GRANT PROPOSAL APPLICATION

to

HUMAN SERVICES DEPARTMENT OF NEW MEXICO

for

Development of New Residency Programing in Eastern New Mexico

Appendix B: Application Abstract

NM GME Expansion Grant Program Request for Applications
Form must be complete.

Date of Application	10/28/21
Applicant Organization	Burrell College of Osteopathic Medicine
Type of Organization	Medical School
Primary Contact and Title	Oliver W. Hayes, DO, MPH Associate Dean of Graduate Medical Education
Mailing Address	Burrell College of Medicine Suite 325 3501 Arrowhead Drive
City, State, Zip	Las Cruces, NM 88001
Contact Phone	(575) 674-2303
Contact Email	ohayes@burrell.edu
Title of Project	Development of New Residency Programing in Eastern New Mexico
Total Amount Requested ($):	$523,492

What Specialty(s) is(are) under development or being considered for development?

1. Specialty & Number of residents per year: Family Medicine/6 per year
2. Specialty & Number of residents per year: Possibly Psychiatry/2 per year
3. Specialty & Number of residents per year:

Please list Partners: (add more rows if necessary)

Name of Partnering Organization	Provider Type	Role(s) in Program
Covenant Health Hospital - Hobbs	Non-for-profit hospital	Sponsoring Institution
Nor-Lea Hospital District	Non-for-profit hospital and Critical Access Hospital	Participating Institution
Burrell College of Osteopathic Medicine	Medical school	Academic Partner

This Application Requests Support for in the Following Developmental Areas: (Check all that apply)

GME Program Development Area	Funding Requested *(Yes/No)*	One-year or Multi-year *(if multi-year indicate number of years)*
1. Early Development such as Assets and Capacity assessments	Yes	First and second years
2. Facility needs or adequacy assessment	Yes	First and second years
3. Organizational Structure and Program Design	Yes	First year of two years
4. ACGME Curriculum and Application Planning	Yes	Second year of two years
5. Budgeting and Financial Projections – Staffing Costs	Yes	First and second years
6. Pre-Start Up Cost support after Program Application Submitted or Approved	Yes	First and second years
7. Resident and Faculty Recruitment Expenses	Yes	Second year of two years
8. Faculty Training and Development	Yes	First and second years
9. Other Development Costs	Yes	First and second years

In 300 words or less, describe the type of assistance requested based on boxes checked above. Total Abstract in 2 Pages

This project is to develop a Family Medicine Residency in Eastern New Mexico with Covenant Health Hospital Hobbs (Sponsoring Institution) and Nor-Lea Hospital District. Secondly the project seeks to develop a relationship with an ACGME accredited psychiatric residency to develop a rural training track for psychiatric residency training in the Hobbs/Lovington area. We are seeking two-year financial assistance to develop and accredit the Sponsoring Institution (Covenant Health Hospital – Hobbs) and the Participating Institution (Nor-Lea Hospital District) in year one. We are seeking a second year of funding to develop and accredit a family medicine residency program and develop a rural training track psychiatric residency program in year two.

Steps Year 1:

1. Hire a consultant Germane Solutions to assist with technical aspects of this project.
2. The two hospitals have made the decision to commit time and effort to the development process; in particularly there is a need to consult with their boards and medical staff.
3. Decision on what residency program(s) to start
    a. Which specialties? Initially Family Medicine Residency Program with a rural training tract Psychiatry Residency Program to follow.
4. Secure services of Designated Institutional Official (DIO).
5. Organize a Graduate Medical Education Committee and begin meeting with an agenda organized around the ACGME requirements.
6. Create necessary policies for Sponsoring Institution.
7. File "Intent to Apply for Institutional Accreditation" in 2022.
8. File an Institutional Application to Review Committee Meeting.
9. Gain Initial Institutional Accreditation from the ACGME.

Steps Year 2

1. Secure services of a Residency Program Director (PD) for Family Medicine and Site Director for Psychiatric Residency Programs.
2. Develop facilities for a Family Medicine Practice Site.
3. Develop a relationship with existing accredited Psychiatric Residency Program for a rural training track.
4. Hire and develop faculty for both residency programs.
5. File a Residency Program Application for Family Medicine Residency and develop partnership for Psychiatry Residency Program.
6. Obtain Initial Residency Program Accreditation from the ACGME for Family Medicine.

Appendix C: SAMPLE WORKKPLAN

NM GME Expansion Grant Program Request for Applications
Form must be complete.

