

# IHS, Tribal, and Urban Indian GME Partnerships

2023 Grantee Annual Meeting  
Hyatt Regency Crystal City At Reagan National Airport  
Arlington, VA

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A partnership between





# Disclosures

RRPD-TAC is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #UK6RH32513.

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# Objectives

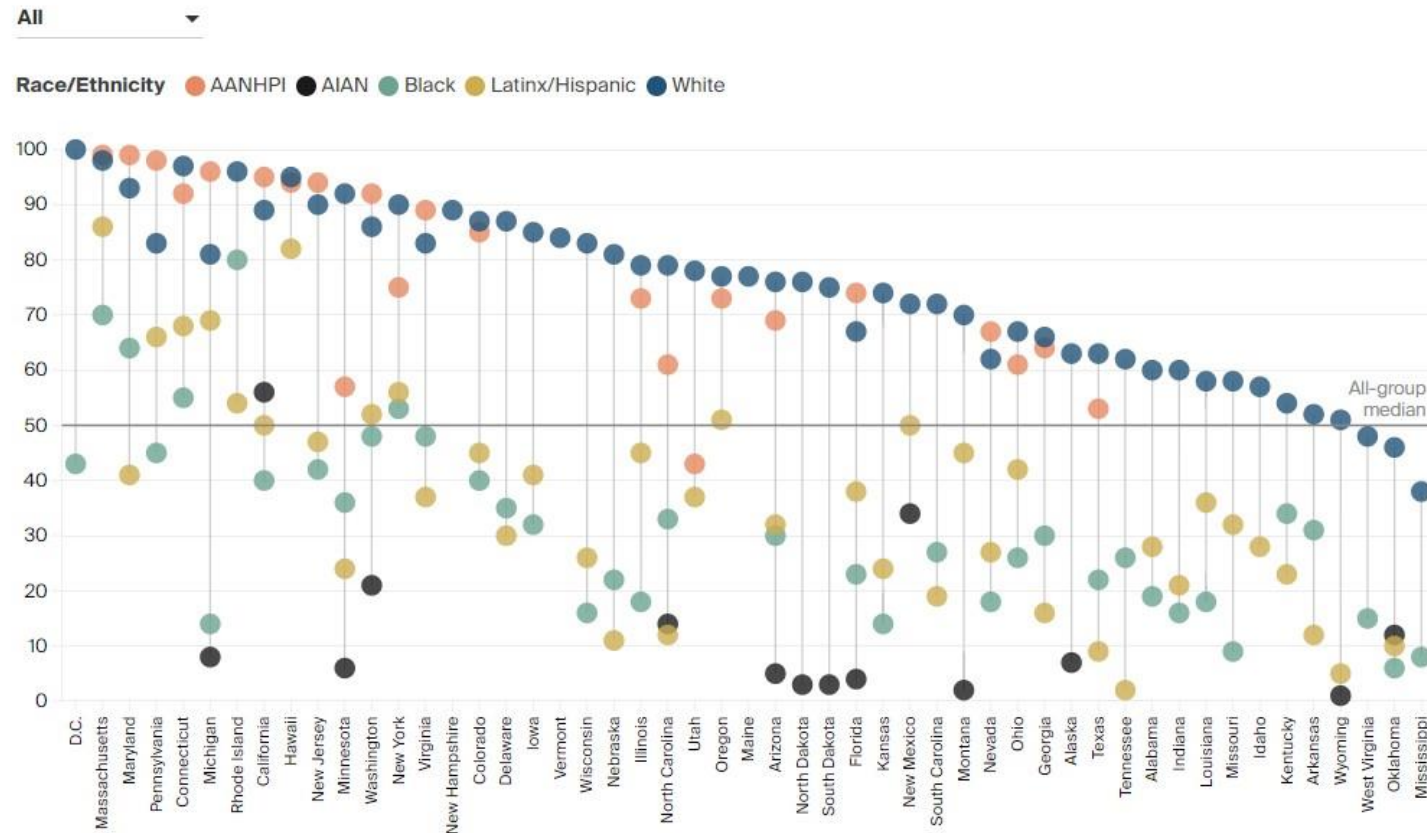
On completion of this session the participants should be able to...

1. Discuss benefits of co-creating health workforce programs with Tribes, including rural residency programs, teaching health centers, and fellowships.
2. Compare current systems to those created by Tribes and learning institutions.
3. Understand the benefits of training in a rural setting.

# Disparities in Indian Health

Profound racial and ethnic inequities in health and health care exist across and within states.

Health system performance scores, by state and race/ethnicity



Notes: Scores are based on the percentile distribution of each group's final composite z-score across all indicators/dimensions; rank-ordered by score of state's highest group. The 50th percentile represents the median health performance score among all the groups measured. Summary performance scores not available for all racial and ethnic groups in all states; missing dots for a particular group indicate that there are insufficient data for that state. AANHPI = Asian American, Native Hawaiian, and Pacific Islander; AIAN = American Indian/Alaska Native.

Data: Commonwealth Fund 2021 Health System Performance Scores.

Source: David C. Radley et al., *Achieving Racial and Ethnic Equity in U.S. Health Care: A Scorecard of State Performance* (Commonwealth Fund, Nov. 2021).

