

2023 Grantee Annual Meeting



Hyatt Regency Crystal City At Reagan National Airport
Arlington, VA

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.

THCPD-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 #U3LHP45321-01-00.

The content are those of the presenters and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



Disclosure of ABIM and ABFM Service

- Roger Bush is a current director of ABIM and ABFM
- To protect the integrity of certification, these boards enforce strict confidentiality and ownership of content
- As such, I agree to keep exam information confidential
- As with all ABIM and ABFM candidates having taken certification exams, I signed a Pledge of Honesty to keep exam content confidential
- No exam questions will be disclosed in this presentation



Critical Conversations: The Value of GME

Adam Zolotor, MD, DrPH
Roger W Bush, MD, MACP
Russell Maier, MD
Charlie Alfero, MA



Community Engagement and Benefits

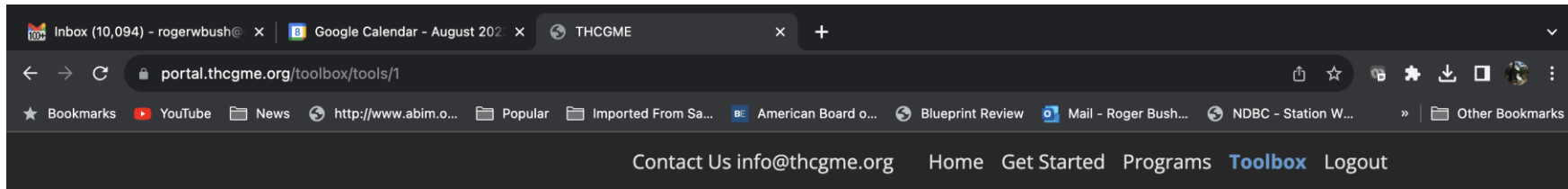
Roger W Bush, MD, MACP
rogerwbush@gmail.com



A Sense of Place



Portal and Toolbox



Search

Section

Community Engagement

Type

All

Specialty

All



Community Engagement | Specialty: Not Specialty Specific | Type: Webinar Or Presentation

3 0

History of the Teaching Health Centers

Technical Assistance Center webinar (slides) on the history of the Teaching Health Centers Program, featuring Frederick Chen, MD, and Candice Chen, MD (March 2022).



Community Engagement | Specialty: Not Specialty Specific | Type: Article Or White Paper

2 0

The Indian Health Service and the Need for Resources to Implement Graduate Medical Education Programs

Tobey M, Ott A, Owen M. The Indian Health Service and the Need for Resources to Implement Graduate Medical Education Programs. JAMA. 2022 Jul 26;328(4):327-328. doi: 10.1001/jama.2022.10359. PMID: 35816350. This article highlights the need to create GME in the Indian Health Service.

Medical Community Support



- Local hospitals/health care systems:
 - Support for training mission
 - Adequate size and capabilities for needed training experiences
- Specialty physicians:
 - Support of key specialties for training mission
 - Willingness to teach
- Community engagement:
 - Support from local boards/leaders



Prospects Outside the Medical Community



- Churches and other faith communities
- YMCA and other community service providers
- Civic organizations – Kiwanis, Rotary, Lions
- Community Foundations
- Local (city, county, state, tribal) government
- Business and Industry
- Schools
- Chamber of Commerce, Grange, Farmers Union
- Other





ADKAR

A Rubric for GME readiness

- Awareness of the need
- Desire to participate and support
- Knowledge
- Ability
- Reinforcement to sustain support

Rural and Teaching Health Centers

Russell Maier, MD



Is there value in Graduate Medical Education?



- How many of you have an open physician position?
- How many of you have had to recruit AGAIN for that spot you thought was filled last year?
- How many of you have a cohort of young, mission driven doctors who will stay with your organization for the next 20 years?
- 60% of residents stay within 100 miles of their residency site, and up to 75% of residents stay within the state where they completed their residency.
- Physicians trained in CHC's are twice as likely to work in underserved areas
- Physicians trained in CHC's were "significantly more likely than graduates of other programs to practice close to their training sites and in rural areas, and to care for underserved patients while maintaining a broader scope of practice than other graduates"
- The current THC program has residents serving 1 million patient visits per year
- The RRPD has facilitated development of 31 programs with 521 residents (at full complement)



RuralGME.org



THCGME.org



Where do physicians come from?

- Lawyers, Dentists, and Nurses
 - Independent Practice vs elective education vs required further education
- Medical students are not resident physicians
 - Are learners, attending professional school, pay tuition, cannot provide billable care
 - Have a professional degree, are still learners, provide direct patient care services
- Medical Schools produce graduates for residency
 - Medical school growth does not directly lead to more practicing physicians
- Residencies create practicing physicians
 - Completed residency, board certified or board eligible, can be credentialed



New doctors do not appear overnight

- 3-5 years after graduating with a DO or MD degree
 - FM, IM and Peds three years
 - Psychiatry and OB four years
- ACGME Accreditation
- Highly specialized apprenticeship
 - Formal classroom learning
- Learners, practice partners → Unique Members of the team





If (How) you build it, will they come?

