HUMAN SERVICES
DEPARTMENT

Graduate Medical Education Expansion in New Mexico Five Year Strategic Plan

Updated January 2021



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I. Executive Summary

During the COVID-19 pandemic, expansion of the primary care healthcare workforce has never been more important in New Mexico (NM). Since the establishment of the Graduate Medical Education (GME) Expansion Program[1] in 2019, the New Mexico Human Services Department (HSD), in collaboration with members of the community-based GME Expansion Review Board & Advisory Group, have worked together to create and expand primary care[2] physician residency programs throughout the state. In state fiscal year 2020, the Board approved GME program development funding for three programs totaling $1,000,035:

- Burrell College of Osteopathic Medicine (Las Cruces) to add a total of 12 new Family Medicine residency positions. Anticipated date of arrival of first resident: Summer 2021.
- Memorial Medical Center (Las Cruces) to add a total of 12 new General Psychiatry residency positions. Anticipated date of arrival of first resident: Summer 2022.
- Rehoboth McKinley Christian Health Care Services (Gallup) to add a total of 12 new General Psychiatry residency positions. Anticipated date of arrival of first residentt: Summer 2024.

The GME Expansion Program is an important step in addressing physician shortages in NM. GME is the physician training period after medical school and before independent practice; and, research illustrates 54.6% of the individuals who completed residency training from 2009 through 2018 are practicing in the state where they did their training.[3]

Physician shortages exist across all specialties in NM, creating challenges in healthcare delivery, quality, and access.

Investment in the primary care physician workforce yields significant returns for both local economies and population health. For example, each physician supports $3,166,901 in output, an average of 17.07 jobs, approximately $1.4 million in total wages and benefits and $126,000 in state and local tax revenues. A primary care physician in a rural area leads to better health outcomes and also a reduction in emergency room visits.[4, 5, 6]

…each physician supports $3,166,901 in output, an average of 17.07 jobs, approximately $1.4 million in total wages and benefits and $126,000 in state and local tax revenues.

This update to the 2020 5-year strategic outlines a thoughtful, achievable, and bold plan to develop and expand accredited primary care GME programs. Over a 5-year period, starting in 2019, the strategic plan anticipated GME primary care programs would grow from 8 to 13 (63% increase). Over this same 5-year period the number of residents in training is expected to grow from 142 to 291 (205% increase). Finally, the number of graduates each year would grow from 48 to 94 (starting in 2025), a 96% increase.

II. Background and Introductions

House Bill (HB) 480 (Graduate Medical Education Expansion Program Act) charges HSD to establish a GME funding program designed to develop new or expanded GME programs focusing on the specialties of Family Medicine, General Pediatrics, General Internal Medicine and General Psychiatry. The statute also creates a governing body to oversee the program and make funding recommendations to the HSD Secretary. This update to the 5-year strategic plan was developed by the GME Expansion Review Board and Advisory Group. Both the HSD Secretary and Board Chair have approved this plan for publication.

The need for primary care providers in NM and nationally is well documented; and, this need remains on-going and will exist well into the future. NM has the oldest physician population[7], a shortage of providers particularly in rural and frontier communities, and an on-going need for 100 –200 primary care physicians and a similar number of psychiatrists. Thus, the ability to serve Medicaid customers and others in a comprehensive, cost-effective primary care system is significantly hampered by this provider shortage.

III. New Mexico Overview

[8]Prior to their encounter with the Spanish in 1540, the ancestors of the Pueblo, Navajo, Ute, and Apache communities, including the Jicarilla and the Mescalero, resided on the land known today as the state of New Mexico. Today, the state has a population of 2,096,829, with more than 63% identifying as racial or ethnic minorities.[9]

Two-thirds of the population live in the state's six most populous counties, with an average population density of 17.3 persons/square mile in the remaining 27 countries.[10] This low population density combined with long distances make the provision of healthcare particularly challenging. Furthermore, the percentage of state residents aged 65 or older was 17% in 2018 and the rate of growth is outpacing most states.[11] Finally, as of October 2020 889,886 New Mexicans were enrolled in the Medicaid public health insurance program, and 20 of NM's 33 counties have at least 40% of their population enrolled in the program.[12]

In many health and socioeconomic indicators, NM fares worse when compared to other states. In 2017, New Mexico ranked near the bottom on a variety of measures knows as social determinants of health including child poverty (48th place) and high school