Areas of Focus	Objectives	Tasks	Party(ies) Responsible	Due Date *(Month and Year)*
Stage 1: Planning for a Residency Program "Building the Infrastructure"	Develop Sponsoring Institution (CHHH) and Participating Institution (Nor-Lea) capabilities to support GME	Educate institutions' leadership on roles of the Sponsoring Institution and Participating Institution in GME. Develop educational vision.	Oliver W. Hayes and Irina Zhorzholiani	July, 2022
	Obtain Board and Medical staff support for becoming a Sponsoring Institution.	Meet with Board and Medical Staff Executive Committee and gain formal support for residency training	Oliver W, Hayes, Irina Zhorzholiani, and hospital CEOs	July, 2022
	Secure services of a DIO	Recruit qualified person	Oliver W, Hayes, Irina Zhorzholiani, and hospital CEOs	July, 2022
	Secure consultant	Finalize contract specifying duties and deliverables with Germane Solutions	Oliver W. Hayes and Irina Zhorzholiani	July, 2022
	Organize a Graduate Medical Education Committee (GMEC)	Recruit members of GMEC.	Oliver W, Hayes, Irina Zhorzholiani, and hospital CEOs	August, 2022
	Hire DIO	Recruit and retain DIO	Oliver W. Hayes and CEOs	September, 2022
	Develop a common educational operating structure for CHHH and Nor-Lea	Determine operating model and financial structure.	Consultant, DIO, and Oliver Hayes	October, 2022

Areas of Focus	Objectives	Tasks	Party(ies) Responsible	Due Date *(Month and Year)*
	File "Intent to Apply for Institutional Accreditation"	Complete form and submit to ACGME	DIO, consultant, Oliver Hayes, and Irina Zhorzholiani	October, 2022
	File an Institutional Application	Complete application and have approved by GMEC	DIO, consultant, Oliver Hayes, and Irina Zhorzholiani	October 2022
	Determine budget for GME Office	Estimate operating costs of the GME office	DIO, consultant, Oliver Hayes, and Irina Zhorzholiani	November, 2022
	Determine reasonable timeline for application, accreditation, recruitment, and initiation of residency program(s)	Determine ACGME Residency Review Committee (RRC) meeting dates	DIO, consultant, Oliver Hayes, and Irina Zhorzholiani	November, 2022
Stage2: Developing an ACGME Application	Hire program director and site directors	Develop position description and begin recruitment	DIO, consultant, Oliver Hayes, and Irina Zhorzholiani	February, 2023
	Develop residency application	Determine ACGME requirements and how program application will meet each one. Review resources needed and present such as: clinical experiences, faculty, facilities, patient population, organizational	Program Director, Site Director DIO, consultant, Oliver Hayes, and Irina Zhorzholiani	April, 2023

Areas of Focus	Objectives	Tasks	Party(ies) Responsible	Due Date *(Month and Year)*
		structure, and community position. Design curriculum and program		
	File residency program application(s)	Complete application and have independent review. Maintain supporting documentation.	Program Director, Site Director DIO, consultant, Oliver Hayes, and Irina Zhorzholiani	July, 2023
	Prepare for site visit	Prepare program leadership, faculty, hospital(s) administration on all aspects of application.	Program Director, Site Director DIO, consultant, Oliver Hayes, and Irina Zhorzholiani	September, 2023
	Obtain Initiation ACGME accreditation		DIO and Program Director	January, 2024
Stage 3: Pre-Operational Development	Enroll in Electronic Applicaton Service (ERAS), FRIEDA Online, National Resident Matching Program (NRMP)	Secure agreements and pay fees	DIO and Program Director	January, 2024
	Initiate faculty development	Perform needs assessment Create development materials Initiate faculty development	DIO and Program Director	February, 2024
	Prepare and conduct interviews	SAchedule and select candidates	DIO and Program Director	February, 2024
	Prepare for resident orientation	Create schedule and materials for orientation	DIO and Program Director	April 2024

New Mexico Graduate Medical Education Grant Program
Appendix D: Sample Program Budget

Name of Applicant: Oliver W. Hayes, DO, MPH
Program Expenses (Applicants may add or change categories as needed)
Year One of the Grant

Personnel

Position	FTE	Funding Amount	Rationale
Designated Institutional Official	0.25	$40,000.00	DIO must be appointed.
Institutional Coordinator	0.25	$15,312.50	Clerical support to assist with Sponsoring Institution Application and GMEC.
Program Director	0.13	$25,000.00	A residency program director must be appointed.
Program Coordinator	0.25	$15,312.50	Clerical support to assist with Sponsoring Institution Application and GMEC.
Faculty			
Support Staff			
Other Staff			
Total Staff			
Fringe			
Total Personnel	**0.88**	**$95,625.00**	

Operating

Expense	Funding Amount	Rationale
Travel In State and Out of State Travel	$13,500.00	Travel-meetings in state & out of state
Materials and Supplies	$1,000.00	
Membership Fees and Dues	$2,100.00	STFM and Amer Psych Assoc. - annual memberships
Subscriptions, Software Costs		
Technical Assistance Contractor	$75,000.00	Payment Support for Germane Solutions
Technical Assistance Contractor # 2		
IT Contracts		
Clinical or DIO Contract if not Salaried		
Operating Expenses		
Faculty Development Training and Team Meetings	$5,000.00	
Salary recovery for Dr. Hayes at 10%	$29,646.00	
Salary recovery for Ms. Zhorzholiani at 25%	$22,875.00	
Total Operating	**$149,121.00**	
Total Budget	**$244,746.00**	

