



# UNDERSERVED GME

Updates from the Centers for Medicare and Medicaid Services

*Michael Konieczny, Division of Acute Care*

# FUNDAMENTALS OF MEDICARE GME PAYMENT

- Direct GME
  - More information: <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/direct-graduate-medical-education-dgme>
- Indirect Medical Education (IME)
  - More information: <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/indirect-medical-education-ime>
- FTE caps
- Additional caps for Rural Track Programs (RTPs)

# PROVISIONS OF THE CONSOLIDATED APPROPRIATIONS ACT, 2021

## Section 126: Distribution of Additional Residency Positions

- 1,000 additional residency positions beginning in FY 2023
- Eligible hospitals include rural hospitals and hospitals located in a HPSA
- Prioritization by HPSA score
- Round 3 opens in January 2024, deadline March 31, 2024
- More information: <https://www.cms.gov/files/document/frequently-asked-questions-section-126.pdf>

# PROVISIONS OF THE CONSOLIDATED APPROPRIATIONS ACT, 2021

## Section 127: Additional Flexibilities for Rural Track Programs

- Additional sites may be added to an existing RTP
- New RTPs may be formed with existing partners
- RTP caps for rural partner hospitals
- Removal of separate accreditation requirement
- More information: <https://www.cms.gov/files/document/section-127-residents-training-rural-training-programs-rtps.pdf>

# PROVISIONS OF THE CONSOLIDATED APPROPRIATIONS ACT, 2021

## Section 131: Opportunity to Reset Low PRAs and FTE Caps

- Two eligible categories of hospitals
  - “Category A”: the PRA / FTE cap was established based on training *less than* 1.0 FTE in any cost reporting period beginning before October 1, 1997
  - “Category B”: the PRA / FTE cap was established based on training *no more than* 3.0 FTEs in any cost reporting period beginning on or after October 1, 1997
- Reset period: December 27, 2020 – December 26, 2025
- More information: <https://www.cms.gov/files/document/guidance-teaching-hospitals-eligibility-direct-gme-resets.pdf>

# TRAINING AT RURAL EMERGENCY HOSPITALS

- REH provider type established by section 125 of the CAA, 2021
- Medicare GME payment for REHs: FY 2024 IPPS final rule
- Two options for REHs that participate in GME programs:
  - Serve as a nonprovider site: costs paid by hospital
  - Incur costs directly: reimbursed at 100% of reasonable cost
- Similar policies in place for critical access hospitals (CAHs)



# UPCOMING INITIATIVE: SECTION 4122

- Section 4122 of the Consolidated Appropriations Act, 2023
- 200 additional residency positions for FY 2026
  - 100 slots reserved for programs in Psychiatry
- Eligible hospitals include rural hospitals and hospitals located in a HPSA



# RESOURCES

- DGME Payments: <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/direct-graduate-medical-education-dgme>
- IME Payments: <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/indirect-medical-education-ime>
- Section 126: <https://www.cms.gov/files/document/frequently-asked-questions-section-126.pdf>
- Section 127: <https://www.cms.gov/files/document/section-127-residents-training-rural-training-programs-rtps.pdf>
- Section 131: <https://www.cms.gov/files/document/guidance-teaching-hospitals-eligibility-direct-gme-resets.pdf>



# Graduate Medical Education in the Indian Health Service

SEPTEMBER 12<sup>TH</sup> 2023

VIJAY KANNAN, MD, MPH

ACTING DIRECTOR, CLINICAL PERFORMANCE AND HEALTH IMPACT

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# IHS Organizational Structure

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- IHS is organized in 3 hierarchical levels:
  - Headquarters (Rockville, MD)
  - Area Offices (12 Areas total)
  - Service Units
- Facilities can either be **federally** or **tribally** run
- Only 1 federal facility has an affiliated GME program, in Shiprock, NM  
[www.shiprockfm.org](http://www.shiprockfm.org)
- Several tribal facilities have GME programs



# Academic Efforts with IHS

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In order of increasing complexity/commitment:

- Medical student and resident rotations
- Rural and Indigenous Health “track” programs
- Longitudinal Clinics for residency programs
- Residency program

Summary of Shiprock-UNM Residency Structure:

- 2 residents per year
- First year at UNM and affiliate sites
- Second and Third years at Northern Navajo Medical Center



# Establishing a successful program

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## WORKFORCE

- Well-staffed departments with low provider turnover
  - Vacancy rates are high in IHS, not conducive to training programs
- Program Director's must ensure protected time and supervisory status (not included in traditional physician position descriptions)
- Program Coordinators (ACGME requirement) may be difficult to recruit because the typical duties may only qualify the position for GS7 level, without promotion potential
- Faculty physicians with research requirements and protected teaching time also do not exist, must craft position descriptions for these



