

HUMAN SERVICES DEPARTMENT



GME EXPANSION REVIEW BOARD & ADVISORY MEETING

DR. DAVID SCRASE, HSD SECRETARY; DR. JOHN ANDAZOLA, BOARD CHAIR

March 4, 2022

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START…

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Diné and Pueblo past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



PHOTO COURTESY: HSD Employee

AGENDA

Time	Agenda Item	Facilitator(s)	Desired Outcome
10:00	Welcome & Introductions	Alex	Frame meeting and objectives, provide opportunity for introductions, and establish quorum.
10:05	Opening remarks	John	
10:10	Housekeeping	Alex	Provide update on GME Board & Advisory Group activities and developments.
10:20	GME Expansion Applicant	Alex & NMPCTC	Provide a brief overview of each applicant, including committee scoring. Answer questions from the group. Board votes whether to recommend appropriate applicant(s) for funding.
10:50	NM Primary Care Council Updates	Alex	Provide status update on spring 2021 applicants and Board & Advisory Group membership.
11:30	Public Comment		
11:45	Closing remarks	John	
12:00	Adjourn *Next virtual meeting will be Friday, June 3 (10:00 – 12:00)*		

BOARD & ADVISORY GROUP UPDATES

Welcome Mike!



Mike Bell, Assoc. Program Director for Internal Medicine Residency & Program Director for Transitional Year Residency, MVRMC

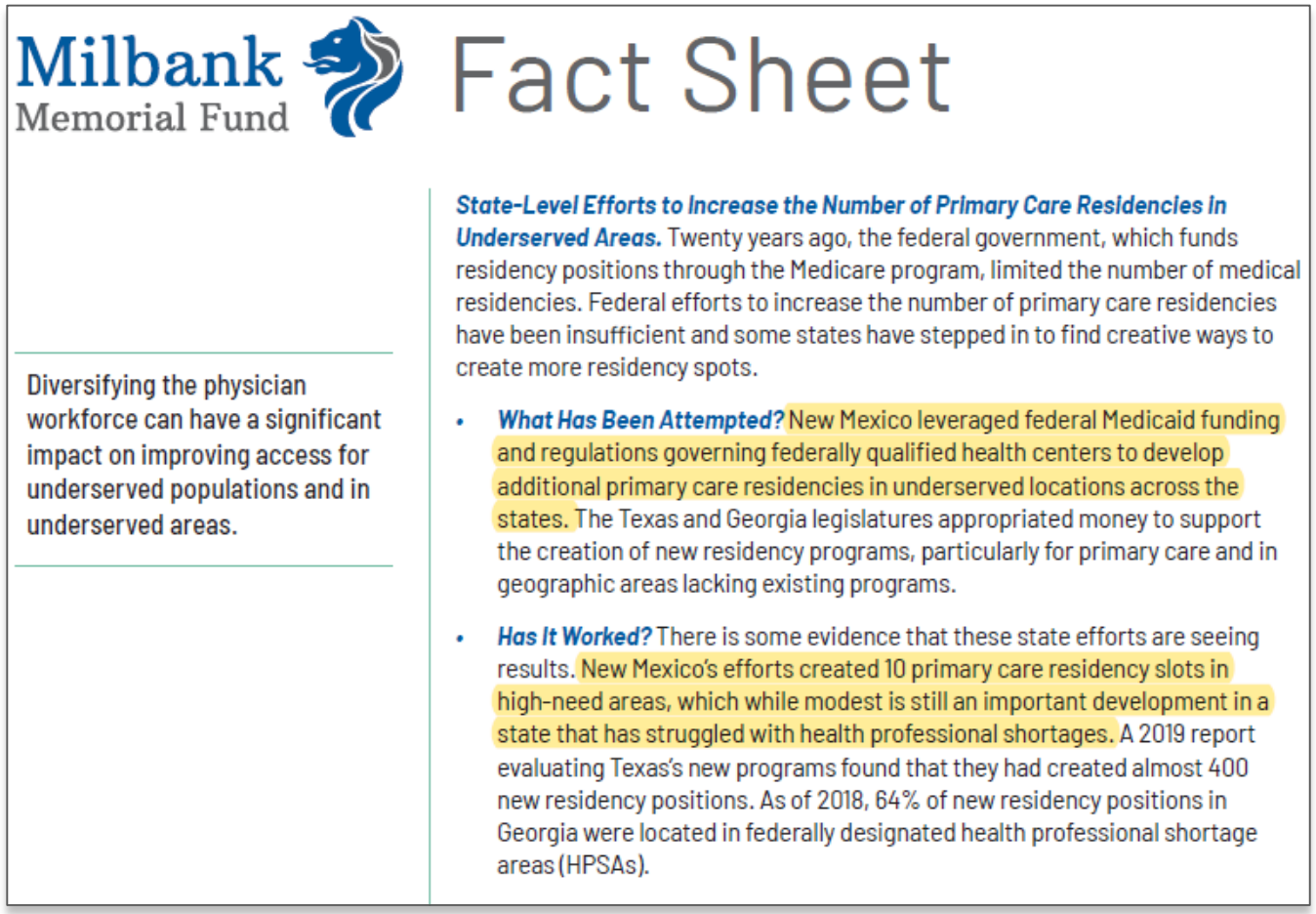
Congrats, Val!



