

GME Advocacy Funding Opportunities through State & Targeted Initiatives Panel Discussion

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Goals of Our Presentation & Panel Discussion on GME

At end of presentation & panel, participants will be able to:

- 1) Discuss the role of states in financing GME
- 2) Identify opportunities for personal engagement in their own states in support of GME
- 3) Learn how to use GME-I State Tool for understanding & impacting GME in your state.

WHY Focus on Targeted & State GME Funding Reform?

- Federal system broken and frozen in time
- FM & Primary Care further constrained by
 - CMS Funds Flow → Hospitals
 - Frozen 1997 Cap overweighted in Specialties
- Rural & THC Programs at risk
- Residency transformation requires new resources

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HOW do States Fund GME

- Medicaid
 - Hospital/Outpatient pt. care related
 - Alternate funding via CMS waivers (e.g. 1115)
 - Federal Match of State Funding
- State Grants and Commissions
- University funding enhancements
- Private Foundations
- State Tax (OR), Tobacco Tax (CA)

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WHAT: The GME Initiative (GMEI)

- Federal, State & Targeted GME Reform
 - Example Targeted: Rural RAP GME reform
- Collaborative representing >35 states
- Share best practices
- Oriented for Education-and-Action
- Over \$100 million new GME funding over last 3 years (State-based)

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GMEI Activities <https://www.gmeinitiative.org/the-initiative>

- Federal
 - Comprehensive national GME Reform
 - Meet public need for Family, Primary, and Rural care
 - GME Summits
 - THC renewal & expansion
 - Outreach & education for Program Directors (PDW)
- State
 - Track & Share State Initiatives
 - Medicaid GME shared solutions (42 states)
 - State Initiatives Summit: Jan 2017 in CO
- Targeted
 - RAP-GME (Rural)

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What is RAP-GME?

- RAP = Rural Alternative Payment – GME
- Direct, per-resident payment linked to > 8 weeks rural training experience in any specialty.
- CPI-adjusted ~\$150K / resident / year
- Entire residency if > 50% rural-based
- Is Federal, but could be model for state-based GME
 - CO rural training has grown to \$3 million/year

Survey Tool: Context

Background: This informal survey was created by the State Initiatives Workgroup of [The GME Initiative](#). The GMEI is a group of volunteer participants from around the country from a variety of states, roles, and organizations. The workgroup participants identified the need to create structure around collecting stories from other states to share among their networks, as a resource to learn best practices about working with the state and legislatures to enhance the funding streams/opportunities for primary care.

How this data will be used: This informal survey is meant to be a snapshot/story of different best practices from different states. This will be used for educational purposes for us to learn about what other states are doing. We hope this will be a resource to a network for individuals and organizations to learn from each other. We are not looking for a statistically sound, comprehensive database. Please answer the questions to the best of your ability, this is not meant to be exhaustive – but rather, anecdotal. This data is meant to start a larger, collaborative discussion.

Survey Tool: Questions

1. Your name, organizational affiliation, and state.
2. What are the specific goals for your state-level GME efforts?
3. What is the annual dollar amount (Medicaid, grant funding, etc.)? Aggregate total, breakdown of non-Medicare money?
4. What are the sources of the funding, where does the money come from?
5. What strategies have you used to expand state-level GME (legislative, financial, etc.)?
6. What is the governance structure, how do you establish accountability? Who/what is the appointed entity that oversees the finances?
7. What are the biggest barriers/challenges?

Preliminary State GME Survey Results - Goals

- "Attract, train and place into New York the physicians needed to serve our citizens and support New York institutions as clinical and biomedical research leaders."
- "1) Support of family medicine training as well as new program development. 2) Development of new psychiatry initiatives (this is a new budget line in our state)."
- "To improve the healthcare of Montanans by building the state's physician workforce, through the identification of approaches to support, advocate and grow Graduate Medical Education within Montana."
- "Working on a stated goal, developed draft discussion document to serve as basis for future reform"

Preliminary State GME Survey Results - Dollar Amounts

- Medicaid (fed/state): \$1.64 billion
- For Family Medicine: \$8million/year currently, subject to biennial review. For Psychiatry: \$4million/year, also subject to review. These are specific line items in the state budget.
- Historically, the state contribution was \$519,336 in the Higher Education budget. This amount was matched 3:1 with federal (Medicaid) funds for a total of Legislature increased funding by \$400,000 to \$919,336. Anticipates excess of \$6M in Medicaid funding through expansion matching funds.
- \$8.1M
- \$247,726,458 (2014) - current number not publicly available

Preliminary State GME Survey Results - Sources

- SPA Medicaid match (50/50, 1:1)
- Federal grants
- Federal/state Medicaid
- State funds only
- State budget sources (taxation primarily)
- University System budget
- AHEC
- Foundation grants