Year Two of the Grant

Position	FTE	Funding Amount	Rationale
Designated Institutional Official	0.25	$40,000.00	DIO must be appointed.
Institutional Coordinator	0.25	$15,312.50	Clerical support to assist with Sponsoring Institution Application and GMEC.
Program Director	0.13	$25,000.00	A residency program director must be appointed.
Program Coordinator	0.25	$15,312.50	Clerical support to assist with Sponsoring Institution Application and GMEC.
Faculty			
Support Staff			
Other Staff			
Total Staff			
Fringe			
Total Personnel	**0.88**	**$95,625.00**	

Operating

Expense	Funding Amount	Rationale
Travel In State and Out of State Travel	$22,500.00	Travel-meetings in state and out of state
Materials and Supplies	$1,000.00	
Membership Fees and Dues	$2,100.00	STFM and Amer Psych Society - annual memberships
Subscriptions, Software Costs	$15,000.00	New Innovations, ERAS, NRMP, FREIDA, AAMC.
Technical Assistance Contractor	$75,000.00	Payment Support for Germane Solutions
Technical Assistance Contractor # 2		
IT Contracts		
Clinical or DIO Contract if not Salaried		
Operating Expenses	$10,000.00	Residency application fee and other expenses
Faculty Development Training and Team Meetings	$5,000.00	
Salary recovery for Dr. Hayes at 10%	$29,646.00	
Salary recovery for Ms. Zhorzholiani at 25%	$22,875.00	
Total Operating	**$183,121.00**	
Total Budget	**0.88**	**$278,746.00**
Total Requested Budget for 2 Years	**$**	**523,492.00**

Budget Justification

Expanding Residency Programing in Eastern New Mexico

Position	Explanation
Designated Institutional Official (DIO)	In order to apply for Institutional Accreditation, a Designated Institutional Official must be appointed. The Designated institutional official (DIO): is the individual in a Sponsoring Institution who has the authority and responsibility for all of that institution's ACGME-accredited programs. During the time prior to the initiation of residency programs; the DIO will be paid a stipend and will be stationed at Covenant Health Hospital – Hobbs.
Institutional Coordinator (IC)	The GME Institutional Coordinator (IC) oversees the administration of all internal special and focused program reviews, staffs the GMEC Program Review Subcommittee and is responsible for the systematic management and retention of all institutional and program accreditation files. It is anticipated that the Institutional Coordinator will initially be a part-time employee of Covenant Health Hospital – Hobbs, therefore funding covers a portion of salary and fringe benefits costs.
Program Director (PD)	The Residency Program Director (PD)is the physician designated with authority and accountability for the operation of a residency program. The Residency Program Director will be a physician who is stationed at Covenant Health Hospital – Hobbs and because the residency application is sufficiently complicated will need to be paid with a stipend.
Residency Coordinator (RC)	The Residency Coordinator (RC) under the direction and supervision of the Residency Program Director is responsible for assisting in the administration of the residency program as outlined in the Accreditation Council of Graduate Medical Education (ACGME) Program Requirements. The Residency Coordinator provides administrative support to the Program Director of the residency, Chief Residents, and provides support to faculty, residents, and fellows. The Residency Coordinator additionally will interact with faculty, residents, institutional and regulatory of offices of the Sponsoring Institution. It is anticipated that the Residency Coordinator will initially be a part-time employee of

Covenant Health Hospital – Hobbs, therefore funding covers a portion of salary and fringe benefits costs.

Expense	Explanation
Travel	Costs for both in-state travel of Dr. Hayes and Ms. Irina Zhorzholiani to Hobbs/Lovington area for meetings as well as out of state travel for the DIO, IC, PD, RC, and one additional faculty member to travel to the ACGME national meetings.
Materials and Supplies	Materials and supplies include consumable items (e.g., stationery, paper, photocopies, binders, telephone charges, reprints, printer ribbons, etc.) required for the project.
Membership Fees and Dues	Membership to the Society of Teachings of Family Medicine and American Psychiatry Association
Technical Contractor	Germane Solutions is a Graduate Medical Education consulting service with expertise in strategy, operations, finance, outcomes, and accreditation. Dr. Hayes has worked with Germane Solutions previously and has the opinion that this organization is the best consultant for the project.
Institutional Salary Recovery	For Dr. Hayes, the amount of salary recovery is 10% of his medical school salary and benefits. Because Dr. Hayes has extensive experience in Graduate Medical Education as a residency faculty member, Associate Program Director, Program Director, and DIO, he brings to the project a robust knowledge of residency training and administration. Moreover, Dr. Hayes has been involved in successful new residency program development in New Mexico, Texas, Arizona, Michigan, and Virginia. Covenant Health Hospital – Hobbs and Nor-Lea Hospital District are enthusiastic about the development of new programs, neither have been involved in the GME enterprise, therefore dedicated time of Dr. Hayes is needed. Ms. Irina Zhorzholiani holds a Master of Business Administration and has special skills and knowledge in the areas of accounting - financial cost reports for GME reimbursement, regulatory and reimbursement issues as well as accreditation standards. Covenant Health

