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

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
Per Resident Amounts (PRA), 2007

CT: $142,217
CO: $68,155
ID: $64,248
MT: $108,859
NH: $146,299
NM: $43,532
NY: $128,707
WA: $88,765
GME Initiative: First Summit

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

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

Percentage of Physician Workforce in Primary Care

- **DESIRED**
- **CURRENT**
- **FUTURE**

GME Initiative Talking points

“For, Five, and Flow…Plus”

Primary care workforce need

40% production 5 years after graduation

5 FLOW Money must flow to place of training

PLUS Other broadly supported elements: THC, VA, rural training, IOM reccs, etc.
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
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
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 in 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

- 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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To learn more about the GMEI:
  GMEI Website: www.gmeinitiative.org/
Please…

Complete the session evaluation.

Thank you.