Congratulations to **Dr. Val Wangler** on being selected as *Physician of the Year* by NM Society of Hospital Medicine as result of her leadership and drive to make a difference!

UPDATES

Deadline for Teaching Health Center GME Program March 31!



Milbank Memorial Fund

Fact Sheet

Diversifying the physician workforce can have a significant impact on improving access for underserved populations and in underserved areas.

State-Level Efforts to Increase the Number of Primary Care Residencies In Underserved Areas. Twenty years ago, the federal government, which funds residency positions through the Medicare program, limited the number of medical residencies. Federal efforts to increase the number of primary care residencies have been insufficient and some states have stepped in to find creative ways to create more residency spots.

- ***What Has Been Attempted?*** New Mexico leveraged federal Medicaid funding and regulations governing federally qualified health centers to develop additional primary care residencies in underserved locations across the states. The Texas and Georgia legislatures appropriated money to support the creation of new residency programs, particularly for primary care and in geographic areas lacking existing programs.
- ***Has It Worked?*** There is some evidence that these state efforts are seeing results. New Mexico's efforts created 10 primary care residency slots in high-need areas, which while modest is still an important development in a state that has struggled with health professional shortages. A 2019 report evaluating Texas's new programs found that they had created almost 400 new residency positions. As of 2018, 64% of new residency positions in Georgia were located in federally designated health professional shortage areas (HPSAs).

NM's PC **Graduate Medical Education Expansion Review & Advisory Board** recognized in Milbank Memorial Fund January report highlighting PC policy improvements!

What's the purpose of this funding?

The U.S. Department of Health and Human Services has made $19.2 million in grant funds available to support the training of residents in primary care residency training programs in community-based ambulatory patient care centers. Programs will prepare residents to provide high quality care, particularly in rural and underserved communities, and develop competencies to serve these diverse populations and communities.

Who's eligible to apply?

Community-based ambulatory patient care centers that sponsor an accredited primary care residency program in Family Medicine, Internal Medicine, Pediatrics, Internal Medicine-Pediatrics, Obstetrics and Gynecology, Psychiatry, or Geriatrics.

Applicants can apply for one of two award types:

1. **Expansion awards** for an increased number of resident Full-Time Equivalent (FTE) positions at existing HRSA THCGME Programs.
2. **New awards** to support new resident FTE positions at new Teaching Health Centers (THCs) that have never received HRSA THCGME Program payments.

When's the deadline?

Applications should be submitted by March 31, 2022.

Where can I apply?

