

Indiana Graduate Medical Education Board

January 26, 2017

11:30 am Eastern

101 West Ohio Street

Kent Weldon Board Room

Indianapolis, IN 46204

Meeting Minutes

Board Members Present in-person: Steven Becker, James Buchanan, Tricia Hern, Peter Nalin, Tim Putnam, Donald Sefcik

Board Members Calling-in: Mark Cantieri, Paul Haut

Commission Staff Present: Eugene Johnson

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

CALL TO ORDER

The meeting was called to order at 11:35 a.

ROLL CALL OF MEMBER AND DETERMINATION OF QUORUM

The roll call confirmed six Board members in attendance and two member on the conference call. The six member in attendance provided a quorum and a quorum was declared by Tim Putnam.

NEW BUSINESS

Tim Putnam discussed the business before the Board and how each member could be impacted by the decisions needing to be made. He stated that CHE staff worked with the Indiana Attorney General's Office to get clarification on how the Board should move forward with the process of review and voting on Development and Expansion Grant Applications. Tim Putnam stated that, as such, the meeting and the Board would operate under the Rule of Necessity and this rule would be invoked as there were only six voting members; although there could be a conflicts of interest, the necessity of the work of the group superseded the potential conflicts. Tim Putnam read a summary of the Rule of Necessity as provided to CHE from the Attorney General's Office, stating "it is understood that certain members of the Board may be perceived to have an interest in certain grants, however requiring their recusal would prevent discussion and potential approval of awarding of grant awards. As such, the Rule of Necessity is invoked and all members physically present can vote, any perceived conflict notwithstanding." Tim Putnam asked if anyone had questions or concerns.

Eugene Johnson stated that each Board member had the right and ability to state publicly any conflict of interest, real or perceived, so that it was part of the public record and minutes. Peter Nalin thanked Tim Putnam for the description of the Rule of Necessity and Eugene Johnson for working with the Attorney

General's Office for guidance; he stated that thru his review of the materials as a member of this Board, he can state that he derives no individual or personal gain associated with any of the materials he's reviewed in anticipation of the meeting and that, as a voting member of the Board he looks forward to voting to advance GME in Indiana.

Tim Putnam reiterated that those on the phone can participate in the conversation but were not eligible to vote, nor did they count towards quorum. Tim Putnam discussed that discussion of an e-participation policy would be part of the agenda for the next meeting. Eugene Johnson discussed what steps the Board and CHE could take towards establishment of the policy and that the Board could direct him to take action on that if desired in the agenda. Tim Putnam clarified that, since the Board has always had a quorum there were no issues with past work and actions that had been undertaken. Tim Putnam explained the process for selection of the position of Board chairperson and explained the nomination process; he stated nominations must come from those present but the nominee need not be physically present. Tim Putnam stated that the voting and scoring on Development and Expansion Grant applicants would be public. Eugene Johnson introduced Brenda Maclin and explained that she was shadowing CHE this week. Brenda Maclin discussed her background and work she's done in training with hospitals and other entities around Indiana. Tim Putnam introduced Nikki King, an administrative fellow with Margaret Mary Hospital.

Tim Putnam asked for questions or comments. James Buchanan stated the Board may want to consider now or as they score in the future, what does 25 points mean or look like? As an example, an FQHC; are residencies housed there, are they the sponsoring institution, etc.? Tim Putnam stated he had similar questions; he stated clearly the first year they wanted applications but what does it mean? He stated he wonders if the Board should setup for defined and complicated rubrics and to accomplish this they may need more staff. Eugene Johnson stated that if the Board directed to do so, CHE to see if funding can be used towards outside evaluation/consultancy.

Donald Sefcik stated that in reviewing the applications, his school has students that rotate at each applicants' location in some capacity; as an undergraduate or pre-doctoral item, he does not look at it as a direct conflict; he stated the match of his schools' students has an impact on their admissions and a number of other things, however he personally gains no benefit from any of these things. He stated he hesitated to score until he had a sense of how they should do this; is it at face value only or if there are things others know should they score on that basis? Steven Becker stated he felt this way as well; however the applicants have access to the rubric and their application should reflect that. Steven Becker also stated that, as an Associate Dean in the Indiana University School of Medicine, he gains no personal benefit from any of the applications submitted to the Board for review.

