Program Closures

How can and should the “family” respond?

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Objectives

- Examine data (or lack thereof) about reasons for program closures
- Discuss the threats programs are facing through case examples
- Suggest ways the “family” can support programs facing threat of closure
- Identify data to collect to better understand the issues

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Outline

- Closure data
- Informal survey of PDs
- Anecdotes
- What we are hearing from members
- Discussion: small groups, then whole group report out
  - When we learn that a program is facing the threat of closure, how can the “family” support them?
  - What data do we need for an effective response?

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Assumptions

- To meet primary care needs in the US, more family medicine residency positions are needed.
- Today's topic is about accredited programs facing threat, not programs unable to achieve significant ACGME program requirements.

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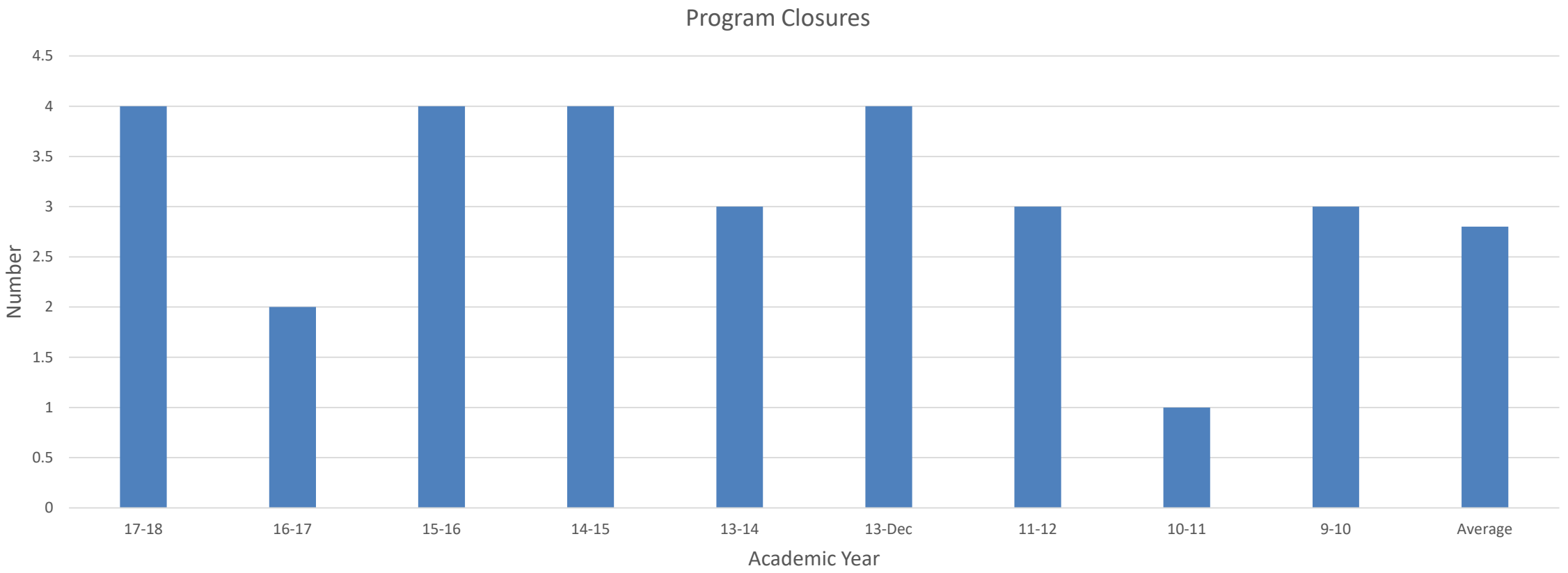
FM Program Closure Data from ACGME



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2018 AFMRD Business Meeting

Quick Hitter Survey of approx. 200 PD's included a Program Closure

Question..

Which of the following best describes your program's current state?