- Rural GME
 - Best predictor of practice in a rural setting is...
- Mission Match
 - ***Successful collaborations between organizations only work if both partners perceive and actually realize more benefits than costs.***
 - Is there mission alignment
 - Do you and your partners have the similar values
- Intangible Value
 - Clinic staff, Hospital Staff, and Community



GME has value: direct, indirect, and systemic

- Fiscal value
 - Non-Patient Care Revenue
 - CMS, Medicaid, State, other
 - Patient Care Revenue
 - Patient visits
 - Broader scope
 - Increased patient access
 - New providers
 - Team care
- Indirect
 - Current practice and technology
- The Value of GME
 - Quality Improvement
 - Pathway for other programs
 - Retention of current staff
 - Provider and staff satisfaction and burn-out prevention



Financial Benefits of GME

Charlie Alfero, MA

Charlie Alfero Consulting

Charlie.Alfero@outlook.com

575-538-1618





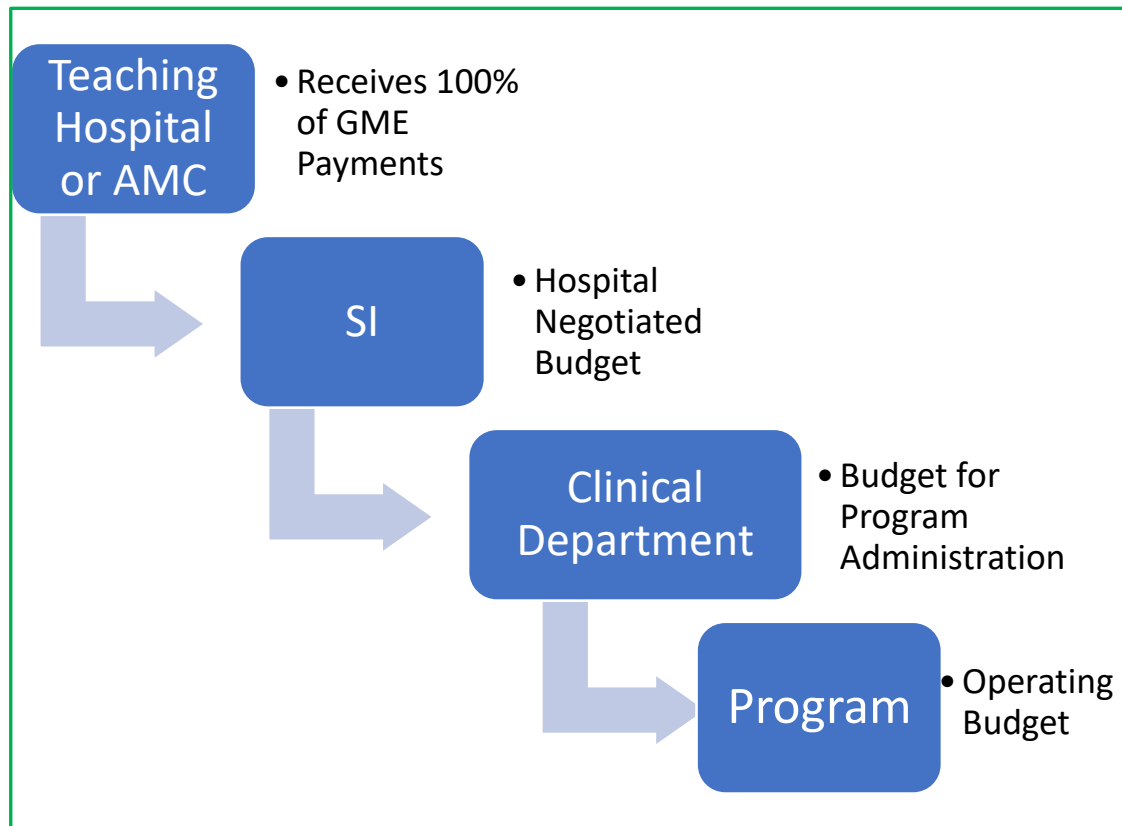
Objectives

- Understand opportunities for sufficient program financing in multi-partner environments made possible by THCPD and RRPD programs
- Changing perspectives on GME revenue ownership and transparency
- Understanding GME Traditional vs New Models
 - Revenue Flow
 - Different Cost Considerations
- GME (IME and DGME) revenue pooling and patient revenue issues
- GME payment policy and investing in the future