	Hospital – Hobbs and Nor-Lea Hospital District are enthusiastic about the development of new programs however neither have been involved in the GME enterprise, therefore dedicated time of Ms. Zhorzholiani is needed.
Faculty Development	Physicians who are new to Medical Education will need development of their skills for instruction, supervision, feedback, assessment, and scholarly activity.
Subscriptions, Software Costs	Costs for Residency program management system (New Innovations), and membership fees for Electronic Residency Application Service (ERAS), National Resident Matching Program, (NRMP), and American Association of Medical Colleges (AAMC) and FREIDA system.
Operating Expenses	ACGME Residency program Application fee for Family Medicine Residency Program and other operating expenses.

APPENDIX E: LETTER OF TRANSMITTAL

NM GME Expansion Grant Program Request for Applications
Form must be complete.

1. Applicant		
Applicant Name: Oliver W. Hayes, DO, MPH Associate Dean of Graduate Medical Education		
Mailing address: Burrell College of Osteopathic Medicine at New Mexico State University, Suite 325, 3501 Arrowhead Drive		
City: Las Cruces	**State:** NM	**Zip Code:** 88001

2. Person authorized by the organization to contractually obligate on behalf of this grant award:
Name: Mr. John Hummer
Title: President
E-Mail Address: jhummer@burrell.edu
Telephone Number: (575) 674-2203

3. Person authorized by the organization to negotiate the grant award:
Name: Mr. John Hummer
Title: President
E-Mail Address: jhummer@burrell.edu
Telephone Number: (575) 674-2203

4. Person authorized by the organization to clarify, and respond to queries on behalf of this grant award:
Name: Oliver W. Hayes, DO, MPH
Title: Associate Dean of Graduate Medical Education
E-Mail Address: ohayes@burrell.edu
Telephone Number: (575) 674-2303

5. Use of Contractors/Subcontractors (select one) *	
	No contractors/subcontractors will be used
X	The following contractors/subcontractors will be used (describe purpose of each entity):

Germane Solutions will be a contractor on this project. Germane Solutions is a Graduate Medical Education Consulting Firm which will assist with five main services:

1. Strategy – creating the infrastructure in the Sponsoring Institution and Participating Institution that can maximize the value provided by the new GME programs and integrating medical education within the two organizations;
2. Operations – developing the operational processes to streamline work, improving clinical training efficiency, reducing administrative burden, and promoting an environment where high quality residency training can occur;
3. Finance – providing financial modeling to review CMS cost reports and developing capability within the institutions for cost reporting;
4. Outcomes – assisting the hospitals and health system to integrate GME programs with current organizational strategies for community engagement and population health initiatives. Integrating population health into GME development can address the unique needs of the surrounding community while supporting strategic objectives, improving population health outcomes, gaining access to targeted population data, and providing trainees with an engaging learning environment; and,
5. Accreditation – assisting with institutional and programmatic accreditation with the ACGME.

6. Please describe any relationship with other community, government, or business sectors- other than contractors/subcontractors listed in (4) above- that will support the Applicant's efforts.
n/a

5. On behalf of the submitting organization named in item #1, above, I accept the Terms and Conditions stated in Section V of this RFA. I agree to comply with all requirements as

described in this RFA, including all appendices, attachments, written clarifications, and amendments provided.

If the Applicant is unwilling to comply with any terms, conditions, or other requirements of this RFA the Applicant shall clearly describe any deviations and include a complete explanation of why such deviations are proposed.

Signature: John L. Dunmar

Date: 10/29/21

Development of New Residency Programing in Eastern New Mexico

Background:

In 2016, the Burrell College of Osteopathic Medicine (Burrell) established five (5) regional HUBS for clinical education of its medical students, one of which was the Eastern New Mexico HUB which includes the cities of Artesia, Carlsbad, Hobbs, Lovington, and Roswell. In the Summer of 2018, third-year medical students from Burrell began clinical rotations in Eastern New Mexico and this has continued to the present day. These community-based clinical training experiences in Eastern New Mexico inspire medical students to consider practicing work in regions of the U.S. where there are physician shortages. In 2018, Burrell established scholarship support for the Burrell students choosing Eastern New Mexico as their site for third-year clinical rotations. The scholarships were made possible thanks to an anonymous gift to the Southwest Foundation for Osteopathic Education and Research (SWFOER), a nonprofit 501(c)(3) organization that provides financial support to Burrell medical students. In addition, the students provided the scholarship must agree to return to New Mexico after their residency training. If a career opportunity is available, he or she will practice as a physician for four years in one of the following regions: Artesia, NM; Eddy County, NM; Chavez County, NM; Lea County, NM; or Las Cruces, NM. The full tuition scholarships were awarded based on academic achievement, community service, personal integrity, and character. Awardees will be able to apply the funds towards tuition, books, room and board and other educational expenses.