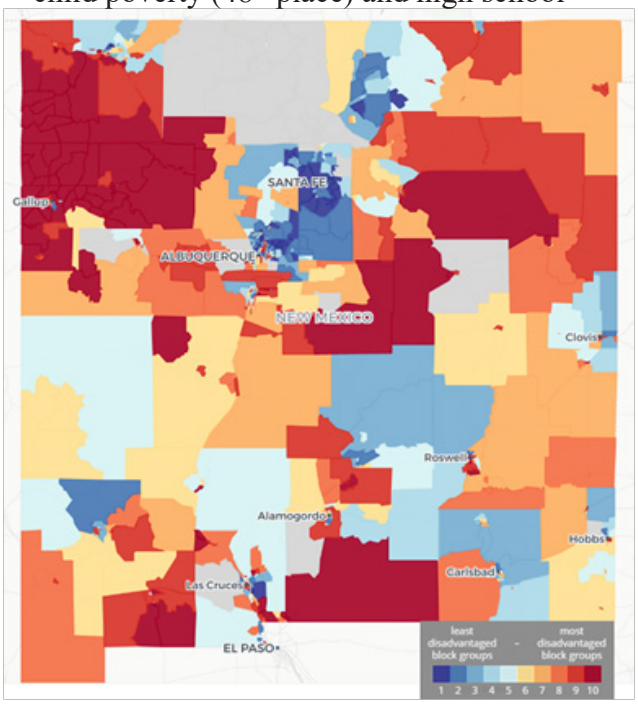


Figure 1, Map of New Mexico by Area Deprivation Index ranked from lowest to highest, then divided into deciles (1–10), 2020. Source, Neighborhood Atlas.

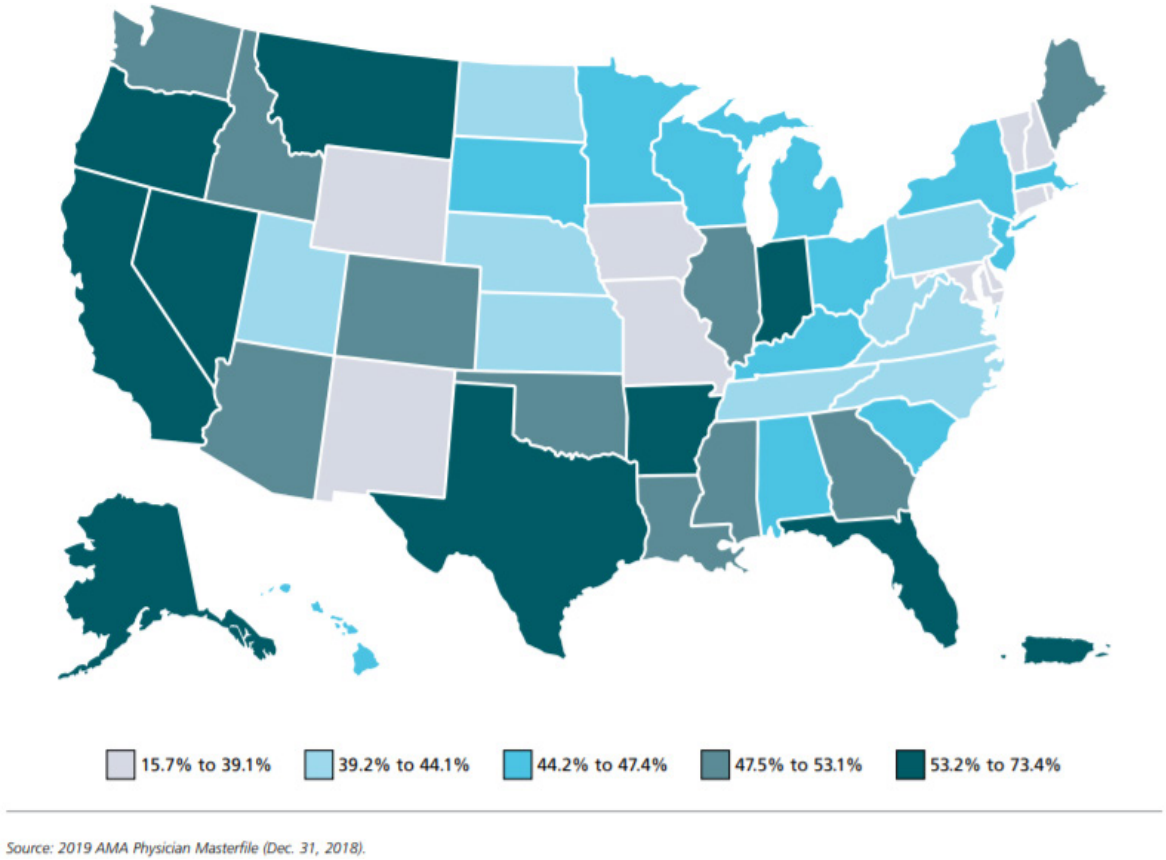
completion (46th place). Although NM has lower death rates than the national average for heart disease and cancer, it has much higher death rates for unintentional injuries, specifically overdose, motor vehicle injuries, and falls. Finally, NM has the worst ranking (50th) for both alcohol-induced death and chronic liver disease and cirrhosis.[13]

IV. Graduate Medical Education: Return on Investment in New Mexico

54.6% of the individuals who completed residency training from 2009 through 2018 are practicing in the state where they did their training.

In Family Medicine, nationally, 55% of residency graduates practice within 100 miles of their training location.[14] In NM, between 30-39% of all physicians (regardless of specialty) remain in the state after residency.[15] Increasing retention is critical, because investments in primary care GME yields significant returns for physicians-in-training, local economies, and population health; and, is compounded by increases in retention

Figure 2, Physicians Retained from Graduate Medical Education, 2018. Source, AAMC



Source: 2019 AMA Physician Masterfile (Dec. 31, 2018).