# Background

- We know...
  - Doctors are needed in rural and underserved areas
  - Physicians who train in rural and underserved areas are more likely to stay and practice in those settings
- But did you know...
  - < 10% of medical schools have >4 Native American students, according to the AAMC.
  - While Native Americans make up 3% of the U.S. population, they only account for less than 1% of the physician workforce.



# Indian Health

- Indian Health Service delivery system provides a comprehensive health service delivery system for approximately **2.7 million** American Indians and Alaska Natives
- Serves members of **574** federally recognized tribes
- IHS total staff consists of about **15,370** employees



# Legal Basis for Federal Services to AI/AN



- Treaties between the U.S. Government and Indian Tribes frequently call for the provision of medical services, the services of physicians, or the provision of hospitals for the care of Indian people.
- Even before these treaties, the United States Constitution specifically addressed the federal government's primacy role in dealing with Indians in the commerce and treaty clauses.
- The Snyder Act of 1921 and the permanent reauthorization of the Indian Health Care Improvement Act (enacted in 2010 as part of the Patient Protection and Affordable Care Act) provide specific legislative authority for Congress to appropriate funds specifically for the health care of Indian people.
- In addition, numerous other laws, court cases, and Executive Orders reaffirm the unique relationship between tribal governments and the federal government.



# Recruitment Challenges in AI/AN Communities

- Locations often in rural or frontier locations
- Pay and benefits are not competitive with the private sector or even other Federal employers
- Acceptable housing options are often nonexistent due to a lack of available housing or rental units on reservations
- Spousal employment can be difficult
- Persistent high vacancy rates- leads to continued spiral of burnout



# GME Programs in Indian Country

- [Seattle Indian Health Board Family Medicine Residency Program](#)
- [Puyallup Tribal Health Authority Family Medicine Residency Program](#)
- [Chickasaw Nation Family Medicine Residency Program](#)
- [Northeastern Health System Internal Medicine Program](#)





# GME Programs in Indian Country

## [Providence Hospital / Alaska Family Medicine Program](#)

Partners with Alaska Native Medical Center (ANMC), Yukon-Kuskokwim Health Corporation, and other Alaska sites

## [Stanford University / O'Connor Family Medicine Program](#)

Partners with Indian Health Center of Santa Clara Valley

## [University of New Mexico Family Medicine Residency Program](#)

Partners with Albuquerque Indian Health Center and Shiprock IHS

## [University of Arizona Family Medicine Residency Program](#)

Allows for rotations at Hopi Health Center and Whiteriver Indian Hospital

## [University of Washington \(multiple residency programs\)](#)

Allows residents to rotate at ANMC and other Alaska sites



# Key themes for successful development of GME in AI/AN communities

- Understanding AI/AN Health Care Delivery Systems
- Recognizing AI/AN community– specific social determinants of health
- Gaining an appreciation for cross-sectorial, community-driven solutions on AI/AN reservations
- Building motivation for a career addressing AI/AN health disparities



Sundberg, Michael, et. al. “Developing Graduate Medical Education Partnerships in American Indian/Alaska Native Communities,” J Grad Med Educ. 2019 Dec; 11(6): 624–628. doi: [10.4300/JGME-D-19-00078.1](https://doi.org/10.4300/JGME-D-19-00078.1)

# Background on HRSA efforts to expand GME



In 2019 HRSA funded the Rural Residency Planning & Development program (now on cohort 4!)

In 2021 HRSA funded the Teaching Health Center Planning & Development program (just had applications for cohort 2!)

- building off the successful THC GME program established in 2010, which to date has graduated 1,731 new primary care physicians and dentists trained in community health center/look alike settings

And both times, funded a Technical Assistance Center to help support the grantees and others looking to start residency programs in needed specialties in rural & underserved areas

# Rural Residency Planning and Development (RRPD)



- Purpose to improve and expand access to health care in rural areas by developing new, sustainable rural residency programs or rural track programs (RTPs) that are accredited by the Accreditation Council for Graduate Medical Education (ACMGE), to address the physician workforce shortages and challenges faced by rural communities.
- Provides start-up funding to RRPD award recipients to create new rural residency programs that will ultimately be sustainable long-term through viable and stable funding mechanisms, such as, Medicare, Medicaid, and other public or private funding sources.

# Teaching Health Center Graduate Medical Education (THCGME)

- Supports the training of residents in primary care residency training programs in community-based ambulatory patient care centers.
- Prepares residents to provide high quality care, particularly in rural and underserved communities, and develop competencies to serve these diverse populations and communities.





# Teaching Health Center Planning and Development (THCPD)

- Establish a new community-based residency program that is accredited by ACGME or CODA and has a strong sustainability plan for a stable future financial outlook by the end of the period of performance.
- Effectively train physicians and/or dentists to practice in and meet the clinical needs of underserved populations, exceeding results observed in other training programs.



