

Indiana Graduate Medical Education Board

Work Session Minutes

July 7, 2016

9:00 a.m. (EDT)

101 West Ohio Street

CHE Office, 3rd Floor

Kent Weldon Board Room

Indianapolis, IN 46204

Board Members Present in-person: Tim Putnam, Steven Becker, Bryan Mills, James Buchanan, Beth Wrobel, Tricia Hern

Board Members Present via conference call: Paul Haut, Mark Cantieri

Commission Staff Present: Eugene Johnson

Other Attendees: Angie Vincent, Principal, Tripp Umbach; Beth Paul, Executive Vice-President and Chief of Staff, Tripp Umbach

CALL TO ORDER

Tim Putnam called the meeting to order at 9:03am. Tim confirmed with Eugene Johnson that, due to a quorum of Board members being in attendance, the meeting was public. Eugene responded in the affirmative. Roll call was taken and a quorum was confirmed.

BUSINESS ITEMS

Tim introduced Angie Vincent and Beth Paul with Tripp Umbach (TU) and confirmed that they were fine with questions and conversation during the presentation; the TU staff stated they were ok with that.

Angie reviewed the work plan as outlined in the RFP. She stated she'd spoken with all Board members by phone and had upcoming conversations with other stakeholders about how to measurably expand Graduate Medical Education (GME) throughout Indiana. She stated in interviews it was important to ensure this is a statewide initiative. She went back to the work plan and identified that they were at the initial progress report phase.

Angie informed the Board that the session would review current project statewide health workforce needs, Indiana's GME outlook and review recommendations from Indiana and national experts. Funding models would also be discussed.

She reviewed county health rankings for Indiana and discussed certain healthcare outcomes. While discussing premature and avoidable death data, Tim Putnam asked does TU break the data down into years of life gained and lost; Angie and Beth stated it couldn't be looked at but they could find that out. Angie stated she could provide the reports with that data.

Tim stated several links would have to be made; years of life lost is tied to several factors; one is behavior and lifestyle; one is access to healthcare; he stated he feels lifestyle and access to care are linked more closely than we think; he stated that without a health care leader in the community stating that lifestyle contributes to issues, it's harder to inform people; thinks they will need to make the tie between the two.

Angie went into highlighted health gaps in Indiana, stating that the best counties have ratios of 1:1,200; the worst have ratios of 1:4,600; average mean is 1:1,500; best in US is 1:1,000; mental health providers is 1:4,500; best, 1:600; best for U.S. counties is 1:300. She stated that recommendations highlighted quality of care and access to care including Federally Qualified Health Centers (FQHC) and other centers to support those type of patients. She reviewed the worst and best primary care ratios by Indiana County. Newton and Warren Counties have worst respectively; Boone and Hamilton have the best respectively; stated they will be acknowledging throughout the process the geographic location of certain things and understanding what resources are in Central Indiana. She stated Warrick County was also ranked high for ratio; Tim Putnam stated to be careful with this ratio as it was misleading. Steven Becker stated that, as Warrick County is directly on the Vanderburgh County line taking care of a big population in Vanderburgh County; 10 miles away from the county line are short areas. Tim Putnam stated most of Warrick County will look like Pike County. Beth Wrobel stated it's enough to throw off the ratio. Angie Vincent stated that the data emphasizes why it's important to talk to the people in the trenches in communities.

Angie reviewed projections from the Robert Graham Center projecting the primary care physician workforce; to maintain the current ratio, Indiana will need 817 more primary care physicians by 2030. There are 3,906 in Indiana as of 2010; Steven Becker asked if that included primary care PA's. Angie stated she'd take a look at that and that, in the interviews, she would question stakeholders on how they define primary care. James Buchanan provided the AAMP definition as community-based internal and family medicine; he was asked by Tim Putnam if they don't include mid-levels and feedback from the group was most didn't think they did.

Mental health was reviewed with slides showing ratios highest to lowest; Newton County has the worst ratio at 1:14,000 plus; Starke County is 2nd 1:7,200. Beth Wrobel stated her organizations has .2 psychiatrist and that they have a LCSW that they share with the mental health center in Starke County; she stated that the ratio could be worse.

Angie reviewed the county level data she'd broken down; she stated that, in a lot of areas where need is great there is not a large hospital that could support a residency program itself but you do see where community health centers, FQHCs or rural health clinics could; she mentioned that they could look at those area to expand GME; highlight those areas; see what that could work with within existing infrastructure.