Return on Investment: Residents & GME Programs

For residents, the impact of GME programs goes well beyond the biomedical knowledge and experience imparted through residency curriculum. Because GME programs disproportionately serve underserved communities, GME programs are a primary opportunity to instill in health professionals a social conscience and dedication to healthcare.

Institutions that pursue GME programs realize several other advantages. GME residency programs create a culture of learning and an environment of inquiry, promote resident retention in the community, increase productivity in care delivery (a precepting physician can supervise up to 4 residents), and provide vital financial reimbursement that support the teaching mission. In addition to providing patient care, residents often are the catalyst for the adoption of new technology and practices in healthcare and medicine. For example,, University of New Mexico (UNM) residents have pushed to have decentralized training from the teaching hospital out into community settings where they are taught through a lens of the social determinants of health by community health workers and other professionals who have lived experiences. This effort to change the health system from an urban learning environment to a focus on social determinants of health in the more rural parts of the state allows residents to gain mentorship from a wide range of health professionals in a community-oriented context.

Return on Investment: Local Economies

The economic value of increasing the primary care workforce can be considered in several ways. For example, the direct and indirect economic impact of physicians can be estimated across medical revenues generated during patient care (output), jobs, wages and benefits, and state and local tax revenue. The direct impact is calculated from physician activity, the indirect economic impact from the industries supported by physicians. On average each physician supports $3,166,901 in output, an average of 17.07 jobs, approximately $1.4 million in total wages and benefits, and $126,000 in state and local tax revenues.[16]

The cost of supporting a primary care clinic is likely to be more than offset by the revenues generated from the use of hospital and referral services by patients who receive care in primary care settings. A study of the economic impact of a family practice clinic illustrated that for every $1 billed for ambulatory primary care, there was $6.40 billed elsewhere in the healthcare system. Each full-time equivalent family physician generated a calculated sum of $784,752 in direct, billed charges for local hospitals and $241,276 in professional fees for other specialists.[17]
Finally, a full accounting of the benefits of GME programs also include contributions made by the residents' spouses, partners, and other family members.

Return on Investment: Population Health

The availability of a primary care physician in a rural area has been shown to lead to better health outcomes such as those relating to all-cause mortality (including cancer), and heart disease. Furthermore, an increase in one primary care physician per 10,000 individuals results in: 1) an 11% decrease in emergency room visits; 2) 6% decrease in hospital inpatient admissions; and, 3) 7% decrease in surgery utilization.[18, 19] These improvements

persist after controlling for sociodemographic characteristics. Ultimately, people who identify a primary care physician as their primary source of care are healthier, regardless of health status or demographics.

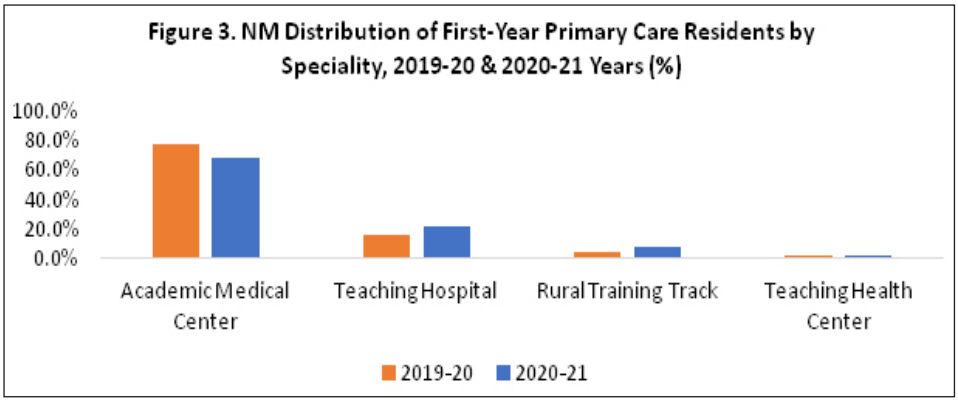
Further, a 2020 study[20] reviewed Medicare billing claims data and compared health care use, costs and where beneficiaries received care after the loss of the primary care relationship. After losing a primary care physician, there was a significant shift in care to specialty physicians. In the first year after losing a primary care physician the study found:

- A 18.4% decrease in primary care visits and a 6.2% increase in specialty care visits;
- A decrease in preventive health services including influenza vaccines;
- 17.8% more urgent care visits and 3.1% more emergency department visits; and,
- $189 increase in medical costs per patient.



V. Current Graduate Medical Education Program Models in New Mexico

Because residencies are post-medical school programs, they may or may not be directly affiliated with a medical school. The UNM School of Medicine is the State's Academic Medical Center and serves as the primary GME Sponsoring Institution (SI) in NM. Other GME program models include Teaching



Hospitals, Rural Training Tracks (RTTs), and Teaching Health Centers. Figure 3 outlines the distribution of first-year primary care resident by GME program model type over the 2019-20 and 2020-21 academic years. **Notably, the figure illustrates a 11.8% increase in community-based programs since the 2019 academic year**.