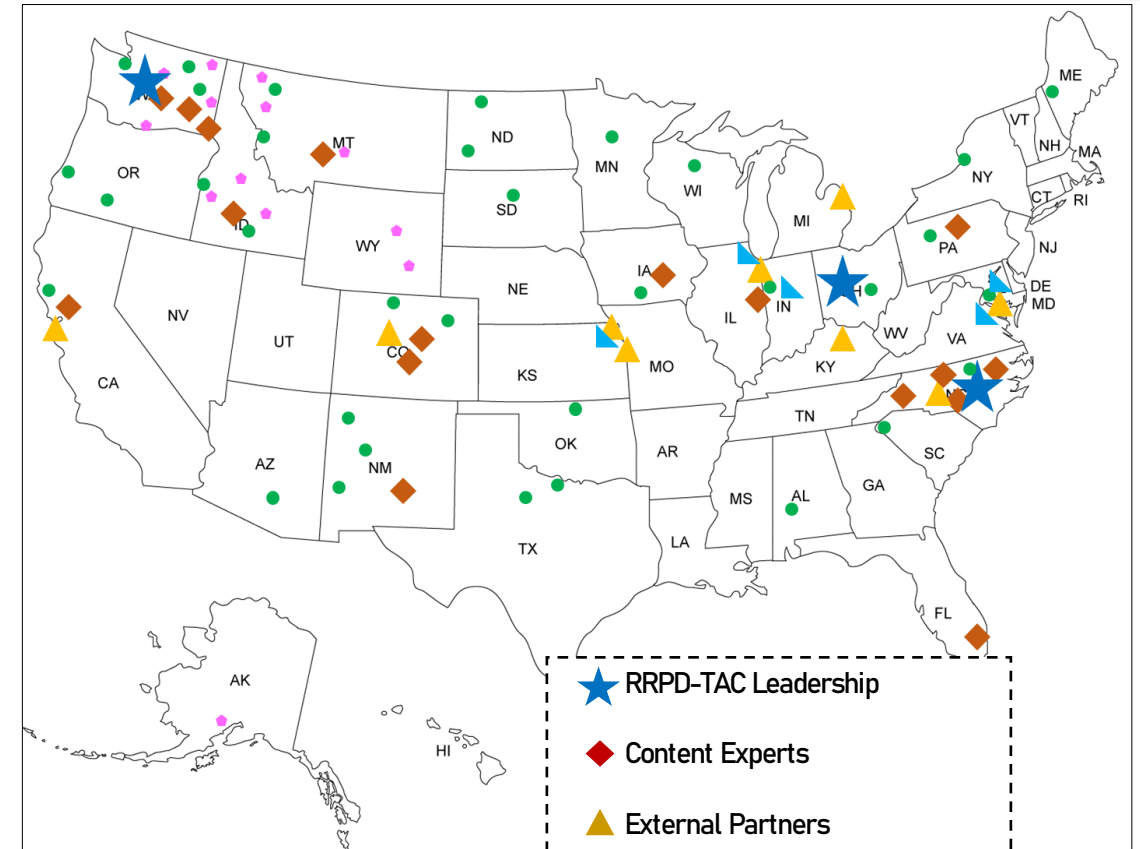
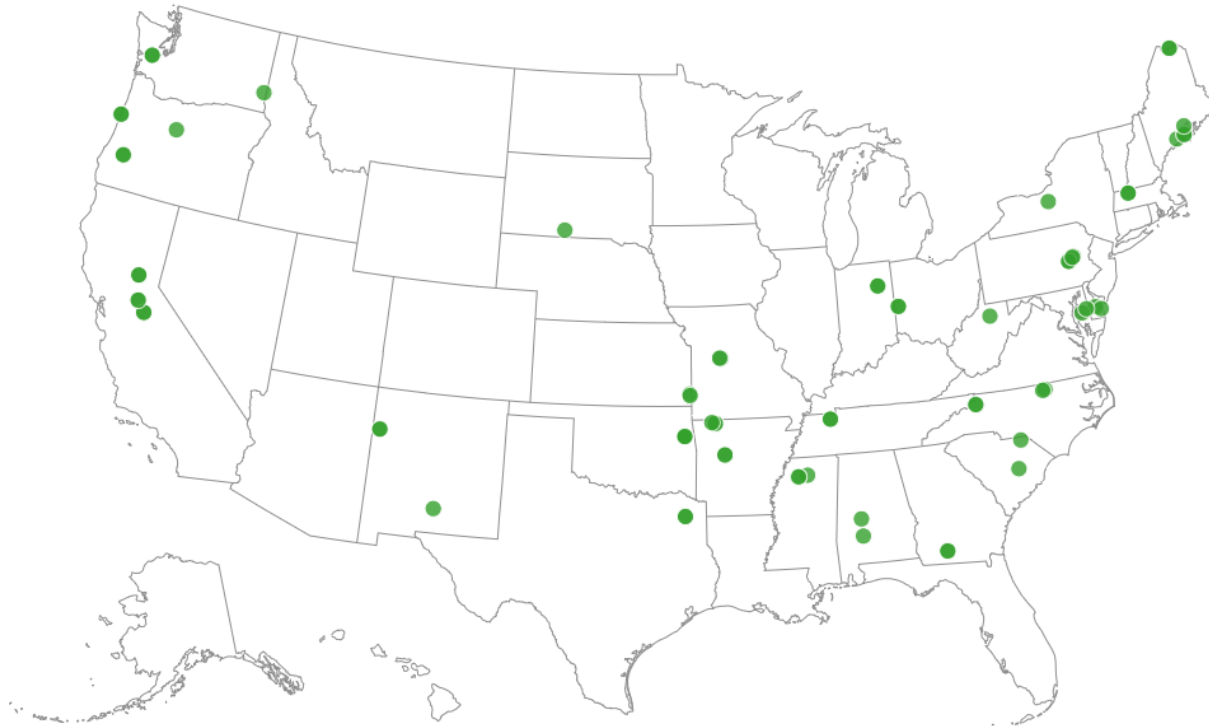
# Teaching Health Center Programs