Click here to go to the application on Grants.gov

GME EXPANSION FUNDING SINCE 2020

Applicant	Specialty	Location	Funding Amount	New or Expanding Program	First Year Residents	Anticipated Residency Start Date
El Centro Family Health	Family Medicine	Española	$190,823	New	4	2024
Burrell College of Osteopathic Medicine	Family Medicine	Las Cruces	$236,640	Expansion	4 resident increase	Summer 2021
Memorial Medical Center	Gen. Psychiatry	Las Cruces	$546,308	New	3	Summer 2023
CHRISTUS St. Vincent Regional Medical Center	Family Medicine	Santa Fe	$190,875	New	6 or 7	2024
Total Funds Provided: $1,164,646						

GME PROGRAM STAGES OF DEVELOPMENT

Stage 1: Program Planning

1. Determine structure (partnership or independent)
2. Identify collaborators/stakeholders and build community support
3. Identify Sponsoring Institution
4. Assess ACGME application feasibility
5. Prepare budget/proforma

Stage 2: ACGME Application Development

1. Faculty recruitment, development, training
2. Submit Sponsoring Institution application, if needed
3. Submit ACGME application
4. Prepare for ACGME site visit
5. Community engagement

Stage 3: Preparing for Residents

1. Proceed w/ ACGME Initial Accreditation Letter
2. Resident recruitment
3. Faculty development, recruitment
4. Curriculum refinement
5. Community engagement

APPLICATION REVIEW COMMITTEE MEMBERS

1. Dr. John Andazola
2. Dr. Sabrina Gill
3. Eileen Goode, BSN
4. Dr. Oliver Hayes
5. Anastacia Sanchez



GME EXPANSION APPLICATION SUMMARY

Applicant	Primary Care Specialty	Location	Funding Requested	Meets Eligibility Criteria	New or Expanding Program	# of First Year Resident	Anticipated Residency Start Date
El Centro Family Health	Family Medicine	Española	$296,516	Yes	New Stage 2	4	2024
Memorial Medical Center	Gen. Psychiatry	Las Cruces	$188,200	Yes	New Stage 3	3	July 2023
Burrell College of Osteopathic Medicine	Family Medicine / Psychiatry	Hobbs / Lovington	$523,492 (Yr.. 1: $244,746; Yr.. 2: $278,746)	Yes	New 2 Yr. app. All stages	6 FM 2 Psych	2024
CHRISTUS	Family Medicine	Santa FE	$184,075	Yes	New	6 or 7	2024
Total FY 23 Funds Requested: $913,537							
Total FY 23 Funds Available: $1,000,000							

APPLICANT
CHRISTUS ST. VINCENT

FAMILY MEDICINE

CHRISTUS ST. VINCENT

APPLICATION OVERVIEW

- Specialty: Family Medicine
- # of Residents: 6-7 (2-3 new)
- Length of Funding: 1 year
- Project Phase: 2
- Outcomes:
  - Increase partner capacity to provide additional continuity clinics, rural experiences and rotations
  - Support ACGME application to create 3-year FM RTT with El Centro
  - Work with Sponsoring Institution and partners to finalize program policies procedures, structures, committees/committee responsibilities for ECFH FM program

ABOUT THE APPLICANT

- UNM has had RTT with CHRISTUS since 1997, training 71 residents. They have 70% NM retention rate.
- Geriatrician revamping curriculum and rotations to include palliative care/hospice
- Potential GME Expansion Partners Include:
  - La Familia Medical Center – Continuity Clinic
  - Presbyterian Healthcare Services
  - El Centro Family Health
  - Indian Health Service
  - UNM Hospital and Dept. of Family and Community Medicine

CHRISTUS BUDGET $184,075

CHRISTUS St. Vincent Budget Summary		
Salaries	**FTE**	**Budget Amount**
Program Director	0.2	$50,000
Associate Program Director	0.1	$22,500
Program Coordinator	0.2	$20,000
Program Admin Assistant	0.25	$15,000
Total Salaries	0.25	$107,500
All Staff Fringe	0.25	$26,875
Total Personnel	**0.25**	**$134,375**
Travel		
In-State / Local (El Centro, UNM, Partner Coordination)	-	$3,000
Out-of-State	-	-
Total	**-**	**$3,000**
Program License / Fees / Other	-	
ACGME Annual Program Fee	-	$5,700
Conference Fees	-	$5,000
Software Licenses	-	$2,000
Laptop (2x)	-	$4,000
Total	**-**	**$16,700**
Technical Assistance Contract application development	-	$30,000
Grand Total	**0.25**	**$184,075**