Figure 4 outlines the 10 current primary care GME programs in NM. Together, these programs currently provide training to 102 first-year primary care residents.

Academic Medical Center

An Academic Medical Center (AMC) consists of three related elements: 1) a medical school that trains physicians; 2) research activities; 3) and, a system for delivering healthcare services. According to the Association of American Medical Colleges (AAMC), there are 154 AMCs[21] in the US. UNM Hospital is the only AMC in NM.

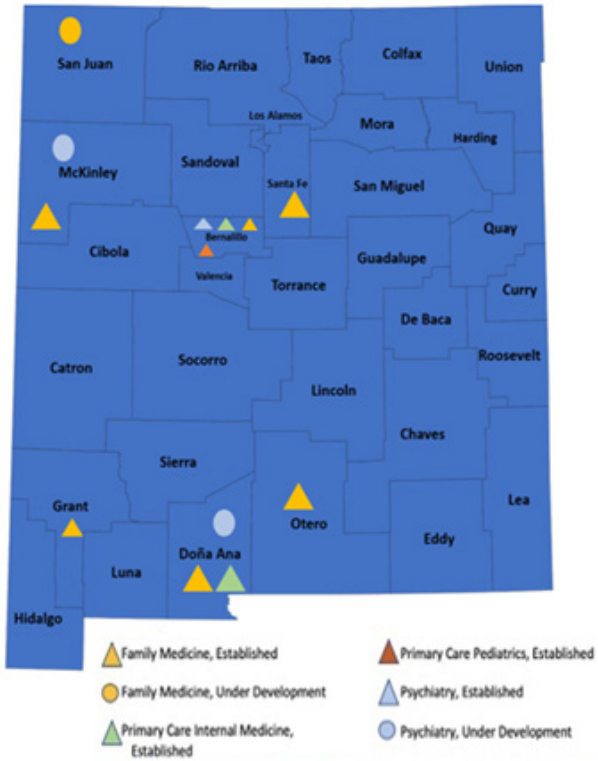


Figure 4, NM GME Primary Care Programs, 2020

Table 2: GME Training Model: Academic Medical Center

UNM Primary Care Specialty	Number of First-Year Residents (2020-21)	Residents Entering Primary Care (%)	Notes
Family Medicine	14	95%	-
Internal Medicine	28	10%	A primary care track is available (average of 2 residents per-year select).
General Pediatrics	16	40%	~40% of Pediatric residents select primary care upon completion of residency.
General Psychiatry	12	Unknown	Psychiatrists provide primary care services often as consultants and via telehealth. Those who do fellowships in geriatric, child, or addiction psychiatry may also provide primary care services.

Teaching Hospitals

A Teaching Hospital operates one or more Accreditation Council for Graduate Medical Education (ACGME) residency programs. The Teaching Hospital also is traditionally considered the SI for all residency programs within the hospital. It may have formal or informal relationships with medical schools but it is not required to be owned by (or affiliated with) a medical school. Most GME residency programs are based in Teaching Hospitals.

Rural Training Track

Originally, Rural Training Tracks (RTTs) were programs within a Teaching Hospital or AMC structured to allow residents to train in an urban setting for a portion of residency to ensure training in subspecialty care. The remaining years of residency were performed in a rural or off-site setting with approval of the urban SI. Today, RTTs have evolved so that nearly all years of residency can be performed in a rural area, with necessary rotations in urban areas to ensure compliance with ACGME accreditation standards.

Table 3: GME Training Model: Teaching Hospitals

Program	Primary Care Specialty	Number of First-Year Residents (2020-21)	Residents Entering Primary Care (%)	Notes
Mountain View Medical Center	Internal Medicine	8	Unknown	First cohort of residents graduated 2020.
Memorial Medical Center	Family Medicine	10	95%	Expanded program in Las Cruces with La Clínica de Familia.
Rehoboth McKinley Christian Healthcare Services	Family Medicine	4	Unknown	New program. First cohort of graduates expected 2024.

Table 4: GME Training Model: Rural Training Track

Program	Primary Care Specialty	Number of First-Year Residents (2020-21)	Residents Entering Primary Care (%)	Notes
Memorial Medical Center & Gerald Champion Regional Medical Services	Family Medicine	4	Unknown	New program. First cohort of graduates expected 2023.
UNM & CHRISTUS Saint Vincent	Family Medicine	4	70%	UNM is the Sponsoring Institution.