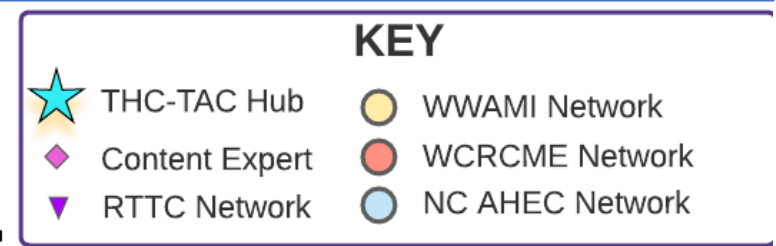
Teaching Health Center Graduate Medical Education (THCGME)	Teaching Health Center Planning and Development (THCPD)	Teaching Health Center Planning and Development-Technical Assistance (THCPD-TA)
<ul style="list-style-type: none"><li>• Supports primary care residency training in community-based ambulatory patient care centers</li><li>• Anticipated AY 2023-2024 per resident FTE rate is \$160,000</li></ul>	<ul style="list-style-type: none"><li>• Establish primary care residency programs in community-based settings</li><li>• Up to \$500,000/recipient program</li></ul>	<ul style="list-style-type: none"><li>• Provides TA to THCPD Program award recipients</li><li>• Funds TA Center up to \$5,000,000 (3-year period of performance)</li></ul>



# RRPD Program and TA Center Maps

Rural Community Practice Locations







# Program Development



Heritage  
College of  
Osteopathic  
Medicine

UW Medicine  
UW SCHOOL  
OF MEDICINE



School of Medicine  
and Public Health  
UNIVERSITY OF WISCONSIN-MADISON



The RTT Collaborative



RuralGME.org



THCGME.org

  
**STAGE 1**  
**Exploration**


  
**Community Assets**  
Identify community assets and interested parties.

  
**Leadership**  
Assemble local leadership and determine program mission.

  
**Sponsorship**  
Identify an institutional affiliation or sponsorship. Begin to consider financial options and governance structure.


  
**STAGE 2**  
**Design**

  
**Initial Educational & Programmatic Design**  
Identify Program Director (permanent or in development). Consider community assets, educational vision, resources, and accreditation timeline.

  
**Financial Planning**  
Develop a budget and secure funding. Consider development and sustainability with revenues and expenses.

  
**Sponsoring Institution Application**  
Find a Designated Institutional Official and organize the GME Committee. Complete application.


  
**STAGE 3**  
**Development**


  
**Program Personnel**  
Appoint residency coordinator. Identify core faculty and other program staff.

  
**Program Planning & Accreditation**  
Develop curricular plans, goals and objectives; evaluation system and tools; policies and procedures; program letters of agreement; faculty roster. Complete ACGME application and site visit.

  
**STAGE 4**  
**Start-Up**

  
**Marketing & Resident Recruitment**  
Create a website. Register with required systems. Market locally and nationally.

  
**Program Infrastructure & Resources**  
Hire core faculty and other program staff. Ensure faculty development. Complete any construction and start-up purchases. Establish annual budget.

  
**Matriculate**  
Welcome and orient new residents.

  
**STAGE 5**  
**Maintenance**



**Ongoing Efforts**  
Report annually to ACGME and the Sponsoring Institution. Maintain accreditation and financial solvency. Recruit and retain faculty. Track program educational and clinical outcomes. Ensure ongoing performance improvement.