Tricia Hern asked if they had to vote yes or no or if they could require more information from the organization? Eugene Johnson stated that one reason the Board moved to meet was to have the ability to make a decision on grant funding prior to January 31; however the Board could definitely request more information from applicants if desired.

The Board decided to review each applicant individually. They first discussed the application from Reid Health. Tim Putnam asked for clarification on Reid's funding request; Reid asked for \$50,000 per year per resident when the amount available is \$45,000 per year per resident. Eugene Johnson stated that he contacted Reid to explain the maximum the Board would fund would be \$45,000 per year and they

responded that they were able to work with that amount if they were awarded grant funding. Tricia Hern asked if they were in the process of opening an FCHQ or if it was already established. Steven Becker stated that it looked like they are building up a program vs a program at its cap and if the Board is comfortable funding that. He stated other programs in the state could be in the second year and thought they might qualify but didn't apply. James Buchanan stated he'd raised this question while teleconferencing in the last meeting; he stated he posed this question and that the answer was those who'd already stuck their neck out would not apply. He stated he personally felt regardless of if they stuck out their neck or not, slots are not filled; if the Board gives them help to fund and expand, it is meeting the intent of Board's goal.

Tim Putnam stated that he didn't see partnerships with other institutions. Steven Becker stated they would qualify for the \$45,000/yr if new programs are funding ongoing by the state. Peter Nalin stated they'd already determined that entities wouldn't be allowed to double-dip for the same justification; if they award funding for \$45,000 as requested for this application, it would not be \$90,000 per position if they received funding later. Steven Becker commented that they would not qualify for new program funding so the additional \$45,000 might not be an issue. Donald Sefcik commented that they didn't go six six six, they took nine the first year; to him they'd need to come in at capacity of 18 to be eligible for an additional two. The Board continued discussion on the number of spots that Reid had and how they might expand in the future. Tricia Hern raised a question concerning where Reid was in the ACGME accreditation process and in exploring single accreditation. Tim Putnam brought up scoring and what it meant; does a certain score still qualify the entity for funding? The Board reviewed the request again and calculated it as \$270,000 for the three-year residency period. Eugene Johnson confirmed a miscalculation of what Reid was asking in the application summary sheet and stated that the \$540,000 amount listed was incorrect and would be corrected. Tim Putnam clarified that if funded, the grant would be for \$270,000.

Angie Vincent of Tripp Umbach asked if, based on the Board's current discussion, if the regional forums could be helpful in engaging more people who maybe didn't know about the grant. Tim Putnam commented that they needed clarity as a Board first before making that discussion. Tricia Hern stated that they might have applied at Community for their psychiatry residency according to her DIO, they had to have their first class graduated before the programs can expand from ACGME. Steven Becker stated it's not an expansion per se for them because they are not up to their cap; he stated that when he first read, he thought Reid did not qualify.

Tim Putnam asked if the Board wanted to only approve those application meeting the Boards' full intent and use the next year to create additional clarity; he stated the funds will still be available. He commented that Reid met every other mark; rural area, medical-underserved; their application hit all marks except being a "new" program. Tricia Hern asked if the RFA has language that they can look back to concerning application requirements. The Board reviewed the RFA. Peter Nalin stated he had two observations about Reid's application; one, they were not asking for funding of existing positions, they were asking for funding to "fill up" positions and he included that as a form of expansion. He stated he felt their program was not full and they are dealing with the part they already have and are looking for this partial funding support model for the part of the program they didn't fill in. He stated that the accurate calculation of six positions was \$270,000. Donald Sefcik confirmed he was discussing two positions for three years. Additional discussion took place concerning availability of slots across the state and supporting existing positions.

Tim Putnam asked the Board to score Reid's application and provide the score to Eugene Johnson for tabulation. He commented all motions on applications would be taken at the end of the meeting.

