

Advocacy Perspectives of the GME Initiative: State Level Strategies to Enhance Residency Program Funding

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The GME Initiative

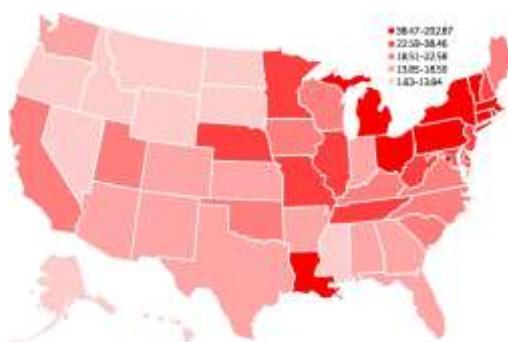
- How it started
 - In 2010, Colorado family medicine program directors were fed up with chronic funding shortages for residencies
- First issue
 - Geographic inequalities
 - “Have” and “have not” states

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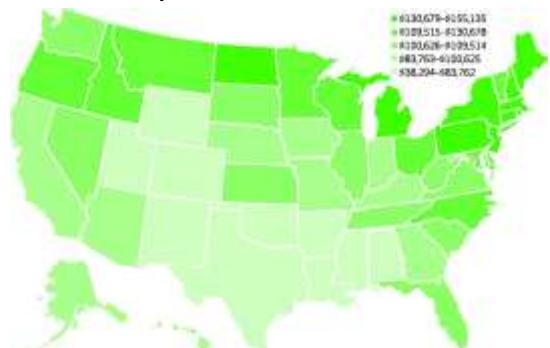
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Geographic Inequalities

State Medicare Graduate Medical Education Cap Per 100,000 Population, 2010.



State Medicare Graduate Medical Education Average Payment Per Resident, 2010.



Mullan F et al. Health Aff 2013;32:1914-1921

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Per Resident Amounts (PRA), 2007



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Per Resident Amounts (PRA), 2007

CT: \$142,217

NH: \$146,299

CO: \$68,155

NM: \$43,532

ID: \$64,248

NY: \$128,707

MT: \$108,859

WA: \$88,765

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GME Initiative: First Summit

- 2011: Denver
- 30 attendees
- 10 states
- Outcomes
 - Letter to IOM (7 US Senators)
 - Article in Family Medicine

SPECIAL ARTICLES

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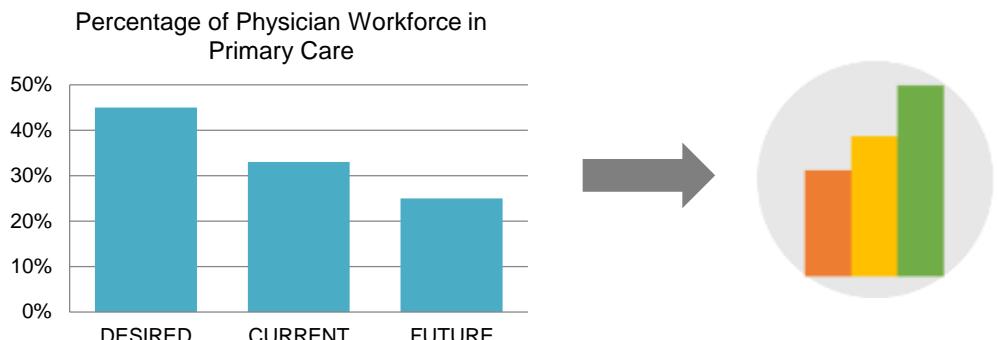
A Proposal for Reform of the Structure and Financing of Primary Care Graduate Medical Education

Kenton L. Voorhees, MD; Antonio Prado-Gutiérrez, MPH, MA; Ted Epperly, MD; Daniel Dierssen, MD

BACKGROUND AND OBJECTIVES: Accessible, high-quality, effective health care systems are accountable, person-centered, and delivered by primary care physicians (PCPs) who practice the primary care workforce and the nation's health. The GME Initiative recommends Congress (1) invigorates primary care physician (PCP) residency through GME

GME Initiative Talking points

“If things stay the same, they will only get worse”

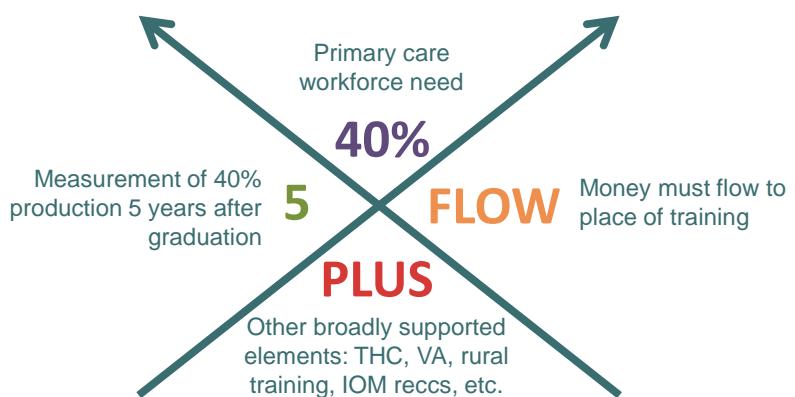


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GME Initiative Talking points

“Forty, Five, and Flow...Plus”



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GME Initiative: Activity

- Summits
 - 2014 Washington DC
 - 2015 Denver Colorado
 - 2017 Albuquerque New Mexico
 - 2018 Washington DC