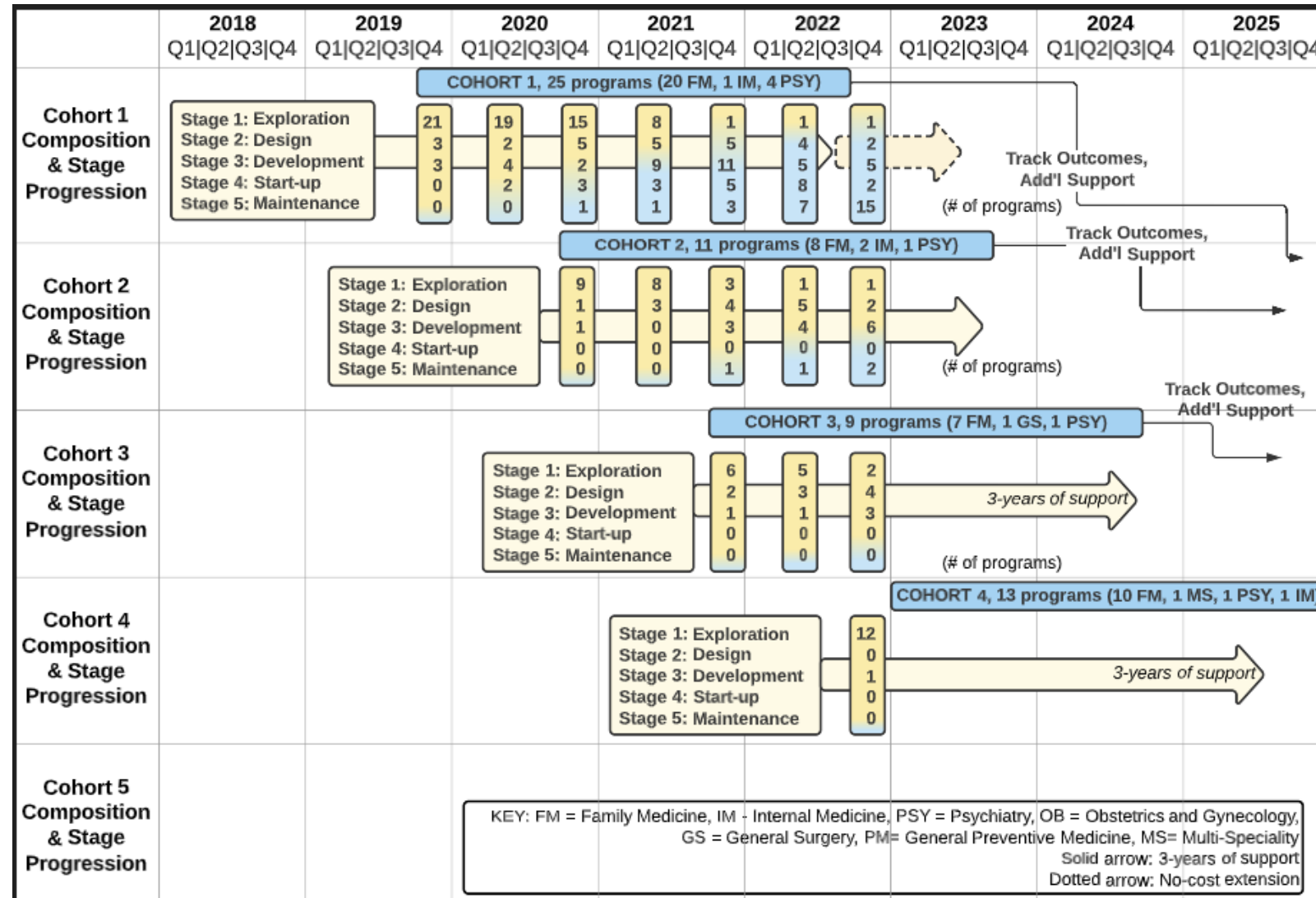
To advance to the next stage:  
Make an organizational decision to proceed with investing significant resources in program development.

To advance to the next stage:  
Finalize a draft budget. Complete program design to include curriculum outline and site mapping. Submit a Sponsoring Institution (SI) application & receive initial accreditation.

To advance to the next stage:  
Achieve initial program accreditation – requires successful site visit and letter of accreditation from the ACGME.

To advance to the next stage:  
Complete contracts and orient first class of residents. Hire all required faculty.

# Overview of RRPD Progress



RuralGME.org



THCGME.org



# HRSA-funded GME Programs with a Tribal Focus

There are 10 RRPD or THCPD grantees partnering with IHS, Tribes, or urban Indian organizations: 8 RRPD grantees and 3 THCPD grantees

## RRPD Application Program Name

Massachusetts General Hospital  
Sierra Nevada Memorial Hospital Foundation  
The Cherokee Nation  
Oregon Health & Science University  
Sonora Community Hospital  
Montana Family Medicine Residency  
Mountain Area Health Education Consortium

## Specialty

Internal Medicine  
Family Medicine  
Family Medicine  
Family Medicine  
Family Medicine  
Family Medicine  
Multi-Specialty

## THCPD Application Program Name

Family Health Centers of San Diego, Inc.  
Healthy Rural California, Inc.  
Tampa Family Health Centers, Inc.

## Specialty

Psychiatry  
Psychiatry  
Pediatrics



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# Finances: Program Stages

- Start-up: before residents are present
  - No federal or state GME payments
  - No patient care revenues from resident services
- First two years of having residents (immature program)
  - More expensive per resident because of fixed overhead and limited patient care revenues
- **Mature program**
  - **Sustainability plan**

# Start Up Funding

## Developing Program

- Federal:
  - HRSA: RRPD, THPD
- State:
  - State budget lines / grants
- Host:
  - Hospital / Sponsoring Institution support
- Other:
  - Foundations, grants, etc.



# Financing Sustainability

## Mature Program

- Federal
  - CMS: DME/IME; CAH; other
  - HRSA: THC (also Peds)
- State
  - Medicaid GME
  - State budget lines
- Patient care services provided
- Hospital / Sponsoring Institution
- Other (foundations, grants, etc.)