The Board next reviewed the application from the Indiana University School of Medicine. Tim Putnam stated that he felt it was a solid application except for two things; expansion beyond primary care specialties and the transitional program and the other, stating it was a personal opinion, there is no doubt all U.S. residencies serve an underserved population, the intent was to train the residents where underserved lived and worked, hence FQHCs and the rural health areas. He stated he felt the application was weak in that area. Donald Sefcik stated he agreed with Tim Putnam's first comment; he added that he would support the transitional piece as the transition residents could go anywhere. Tricia Hern stated her only concern with transitional is that they may not lead into any of the eight categories listed in the RFA. The Board discussed transitional programs and how residents train using those programs. Peter Nalin stated that, concerning location, compared to the three buckets they will be discussing in 2017, this current one is about expanding existing programs which "are where they are"; while there are efforts to get to other places, there's only so much an existing program can do. He stated that, as the GME Board for expansion they are not solely the primary care expansion Board. He stated he felt the rationale of IU was to completely respect the Board's priorities by listing them first and, because of the timeliness associated with the match and IU and Marian medical student graduating this year, the Board would have all positions in front of them.

The Board discussed allowing residencies beyond what they listed in their RFA. James Buchanan commented that discussions with legislatures identified residency and physician needs as being in primary and rural care; he stated that they are a "learning Board" and they should try to get those residencies; if they can't get those then look to expand beyond, in particular if and when it's found what's feasible and what's not feasible for entities to undertake as far as GME expansion. James Buchanan also stated that, within two year, and once feasibility and new program grants have been offered, the Board will know who will be going for a residency program or not and if not, then the Board will need to evaluate where GME can be expanded in all specialties. Tim Putnam agreed and stated that he agreed and that they'd be able to take that information to the state legislature.

Tricia Hern asked about the current fund balance and was told by Eugene Johnson that currently the Board still has \$5.5 million for current awards and that the current 2017 legislative session House of Representative budget funded GME at the same levels as the first two years, \$6 million for the biennium, \$3 million each year for FY 2018 and 2019. Peter Nalin commented that he wanted to caution on banking on feasibility studies that might tell them what they already know; he stated it might be more efficient to fund, as an example, a position in neurology as opposed to a funding a study for \$75,000 that tells them they need more neurologists. He stated that when they think about expending feasibility study to decide what to do, the ultimate increase in the number of physicians is an occupied residency position; that's what delivers for Indiana. Tim Putnam commented that he knew more neurology coverage in Indianapolis is a good thing but not core to the Board's mission. The Board continued discussion on what residencies should be supported and agreed, at this point, to focus on those residencies described in the RFA. James Buchanan posed two questions; one, as a whole, what should they do with programs who've been given a certain number ACGME capped positions but have not filled all of them and two, was it finances that is the reason these entities didn't fill the maximum positions? Steven Becker went over the structure that determines what amount of positions and funding entities receive base on patient volume. Peter Nalin stated they the Board wouldn't want to fund above

the ACGME number. Tim Putnam stated that the letter awarding the grant should list the expectations that the Board has for recipients.

Tim Putnam opened discussion on the application from the Fort Wayne Medical Education Program. James Buchanan stated that he was employed at FWMEP less than six months ago, he was with them until July 31, 2016. He also stated that emailed the appropriate parties when the application became available. Tim Putnam asked a question concerning how much time the residents of FWMEP spent in medically underserved. James Buchanan provided information on when and where FWMEP's residents rotated at. He described their balance of working in underserved and rural areas and in FQHCs. Tim Putnam stated the number of positions being requested and the amount. The Board did not have additional questions about the application from FWMEP.

Tim Putnam stated that he'd like the Board to discuss how they can clarify the applications in the future and if this is something the Board should do, should CHE do it, should it someone outside who's familiar with grants? Peter Nalin asked would they like a subcommittee to address the question; they could decide should the Board do this work or should an outside firm do so?

Tricia Hern stated that she'd just attended a state GME summit conference where all states around the country who were expanding GME were in attendance; she got a lot of lessons from other states and everyone is going at them differently; what she got from Texas is that, once the grants were approved, there's a lot of legwork administratively to track, have reports brought back to the Board to ensure it's being used proper, follow-up and making sure the funds are being properly used and that's another level of administrative support that the Board will need. Peter Nalin offered to serve on a subcommittee for grant formatting, application review processing and tracking reporting of grant. Steven Becker and Mark Cantieri agreed to serve on this subcommittee with Peter Nalin.

