

Indiana Graduate Medical Education Board

August 16, 2016

10:00 a.m. Eastern

101 West Ohio Street

CHE Office, 3rd Floor

Kent Weldon Board Room

Indianapolis, IN 46204

Meeting Minutes

Board Members Present in-person: James Buchanan, Paul Haut, Donald Sefcik, Tricia Hern, Tim Putnam, Beth Wrobel, Peter Nalin

Board Members Calling-in: Steven Becker, Mark Cantieri

Commission Staff Present: Eugene Johnson

Other Attendees: Angie Vincent of Tripp Umbach

CALL TO ORDER

The meeting was called to order by Tim Putnam at 10:05 am

BUSINESS ITEMS

Tim Putnam asked if there were questions on the previous meeting. Eugene Johnson replied that changes had been made on the 7/7/16 minutes; an abbreviation was updated. Peter Nalin asked that language be changed in the minutes; currently states "I participated by phone"; it should be clarified to see "I attended by phone but did not participate". Eugene Johnson stated the minutes would be updated with the appropriate clarification.

Tim Putnam called for a motion to approve the prior minutes with the discussed corrections to be made as agreed upon. Motion was seconded; motion passed 9-0.

Angie Vincent of Tripp Umbach discussed the conversations she's had with local and national stakeholders since the July work session. Angie stated works is a starting point to see which entities can receive federal funding and which are considered capped. She stated she's come up with preliminary recommendations for discussion and wants Board's feedback. She stated a mid-September date for report was part of the proposal and that can be discussed as well.

Angie went over the handout "*GME expansion development criteria*" handout and went over the feedback contained in that document and discussed key criteria needing to be in place for an expansion effort like Indiana is undertaking. She went over some of the frameworks already in place in Indiana that would lend themselves to a consortium approach. She discussed pipeline efforts; working to enhance

and leverage Area Health Education Centers (AHEC), and stated that linking AHECs to hospitals and organizations would be helpful to create bridge and communication to see this is what Indiana needs.

Tim Putnam asked what was meant by a family medicine clerkship thru AHEC; stated he's not seeing that in his region. Beth Wrobel stated it's all regional. Angie Vincent stated they help connect medical student with clerkships; Beth Wrobel stated they get students (in her region) for Northern and Central Indiana. Angie Vincent stated these AHECs tend to be regional hubs. Beth Wrobel stated they get students from her (NWI's) two med school campuses; it's her understanding that AHECs in her region take students who live up north that there are not enough rotations for in Indianapolis. Tricia Hern mentioned that new AHEC director is leveraging support in Indiana; mentioned that there are states that don't have an AHEC system. Angie Vincent mentioned that Indiana has eight AHEC hubs which is awesome; now is time to maximum them and what they do; she stated they are very focused in rural education. Tim Putnam stated maybe they put aside what AHEC's best role can be as part of any program. Beth Wrobel mentioned that, in Arkansas, is part of the AHEC.

Tim Putnam asked Donald Sefcik if he could see his school saying they'd wanted one rotation for a 3rd year student; Donald Sefcik said he could; he stated he'd been working on 2017-2018 rotations and he could see AHEC being a part of those rotations. Angie Vincent stated North Carolina is an example of a strong AHEC system. Angie Vincent discussed her conversation with Jim Ballard, Indiana's AHEC Director.

Angie Vincent discussed the funding allocation and if the board is talking about new or existing programs; she wants to make sure language does not indicate that existing programs aren't taking priority. Other feedback dealt with concerns regarding the length the state funding would be availability; using the HRSA/TJ funding as an example. She mentioned some CEOs are interested in establishing residencies but aren't aware of the full cost or what it takes to run. Tim Putnam stated that we want to have people who want to do this, not who are just willing to do this; he feels that that's where both medical schools will want their students to go. Angie Vincent stated flow of funds was also brought up and balancing institutional support with local control.

The issue of housing was brought up during her conversation with stakeholders, Angie Vincent stated. Tim Putnam stated this could be a message for the communities; these residents will need adequate housing as part of showing them they are wanted as part of the community. Other issues brought up were adequate preceptors and leadership buy-in.