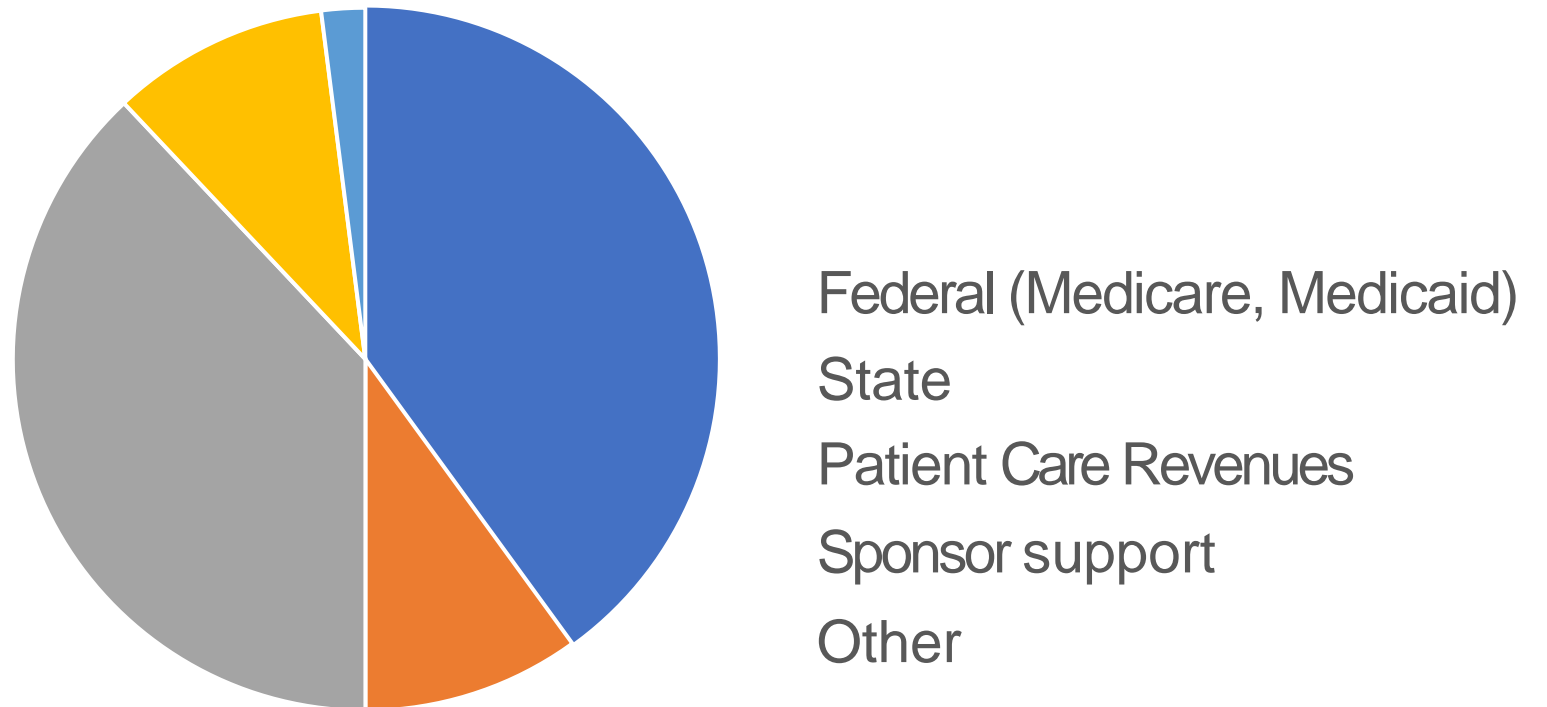
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# Finances

Sustainability: Typical revenue sources



# HRSA grants



- **Start-up:**
  - Rural Residency Program Development Grants
  - Teaching Health Center Development Grants
- **Sustainability:**
  - Teaching Health Center resident position grants