APPLICATION REVIEW COMMITTEE SUMMARY

Applicant	Funding Recommendation	Total Score	Average Score	Score Range (from 4-40)
CHRISTUS	Yes (4); Technical Assistance (1)	148	30	17 - 34

COMMITTEE COMMENTS & QUESTIONS (CHRISTUS)

1. Narrative defines movement towards freestanding residency program in Santa Fe with expansion to support program development in El Centro. Importance of serving populations in N. NM are apparent, and well understood. N**arrative does not describe efforts to recruit NM residents** however application is for evaluating capacity of CHRISTUS in becoming stand-alone residency program and this may be premature. **Major components are missing** including org chart, biographical sketches, letters of support, and community need.
2. Clear, though vague; **Where are they planning to reach out for collaboration? What parts of training do they not have capacity to train 8 residents (as opposed to current 6)? What kinds of rural training are they hoping to provide? How will they work on faculty recruitment?**
3. The budget is clear and ties to the workplan.

- Narrative was a little confusing: "Submit an ACGME application to create a 3-three FM (? residency) at CVS with local partners by June 2022." I was unclear how this could be accomplished if SI has not be established or designated. It would be impossible to establish new SI by June 2022 because agenda closing date Review Committee (for SI) was 1/28/22 for actual meeting of April 19-22, 2022. If project was going to negotiate with existing SI in NM it would be possible to submit by June of 2022. **I recommend issue of identification of SI needs to be resolved.**
- Workplan outlined in 'Project Timeline'. Objectives, tasks, lead and due date are clearly displayed.
- **I am not aware of what a reasonable cost for Technical Assistance Financial Projections are**. One are in the plan is faculty recruitment/development, and this does not seem incorporated into the budget.

NEW MEXICO PRIMARY CARE COUNCIL

MISSION

Revolutionize primary care into InterProfessional, sustainable teams delivering high-quality, accessible, equitable health care across New Mexico through partnerships with patients, families, and communities.

VISION

By 2026, New Mexico will exemplify same-day access to high-quality, equitable primary care for all persons, families, and communities.

GOALS

Equity



Develop and drive investments in equity across New Mexico to improve the health of New Mexicans.

Health Technology

Develop and drive health information technology improvements and investments that make high quality primary care seamless and easy for Primary Care Interprofessional Teams, patients, families, and communities.

Payment Strategies



Develop and make recommendations regarding sustainable payment models and strategies to achieve high quality and equitable primary care for all New Mexicans.

Workforce Sustainability



Create a sustainable workforce, financial model, and budget to support our mission and secure necessary state and federal funding.

Specified Duties House Bill 67

8

1. Develop shared description of primary care practitioners & services
2. Analyze proportion of health care delivery expenditures allocated to primary care statewide
3. Review national and state models of primary care investment
4. Review New Mexico state and county data barriers to accessing primary care services faced by New Mexicans
5. Recommend policies, regulations
6. Coordinate efforts with the graduate medical education expansion review board to address primary care workforce shortages
7. Report annually to Legislative Finance Committee & Legislative Health and Human Services Committee
8. Develop a 5 year plan to investing in primary care to increase access, improve quality, address provider shortages, lower health care costs

PRIMARY CARE COUNCIL STRATEGIC PLAN

- PCC will have $1M funding for state Fiscal Year 23 (7/1/22 – 6/30/23)
- May PCC meeting will focus on FY23 spending priorities
  - HSD will solicit feedback from PCC members during March & April
  - HSD also survey PC societies and associations, working with PCC members



DEFINITON OF HIGH-QUALITY PRIMARY CARE

High-quality primary care is the provision of whole-person, integrated, accessible, and equitable healthcare by inter-professional teams and community partners who are accountable for addressing the majority of individuals' health and well-being across settings and through sustained relationships with patients, families, and communities.