Bryan Mills asked how they frame it; stated as a naysayer; Marion County would be his discrediter; Marion County health care outcomes say the number of doctors has nothing to do with health status; stated that the part to him that's important is that next May, Indiana will graduate 500+ physicians every year and, as a state, Indiana is short; the question is do they want to do something strategically to get those doctors to stay in Indiana and do a residency; worried if they get too detailed too fast they lose their audience. He stated a residency in Indianapolis related to other regions they are trying to recruit to; end goal is to retain physicians and currently Indiana has situation of oversupply of medical

students. Beth Wrobel stated what she hears is there's a need on the short-term and then there's long-term need; Bryan Mills stated a need is getting people bought into the basic fact is that even best cities in Indiana are behind nationally.

Tim Putnam stated that they have to see that this is their goal but this is how they can improve the health of the state. He stated that using Marion County as an example, the supply of physicians doesn't necessarily mean a healthy community but a lack of them is definitely a loss of healthiness in the community. He stated medical education is changing; the next generation of physicians will be much more in-tune to population health and other things; he stated that even with Marian University College of Osteopathic Medicine coming on board, that will bring Indiana from 38th to 25th in the number of GME students; even with 500 spots it will put Indiana in middle of county versus bottom 3rd; no question there is a significant physician shortage in numbers and geographic distribution. He stated it's up to the Board figure out how to get geographic distribution, stating small hospitals can't start residencies by themselves but can partner and be a rural track with a larger hospital, a solution to get people rotating and spending time in those communities.

Angie Vincent stated interviews highlighted the importance of putting messages out as being representative of the Board; knowing Board has momentum; start putting key messages out rather than details. Bryan Mills discussed Indiana now allowing telemedicine but that it's not a panacea. He stated entities want to make sure they are aware of roadblocks they may encounter when asking for support. Tim Putnam stated that rural healthcare has lost funding due to people saying things have been solved with telemedicine; it is interesting to have in the toolbox but it is just one piece. He stated the way physicians are trained today based on comprehensive primary care plans and what they see in their office; getting the physicians in areas they currently aren't in will bring someone not just focused on treatment of acute disease.

Angie Vincent stated she thinks all comments have to do really good job in helping everyone understand there isn't one easy answer to address the problem; recommendations might include what kind of faculty development or physician education might be offered. Tim Putnam stated he agreed with Bryan Mills that the focus needed to be on key things and address those. Angie Vincent stated she felt they needed to come up with key communication talking points.

She went over Indiana workforce projections broken out by region based on Department of Workforce Development information. She went over areas projected to see double digit growth in need family and general practitioners and asked what group thought. Tim Putnam asked if that's because they are really short; Beth Wrobel stated it's because there's no residency program (in region 1). Bryan Mills asked if it was a supply or demand number; stated from demand side the case was made for GME expansion. Beth Paul stated it would be good to look into and get back to everyone with an explanation of how projections were developed and background of the analysis.

Angie Vincent then went over facilities in Indiana and identified various types of hospitals, FQHCs and other health care facilities. Board members had feedback on the location of facilities and the varying levels of care available at those locations based on their knowledge. Beth Wrobel stated she felt there were some other things missing in the analysis.

Tim Putnam and Steven Becker both stated some blank counties on the page have hospitals but they just are not classified; Tricia Hern stated they are rural healthcare facilities. Tim Putnam stated there are

a lot of missing spots; mentioned Knox County. Beth Paul stated they need to have another map. Angie Vincent stated she was focusing on rural areas of understanding; Tim Putnam stated there are some areas that have hospitals that are not critical access but are definitely critical access size they just didn't choose to make that move. He stated he feels the benefit of the map is that it tells them where there are some FQHCs and tells which counties have infrastructure for training like 1 plus 2 and other training.

Angie Vincent reviewed 2015 AAMC state division of workforce for Indiana and mentioned Indiana's rankings for active physicians and the number of active physicians who completed GME in the state. She also discussed retention rates and the number who both completed GME and who are active in the state. Steven Becker stated it would be helpful to know what market share retention is and how the hub combines market share retention.