GMEI States Initiatives Summit

- Educate, Embrace, Energize
- Developing and Sustaining an Accountable Physician Workforce for our States and Communities

GMEI 2017 Summit Website

www.gmeinitiative.org/2017summit

States Represented



Research and Resources

- GMEI Report
- Cecil G. Sheps Center
- National Governors' Association
- Medicaid in 50 States – Updated Report
- Veterans Affairs – GME Opportunity

States' Panel

- Georgia
- Utah
- California
- Montana
- Texas



States' Breakfast Q&A Tables

- Colorado
- Connecticut
- Indiana
- New Mexico
- Oklahoma
- Oregon



GME Responses to Communities

- Why data is critical
- Outcomes that matter and differ by community
- Targeted interventions

The Story of North Carolina

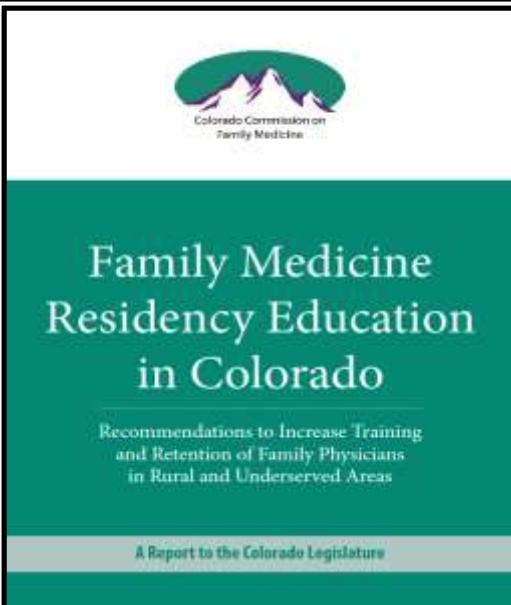
- Key Lessons Learned from NC Story
 - Language
 - Data Visualization
 - New Residencies Take Time
 - Which Outcomes to Focus on
 - Working With Partners

The Colorado Story

- Advocacy Successes in Colorado
 - Medicaid GME

Background: COFM

- CO Commission on Family Medicine (COFM)
 - Established 1977 by Colorado Legislature
 - Advocates for FM residencies
 - Advises legislature re primary care workforce needs
 - Members: 9 FM program directors, citizen members from the 7 congressional districts, deans of the 2 medical schools, CAFP representative



Available on the
COFM Website:
www.cofmr.org

What We Learned - Medicaid GME

- Teaching hospitals receive Medicaid GME funds
 - Inpatient hospital fee for service base rates: adds percentage of GME cost per discharge to hospital base rate
 - Outpatient hospital fee for service: Medicaid outpatient GME costs allowable/included in cost
 - Managed care wraparound: Medicaid determines hospital GME cost for serving Managed Care Medicaid enrollees and makes added payments

Medicaid GME Upper Payment Limit

- The state legislature can authorize the Medicaid budget and include payments to new initiatives
- States have a cap (“upper payment limit”) on federal Medicaid match; most states are at a cap
- In CO, the cap is approx. \$700M (\$1.4B match)
- With new allocation based on our projects, must adjust Medicaid budget to stay within UPL

Medicaid GME: Waivers vs State Plans

- Waivers
 - Allows for innovation outside of CMS rules
 - Requires demonstrated savings with the innovation (budget neutral)
 - 5 year duration; cannot be modified
 - To renew, need to show further savings

Medicaid GME: Waivers vs State Plans

- State Plan
 - Must comply with CMS regulations
 - Flexible – with any new state funding, plan is amended annually
 - State funds matched by CMS must be paid directly to teaching hospital

Outcomes from Medicaid GME Funding

- State funds, matched by federal Medicaid, will result in:
 - 33 new resident positions
 - 11 new graduates per year
 - Likely to practice in rural/underserved areas of state
 - 6 graduates from RTTs likely to enter rural practice
 - 5 additional graduates linked to loan repayment in the state

CO: Advocacy Successes (2012-2015)

- Rural training tracks (2012-13, 2013-14)
- Funds to study how to leverage GME Medicaid (2013-14)
- Expansion of existing residencies with loan repayment for added residents (2014-15)
- Loan repayment for family medicine residency faculty (2014-15)

Other State Successes

2017 GME States Initiative Summit: Presentations
(States Panel & Breakout Sessions)

<http://www.gmeinitiative.org/2017summitmaterials>



What's next for the GME Initiative

- Takeaway from 2017 States' Summit
 - Why do data, transparency, and accountability matter so much to states but not to the Federal GME funders?
- CoNGR: Comprehensive National GME Reform
 - 2018 Summit in Washington DC

We would love to have you join us and participate in the GME Initiative!

If you are interested, please contact:

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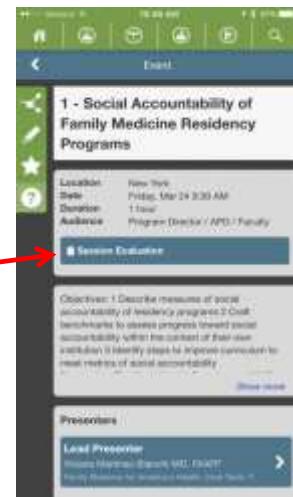
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To learn more about the GMEI:

GMEI Website: www.gmeinitiative.org/

Please...
Complete the
session evaluation.



Thank you.



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