Eugene Johnson noted that review of minutes was missing from the agenda. Tim Putnam asked the Board to review the minute and entertained a motion to approve them. Donald Sefcik made a motion to approve the prior meetings minutes; motion was seconded by James Buchanan. The 12/13/16 meeting minutes were reviewed and approved unanimously.

Tim Putnam asked for comment on the Program Feasibility and Residency Program Development Grants. Eugene Johnson went over where these applications currently were and what steps could be taken to get them finalized as requested by the Board. Angie Vincent commented that an April due date might be pushing it and that interested parties would not have enough time to apply. Tim Putnam wondered if they should push the deadlines back; Angie Vincent commented that she felt it would be beneficial do to so, however she does not have a voting say. Peter Nalin asked if there were any concerns about monies rolling forward related to the Board demonstrating its progress on it work. Steven Becker commented that these funds (New Residency Program Feasibility) would be for programs starting one or two years out; he asked if they could apply for a program starting one year out beginning in 2018 or two years in 2019; can they receive \$250,000 or \$500,000? He stated that they can't back fund; Tim Putnam commented they'd need to clarify; Steven Becker stated that, if starting in 2018 they'd get one year of funding, if starting in 2019 they'd get two years of funding. He asked, if they are starting in 2020 do they apply yet? Angie Vincent commented that was the whole thing being discussed, specifically in Northwest Indiana and their new consortium; they just signed a letter of intent; she explained to them that the way the language was currently crafted, there are requirements that they don't have in place yet. She stated that she told them that, by April, she doesn't think they will have

those requirements in place. Tim Putnam asked that Eugene Johnson make clarity on when entities can apply for funding; for 2018 it's one year of fund; for 2019 two years, and not beyond that.

Tim Putnam asked if they wanted to post now or push back. James Buchanan commented that he'd reviewed and given his comments to Angie Vincent. Peter Nalin asked if they could finalize in the Board's next meeting and the Board agreed on this.

Tricia Hern discussed more about her trips to a state GME conference in New Mexico. She discussed a few different models she learned about, citing models in GA and Texas. She mentioned Texas recently raised their residency position amount to \$75,000 per year compared to Indiana's \$45,000 per year. Steven Becker asked if they were paying forward for those new slots every year and Tricia Hern responded "yes". She also commented they focused on primary care and underserved, at the beginning of their program they were asked about funding other programs also. She stated in Oklahoma they have a larger commission that focuses on work force issues, not just physicians but assistants, nurses; 2/3rds of money goes to fund training slots and 1/3<sup>rd</sup> provides incentive programs to keep people in the state. She stated that in Utah, they have a GME council and brought in patient and public representative along with people from higher education. She stated that all states are struggling with this and are developing models to address the GME issue.

Eugene Johnson announced the average scoring for each entity applying for Development and Expansion Grant funding. He announced FWMEP scored an average of 79.6 for \$270,000 to support two family medicine residents for each of the next three year; Reid scored an average of 71.8 for \$270,000 to support two residents for each of the next three years; IUSM scored an average of 62 for \$855,000 to support five residents in Obstetrics (one position), Gynecology (one position), Psychiatry (one position), Pediatrics (one position) and Emergency Medicine (two positions). He announced the total sum of the positions to be funded for \$1,395,000. He commented that the Board did have additional funding remaining in the Development and Expansion Grant bucket.

Tim Putnam stated Reid Health received a score of 79.6 and is asking for \$270,000 to support two residency positions for three years. He called for a motion to approve Reid Health's application. Peter Nalin moved to approve; Donald Sefcik seconded. Tim Putnam asked for discussion. Donald Sefcik asked if they have not hit their cap yet is the Board giving them additional funding. He stated he was referencing the Medicare financial cap, but wanted to know if they were approved to take on additional residents. The Board discussed if they were going against the requirements they discussed last meeting on entities existing residencies receiving funding. James Buchanan stated he felt that applications like Reid are exactly the types of residencies they were looking to fund.