# Veterans Administration GME



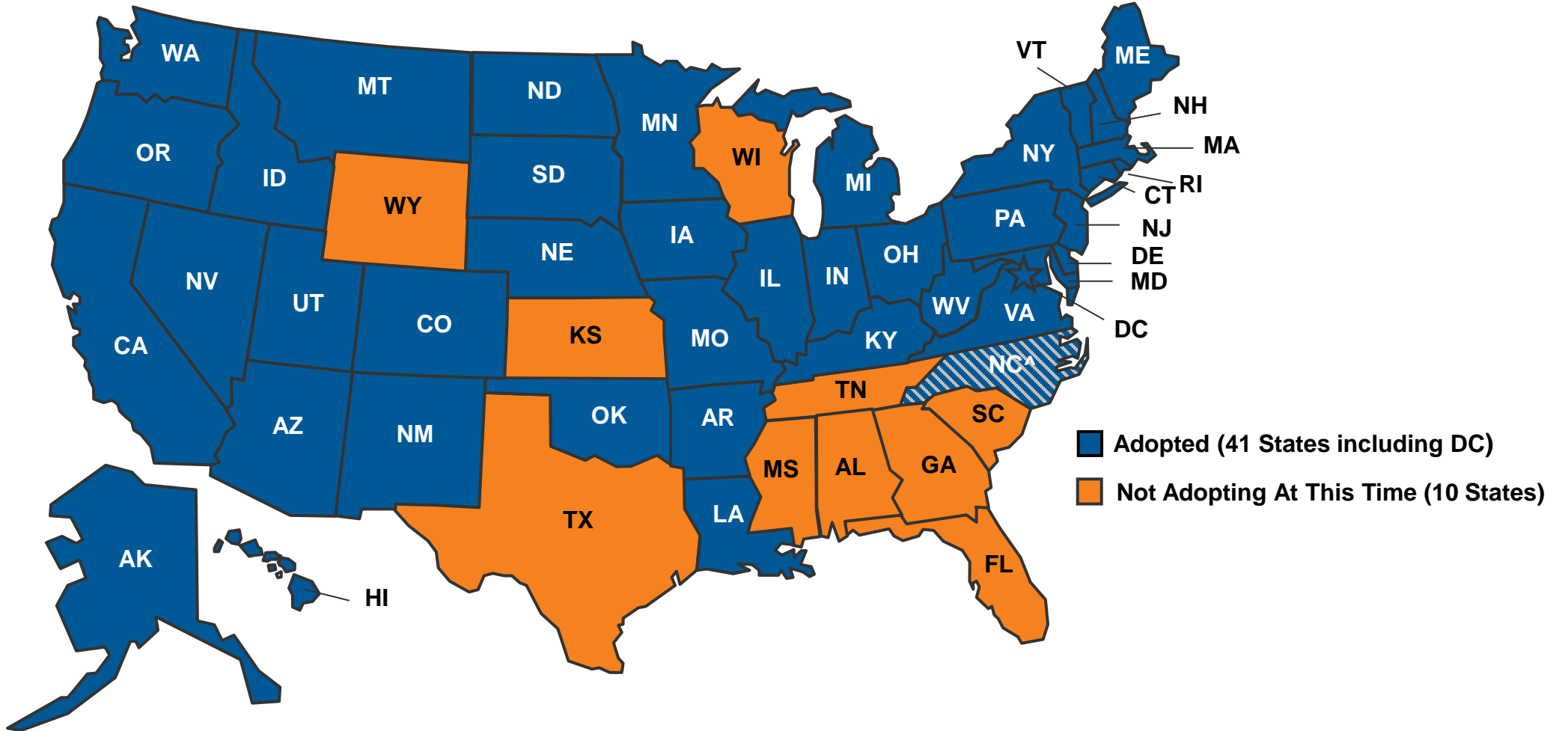
- VA Mission Act of 2018
- Sec. 403 – The VA must establish a pilot program to establish medical residency positions at the VA, the Indian Health Service, and DOD health care facilities.



# Medicaid GME

- Second largest source of GME funding nationally
- State-determined
- States finding options for new GME funds using federal match through several mechanisms