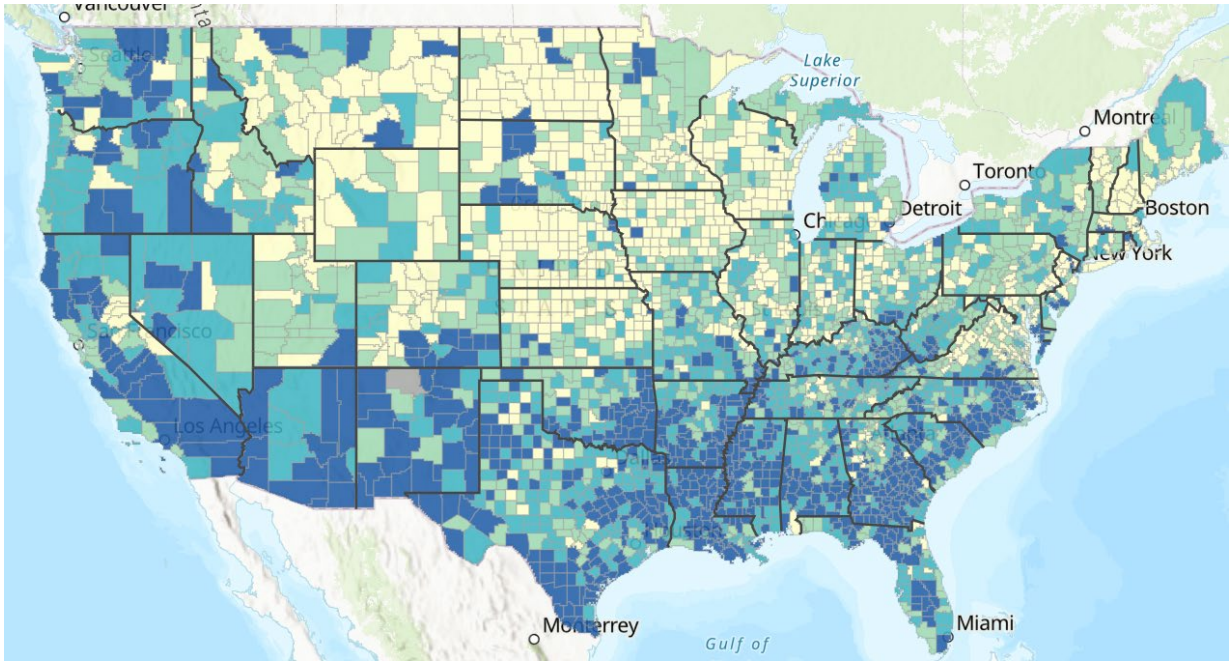
Adapted from the National Academies' of Science, Engineering, and Medicine definition of Primary Care.

REVOLUTIONIZING NM'S PC PAYMENT MODEL

- Goal 2 workgroup reviewed 12* state models designed to achieve high quality and equitable PC. This review includes:
  - Adoption of goal related to percent increase PC spend
  - Establishment of organization to oversee PC reform long-term
  - Strategies on provider engagement throughout reform implementation
  - Legislative actions designed to spur reforms
- **Next steps: Workgroup will identify and recommend specific PC payment/financing models for PCC consideration, including models meet unique needs of NM.**