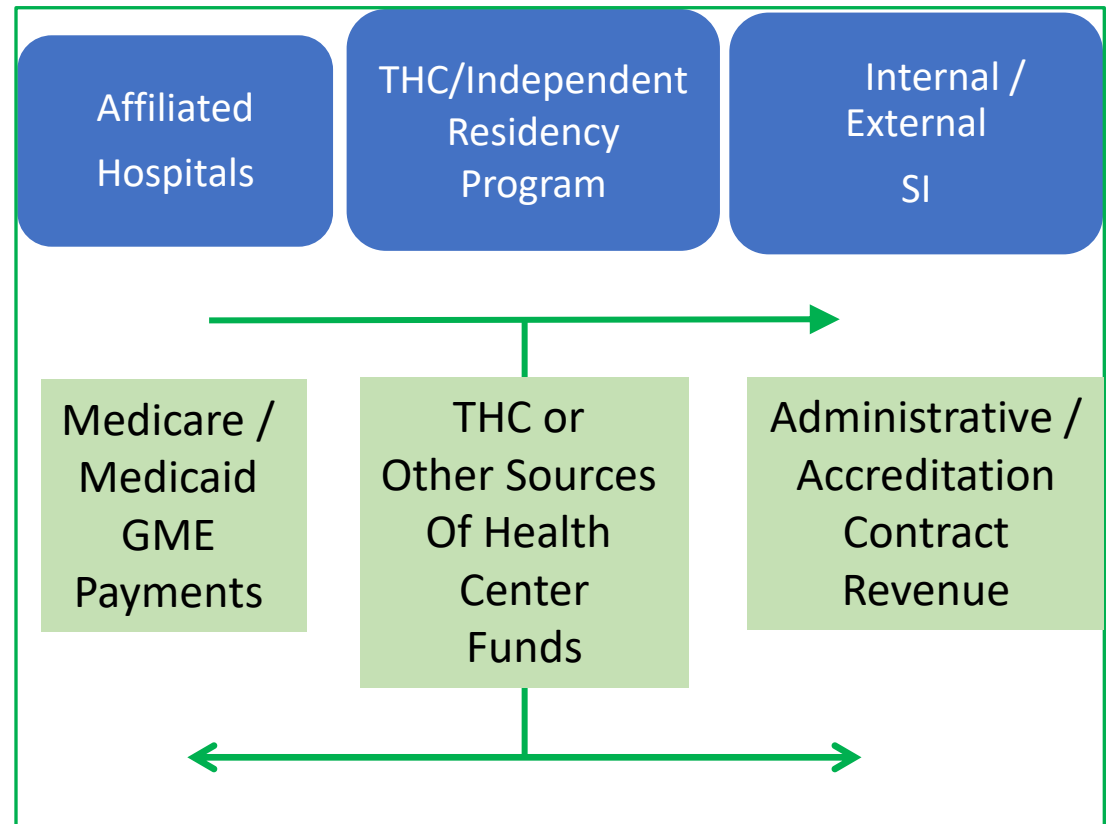
Changing GME Environments



Traditional GME Environment



Multi-Organization GME Financing





Opportunities for Developing Value GME

- New Financing Models
 - New Medicare Rules and Opportunities
 - Never Claimers and Non-Providers
 - THC Grant Funds
 - State Funding of Health Centers similar to RRPD and THCPD
 - State Funding of Health Centers via New Medicaid Programming
 - Other Funding of Health Centers
- New Partnership Models
 - Hospitals / Health Centers and THCs / Sponsoring Institutions and Consortia
- Transparency
 - Revenue Streams (Cost Reports vs GME payment extraction)
 - Publicly Available Payment Information
 - <https://portal.ruralgme.org/hospital-analyzer>
 - <https://www.graham-center.org/maps-data-tools/gme-data-tables.html>



Processes for Assuring Financing Health

- Understand each partner's role in GME financing and resources available to them
 - All partners share financial opportunities
 - Stakeholders manage agreements
- Develop Comprehensive Budgets in small GME programs
 - Partners support 100% of a Cost-Plus Environment
 - Identification of unique small program "Direct" costs
 - Educational services environment and staffing
 - Direct costs of small, independent SI
 - Understand benefits of scale in the SI and program savings
 - Include related partner costs separate from program costs – CME Program
- Create Environment where partners agree to use DGME and IME payments to assure health of program while retaining patient revenue for operations
- Understand State Environment for Financing GME and make improvements





Goals of Collaborative Financial Planning

- Positive Bottom Line
 - Positive Cash Flow
 - Program investments over time
 - Partner / Institutional Health
 - Periodic Assessment and Reevaluation of Contractual Relationships
- Sustainable Future of the Health Care System
- Financial Community Benefits – Employment, Economic Growth
- More Effective Health Care System – Outcomes and Costs
 - Patient Retention – Improved Access
 - Health Improvements – Lower Costs / Higher Quality
 - Provider Retention



QUESTIONS