# Establishing a successful program

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## WORKFORCE (continued)

- Resident physicians positions also carry unique challenges:
  - Hiring process through traditional HR workflow does not align well with typical residency workflow
  - Foreign Medical Graduates often match to rural programs, but they cannot work for the federal government and ERAS does not allow filtering
  - 80 hour pay period (40 hour work week) requirement also does not fit well with residency training

## HOUSING

- Must partner with a site that is either close enough to a non-reservation town or has sufficient on-site housing
  - Federal IHS sites often do not own the land around the facility and are not able to build new housing, even if funding were available



# Establishing a successful program

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## HOUSING (continued)

- If housing is available, it can be a draw to the program
  - Offering housing stipends or subsidies offers financial incentive

## CLINICAL ENVIRONMENT

- IHS facilities range from ambulatory clinics with no road access to (soon) our first hospital designated as a trauma center
- Must ensure adequate pediatric and obstetric volume
  - Many Family Medicine residents are attracted to these programs to practice full spectrum family medicine, including deliveries, which means they need to get 80 deliveries during residency



# Summary

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- The Indian Health Service places high importance on strengthening academic partnerships
- These partnerships can occur with varying levels of effort:
  - Medical student and resident rotations are already common
  - AI/AN track programs are developing
  - Continuity clinic sites are also developing
  - We now have our first residency program
- Prospective GME partners must find IHS sites that:
  1. Value the relationship
  2. Understand the level of commitment
  3. Have a strong local champion and stable department staffing





# Questions/Comments

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For offline or follow-up questions

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Veterans Health Administration

# Underserved Graduate Medical Education Department of Veterans Affairs Update

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DISCLOSURES



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# Learning Objectives

By the end of this session participants will be able to:

- Discuss the mission and impact of the VA Office of Academic Affiliations (OAA)
- Describe OAA rural and underserved opportunities and initiatives
- Assess opportunities at your institution for VA Graduate Medical Education (GME) expansion opportunities



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# VA Partnerships

Prepare the next generation of  
health professionals

**Patient Care**

**Education**

**Research**

**Back-up for  
Department of  
Defense and  
Nation's  
Hospitals**

**Values: Integrity, Communication, Collaboration, Respect, Trust, Excellence**

**Resources: Clinical Learning Environment, Faculty, Financial Agreements, National Health Professions Education Policy**



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# Impact on Health Professions Education (HPE)

VA operates the largest education and training platform for health professionals in the Nation:

- > **118,000** health professions trainees (HPTs)
- > **34,000** HPTs from Minority Serving Institutions
- > **7,000** training programs
- > **60** clinical disciplines
- > **150** VA medical facilities
- > **1,400** academic institutions



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# Impact on Graduate Medical Education (GME)

- Affiliated with **96%** (151/157) accredited allopathic medical schools
- Affiliated with **95%** (35/27) accredited osteopathic medical schools
- **2<sup>nd</sup>** largest funder of GME in U.S. (~ \$1B)
- > **49,000** physician residents
- > **26,000** medical students
- > **1,000** dental residents and students
- ~ **70%** of U.S. physicians trained at VA





# Disbursement Process



**ACGME Accredited Sponsoring Institution**



**Hires and pays residents**

**VAMC pays for  
resident rotations at  
the VA through  
disbursement**



**Residents  
rotate to VA**



**VA Facility**



# MISSION Act of 2018 – Sec. 403

## VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Section 403

132 STAT. 1472

PUBLIC LAW 115–182—JUNE 6, 2018

38 USC 7302  
note.

**SEC. 403. PILOT PROGRAM ON GRADUATE MEDICAL EDUCATION AND  
RESIDENCY.**

[[Page 132 STAT. 1393]]

Public Law 115-182  
115th Congress

An Act

To establish a permanent community care program for veterans, to establish a commission for the purpose of making recommendations regarding the modernization or realignment of facilities of the Veterans Health Administration, to improve construction of the Department of Veterans Affairs, to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to the home loan program of the Department of Veterans Affairs, and for other purposes. <<NOTE: June 6, 2018 - [S. 2372]>>

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, <<NOTE: John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018.>>  
SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.-- <<NOTE: 38 USC 101 note.>> This Act may be cited as the ``John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018'' or the ``VA MISSION Act of 2018''.