Angie Vincent went over balancing of existing and new residencies; mentioned a recent Indiana medical student survey asked "what makes you stay in Indiana?" and gave feedback that good, well-established residencies with a good reputation; new residency programs will have to take on challenge that they are new; ones with academic institution branding helps those residencies; standalone community-based programs could have challenges coming on the scene. Angie Vincent went over the Indiana population to primary care ratio slides in the presentation; stated the surplus is in Indianapolis and the larger cities and the needs can be seen as well. Peter Nalin stated what's telling about the graph is that the location of a program relative to its population makes a difference.

Angie Vincent continued reviewing the data in the PowerPoint; stating that the HRSA map showed any entity that accepted GME dollars and could thereby be capped. Jeb Buchanan said that biggest issue they are hearing nationally is trying to work with CMS but no luck; he mentioned counties that his rural areas that his entity has sent students to. Jeb Buchanan noted that the map shows what areas can be

pinpointed for expansion. Angie Vincent stated that even entities that are listed as virgin; the Board will have to evaluate the entity is short funding wise. Angie Vincent stated it lends a “helping hand” if state money was available ahead of federal funding for non-federally funded entities.

Steven Becker mentioned that potential virgin hospitals are crucial for expansion and asked should the Board communicate to them that they should have residents in their facilities because it could impact their access to federal funds. Tim Putnam stated the Board might be saying things that someone could misconstrue and they need to be careful of this.

Tim Putnam asked Angie Vincent if the Board and State could make a request to Centers for Medicare and Medicaid Services (CMS) to identify virgin hospitals; Angie Vincent stated she’s hesitant; several Board members spoke and stated they’ve asked various offices, including state and federal executive offices, to work with CMS. Peter Nalin requested that the Board table this conversation until they identified their action plan and other Board members agree with tabling. Angie Vincent continued reviewing the HRSA map of hospitals having never receiving federal funding compared to those who have and are currently capped. She then discussed the opportunity areas for expansion. She focused on Region 11, looking at ongoing consortium efforts and discussed opportunities to leverage the consortium. Angie Vincent stated this is an area the state could allocate funds to help leverage an already existing consortium effort.

Angie Vincent moved to Region One, discussing current consortium efforts of planning and evaluation to create the consortium in the region.

Tim Putnam asked where everyone was on the use of funds and the general sense of the board on using funds for planning versus training; is one more important than the other? Jeb Buchanan stated he feels funding will drive actuality of this. Peter Nalin stated he make a case for highest priority for funding being resident occupying positions; reason is that there would be lots of opportunities for national or other entities to do planning in Indiana that leads to no resident positions; talking about statewide ramp that leads to federal funding; only gets that money if positions are occupied; realizes need to plant but hopes as a Board they keep an eye on the prize of getting residents in positions to have best opportunity to be doctors practicing in the state; want to be careful of spending money on planning year after year with zero residents occupying zero positions in programs that haven’t been started yet. He stated he would put a premium on supporting residents who are occupying positions who are bringing down stipends that the state, in partnership with health care institutions; are in the 75/25 relationship. Steven Becker added that he believes a region or hospitals should be committed to do this work; if they can’t pull together the amount required to do the work then the odds of them being successful long term in committing to GME are not that great. He stated that, in Evansville, it required people to put money on the table and stated he realizes it will be region dependent. He commented he feels that hospitals having to put money up front made them commit to moving forward, noting that Evansville consortium had to commit \$1 million each. He stated he would be hesitant to use much of this money to do feasibility studies; having said that, believes we need to do that. He stated perhaps the Board or another state entity should be put together to give final approval on the sustainability of a program.

Angie Vincent stated there are those that already exist doing program for Family Medicine thru the Medical Education Board; she state maybe the Boards needs to evaluate and leverage that; see their rules and outcomes, as they already exist in the state, the GMEB doesn’t want to duplicate those efforts.

Jeb Buchanan stated he feels all points discussed are true; the Board does need to get money to those who can fill slots quickly; they also have mission to help those areas with maldistribution of doctors to get some planning dollars in those areas to see if expansion feasible or not. Peter Nalin stated maybe a way to capture planning dollars is in a direct/indirect or 2nd category of indirect; maybe premium given to planning done once residents are in place. Angie Vincent stated planning phase's help relationships get built and build bridges and they need to look at in priority manner as well.