Following on the success of the community-based clinical medical student rotations and the scholarship program for students in Eastern New Mexico HUB, Burrell will now work to develop high-quality residency training in Eastern New Mexico, so its graduates can continue their residency training in the area. There is a strong correlation of attending medical school and completing residency training in a particular geographic region to retention of practicing physician in the region.[1-3]

To begin this process of residency development, it was important to determine if hospitals in the Hobbs/Lovington area would qualify for Medicare payments to support GME. From publicly available data, the Principal Investigator (OH) has learned that Nor-Lea Regional Hospital (doing business as Covenant Health Hospital - Provider Number 320065) does not have any historical Graduate Medical Education activity and can build cap for Medicare GME reimbursement. Nor Lea Hospital District (Provider Number 321305) is currently operating as a Critical Access Hospital (CAH). CAH hospitals do not have the ability to build cap, but the time residents spend at the hospital and its associated clinics can be claimed for reimbursement by the hospital which pays for the resident stipend and fringe benefits. Moreover, both hospitals will qualify for Medicaid GME reimbursement.

Project Narrative:

The purpose of the grant entitled “Development of New Residency Programing in Eastern New Mexico” is to advance residency training in the Hobbs/Lovington area which will ensure that

residents are trained to act as capable, competent, and compassionate primary care physicians adaptable to a variety of workplace settings and diverse patient populations. The residency training programs will provide care to both underserved and insured patient populations and are aligned with the Sponsoring and Participating Institutions' mission to serve these populations. A second but equally important purpose to train primary care physicians who will choose to remain in the region to address the shortage of primary care physician practicing in rural communities and surrounding regions. Specific aims of the residency programs are:

- Produce competent and independent practicing physicians that can care for patients in both inpatient and outpatient settings comprehensively;
- Prepare residents to be competitive applicants for fellowship opportunities and who can pursue other interests (this may include scholarship, education, community advocacy, public health, or leadership roles);
- Train physicians to have a basic understanding of quality improvement and patient safety;
- Produce residents that will serve the local community through their practice of primary care and hospital medicine and have expertise in treating the variety of patient populations with a particular understanding of the medically underserved; and,
- Develop socially well-adjusted residents through a programmatic focus on physician well-being, with the intent being that emotionally healthy physicians will be more resilient and able to deliver the best care to our community.

As of the 2010 census, Lea County, NM had populations of 64,727 people, 22,236 households, and 16,260 families were living in the county.[4-5] The racial makeup of the county was 75.0% White (including Hispanic), 4.1% African American, 1.2% Native American, 0.5% Asian, 0.1% Pacific Islander, 16.6% from other races, and 2.6% from two or more races. Those of Hispanic or Latino origin made up 51.1% of the population. Of the 22,236 households, 41.9% had children under the age of 18 living with them, 52.8% were married couples living together, 13.4% had a female householder with no husband present, 26.9% were not families, and 22.6% of all households were made up of individuals. The average household size was 2.82 and the average family size was 3.30. The median age was 31.9 years. The median income for a household in the county was $43,910 and for a family was $48,980. Males had a median income of $44,714 versus $25,847 for females. The per capita income for the county was $19,637.[3] About 15.2% of families and 17.7% of the population were below the poverty line, including 23.5% of those under age 18 and 11.1% of those age 65 or over.[6] Much of Lea County is designated are a Health Professional Shortage Area as well as all New Mexico Counties adjacent to Lea County (Roosevelt County, De Baca County, Chaves County, and Eddy County).[7] As of September of 2021 there were 7,086 Medicaid enrollees in Lea County which is approximately 11% of the population.[8]

Lea County like other areas in the Permian Basin experiences "boom and bust" cycles with variation in the price of oil. For those who live in Lea County, most are grateful for any uptick in oil prices but making a good living in the dusty Permian has never been easy. But even so, locals are faced with a host of new concerns. The cost of living inflates so quickly that it has outpaces the gains. Those without jobs are especially hard-hit, and industries outside the oil field face severe staffing shortages: Dumpsters overflow without garbage truck drivers to empty them. Students are late to class because there aren't enough bus drivers to pick them up. Law enforcement is stretched

thin while crime rates—drug use, sex trafficking, theft—rise along with the influx of temporary laborers. In particular health care is stretched, and hospitals are short on physicians.[9]