Teaching Health Centers

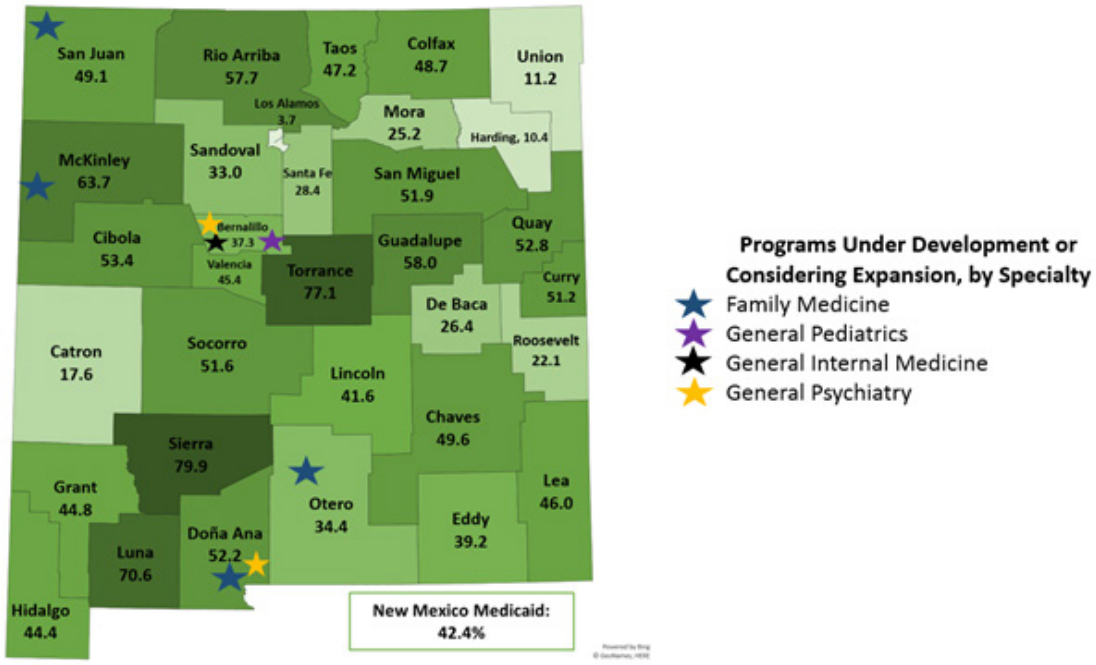
The Teaching Health Center (THC) Graduate Medical Education program provides federal grant funding and technical assistance to new and expanded primary care medical and dental residency programs in community-based primary care settings, such as Federally Qualified Health Centers (FQHCs), rural health clinics, and tribal health centers.

Table 5: GME Training Model: Teaching Health Center

Program	Primary Care Specialty	Number of First-Year Residents (2020-21)	Residents Entering PC (%)	Notes
Hidalgo Medical Services	Family Medicine	2	100%	Also a RTT with Memorial Medical Center.

VI. Graduate Medical Education Programs under Development or Considering Expansion in NM

Eight residency programs have begun development or expansion in NM. As Figure 5 illustrates, these programs are located in counties with and adjacent to high numbers of Medicaid customers. Following is a map and a table of residency programs under development or onsidering expansion as of November 2020.



Source: New Mexico Human Services Department, Income Support Division. Recipients as of October 2020. U.S. Census Bureau, Population Estimates Program (PEP), Vintage 2019, QuickFacts. Retrieved from https://www.census.gov/quickfacts, December 10, 2020.

Figure 5, New and Expanding GME Programs as of November 2020; Medicaid and Children's Health Insurance Program (CHIP) Enrollment as a Percentage of Population by County as of October 2020

Table 6: 8 GME Programs Under Development or Considering Expansion in New Mexico							
SI	**New/ Expansion**	**Partner/ (Location)**	**Model**	**Specialty**	**Annual Resident Capacity**	**Status**	**Notes**
Rehoboth McKinley Christian Hospital	New	Independent (Gallup)	Teaching Hospital	Family Medicine (FM)	4	2021 start	SI approved, application under development
Memorial Medical Center (MMC)	New	Gerald Champion (Alamogordo)	RTT	FM	3	2020 start	First year at MMC
MMC	New	Las Cruces	Teaching Hospital	Psychiatry	3	Possible 2022 start	ACGME application under development
MMC	Expansion	La Clínica de Familia (Las Cruces)	THC	FM	4	2021	Expansion and training site approved by ACGME. Currently recruiting residents for 2021 start.
UNM	Expansion	Albuquerque	AMC	IM	3	2021	ACGME approved
UNM	Expansion	Albuquerque	AMC	Pediatrics	5	2021	ACGME approved
UNM	Expansion	Albuquerque	AMC	Psychiatry	3	2021	ACGME approved
UNM	New	N. Navajo Medical Center (Shiprock)	RTT	FM	2	Unknown	Early Development



VII. Potential Graduate Medical Education Programs in New Mexico

This strategic plan highlights communities in the state that may have the capacity or willingness to develop new residency programs soon. There may be others interested that were not identified and not all collaborative partnerships can be predicted. Following is a table outlining communities and/or organizations that may consider primary care residency development.

HSD and the New Mexico Primary Care Training Consortium (NMPCTC) are in conversations with these programs to determine interest and will continue engagement to determine the feasibility to develop new (or expand existing) primary care GME residency programs.

Table 7: Potential Future GME Programs in New Mexico

SI	Location	Model	Specialty	Rationale
Eastern NM Medical Center & Burrell College	Las Cruces	TBD	FM	Southeastern NM has no GME program. (Texas Tech has a program with training sites in Eastern NM).
UNM Rural	Unknown	AMC	Psychiatry	NM has significant shortages and limited availability of BH services.
Presbyterian	Unknown	Unknown	FM	Clinical capacity and potential for specialty exposure exists.