Preliminary State GME Survey Results - Strategies

- State Legislature
- Line budget for network of family medicine residencies
- Grants from state foundations
- Engage key legislatures/stakeholders to better understand/support GME
- CMS/CMMI grants for SIM for rural residency programs to create new GME programs in rural communities
- Target new state initiatives (to train residents/med students in free standing ambulatory care sites with focus on underserved)

Preliminary State GME Survey Results - Strategies

- Train physicians in clinical research fellowships to prep physicians to be clinical investigators and obtain research funding
- Legislative advocacy, developing relationships with key legislators to support critical legislation
- Developing a coalition of multiple stakeholders (state AFP, state medical association, state hospital association, medical schools, others)
- Congressional testimony supporting per resident payment (adjustments for primary care, rural residency training, member of Governor's Medicaid GME advisory group)

Preliminary State GME Survey Results - Governance/Accountability

- Advisory Board (family medicine primarily)
- Annual reports to Legislature
- Department of Health and Legislature oversee GME finance
- Networks: family medicine, residency, etc.
- Grassroots structures
- Accountability: annual IME survey, annual resident exit survey, annual institutional cost reports, Council on GME advising Governor/Legislature, audits, advisory board reports

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Preliminary State GME Survey Results - Barriers/Challenges

- Too many disparate stakeholders
- Disagreements among stakeholders about pursuit of Medicaid expansion
- Ability to provide Medicaid GME funding to non-hospital institutions involved in training
- Retaining trained residents
- Maldistribution of physicians > leads to underserved areas
- Medicare GME cap limits expansion, specialty composition, creates underserved communities
- Need for ongoing advocacy to assure legislative support for use of funds

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Preliminary State GME Survey Results – Barriers/Challenges

- Need for more education for legislators (and re-education)
- Coming from fiscally conservative state
- Uncertainty of state funds
- Understanding mechanisms within state of how funding is matched by CMS, and how it is distributed to teaching hospitals/residency programs
- Administrative burden to oversee funds, educate legislators, testifying in committee

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Poll Question: How does your state provide GME Funding?

- A. My state does not support GME
- B. Through Medicaid
- C. Through State General Funds
- D. Through Tax or Special Fees
- E. Through some combination of B,C,D
- F. I do not know if my state supports GME

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Goals of Panel Discussion

- Participants will discuss how states are supporting GME initiatives through funding & accountability.
- Use a Templated Tool to describe how YOUR state is currently approaching GME
- Assess Gaps in funding family, primary, and rural care and develop state-based message to help expand GME and innovation funding.

Who: Our GME Panel Experts

- Judith Pauwels: Washington
- Kent Voorhees: Colorado + RAP-GME
- Randy Longenecker: Ohio + RAP-GME
- Roger Garvin: Oregon
- Jeremy Fish (facilitator): California

Panel Discussion

- 5 Minute Brief Intro each Panel member
- Opening question by Dr. Fish
- Open to Participant Questions

Poll Question: How have you or others in your Residency been engaged in state GME Advocacy efforts (with State Academy and/or State Legislators/staff)?

- A. No engagement
- B. Limited engagement (Less than 1/year)
- C. Periodic contact (1-3 times/year)
- D. Regular contact (>3 times/year)
- E. Co-author/contributed to GME legislative success in our state.

Using the GME-I State GME Tool

- Review of Tool
- Most important data-points
- How to get information you don't know
- How to assess for gaps
- Turning gaps into a message
- Getting Residents involved
- From Message → Action

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Resources

- GMEI Report & State Template
- Graham Center GME Data Tables: <https://www.graham-center.org/rgc/maps-data-tools/data-tables/gme.html>
- IOM Report GME Reform: https://docs.wixstatic.com/ugd/8e88b6_caa2c70267d0407fa0bf7f2f7928f73a.pdf
- VA has own GME funding: https://www.aacom.org/docs/default-source/va-gme/031715_VA-GME-briefing.pdf?sfvrsn=4
- Medicaid GME 50 States https://members.aamc.org/eweb/upload/Medicaid_Graduate_Medical_Education_Payments--A_50_State_Survey.docx.pdf

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Our Presenters & Panelists

- Judith Pauwels, Univ. Washington: jpauwels@uw.edu
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Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).



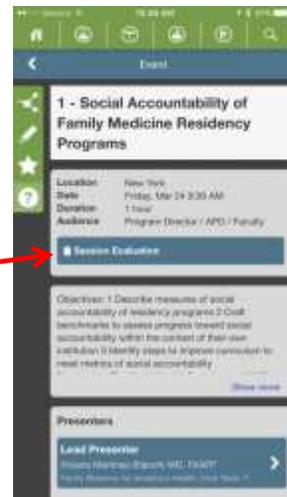
Social Q & A

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Please...
Complete the
session evaluation.

Thank you.



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