This proposal supports the expansion of new Graduate Medical Education (GME) in New Mexico with identified growth at Covenant Health Hospital Hobbs (CHHH) and Nor-Lea Hospital District (Nor-Lea). Based on the Principal Investigator's (PI) experience and track record regarding GME Development in New Mexico, it is anticipated that two residency programs can be developed in the Hobbs/Lovington area with CHHH and Nor-Lea, in particular:

1. A Family Medicine Residency Program with a total of eighteen (18) resident which would be a six/six/six residency program sponsored by CHHH with a participating site at Nor-Lea. The PI has had extensive discussions with the CEOs at each institution (Mr. Dan Springer – CEO of CHHH and Mr. David Shaw CEO of Nor-Lea) and both institutions are very supportive of this endeavor;
2. A rural training track Psychiatry Residency Program with two (2) residents per year in collaboration with an existing residency program. The current facility at CHHH will be replaced with a new hospital already under construction and this facility will be converted to an in-patient and out-patient psychiatric hospital. It is anticipated that this facility will be the site of future psychiatric residency training. Although the proposed project leader (OH) has not reached out to potential partners; the logical choice for potential partner would be the University of New Mexico Department of Psychiatry.
3. Although no grant funding is being requested, another GME program is being considered outside of this grant proposal which merits mentioning. It is anticipated that a Transitional Year (TY) Residency Program will be developed after the two residency programs captioned above are completed. Currently, there is only one TY residency in New Mexico, and it has excellent success at filling with highly qualified candidates and successful matching of all TY residents into very competitive advanced programs. One way of increasing the number of selected specialists in New Mexico would be to expand the TY residency availability in the state.

Proposed Project Overview:

Because of the complexity of residency training there are several key considerations related to the GME growth and expansion, the PI believes it is pertinent to develop a range of potential options and strategies for residency program development that could support each institution's leadership's goals. Based on available information and experience with similar situations, the structured residency-development engagement will focus on three main areas:

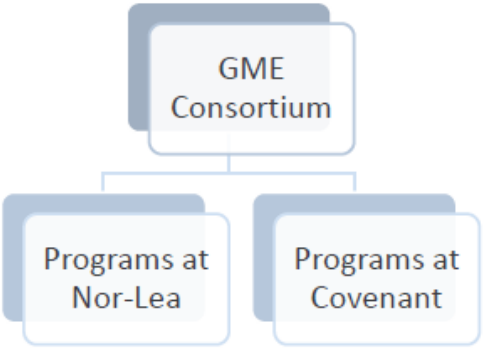
1. Develop Sponsoring Institution (CHHH) and Participating Institution (Nor-Lea) capabilities to support GME:
    a. Educate institutions' leadership on roles of the Sponsoring Institution and Participating Institution in GME;
        i. Ability to demonstrate oversight of processes and outcomes of education, and substantial compliance with accreditation standards, through the review of annually acquired information;

b. Educate institutions' key medical staff on the roles of the Sponsoring Institution and Participating Institution in GME.
c. Hire a qualified Designated Institutional Official (DIO) who is the individual in a Sponsoring Institution who has the authority and responsibility for all of that institution's ACGME-accredited program.
d. It is anticipated that the Sponsoring Institution and Participating Institution would apply to become members of the New Mexico Primary Care Training Consortium.

2. Develop a common educational operating structure for CHHH and Nor-Lea where the two hospitals from different health systems work to combine resources for residency training. Under such a model, one ACGME sponsoring institution would oversee GME activity at both sites supporting any future programs. This allows the sponsoring institution with greater authority for optimizing GME activity including deployment and monitoring of the resident's training activities, and time, across all the provider and non-provider sites. This function also increases economies of scale by reducing the need for duplicative GME infrastructure and costs at each training site.

3. Develop a common financial structure for the two hospitals to distribute revenue among hospital partners and manage residency caps between the two hospitals, the institutions can explore multiple options for GME structure: GME Consortium or Medicare Affiliation Agreements. The financial structure of such a model would need to be discussed and agreed upon by both CHHH and Nor-Lea in consideration of the respective FTE allocation, resources, and funding of both institutions. Both the PI and the consultant (Germane Solutions) has extensive experience working with various models and will help the institutions determine which would be the best fit for their organization. A possible consortium model could be used to develop new GME programing. In addition to the model displayed below (Figure 1) such a model could also involve Burrell College of Osteopathic Medicine at New Mexico State University for academic support (library facilities, biostatics, epidemiology, faculty development, scholarly activity, and research support, ACGME and CLER activities, journal club and osteopathic recognition).