Angie Vincent discussed Region Three; discussed the Fort Wayne consortium effort where there are three hospitals but there is only one Family Medical program and caps have already been set. Jeb Buchanan discussed the breakdown of residency programs and the types of students/residents the various systems train. He discussed the cap impacts at varying programs in the Fort Wayne Medical Education Program. Both Jeb Buchanan and Angie Vincent stated she feels the Fort Wayne area has a lot of opportunity; Angie Vincent stated if they had funding available to go above those caps because of hospital sizes and specialties they could expand, and that it would depend on leadership's desire for more teaching. Jeb Buchanan discussed facility ability to teach additional family and internal medicine classes in the Program.

Angie Vincent discussed Region Four stating in Elkhart, there are two entities that could be considered virgin sites that could be looked at and noted that in Tippecanoe Count, there's a lot of opportunity. Beth Wrobel mentioned that the Federally Qualified Health Center (FQHC) there stopped its residency program two years ago. The Board discussed the status of residences at various locations in Elkhart and Tippecanoe County. Jeb Buchanan stated there's a great opportunity in Lafayette as there is high-need and there's potential for funding federally and statewide.

Tim Putnam asked why Tippecanoe and Monroe Counties were high on the list since there are no training programs but a disproportionately high number of young residents there who are not permanent residents; asked if that is skewing the numbers. Angie Vincent stated the data sources that come into play when they are evaluated data could alter the number. Paul Haut stated that Tim Putnam was asking about the primary care physician ratio. Paul Haut asked if the ratio was based on census data; that data would count permanent residents. Angie Vincent discussed where further opportunities may lie within Region Four. Paul Haut commented that, in looking at the entities where expansion could be possible, you can't say that just because an entity such as IU Health, Franciscan, St. Vincent, is part of a particular system it will work as no two relationships are alike.

Speaking on Tripp Umbach's work in Evansville, Angie Vincent stated that, if the Board is going to put Indiana funds in a residency consortium, the door could be opened for Kentucky people to stay in Indiana; in Floyd County, University of Louisville residents are in their hospitals which could trigger cap; have to see if you're keeping residents in Indiana or just becoming a rotation site for them. Paul Haut asked how would the legislature view that? Tim Putnam stated that in Floyd, Vanderburgh and Lake Counties that would be a question. Steven Becker stated he would think that Indiana would not support those additional residencies; he stated that in Kentucky they have their own state support for additional residents and he doesn't feel it be realistic for an out of state partner in a consortium to receive state of Indiana support.

Angie Vincent discussed Regions Five and Six, stating those are outliers of Indy and asked how are these areas defined? She stated there are a lot of opportunities that outlie the city; there is need in areas with

some areas still considered rural but acknowledging that around the Indy metro area there's a lot of opportunities for receiving federal funds and being open to programing.

Angie Vincent discussed Region Seven; knowing there is a regional hub in Terre Haute and a campus focused on rural education; there is an opportunity to expand in that way and does the Board want to leverage a program that exists? She commented that there is a hospital that is not capped and an FCHQ; the Board could leverage that rural focus there.

Regions Eight and Nine were discussed; there is an IU Health Bloomington Hospital for which the HRSA map says they have not received federal funds for GME; Peter Nalin stated they have no residents. Angie Vincent asked why no residents have been sent there; Peter Nalin stated it is too far from Indianapolis. Angie Vincent mentioned potential expansion opportunities at Columbus Regional Hospital and the Windrose Health Network FQHC.