VIII. Summary of Graduate Medical Education Expansion in New Mexico

Over a 5-year period, starting in 2019, it is anticipated GME primary care programs will grow from 8 to 13 (63% increase). (In 2020, two additional programs were added, increasing the total number of programs from 8 to 10 (25% increase)). Over this same 5-year period the number of residents in training is expected to grow from 142 to 291 (205% increase). Finally, the number of graduates each year would grow from 48 to 94 (starting in 2025), a 96% increase.



IX. Timeline of Graduate Medical Education Expansion in New Mexico

Table 8. 5-Year Timeline of New or Expanded Primary Care GME Programs in NM (summary)

	Number of New First-Year Residents							
Program	**2020**	**2021**	**2022**	**2023**	**2024**	**2025**	**Total new Residents**	**New Graduating Resident per Year**
Family Medicine	3	15	15	22	10	10	**75**	**25**
General Psychiatry	0	5	11	11	11	6	**54**	**11**
General Pediatrics	-	5	5	5	-	-	**15**	**5**
General Internal Medicine	-	5	5	5	-	-	**15**	**5**
Total Residents per Year	**3**	**30**	**36**	**43**	**21**	**16**	**149**	**46**

GME expansion will require coordination and planning. Furthermore, new programs typically require 2-5 years for development and existing programs require 1-3 years for expansion. A proposed timeline for GME expansion in NM during the next 5 years is presented below. This timeline has been revised slightly from the original published in January 2020, reflecting updated program activity and status.

The organizations outlined below have consulted with the NMPCTC to begin developing or expanding their programs. Access to necessary resources may impact projected start dates. Finally, General Internal Medicine is not included in the table below as only 10% of IM graduates practice primary care and excluding these programs portrays a more accurate picture of the workforce available to serve as primary care physicians. Table 8 is a summary table illustrating the number of new first-year residents by FY as well as the annual number of graduating residents at program maturity. Table 9 is a more detailed table by program.

Table 9: 5-Year Timeline of New or Expanded GME Programs in NM (detailed)

	Number of New First-Year Residents						
Program	2020	2021	2022	2023	2024	2025	**Total new Residents**
Family Medicine (3 Year Program)							
Memorial Medical Center (MMC) & Gerald Champion	3	3	3	-	-	-	**9**
MMC & La Clínica de Familia	-	4	4	4	-	-	**12**
UNM & Shiprock	-	2	2	2	-	-	**6**
Presbyterian	-	-	-	4	4	4	**12**

Table 9: 5 year timeline of New or Expanded GME Programs in NM *Number of First-Year Residents*							
Program	2020	2021	2022	2023	2024	2025	**Total new Residents**
CHRISTUS St. Vincent	-	2	2	2	-	-	**6**
CHRISTUS St. Vincent & El Centro	-	-	-	2	2	2	**6**
Rehoboth McKinley Christian Hospital	-	4	4	4	-	-	**12**
Eastern NM Medical Center	-	-	-	4	4	4	**12**
General Psychiatry (4 Year Program)							
UNM (expansion)	-	5	5	5	5	-	**20**
UNM Rural	-	-	3	3	3	3	**12**
Memorial Medical Center	-	-	3	3	3	3	**12**
General Pediatrics (3 Year Program)							
UNM (expansion)	-	5	5	5	-	-	**15**
General Internal Medicine (3 Year Program)							
UNM (expansion)	-	5	5	5	-	-	15
Total Residents Per Year	**3**	**30**	**36**	**43**	**21**	**16**	**Total new residents trained = 149**

X. Graduate Medical Education Expansion Program Act Purpose

Pursuant to House Bill 480, HSD and the GME Expansion Review Board are tasked to award funding that:

- establishes new GME training programs;
- expands number of first-year positions within an existing GME program; and,
- funds existing GME training programs.

The Board and HSD also are tasked to create a 5-year, statewide GME expansion strategic plan that prioritizes the following types of development and expansion efforts:

- new or expanded primary care GME program development;
- increasing residency positions for medical specialties having shortages within the state, with preference being given to the primary care specialties of Family Medicine, General Psychiatry, General Pediatrics, and General Internal Medicine; and,
- increasing primary care residency positions in medically underserved areas.

To accomplish these goals, the HSD Secretary has appointed a Board and an Advisory Group, composed of state officials, GME primary care program administrators and staff, primary care providers, and primary care residents/recent graduates.

XI. Goals of the Graduate Medical Education Expansion Review Board & Advisory Group

The mission and vision statements, and goals were revised in September 2020.

Mission: To improve New Mexicans' health and healthcare access by using evidence-based strategies to develop and expand high-quality, accredited primary care and psychiatry GME programs.

Vision: All New Mexicans have timely access to community and team driven, culturally informed primary care and psychiatric services through the growth of high quality Graduate Medical Education programs.