Figure 1 Possible Operating and Financial Model



4. Develop a Sponsoring Institution Application to the ACGME which meets or exceeds all minimum standards for accreditation;

a. Gain ACGME Initial Accreditation of the Sponsoring Institution

5. Develop a strategic plan to optimize the value of CHHH's and Nor-Lea's last academic year of cap development and funding creation

6. Develop a Family Medicine Residency Application to the ACGME which meets or exceeds minimum standards for accreditation;

    a. Recruit and hire a qualified Family Medicine Program Director;
    b. Recruit and hire faculty for the residency program:
        i. Core Faculty
        ii. Precepting Faculty
    c. Determine location, design, and procedures for the Family Medicine Center which will be principal site of ambulatory training of the residents;
    d. Since family medicine programs are dependent in part on other specialties for the education of residents, the ability and commitment of the institution to fulfill these requirements must be documented with a Program Letter of Agreement (PLA);
    e. Develop necessary policies for the Family Medicine Residency Program; and,
    f. It is anticipated that the residency program would apply for membership in the New Mexico Primary Care Training Consortium.

7. Determine best existing residency partner for psychiatry residency training:
    a. Develop PLA for a Hobbs/Lovington area facility to be a participating site with the partner psychiatry residency program;
    b. In working with the host psychiatric residency program, determine the educational components to be completed in the rural track in the Hobbs/Lovington area;

8. Develop a Transitional Year Residency Application to the ACGME which meets or exceeds minimum standards for accreditation;
    a. A transitional year residency provides a broad-based program of graduate medical education in multiple clinical disciplines designed to facilitate the choice of and preparation for a specific specialty, including specialties requiring a year of fundamental clinical education as a prerequisite. Transitional year programs also provide clinical education for those medical school graduates planning to serve in public health organizations or those who desire one year of fundamental clinical education before entering administrative medicine or research.
    b. Develop a letter of commitment (an agreement) between a Transitional Year Residency Program and its sponsoring specialty program (which in this case is Family Medicine Residency Program).

References:

1. Morris CG, Johnson B, Kim S et al. Training Family Physicians in Communities: Health Workforce Solution. Fam Med.2008;40:271–6.

2. Brooks RG, Walsh M, Mardon RE, et al. Roles of Nature/Nurture in Recruitment and Retention of Primary Care Physicians in Rural Areas: Review of the Literature. Acad Med. 2002; 77:790–98.
3. Rosenthal TC, McGuigan MH, Anderson G. Rural Residency Tracks in Family Practice: Outcomes. Fam Med.2000; 32:174–7
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Letters of Support

1. Daniel Springer CEO of Covenant Health Hospital Hobbs
2. David Shaw CEO of Nor-Lea Hospital District
3. Sam Cobb Mayor of Hobbs, NM
4. Karen Valliant, MD Regional Assistant Dean Burrell

10/19/2021

CovenantHealth
Hobbs Hospital

Oliver W. Hayes, DO, MPH
Associate Dean of Graduate Medical Education
Burrell College of Osteopathic Medicine at New Mexico State University
Suite 325
3501 Arrowhead Drive
Las Cruces, NM 88001

Re: Letter of Support – GME Development in Eastern New Mexico

Dear Dr. Hayes:

I am writing this letter to express my enthusiastic support for the grant from Burrell College of Osteopathic Medicine to the State of New Mexico for GME Development in Eastern New Mexico. Covenant Health Hospital Hobbs (CHHH) is anticipating being the sponsor institution in the development of a new family medicine residency training program in the Hobbs/Lovington area of eastern New Mexico (CHHH). A new residency program would be transformative for healthcare delivery within the Permian Basin Region of New Mexico. Not only would the residents provide needed healthcare services during their residency training but the probability of retaining them in our community and region is increased exponentially. As you may know, Covenant Health is building a new hospital facility in Hobbs and the current plans are for the existing hospital to become a psychiatric facility which may open an opportunity for psychiatric training also.

Before Burrell opened its doors, its leadership had already gone to great lengths to bring new residency positions to underserved regions of New Mexico. In its relatively short time, it facilitated the creation of over 140 new residency slots for graduating medical students. These residency positions are vital to boosting the health outcomes of a region as it brings new doctors to areas in need, who have a higher probability of settling within these communities and providing long lasting patient care, boosting the economy, and reducing health disparities.

Covenant Health Hospital Hobbs would be proud to be the sponsoring institution for a new residency program and is prepared to work closely with the community and others on the creation of this residency program and its ongoing operations.

Thank you for your consideration.

Sincerely:

Mr. Daniel Springer
Chief Executive Officer

October 19, 2021

Oliver W. Hayes, DO, MPH
Associate Dean of Graduate Medical Education
Burrell College of Osteopathic Medicine at New Mexico State University
Suite 325
3501 Arrowhead Drive
Las Cruces, NM 88001

Re: Letter of Support – GME Development in Eastern New Mexico

Dear Dr. Hayes:

As CEO of Nor-Lea Hospital District (NLHD) I am writing this letter to express my enthusiastic support for the grant from Burrell College of Osteopathic Medicine to the State of New Mexico for GME Development in Eastern New Mexico. NLHD is anticipating being a participating site in the development of a new family medicine residency training program in the Hobbs/Lovington area of eastern New Mexico (CHHH). A new residency program would be transformative for healthcare delivery within the Permian Basin Region of New Mexico. Not only would the residents provide needed healthcare services during their residency training but the probability ofretaining them in our community and region is increased exponentially.

