

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

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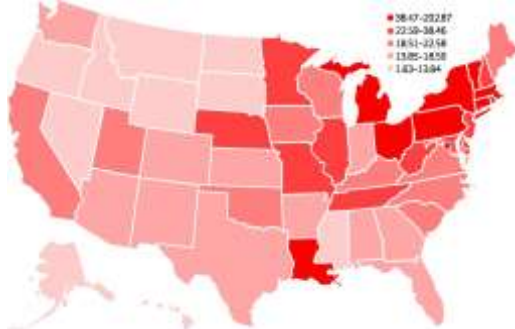


The GME Initiative

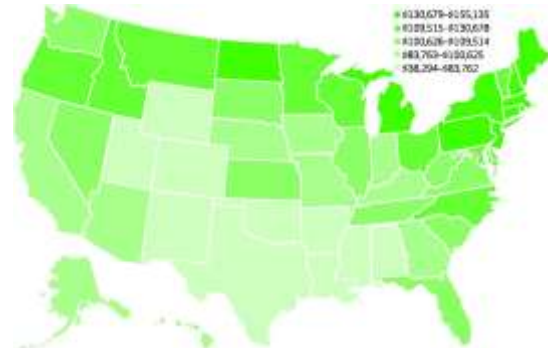
- How it started
 - In 2010, Colorado family medicine program directors were fed up with chronic funding shortages for residencies
- First issue
 - Geographic inequalities
 - “Have” and “have not” states

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



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Per Resident Amounts (PRA), 2007

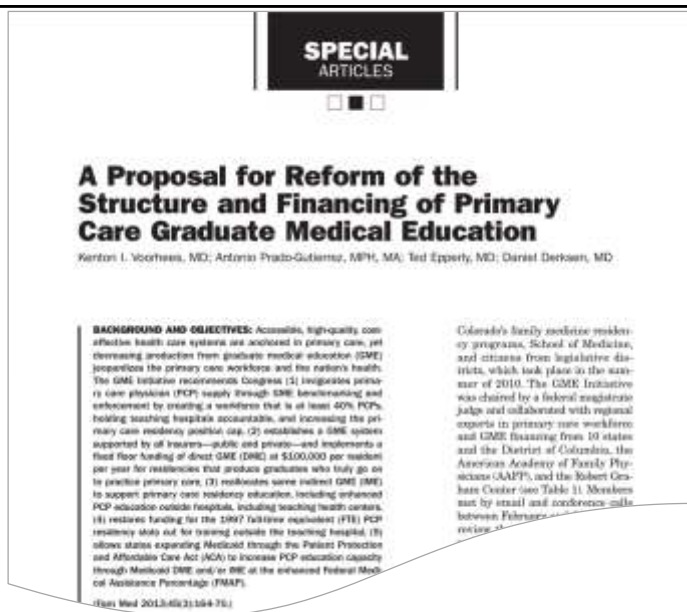
CT: \$142,217	NH: \$146,299
CO: \$68,155	NM: \$43,532
ID: \$64,248	NY: \$128,707
MT: \$108,859	WA: \$88,765

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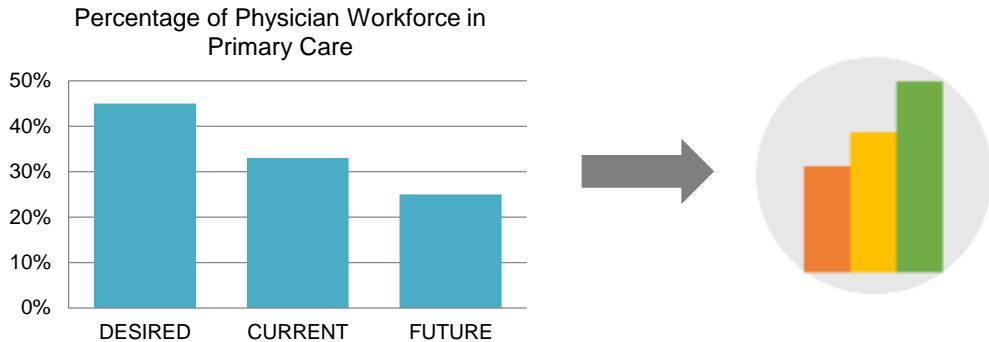
GME Initiative: First Summit

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



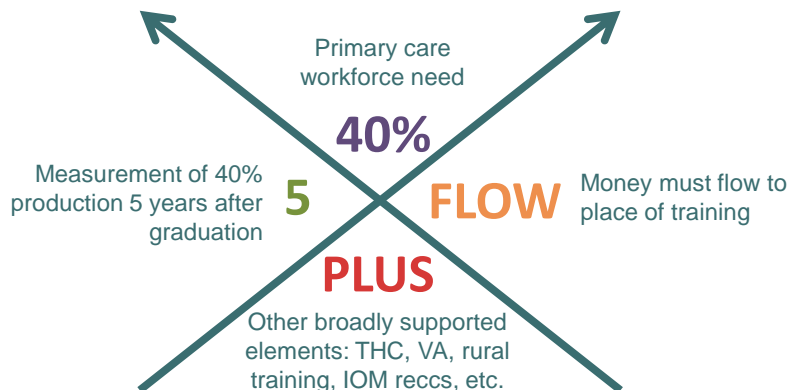
GME Initiative Talking points

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



GME Initiative Talking points

“Forty, Five, and Flow...Plus”



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

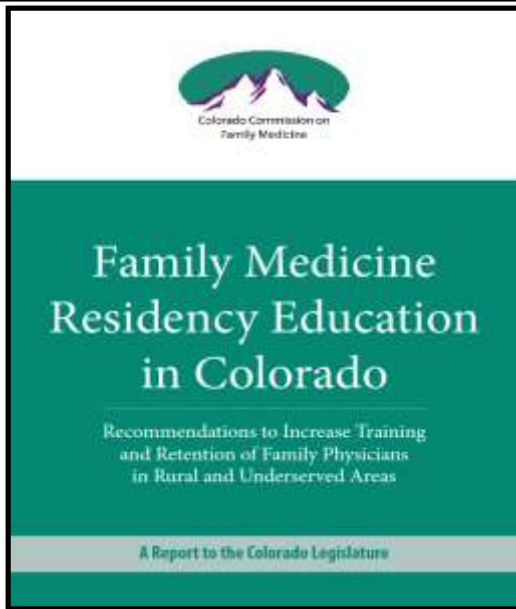
- Key Lessons Learned from NC Story
 - Language
 - Data Visualization
 - New Residencies Take Time
 - Which Outcomes to Focus on
 - Working With Partners

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 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

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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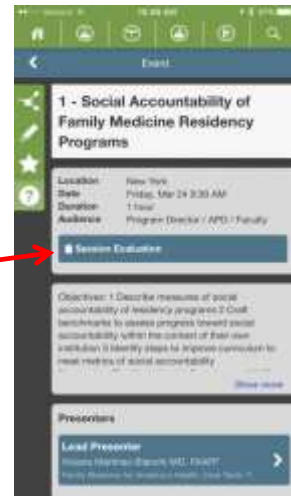
To learn more about the GMEI:

GMEI Website: www.gmeinitiative.org/

Please...

Complete the
session evaluation.

Thank you.



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