Goals

1. Significantly increase the number of primary care and psychiatry physicians training and practicing in New Mexico, meeting the minimum targets outlined in the strategic plan.

2. Implement and monitor an annual process of supporting the development and expansion of primary care and psychiatric residency programs.

3. Ensure financing mechanisms and support programs to sustain primary care and psychiatry GME expansion for long-term stability.

XII. GME Academic Sustainability in New Mexico: Accomplishments and Goals

State Fiscal Year 2020 Accomplishments

- Further established support networks between residency programs via New Mexico Primary Care Training Consortium (NMPCTC) Board meetings and collaborative networking between NMPCTC affiliated residency programs.
- Provided financial support for memberships in technical assistance and faculty development support programs.
- Developed working relationships between Doña Ana County Psychiatric Residency Development Committee, and UNM and Texas Tech University Departments of Psychiatry to support the academic and teaching aspects of the proposed program in Las Cruces.
- Prepared scope of work and workplan for contract between UNM and NMPCTC to develop an advisory committee for academic support needs and provide a faculty development and support program for implementation in FY21.

State Fiscal Year 2021 Goals

- Expand Primary Care programs beyond Family Medicine and General Psychiatry.
- Interview residents and faculty to learn about rural/frontier workforce development.
- Begin development of Resident Placement Office.
- Coordinate networking efforts related to GME Expansion Review Board, Advisory Group, and statewide academic network.

- Organize faculty development trainings for new faculty and expanding programs.
- Increase payments to Federally Qualified Health Centers and Rural Health Clinics to acknowledge the positive outcomes in terms of access to primary health care experienced in the federal Teaching Heath Centers program.
- Develop statewide Chief Resident Support Plan that includes annual Chief Resident Workshop to strengthen and align programs.
- Organize and provide operational support to residency program faculty and staff.
- Support the development of a statewide Educational Support Advisory Team.



XIII. GME Financial Sustainability in New Mexico: FY20 Accomplishments and FY21 Goals

Public support of residency development is critical to assuring the financial viability of existing and future residency programs in NM. Residency costs are estimated at $160,000-$180,000 per-resident per-year.[22] HSD is promoting primary care GME sustainability and expansion by addressing key areas in Medicaid GME financing and policy. During state fiscal year 2020, HSD in partnership with the Board & Advisory Group, identified several priorities related to GME Medicaid financing. These priorities are designed to incentivize primary care GME expansion, particularly in rural, frontier and medically underserved communities.

HSD formally submitted these proposals to the U.S. Centers for Medicare & Medicaid Services (CMS) in the form of a Medicaid State Plan Amendment in September 2020; and at the time of writing, HSD is awaiting guidance on its proposed changes. Importantly, to benefit from this increased funding for primary care GME expansion proposed in the Medicaid State Plan Amendment, programs will be required to certifiy that increased GME funding will go directly to the GME program.

HSD is promoting primary care GME sustainability and expansion by addressing key areas in Medicaid GME financing and policy.

Key GME Medicaid Financing Topics			
Topic	**Current State**	**Relevance**	**Potential Solution**
1. Raise state annual payment limit to reflect full amount needed for existing and anticipated expansion.	Current state Medicaid rules place an annual limit of $19.5 million.	Each resident position receives less than its allocated amount (~$34,000), which serves as a disincentive for expansion.	Proposed State Plan Amendment removes the annual limit.
2. Address FTE limit to reflect full amount needed for existing and anticipated expansion; and, do so in a way that incentivizes primary care growth	Current state Medicaid rules place a FTE cap of 450 for funding.	449 positions filled as June 2020. Strategic plan anticipates new graduating residents (and does not include other programs that may develop).	Proposed State Plan Amendment removes FTE cap.
3. Increase payment structure to incentivize new Primary Care resident position growth.	Current state Medicaid rules support a Primary Care resident position at $41,000 while specialist FTEs are funded at $50,000.	New programs cite financial concerns and sustainability as primary barriers to expanding or starting new programs.	Proposed State Plan Amendment funds new Primary Care resident FTEs at $100,000. All other new resident FTEs funded at $50,000.
4. Make payments for existing resident FTE positions equitable.	Current state Medicaid rules fund specialties at different rates: • Primary care: $41,000 • Other: $50,000 • Rural: $52,000	New programs cite financial concerns and sustainability as primary barriers to expanding or starting new programs.	Proposed State Plan Amendment funds all existing resident FTE (regardless of specialty) equally at $50,000.
5. Amend provider types eligible for Medicaid payments.	Current state Medicaid rules permit only NM licensed hospitals with accredited residency programs.	Non-hospital programs (which account for a significant portion of anticipated expansion) are ineligible for payment, limiting potential for training programs in rural communities.	Proposed State Plan Amendment expands eligibility to FQHCs and RHCs.

In addition to the 5 priorities outlined above, HSD also is submitting a Medicaid demonstration waiver (§1115) to CMS designed to leverage federal funding for the expansion program. Further, HSD is exploring the feasibility of changing GME payment structures so programs can volunteer to have residents counted at host institutions rather than rotating partner sites. Finally, HSD is identifying policy changes needed to permit state Medicaid GME payments for Indian Health Services (IHS) facilities. This important policy change would positively impact the development of a Family Medicine Program with UNM and the Northern Navajo Medical Center in Shiprock, NM.