- My program is stable currently
- My program is slated for closure in the next 24 months
- It is possible (less than 50% chance) my program may be closed in the next 24 months
- It is possible (greater than 50% chance) my program may be closed in the next 24 months
- My program appears stable but I worry at night that it might close at any time

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Results

My program is stable currently	86%
My program is slated for closure in the next 24 months	1%
It is possible (less than 50% chance) my program may be closed in the next 24 months	3%
It is probable (greater than 50% chance) my program may be closed in the next 24 months	1%
My program appears stable but I worry at night that it might close at any time	9%

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Other data

- ACGME RC-FM: informal conversation: mostly financial
- Unable to find other meaningful quantitative data

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Case Studies

- Government funding:
  - Teaching Health Center (Resurrection, TN)
  - Medicaid (NW Oklahoma) (also transition to single accreditation)
- Inadequate clinic productivity: Wichita Falls, TX
- Lack of institutional sponsorship/lack of institutional support for value of FMR: Rose (Colorado), Toledo (Ohio), NYPresbyterian (NY)
- Closure of hospital: Baylor-White (TX)

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Government Funding: Teaching Health Center

Example: **Resurrection FMR in Memphis, TN**

- Closed Dec. 22, 2017 due to THC funding uncertainty
- Congress did not return THC funding back to appropriate level in the Continuing Resolution passed Dec. 21, 2017

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Government Funding and Single Accreditation Transition

Example: **The Northwest Oklahoma FPR, Enid OK**

- Medicaid cuts (threatened 25%), FMR too expensive
- AOA Program attempting to become ACGME accredited,
  - to expand from 3-3-3 to 4-4-4, would exceed cap by 3 residents
  - Change from “volunteer” faculty to paid faculty

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Inadequate Clinic Productivity

Example: **Wichita Falls FMRP, TX**

- Complex 4-way partnership w/ affiliation agreements, sponsoring institution
- Lack of clarity around organizational authority and roles and responsibilities
- Inability to produce financial productivity was the underlying reason that this complex arrangement did not continue
- Outreach efforts found spots for all residents to complete training.
- CMS funding was transferred

Lack of Institutional Sponsorship

Example: **Rose FMR, Denver**

- Hospital attempted to take over sponsorship
- Agreement could not be reached that ensured quality of the program and protected the interests of residents and faculty
- Faculty and residents decided to close the program
- Residents were placed in other programs in Denver

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Lack of Institutional Support
A success story

Example: **Toledo ProMedica FMR:**

- In 2019, residency will move to a new sponsoring institution
- Overwhelming public pressure, national attention, governor's office, OAFP letter of support
- Communicated economic value re: family medicine
- Vocal subspecialty medical staff
- Hospital admin recognize value, willing to take risk

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Lack of Institutional Support
Another success story

Example: **New York Presbyterian FMR**

- Factors leading to closure announcement:
  - Weak financial situation (dependent upon hospital, not private practice)
  - Lack of focus on the hospital, as opposed to the medical school
  - Lack of hospital administration understanding of Family Medicine as a specialty
- Factors leading to reversal of closure:
  - Rapid response by a broad base of supporters, both locally and nationally
  - Social media response
  - Solid accreditation of residency program

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Hospital Closure

Example: **Baylor White FMR, Garland TX**

- Health System put financially struggling hospital up for sale
- Several months later when the hospital had not sold, the hospital was closed
- Program was able to stay open until all enrolled residents graduate
- Residents are transitioning from a community based to a University based environment
- Transition plans include reducing staff and making training modifications

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Discussion Questions

- Discussion: small groups, then whole group report out
  - When we learn that a program is facing the threat of closure, how can the "family" support them?
    - What would a "rapid response" for programs look like?
    - How could your organization assist with a response?
    - Are specific tools available?
    - What preventive approaches might be useful?
  - What data do we need for an effective response?
    - Data to watch for trends?
    - Data to identify programs at risk?
    - Data for use by programs at risk to justify continuation?

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