**States evaluated include RI, OR, CO, CT, WA, NY, MD, CA, MN, MI, PA, NC*

U.S. Social Vulnerability, 2018

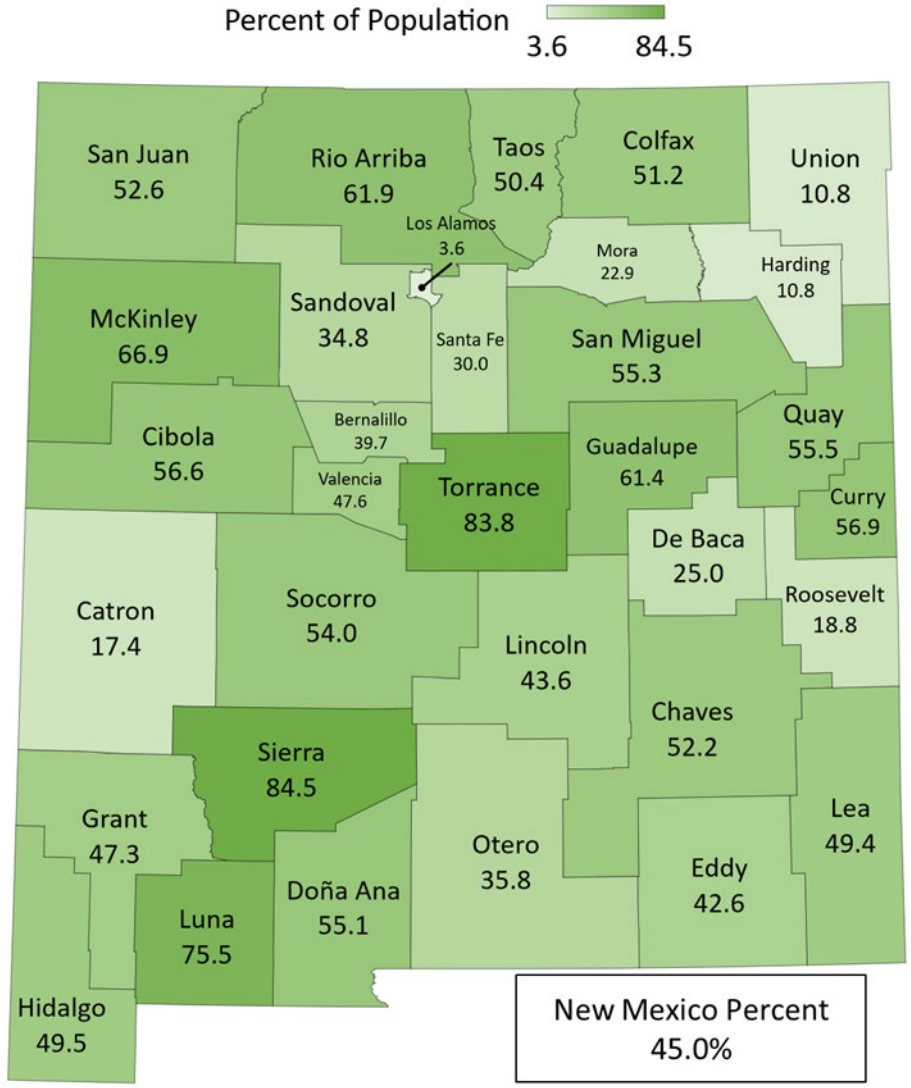


Source: CDC

MEDICAID OF THE FUTURE

- In 2022, HSD will begin MCO procurement process, with contract start date of 1/1/2024.
- Also in 2022, HSD will submit new 1115 waiver, outlining pilot projects that advance Medicaid.
- Both waiver and contracts will include:
  - Women's health
  - Children's health
  - Equity and social determinants of health
  - Primary care
  - Technology (e.g. customers, MCOs, providers, HSD)
- **We want to hear from you!** Public comment period tentatively scheduled for August-October 2022.

Medicaid & CHIP Recipients as a Percentage of Population by County as of October 2021



PCC EQUITY WORKGROUP RECOMMENDATIONS

1. **Develop an Equity Data Working Group** that can advise on key metrics, data collection, and interpretative frameworks to drive towards health equity. Strategically partner with Chief Data Officers (CDOs) by adding CDOs to the Equity Data Working Group.

2. **Expand data collection.** Equity Data Working Group members to Identify a set of Primary Care Indicators using a Consensus Building Process in the following domains: 1) Primary health-care financing, 2)Primary health-care access, 3) Primary health-care outcomes, 4) Demographics and Social Determinants of Health.

PCC EQUITY WORKGROUP RECOMMENDATIONS

3. **Invest in data sharing platforms** that allows for integration of multiple curated datasets, improving population health and well-being by ensuring accurate prioritization of health issues to address, more responsive program planning, and better tracking of progress on indicators.
4. Equity Data Working Group **draft policies** resulting in common data practices that support sharing and analysis.

We need you! Take this brief survey!