XIV. Criteria for Consideration for GME Expansion Program

HSD will prioritize applications that emphasize the following: (1) developing new or expanded programs with specialties of General Psychiatry, Family Medicine, General Pediatrics, and General Internal Medicine; (2) increasing positions for medical specialties having shortages within the state; and, (3) increasing positions in medically under-served areas.

Any of the entities below may apply for GME Expansion funding:

- a NM Sponsoring Institution;
- a NM licensed hospital;
- an academic medical education institution;
- a new or proposed freestanding GME program;
- an established or new GME training consortium; or,
- a FQHC or Rural Health Clinic.

An eligible GME program must meet the criteria below. The program must:

- be an existing, new or planned, nationally accredited non-military residency (post-medical school GME) program;
- be a Sponsoring Institution;
- have, or intend to have, first-year residency positions; and,
- intend to create new first-year positions through expansion of an existing program or establishment of a new GME program.

Preferences for funding include:

- Federally Qualified Health Center (FQHC) applicants;
- Applicants providing services in rural or frontier communities;
- Applicants providing services in under-served populations (e.g. disparate access to primary care, poor health status, addressing health disparities, and other locally-determined concerns);
- Programs demonstrating commitment to recruit diverse New Mexican residents;
- Programs demonstrating commitment to retain residents in New Mexico post-residency; and,
- Programs demonstrating a commitment to providing integrated primary and behavioral health to increase access to behavioral health in a primary care setting.

XV. Additional Considerations

COVID-19 Pandemic

The COVID-19 pandemic has affected the way residency programs recruit applicants in residencies. Instead of attending an annual recruitment conference in Missouri, programs promote themselves via the internet and virtual conferencing as well as telecommunications-based platforms for interviewing. Preliminary feedback on COVID-19 impacts to residency programs indicate a shift to telehealth and virtual patient appointments. The pandemic also has impacted the ability to ensure necessary clinical rotations. At this time, COVID-19 has not deterred expansion and development efforts. It has shifted collaborations to online portals. For example, one program in development is utilizing bi-weekly zoom calls between multiple partners to develop block-schedules, recruit faculty and configure an accurate financial model for the program. Plans remain on schedule for program development in Las Cruces, Shiprock, Santa Fe, and Gallup at the time of writing.

Economic Recession

Despite the economic recession resulting from the COVID-19 pandemic, hospitals and programs remain eager to improve and expand primary care training around the state. There is growing recognition of the importance of primary care as hospitals become burdened with emergency and inpatient care.

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General Pediatrics Expansion

UNM currently operates the only Pediatrics program in the state. They have expressed interest in expanding. At the time of writing, the program has not yet applied to expand the number of program residents.

General Internal Medicine Expansion

UNM and Mountain View Hospital (Las Cruces) operate Internal Medicine programs in NM. At the time of writing, as not yet applied to expand the number of program residents. At Mountain View, the Internal Medicine residency program remains in initial accreditation.



XVI. Graduate Medical Education Expansion in New Mexico Metrics for Success

The success of GME expansion will be measured by ongoing ACGME accreditation, which includes metrics related to faculty retention, first time pass rate of graduating residents, assessment of resident wellness, and academic standards. Measures of success for NM are highlighted below:

GME Expansion in NM Metrics for Success		
Metric	Target	Rationale
The number of GME programs training residents in primary care will grow during the next ten years.	Double, growing from 8 to 16 programs.	The process of creating and maintaining residency programs enhances access to care during residency and encourages retention of physicians in the state.
Maintenance of continued accreditation of all new and expanded programs.	100%	ACGME accreditation implies meeting national standards for residency training programs including quality of academic and clinical training program, faculty development and retention, academic standards and first-time pass rate of graduating residents.
All programs will have fill rates of their programs first year class on July 1 of each academic year.	100%	Filling the program to maximum number of residents creates more physicians trained in NM and allows for greater mentorship in successive years. This will be measured through ongoing check-ins with programs leaders.
All programs will have an improved percentage of graduates remain in NM five years after residency, with a portion of them practicing in rural or underserved areas (as defined by communities of less than 35000 people or counties defined as Health Professional Shortage Areas or defined by Medicaid Patient ratio	50% of graduates remaining in NM after graduation; with 40% serving in rural or underserved areas upon graduation.	Currently between 28-35% of primary care and psychiatrists practicing in the state have done their residency training in NM.
Development of a statewide faculty training network that will provide academic development opportunities, particularly in rural areas.	The statwide network will facilitate 75% of programs hosting faculty development sessions that are available to all faculty members.	The success of rural programs is largely dependent on academic support from larger institutions.

XVII. Acknowledgments

HSD wishes to thank the members of the GME Expansion Review Board & Advisory Group for their contributions to this report, and their commitment to train primary care physician leaders in NM.

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XVII. Acknowledgments (Continued)

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