(b) Table of Contents.--The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I--CARING FOR OUR VETERANS

Sec. 100. Short title; references to title 38, United States Code.

Subtitle A--Developing an Integrated High-Performing Network



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# MISSION Act - Section 403

Authorizes VA to:

- Pilot program
- Fund no fewer than 100 resident physicians at covered facilities
  - Operated by Indian tribe or tribal organization
  - Indian Health Service
  - Federally-Qualified Health Centers
  - Department of Defense
- Reimburse costs
- Complete initiative by August 7, 2031

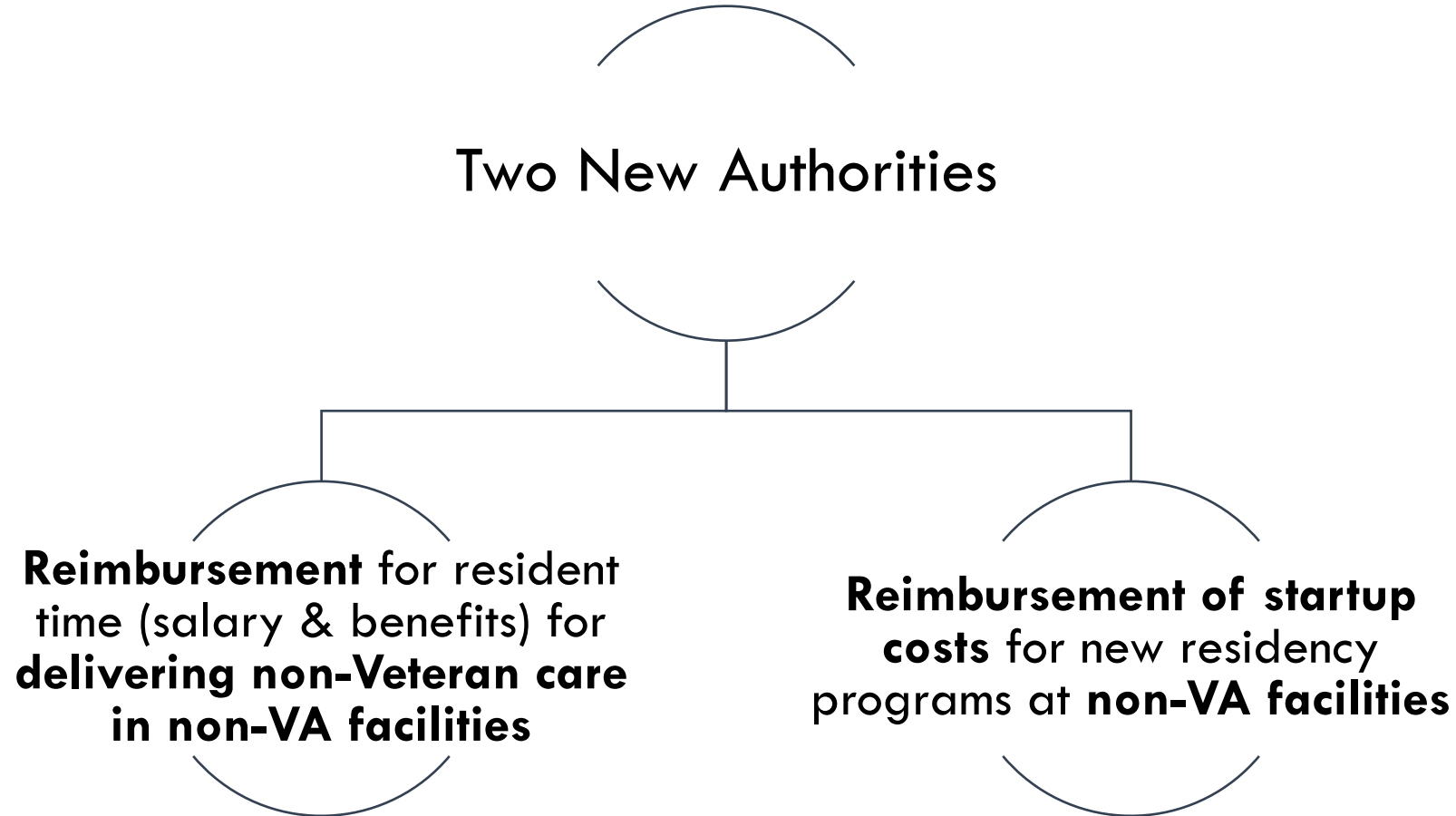


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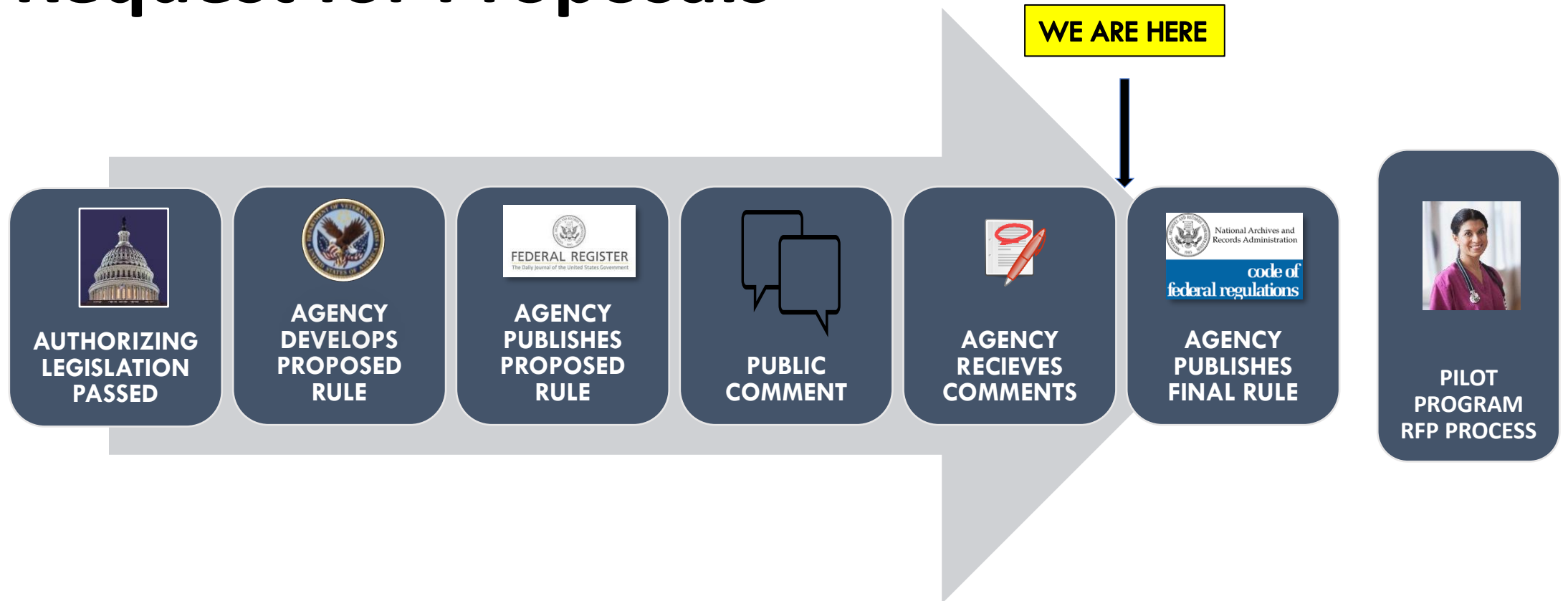
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# Section 403 – Development of Regulations



# Section 403: Regulations Development to a Request for Proposals





# Request for Proposals (RFPs)

Relationship Building

Strategic  
Communications

*October 2023 – 2024*

RFP Applications  
Due to OAA

*Fall 2024*

RFP Announcement  
*Summer 2024*

Resident Start Date for  
Academic Year 2025-2026  
*July 2025*



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# MSI Geomapping



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# Rural Interprofessional Faculty Development Initiative (RIFDI)

- Collaboration with the Office of Rural Health (ORH)
- **Mission:** To promote and expand health professions education in rural areas
- **Vision:** To develop a workforce prepared to meet the needs of rural Veterans
- **Aim:** To develop and deliver a high-quality faculty training program to meet the needs of educators in geographically rural or low resource sites.



# Rural Interprofessional Faculty Development Initiative (RIFDI)

- Cohort four recently launched
- Two-year program
- Six key elements:
  - Anchor meetings
  - Peer group discussions
  - Monthly webinar series
  - Online educator modules from the Society of Teachers in Family Medicine (STFM)
  - Site specific education conferences from STFM
  - Experiential project development



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# Key Takeaways

- Education is one of the four statutory missions of VA
- Overseen by OAA, VA operates the largest education and training platform for health professions in the Nation
- MISSION Act Section 403 will create new GME opportunities by authorizing reimbursement for resident time for delivering non-Veteran care in non-VA facilities
- OAA also supports rural and underserved GME through geomapping initiatives and the RIFDI Program



# Questions

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