Peter Nalin commented he feels there's a way to do this without going against the spirit of the fact that this is the type of program that can be supported now. He stated that this program does not go back on what the Board previously discussed. Donald Sefcik stated he recalled that the reason the Board selected these dates was to get everyone on board before the submission of rank order list; if they expand and say there's the scramble, then it could be to others advantage. Peter Nalin stated he wasn't thinking of the scramble, he was thinking that he thought Donald Sefcik was referencing filling up a new growing program. The Board continued discussion on the topic. Tim Putnam stated that, based on their conversation and lack of clarity, especially based on what they discussed last minute, he could ask for the motion to be rescinded. He stated he thinks the question is "what was this intended for" but these types of conversations when you have real people in the room making decisions. The Board continued

discussion of Reid Health's application. Peter Nalin asked if they could say to Reid if they could demonstrate that their plan is to go from four four four to six six six, they will award two positions times three up to \$270,000. James Buchanan asked if they could request clarification that they are planning to go from four to six. Tim Putnam stated he would motion to award contingent on expanding from what they believe is currently a four four four to a six six six program.

Tricia Hern asked if the new programs have CMS dollars, are they eligible for \$45,000/yr? Steven Becker stated yes and that the way the model was built, it was built out to \$22.5 million to support 500 new resident positions. The Board continued discussion on if they would be going against prior conversation if they funded a position(s) that's above their capped amount.

Eugene Johnson stated that the Board needed to rescind the prior motion and make a new motion. Peter Nalin rescinded his initial motion and make a new motion to award Reid contingent on moving from a four four four to a six six six model. Motion was seconded by Steven Becker. All voted in favor to pass; motion passed 6-0.

Tim Putnam stated IUSM received a score of 62 and that the Board has narrowed their initial submission to potential funding of primary care residency positions for \$855,000. Tim Putnam called for a motion to approve funding the IUSM for the primary care residency positions at \$855,000. Donald Sefcik moved to approve; James Buchanan seconded. All voted in favor to pass; motion passed 6-0

Tim Putnam stated that FWMEP had a score of 79.6 for \$270,000 for two positions in Family Medicine starting with the upcoming academic year. Tim Putnam called for a motion to approve funding FWMEP for two positions at \$270,000. Steven Becker moved to approve; Donald Sefcik seconded. All voted in favor to pass; motion passed 6-0.

Tim Putnam moved to new business. He discussed the selection of the Board Chairperson position and asked Eugene Johnson to comment about this matter. Eugene Johnson stated that the statute governing the Board mandated that the position be appointed each year and that the term of the current chair expired one day from date of appointment. He stated that the position is up for reappointment or election of a new Chairperson and that discussion on this matter can be held in the current meeting. He stated that only Board members present are eligible to nominate someone for the position and that any vote that takes place in the current meeting must be unanimous for an individual to be appointed Chair. He stated that if there is not a unanimous vote, the Board could either keep voting until there is a unanimous vote or they could table the matter until the next meeting. Peter Nalin asked how long the term of service is and was told it is one year. Peter Nalin moved to nominate Tim Putnam to retain the position of Board Chairperson and was second by Donald Sefcik. Tim Putnam commented that he would not vote for the position as he himself was nominated but, under the circumstances of the current meeting and invoking the Rule of Necessity, he would do so. All voted in favor to pass; motion passed 6-0. Tim Putnam expressed his appreciation to the Board and for the work they've done so far.

Tricia Hern discussed her new role at Community Health Network; she was promoted to the position of Vice-President for Academic Affairs. Eugene Johnson discussed how CHE would provide recipients with awards letters and agreements for the awards. James Buchanan commented they learned that with this round of expansion grants they had to "short-time" it; he stated that for the next round they currently have December 10 as a due date; perhaps if they did it in July that it would allow entities with a fiscal year ending October 1 or December 31 to get the grant in the budget and to potentially get approval for

residency spots. He commented the other potential is for others to apply now this summer to know they have the dollars available so they could go out to the RC. He also stated that by having a summer grant period for next year, it would allow more due processing timewise for ACGME approval of additional residency slots. He also said they might consider both, a July and December application deadline. Peter Nalin stated he wondered if they could model September 10 as a deadline as it would be ahead of interview season and before the ERAS download.

Tim Putnam called for a motion to adjourn. Donald Sefcik moved to adjourn; Steven Becker seconded. All voted in favor to adjourn; motion passed 6-0.