HUMAN SERVICES DEPARTMENT



DISCUSSION



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PUBLIC COMMENT



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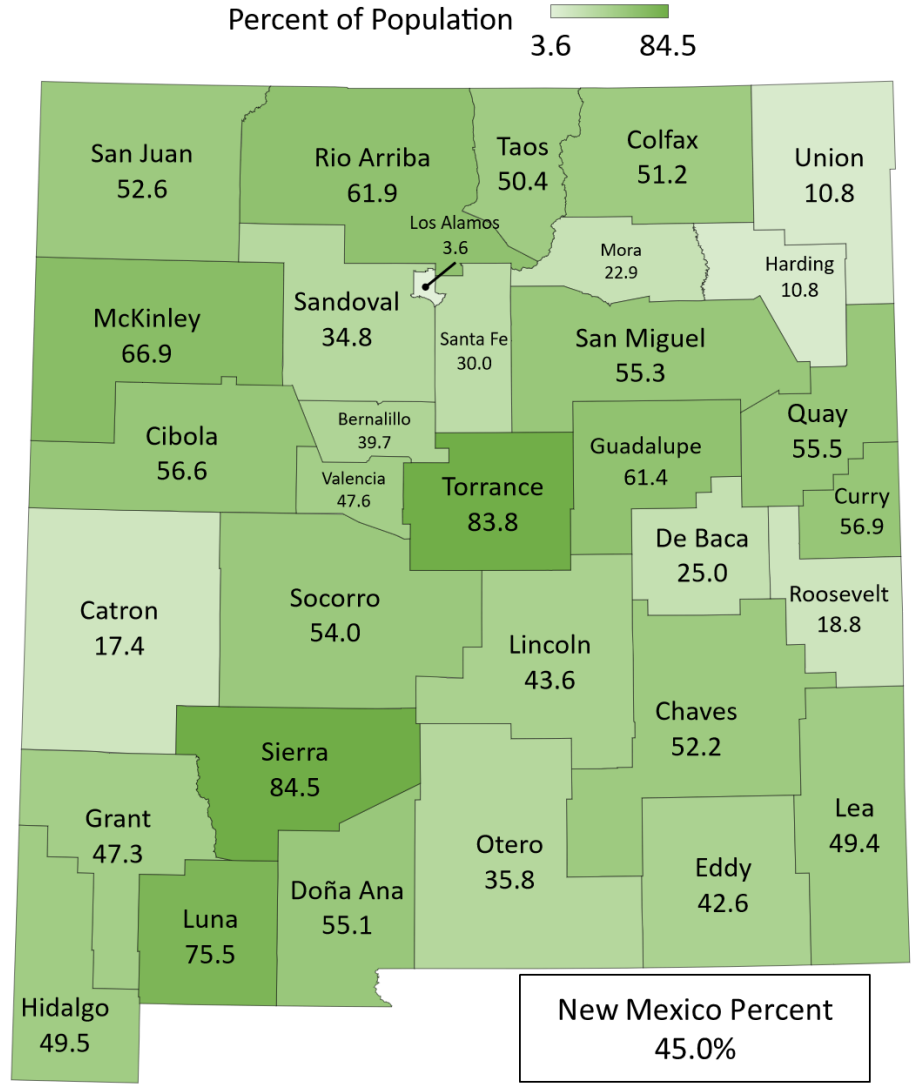


APPENDIX

FINANCIAL SUSTAINABILITY: MEDICAID FINANCING

- 1115 Medicaid Waiver submitted to US Centers for Medicare & Medicaid Services (CMS) on 3/1/21 re: **enhanced GME program matching.**
  - Status: Pending CMS approval.
- Currently, **GME programs partnering with free-standing psychiatric hospitals ineligible for Medicaid Indirect GME payments**.
  - Status: HSD modeling financial impact of expanding payments to free-standing psychiatric hospitals as part of new Medicaid State Plan Amendment. Currently, GME in free-standing psychiatric hospitals expected to be effective in 2023.
- **FQHC/Hospital Split of DGME and IME**
  - Status: HSD reviewing federal regulations and state policy for FQHC/Hospital Split of DGME and IME.

Medicaid & CHIP Recipients as a Percentage of Population by County as of October 2021



Source: NM HSD. Recipients as of October 2021. Percentages calculated using data from the U.S. Census Bureau, Population Estimates Program (PEP), Vintage 2020. Retrieved December 1, 2021.