Graduate Medical Education
In Idaho

Ten-Year Strategic Plan

Ted, Epperly, MD (Idaho SBOE GME Coordinator)

[Overview by Chet Herbst, CFO, State Board of Education]
Current Status

- Idaho 49th in U.S. in physicians per capita
- Idaho 48th in U.S. in residents per capita
  - 6.4 residents per 100,000 population
  - U.S. average is 27.4 residents/100K
- 27% of Idaho’s physicians > age 60
- UME has expanded (WWAMI, UUSOM, ICOM)—will pressure GME pipeline
- Expansion of GME identified as a critical goal by Governor’s SBOE-led Medical Education Committee
10-year GME Plan builds on FY2018 Initiatives

- $2.4 Million invested in additional residency capacity
- Funding provided for GME coordinator to develop 10-year plan
- Engagement of key stakeholders (Medical Education Coordination Council)
- Inclusive/harmonized effort among GME operations throughout Idaho
Potential Benefits of GME Initiative

• 50-75% of trained residents will practice in Idaho

• Each Idaho physician adds 7-10 jobs and over $800K in economic impact

• Helps Idaho address needs of rural communities

• Raises Idaho closer to national average of residents/100,000 population
The Picture Today

Current GME Program and Fellowship Locations (2017)

Kootenai Medical Center - Family Medicine
Coeur d' Alene

FMRI RTT – Family Medicine
Boise

FMRI – Family Medicine
FMRI – Fellowships (SM, HIV, Geri, OB)
UW – Internal Medicine
UW - Psychiatry
UW – Transitional Intern Year

Bingham Internal Medicine
Blackfoot

FMRI RTT - Family Medicine
Caldwell

ISU - Family Medicine
Pocatello

Magic Valley
## Ten Year Strategic GME Growth Plan for Idaho

<table>
<thead>
<tr>
<th>Institution</th>
<th>Residents/Fellows in Training as of July 1, 2017</th>
<th>Residents / Fellows in Training in July 1, 2028</th>
<th>Number of Residents Graduating from All Program classes/year in 2017</th>
<th>Number of Residents Graduating from All program classes/year in 2028</th>
</tr>
</thead>
<tbody>
<tr>
<td>FMRI (FM)</td>
<td>53</td>
<td>99</td>
<td>20</td>
<td>39</td>
</tr>
<tr>
<td>ISU (FM)</td>
<td>21</td>
<td>40</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Kootenai/CdA (FM)</td>
<td>18</td>
<td>27</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>UW (Boise VA) (IM/Psychiatry/Transitional)</td>
<td>38</td>
<td>66</td>
<td>19</td>
<td>24</td>
</tr>
<tr>
<td>Bingham (IM)</td>
<td>11</td>
<td>15</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>EIRMC (IM, FM, ER, Surgery)</td>
<td>0</td>
<td>87</td>
<td>0</td>
<td>27</td>
</tr>
<tr>
<td>UU/ISU (Psychiatry)</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>141</strong></td>
<td><strong>343</strong></td>
<td><strong>52</strong></td>
<td><strong>121</strong></td>
</tr>
</tbody>
</table>

- Increase from 6.4 residents/100K to 16.9 residents/100K
- Closer to current U.S. average of 27.4 residents/100K
Other Components of the Plan

- Sustain state payments to residents: increase to $30K per year (1/3 – 1/3 – 1/3 cost-sharing approach)
- Formalize “GME Council”
- Synchronize with capital project/facilities needs
- WICHE accreditation support for Psychology internship programs across Idaho
- Leverage Medicaid dollars where possible
**Estimated Costs**

- First year (FY2019) = $5.6M
- Decreasing additional increases over next 8 years
- Cumulative increase after 10 years = $15.6M
GME Program Outcome Metrics for Success

1. All programs will have 100% fill rates of their programs first year class on July 1 of each academic year.
2. All programs will maintain ongoing accreditation with the ACGME for its residency and/or fellowship program.
3. All Sponsoring Institutions will maintain ongoing accreditation by the ACGME for its Sponsoring Institution requirements.
4. All residency/fellowship programs will have 50% of its graduates remain in Idaho as measured by a rolling 5 year average.
5. All residency/fellowship programs will have at least 40% of their graduates that remain in Idaho serve in rural/underserved areas
6. All programs will maintain a 90% Board Certification pass rate for their graduates as measured on a rolling 5 year basis.
Current Status

- GME expansion request included in SBOE FY2019 annual budget request (submitted 1 Sep).
- Extensive work coordinating with Governor’s Budget Office and Dept. of Health and Welfare.
- Governor and key staff briefed on 18 Sep—emphasis on supporting entire 10-yr package.
- Will be presented to Legislature in January.
Questions/Comments/Discussion?
Health System Funding

David Markenson, MD, MBA
VP Graduate Medical Education
2016 Class

- 43 Hospitals
- 203 Programs
- 2,752 Residents
- 13 PSG Clinics

2020 Class

- 359 Programs
- 56 Hospitals
- 5,416 Residents
- 25 PSG Clinics
Medicare Criteria for Reimbursement

- Balanced Budget Act of 1997
  - Hospitals which were conducting GME pre 1995
  - Residency training at that time are capped at that number of residents for reimbursement purposes

- New Hospital “Uncapped”
  - Built after 1995 or No GME activity before 1995
  - 5 Yr Cap Building Period
    - “Big Bang”
  - Rural hospital have special rules
Medicare GME Funding

Medicare - Federal Funding

- Direct Medical Education (DGME)
- Indirect Medical Education (IME)
- Capital IME

Reimbursement Range
$60,000-300,000/Resident

Average Cost
$120,000-150,000/Resident

Continuity Clinic
Private Physician’s Office
Other Non-Provider Setting

CONFIDENTIAL – Contains proprietary information and not intended for distribution outside HCA.
Components of GME cost

- Resident salary and benefits
- Faculty physicians
  - Teaching vs. administrative
  - Teaching vs. billable patient care
- Other programmatic cost
  - GME program administrator
  - GME program scheduler
  - GME FTE tracking
  - Educational materials
  - Medical education library
- Allocated costs (overhead)
  - Space – offices for residents and or instructors
  - Laundry
  - Meals
Another way to view the components of the GME cost is through the following three distinct segments: direct resident cost, program costs, and clinical training costs. The schedule below represents the approximate cost of each category.