Angie Vincent went over areas that were requested to be reviewed in the RFP and went over areas in Indiana and the number of programs around the state that existed in each requested specialty. Bryan Mills stated that he'd expand psychiatry to say psychiatry and addiction or separately list addictions as this issue is in front of the state legislature right now. Tim Putnam stated that as a group they will need to discuss transition year; he's not sure what data is available to show what percentage of people who do a transition year and stay in that area. Tim Putnam explained it's a year of rotating. Tricia Hern stated they'd be able to recruit a specialist back to the site because they experienced their first year at that site and have experience with that area. Tim Putnam stated they put down those specialties in the RFP because the group was thinking about regional needs.

Angie Vincent reviewed Indiana University School of Medicine exit survey information for family medicine residency program graduates and shared those results. Bryan Mills stated results show loyalty and there's a high return on those trained in-state. Steven Becker stated it's interesting that two of the areas, Terre Haute and South Bend, have had four year med schools longer than other sites in the state. Angie Vincent went over feedback from interviews with local and national representatives. Angie and Beth Paul noted their conversation with Jessica Welch with Saint Thomas Health System in Nashville; Beth noted they had Vanderbilt University residency programs which Vanderbilt pulled back and now the University of Tennessee is creating a regional campus there. Angie Vincent then went over upcoming interviews, noting Susan Pickens and the Texas example she provided to the group in a handout. Beth Paul noted Texas' goal of having a slot for every Texas medical school graduate. Tim Putnam provided two names for Angie Vincent to contact; James Ballard with AHEC and Craig Wilson with Suburban Health Organization.

Angie Vincent reviewed key themes from the interviews; GME expansion and everyone talking about the state of Indiana and what's best for healthcare access. She mentioned feedback that expansion should go in rural and urban underserved communities. She also mentioned the need for local champions was identified as critical and that many interviewed mentioned the need for consortiums was essential to getting further faster. Bryan Mills stated one thing that might be inherent is how efficiently things are being done. Tim Putnam stated that CEO turnover causes issues with building momentum with entities and that making a promise to students that a slot will be available when they graduate, it's critical that there's buy-in. Tim Putnam mentioned sustainability's top barriers; a new CEO comes in, knows GME; next CEO comes in and doesn't have the same buy-in.

Steven Becker noted a key is getting Marian's graduating class to match well with it being the very first class as large as it is. Beth Paul noted it is being closely tracked where they will end up in residency and

practicing afterwards. Angie Vincent went over geographic areas identified as expansion targets. She stated it was mentioned that reducing duplication of efforts was seen as a key factor along with highlighting areas that have a severe lack of physicians with non-biased views; things must be looked at as being for the benefit of the state. She then reviewed the challenges that interviewees identified. She went into communicating the programs financial worth to the institutions. Next she went into recommendations, stating the need to be identified as being united in messaging was important and educating the local community on why this is important; communicating that programs won't produce doctors tomorrow, it's 7-8 years between medical school and residency for this to happen. Tim Putnam stated his meeting with Tim Brown was to ensure legislators realize that it is a process to get students to become doctors.

The Board continued to discuss strategies for expansion. Angie Vincent brought up the rapid change in the healthcare landscape; Tim Putnam stated he doesn't know how rapid it is. He stated it's clear what it's going to be and we know the model is population health based, focused on wellness and team-based care; it's a dynamic change but not a rapid change. Tricia Hern stated in her institution there are physicians who came to her institution thinking they could just practice and now they face new challenges including how they will get payment and working with students they have in their institutions as residents. The discussion went on concerning cultural shifts in organizations as they look to offer or expand programs, along with models for compensation and feedback that Board members have received on that. Tricia Hern stated she was concerned they could create a system that's millions of dollars just to maintain their preceptors.

The meeting wrapped up with a discussion on how to get institutions engaged; accountability was stated as being a necessary requirement if dollars are awarded to those institutions. Tim Putnam asked the Board what they want to have in August that they didn't see right now. Bryan Mills stated he found the dialogue very promising and thinks TU provided wonderful background. He stated he was pleased with the work done so far but had nothing to add. Tim Putnam stated he was hoping to see two things that he didn't see; one was urban, inner-city and maybe FQHCs and how they go at that; he stated he thinks that needs to be brought out as it's another underserved area; the other thing he wants to do is to understand the report structure that's due in November, does the Board have an event to educate legislators followed by a presentation at a legislative session. Tim stated he feels that's a robust discussion topic for the August meeting. Commission staff provided feedback on what they felt the best course of action was including ensuring an application was in place during 2017 for the expending of funds and expansion of GME. Commission staff stated they'd get in touch with required legislative partners to develop a plan to address the legislature about the work to expand GME.