Before the Burrell opened its doors, its leadership had already gone to great lengths to bring new residency positions to underserved regions of New Mexico. In its relatively short time, it facilitated the creation of over 140 new residency slots for graduating medical students. These residency positions are vital to boosting the health outcomes of a region as it brings new doctors to areas in need, who have a higher probability of settling within these communities and providing long lasting patient care, boosting the economy, and reducing health disparities.

Nor-Lea Hospital District would be proud to be a participating for a new residency program and is prepared to work closely with the community and Covenant Health Hospital Hobbs on the creation of this residency program and its ongoing operations.

Thank you for your consideration.

Sincerely:

Mr. David Shaw
Chief Executive Officer

CITY OF Hobbs NEW MEXICO

MAYOR'S OFFICE

200 East Broadway
Hobbs, New Mexico 88240
scobb@hobbsnm.org

575-391-7890
575-391-7876 fax

SAM D. COBB
Mayor

October 18, 2021

Oliver W. Hayes, DO, MPH
Associate Dean of Graduate Medical Education
Burrell College of Osteopathic Medicine at New Mexico State University
3501 Arrowhead Drive, Suite 325
Las Cruces, NM 88001

Re: Letter of Support – GME Development in Eastern New Mexico

Dear Dr. Hayes:

Please accept this letter as confirmation of my unequivocal support of the grant application from Burrell College of Osteopathic Medicine at New Mexico State University (Burrell) to the State of New Mexico for GME Development in Eastern New Mexico. As Mayor of Hobbs for nearly a decade, I have firsthand knowledge of the difficulties our community faces when accessing healthcare. Our physician to patient ratio is less than half the national average, a shortage that is severely limiting our residents' access to healthcare services.

Burrell has already brought health benefits to our region through their medical student clinical rotation program focused on Eastern New Mexico. The presence of their third- and fourth-year medical students in our city has helped alleviate the issues caused by our physician shortage, as they provide much needed assistance to our hospital physicians. Additionally, Burrell medical students are committed to the College's mission to improve healthcare access in medically underserved communities.

I wholeheartedly support the opportunity to collaborate with Covenant Health Hospital - Hobbs Hospital and the Nor-Lea Hospital organization based in Lea County to create a new residency program that will not only benefit our community by allowing doctors to train within our region, but also increasing the probability of those physicians remaining in our community for decades to come. Investing in healthcare is a compounding investment that will have a positive impact on our city's overall quality of life.

Thank you for your consideration.

Sincerely yours,

THE CITY OF HOBBS, NEW MEXICO

SAM D. COBB
Mayor

SDC/jf

cc: Dan Springer, CEO – Covenant Hobbs
David Shaw, CEO – Nor-Lea Hospital

October 15, 2021

Oliver W. Hayes, DO, MPH
Associate Dean of Graduate Medical Education
Burrell College of Osteopathic Medicine at New Mexico State University
Suite 325
3501 Arrowhead Drive
Las Cruces, NM 88001

Re: Letter of Support – GME Development in Eastern New Mexico

Dear Dr. Hayes:

As the Regional Assistant Dean for Eastern New Mexico, I am writing this letter to express my enthusiastic support for the grant to the State of New Mexico for GME Development in Eastern New Mexico. Burrell College of Osteopathic Medicine at New Mexico State University (Burrell) first begun clinical training in Eastern New Mexico during 2018 with third-year medical students in their clinical phase of the medical school curriculum. This was followed by the Yates Scholarships for students who desired to return to this area after residency training. Having a residency program in the Hobbs/Lovington area would be the capstone to our efforts to retain our graduates as practicing physician in the Permian Basin area.

Covenant Health Hospital – Hobbs (CHHH) and Nor-Lea Hospital District (NLHD) would be excellent choices for the sponsoring and participating institutions respectively. A new residency program in hospitals already associated Burrell would be transformative for healthcare delivery within this region of New Mexico. Not only would the residents provide needed healthcare services during their residency training but the probability of retaining them in our community and region is increased exponentially. Additionally, there are possibilities of also developing residency training in psychiatry in collaboration with another sponsoring institution.

Before the Burrell opened its doors, its leadership had already gone to great lengths to bring new residency positions to underserved regions of New Mexico. In its relatively short time, it facilitated the creation of over 140 new residency slots for graduating medical students. These residency positions are vital to boosting the health outcomes of a region as it brings new doctors to areas in need, who have a higher probability of settling within these communities and providing long lasting patient care, boosting the economy, and reducing health disparities.

Thank you for your consideration.

Sincerely:

Karen Vaillant, MD

Karen Vaillant, MD
Assistant Regional Dean – Eastern New Mexico