Angie Vincent discussed the Primary Care Shortage Scholarship and its requirements. Donald Sefcik stated he understands it's a year for a year scholarship; last year Marian University College of Osteopathic Medicine (MUCOM) had 100 students who received it; of those 28 chose not to re-sign; he stated Marian only had five in first year class that didn't sign. Angie Vincent asked if he thought this was because the scholarship is only \$10,000; Donald Sefcik said he doesn't know the answer and any answer he gives would be speculative. Angie Vincent asked if this scholarship was from the state and Eugene Johnson confirmed the Scholarship is a pass-thru from the state to MUCOM. Angie Vincent went thru loan repayments from other states; Jeb Buchanan added that more states are looking at loan repayment for students who practice in rural areas. Angie Vincent discussed creating building an academic mind frame for rural opportunity. Tim Putnam commented that a five-year commitment is better than a three-year commitment; communities can sense doctors looking to leave once their commitment is over. Angie Vincent stated feedback on rural practice is that if doctors don't train in an area, they won't have the confidence to go in a rural area and be the only person there; often residents aren't ready for that and it may not be a long-term deal. Paul Haut commented that the challenge is that the truly rural areas cannot support a training program in terms of having the facility and training opportunities to provide the quality of training needed. He stated they need to think about the experiences that you can have to build that confidence and the model of care to allow them to be successful without thinking they will be spending all their time in the rural area.

Angie Vincent discussed the Integrated Mental Health Service Development program and its goals. Board members discussed programs at their facilities. Angie Vincent next discussed Indiana's 8 health centers, which are receiving a combined \$7 million to improve access to care for the medically underserved. Beth Wrobel commented that these funds can be used only for capital improvements. Angie Vincent discussed the Indiana Medical Education Board; the Board discussed the data and reports available. Peter Nalin discussed the Board's exit survey which has a 5-year, 100% response rate. Angie Vincent discussed the Boards' responsibility; Tim Putnam stated that he feels the job of the Board to be the resource to help others understand the world of Graduate Medical Education (GME); the big piece is the open the door to what other funding is out there. Jeb Buchanan discussed two articles that provide the number of GME slots in a state and another giving the amount of Medicaid GME paid out. Jeb Buchanan also discussed capital IME and Medicaid. He also stated he didn't know if any new programs can tap into state Medicaid funds. Additional discussion dealt with if HIP 2.0 is part of Medicaid or not.

Angie Vincent discussed what New Mexico did with their Medicaid funding and how they used it to boost primary care. Steven Becker stated that the state of Michigan gives a bump to physicians who are teaching; they get a bump in their Medicaid reimbursement rate. Paul Haut commented that likely response would be that Board needs to do something with the current money and providing the initial deliverable must be the initial focus. Tim Putnam commented that the Board is going to encourage people to assess their ability to expand and what funding the Board can provide; some will buy-in, others will not; thru the conversations they will find out what can be done to keep expanding.

Angie Vincent continued discussing the funding models and what the Indiana Board would fund. She discussed what Georgia and Texas have done to incentivize hospitals to expand GME. Planning grants provided 8 new programs. Paul Haut asked if that the only thing they did to incent; Angie Vincent said no and she could share the full reports from each state. She went over more grants provided by the state of Texas and the funding models used by that state. The Board discussed how the slots were funded and questioned how Texas sustained funding for the slots.

Angie Vincent discussed the continuum of pipelines and the Indiana AHECs regional centers. She went over how AHECs begins connections; stating that increasing connections and bridging gaps could be key in using regional hubs as part of expansion efforts. Tim Putnam asked medical school members on Board if they would want AHECs in this role; Steven Becker stated that each regional medical education center already has these relationships established with a majority of hospitals in the region; cited Floyd Memorial in his region as an example; in terms of students placement, relationships are already set up amongst various regional sites of the IU School of Medicine. Angie Vincent stated she goes back to the role of the guidance counselor and where the role of the AHEC comes into play. Tim Putnam stated they are talking about two different things; one using AHECs for 3rd and 4th year rotations; if relationships are already there, don't want to wedge them in. Steven Becker stated that in his opinion; 3rd and 4th year rotations and GME, the regional medical education centers are ideally set up for that. He stated he can see in other states without Indiana's setup where AHEC would have to play a more important role; does think that AHEC has a role in college and high school in channeling people into the healthcare profession as well as the rural sites. Peter Nalin commented that, as far as Indiana goes, GME isn't occurring to a competency of Indiana AHEC; he stated they do have some direct and transferable experience on what attracts and retains healthcare professionals in areas that are underserved; they could be a resource to programs and consortia; in terms of an organizing administrative bureau for GME, it doesn't exist in Indiana; could contrast the role of AHEC in other states. Donald Sefcik agreed with Peter Nalin; he discussed that in Illinois, AHEC was almost exclusively undergrad medical education, in Michigan, it was much more graduate medical education. The Board continued discussing the role of AHECs.

