legislation as written and provided his feedback that the language could be interpreted as requiring the focus to be on primary care. Tim Putnam brought back up the issue of \$45,000 and stated he realized there were questions about this; he suggested that they continue using that number for this round and see how the applicant pool comes together. Beth Wrobel stated she thought that Tripp Umbach had a different number; Angie Vincent stated that, using the Texas example they discussed using \$55,000 but during work sessions the Boards' number came back to \$45,000. Tim Putnam said that if they changed from \$45,000 at this point they'd have to have a story to tell as to why they did so. James Buchanan stated he agreed with that; he stated during initial planning he'd commented that he felt \$45,000 was too low however this is what the legislation was based on. He commented they should use that number and learn if it's not enough. Steven Becker stated that the numbers used came from several sources including Indiana University School of Medicine and Indiana University Health as well as another consortium; he stated that initially in Evansville they'd planned to request \$30,000 per resident per year to support their expansion efforts. He commented that \$45,000 was a general number that the taskforce settled on using. Beth Wrobel asked if the number was above what Evansville was getting above what they received from CMS; Steven Becker stated that in general, family medicine is a bit more expansive than others so they felt \$30,000 was where they needed to be; afterwards their taskforce got additional data and settled on \$45,000. Tim Putnam called for motion to modify the grant as discussed and to make it public as soon as feasible. Bryan Mills made a motion which was seconded by Donald Sefcik. The motion passed unanimously.

The Board discussed the other grant applications and decided to move them into draft format. Tim Putnam called for a motion on this matter; no discussion was held and the motion passed unanimously. Angie Vincent discussed the training and regional forums that were planned. She stated that they need to look at timing to see when these would take place and that they needed to think about the schedule and who they'd like to reach out to. She stated bringing outside people familiar with Graduate Medical Education expansion would be beneficial and that the Board's participation would be key. Mark Cantieri asked how many regions they had discussed; Angie responded that seven was the number she had. Mark Cantieri asked if they had a timeframe established; Angie stated they wanted to work in concert with the ongoing 2017 Legislative Session and wait for word back from the General Assembly prior to going out publicly and speaking about GME expansion.

Eugene Johnson went over the proposed 2017 meeting schedule. The Board discussed the dates and requested that he make adjustments to a few of them; Eugene stated he'd make these changes and provide a final list to the Board.

Tim Putnam called for a close to the meeting; all voted in favor to close. Meeting adjourned at 12:37p.