**Resident Costs**
- **$77K Per Resident**
  - Stipends & Fringe: $65K
  - Resident Malpractice: $5K
  - Other Expenses: $7K

**Program Costs**
- **$23K Per Resident**
  - Program Director & Other Key Core Faculty Teaching Support
  - Program Overhead (Program Office & Administrative Support)

**Clinical Training Costs**
- Faculty Teaching Costs
- Continuity Clinic Cost (could be Outsourced to FQHC) or Other Option

**Medicare Reimbursement**
- Excludes Start-up Costs Before GME Payments
- Tracking & Optimizing Base Year Costs is Key
- Hospital’s Per Resident Amount Base Year Calculation vs. National and Regional Average
- Based on Case Mix Acuity & Medicare Volumes

Institutional Costs and Capital Cost Amortization can Add another $5K-$15K per Resident

CONFIDENTIAL – Contains proprietary information and not intended for distribution outside HCA.
## Typical GME Program Economics

<table>
<thead>
<tr>
<th>CMS Reimbursement Per Resident</th>
<th>Measurable Cost Per Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicare Direct GME</strong></td>
<td><strong>Typical Measurable Cost: $125K - $150K</strong></td>
</tr>
<tr>
<td>$40K - $60K</td>
<td>Direct Resident Costs $75K - $80K</td>
</tr>
<tr>
<td><strong>Medicare Indirect GME</strong></td>
<td>Teaching Admin/Infrastructure $20K - $30K</td>
</tr>
<tr>
<td>$100K - $130K</td>
<td>Clinical Training/Supervision $20K - $50K</td>
</tr>
<tr>
<td><strong>Est. GME Payments:</strong> $140K - $190K</td>
<td></td>
</tr>
</tbody>
</table>

Financial reimbursement from CMS is available to hospitals that have never before had a GME program.
10 Year Financial Model

• GME Finances are Complex
Facility Benefits of GME

- Pipeline for future workforce
  - Address physician shortages
  - Shorter recruitment
  - Providers who know system and processes
- Improved Quality Metrics
  - Mortality
  - Complications

- Improved operational metrics
  - Time to discharge, admission orders
  - ED (ED1a, 2a)
  - ED door to greet
- Improved patient engagement
- Improved nursing and provider satisfaction
- Improved quality and patient safety
Questions?
Teaching health centers...

Frederick Chen, MD, MPH
Chief of Family Medicine, Harborview Medical Center
Director, WWAMI Family Medicine Residency Network
Professor and Vice Chair, Department of Family Medicine
University of Washington
NO GOOD DEED GOES UNPUNISHED

Frederick Chen, MD, MPH
Chief of Family Medicine, Harborview Medical Center
Director, WWAMI Family Medicine Residency Network
Professor and Vice Chair, Department of Family Medicine
University of Washington
WHAT IS A TEACHING HEALTH CENTER?

- Sec. 5508 of Patient Protection and Affordable Care Act, “Increasing Teaching Capacity”
- “Community based, ambulatory patient care center that operates a primary care residency program”
- Specifically Includes
  - FQHC
  - Community mental health clinics
  - Rural health clinics
  - IHS or tribal health centers
  - Title X clinics
Interim payment = $150,000 per resident

Funded $230 million FY2011 – FY2015
WHY THIS LEGISLATION MATTERS

What does it do?
- GME funds given directly to outpatient site focused on urban and rural underserved primary care with significantly increased accountability measures

Why do we care?
- Prove that residents can be trained in a more cost effective way
- Help pilot new curricula that meet the changing primary care needs of our country
732 residents currently supported by THC GME
57 residency programs
24 states
384 graduates
65% family medicine
74% practicing in underserved areas
Teaching Health Center Graduate Medical Education Awardees

Select a state, or use the drop-down menu to view Teaching Health Centers (THCs). States shaded in dark blue show current THCGME grantees.

Idaho

THC Name: Family Medicine
City: Boise
Program Discipline(s): Family Medicine

THC Name: Idaho Physicians Clinic
City: Blackfoot
Program Discipline(s): Internal Medicine
Washington

1) The Ellensburg family medicine rural program.
2) The Spokane family medicine and internal medicine programs.
3) The Yakima Valley FarmWorkers family medicine program in Grandview.
4) The Puyallup Tribal Health Authority family medicine program in Tacoma.
5) The HealthPoint Community Clinic family medicine program in Auburn.
6) The Community HealthCare family medicine program in Tacoma.
Montana
The Billings family medicine program.

Idaho
The Family Medicine Residency of Idaho in Boise.
LESSONS LEARNED

- Strong medical student interest
- New model of GME with payments directly to the residency and community health center
- Innovative training settings
• MACRA temporary fix
• Extended THC funding through 2017

• *Training the Next Generation of Primary Care Doctors Act of 2017*
  • HR 3394 in the House
  • S 1754 in the Senate.

• 3 month extension just passed in Senate $15m
“NOBODY KNEW HEALTH CARE COULD BE SO COMPLICATED.”

President Donald Trump
February 27, 2017