# Status of State Medicaid Expansion Decisions

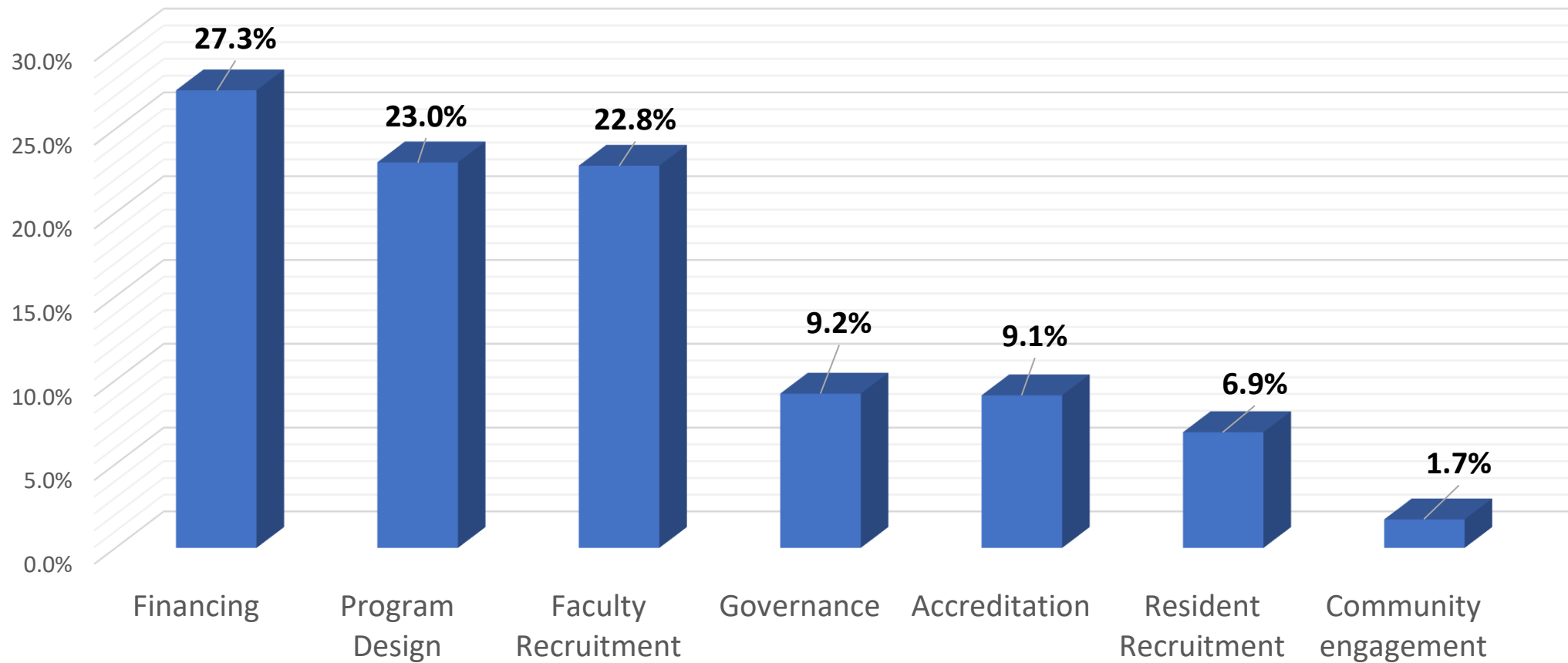


NOTES: Current status for each state is based on KFF tracking and analysis of state activity. ^Implementation of Medicaid expansion is contingent on enactment of the SFY 2023-2024 budget in NC. See link below for additional state-specific notes.

SOURCE: “Status of State Medicaid Expansion Decisions,” <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

# KFF

# Common Barriers to Program Development



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# Outcomes of RRPD Program To Date

Outcomes	Frequency
Programs that have submitted an ACGME application	35
Programs that obtained ACGME accreditation	35
ACGME approved resident positions (at full complement)	463
Residents matched into the 31 programs that recruited in the match	308
Programs that completed a detailed pro-forma for all phases of program development	34
Programs that have developed a governance structure	43
Programs that obtained Sponsoring Institution accreditation	43
Programs that have recruited a Program Director	43
Programs that have recruited core faculty members	29
Programs that have completed a detailed community asset inventory	43
Programs that have designed the curriculum (including site mapping)	36





# Tools and Resources



**Community Engagement**



**Program Design & Development**



**Financial Planning**



**Institutional Sponsorship**



**Program Accreditation**

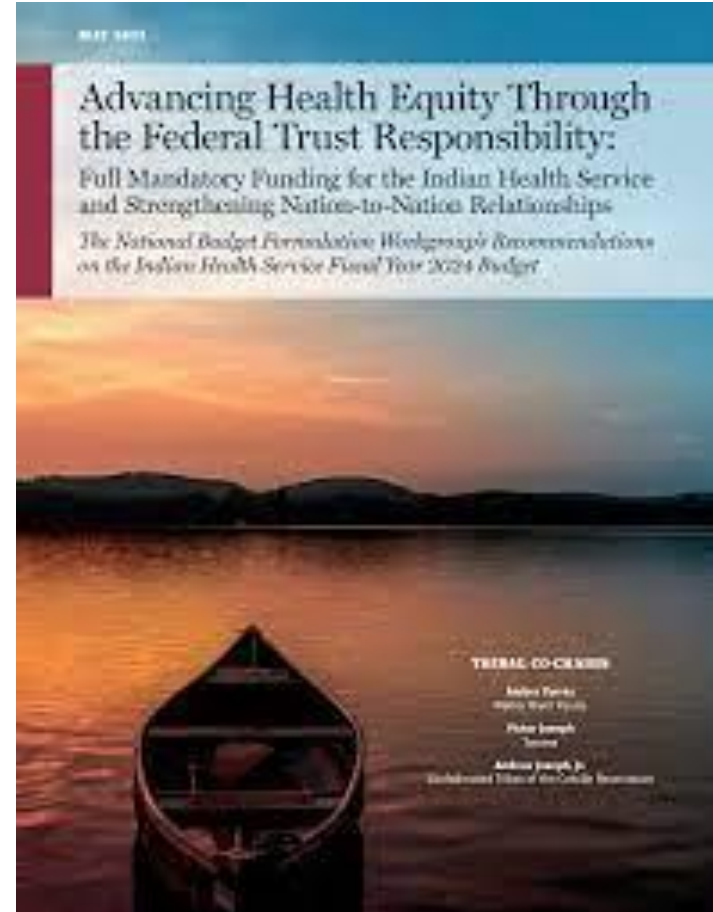


**Program Implementation**



# Tribal Budget Formulation 2024

“To equitably account for workforce shortages and other inequities in Indian Country, CMS should set aside Medicare funding for the Graduate Medical Education (GME) program to Tribal facilities and remove administrative impediments to participation in GME funding by Tribe-operated hospitals.”



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**THCGME.org**



# Identified gaps

- No technical assistance center specifically focusing on Tribal health GME
- Little guidance for providers on how to provide AI/AN culturally humble care that incorporates tribal healers and indigenous knowledge
- No IHS equivalent to the VHA's Office of Academic Affiliations exists to create and coordinate GME partnerships and opportunities between teaching hospitals and tribal facilities.
- No HHS-level advisory board to integrate IHS and tribal GME efforts with parallel efforts at CMS, VHA, HRSA, and Federal Office of Rural Health Policy (FORHP).
- Additional funding is needed to establish IHS GME partnerships
- Need funding opportunities at IHS, HRSA, and FORHP to support teaching hospital partnerships, with consideration for a broad scope of activities.



# QUESTIONS

# Contact



Email [info@ruralgme.org](mailto:info@ruralgme.org)

Twitter @ruralGME



# Rural Residency Planning and Development and Teaching Health Center Planning and Development Technical Assistance Centers

A partnership between