Angie Vincent discussed opportunities in rural medical education statewide. Board members engaged in further discussion of costs; Paul Haut suggested the Board refine the definition of startup costs; other Board member agreed. Peter Nalin gave a breakdown of a formula to use as a proxy to get to total costs. Tricia Hern commented that for core faculty, not in an academic medical center, how to do you incentivize teaching?

Angie Vincent asked about the funding that's been allocated for the initial expansion. Eugene Johnson went over the breakdown of currently available funding and how the next legislative session started in 2017 would determine if, and how much, additional funding would be available. Angie Vincent asked if this plan should be specific on how funds should be spent by what dates; Eugene Johnson gave his

opinion on how the state legislature is expecting funding to be spent; his opinion is that funding could be allocated on two tracks; entities that are ready to go, and entities that will take time to get up and going. Angie Vincent stated that Texas had a state forum.

Tim Putnam asked if the Board thought a forum was the way to go in this state; Eugene Johnson stated that it was the decision of the Board on if that's the best way to go; in his opinion, the easiest way is to work thru the various Board members' representative organizations. Tim Putnam asked if there should be a forum for those effected, then legislators, or the opposite.

Paul Haut stated the goals would be best separated; the goals of delivery are known; the forums' goal would be to engage stakeholders, to gain local community support so that it wouldn't be a hospital alone standing up; he state that his question is that, without an endorsed plan in place there would be a tension about how much would be accomplished broadly with forums? Tim Putnam stated that if they do create something not supported by the key players in the state, they will be in trouble. Beth Wrobel stated that she doesn't see that the short term fix would take much planning. Tricia Hern asked if would be helpful for her to poll family medicine residency directors and interest in expanding and what it would take to help them do so; she stated it could help the Board gauge the response to what the Board is looking to put forward.

The Board continued discussing the best methods for gaining feedback related to the state's needs and expansion plans. Angie Vincent asked about her role to get a report to the Board in September and what she needed to do to get this done. Tricia Hern offered to send questions to her email list serve, stating what the Board is doing and asking for feedback. Paul Haut stated that an email could provide specific questions requiring answers about what their needs are if and they were able to expand GME and if funding was available what would they need to make it viable. The Board discussed other potential questions; Peter Nalin stated it could be mentioned that Indiana is reviewing what Texas has done in GME expansion.

Tim Putnam discussed four different things he's noted need to be worked on; the potential for forums; the role of AHEC; legislative reporting and application development.

Angie Vincent asked about the dates for completion; Tim Putnam asked if everyone was ok with Tripp Umbach being allotted until October 11th to provide the report to the Board. Donald Sefcik moved to allow Tripp Umbach until October 11th to provide the report; Beth Wrobel seconded. Motion passed 9-0. Tim Putnam asked for Board members to work on each committee and members volunteered for 4 committee. Donald Sefcik posed a question; he stated there's concern about 500 student graduating from medical school; looking at total number of position in the system last year, 114 IU graduates stayed in state; looks roughly half want to stay right now; stated that this puts Indiana at 180 wanting to stay with 390 spots. He state he's not sure that an increase all these slots is the focus of the submission that they want to make; wants to be prepared for the counterargument if someone says the Board can't fill all the spots they have already. Jeb Buchanan mentioned an article saying there are plenty of spots available and that the distribution of slots is the issue; he stated that this goes back to the argument; is there a deficit of slots or maldistribution of them? She commented it is likely the answer is somewhere in-between. Donald Sefcik said he'd want to know, of remaining slots, how many of those were Indiana residents who went to medical school somewhere else and came back. The Board discussed review of data showing the distribution of residents and the number of job openings, along with expected openings.

Tim Putnam entertained motion to adjourn; Tricia Hern made motion; 2nd by Jeb Buchanan. Motion passed 9-0.