GME Expansion Review Board & Advisory Group Meeting

September 5th & 6th, 2019

HSD Field Office, Albuquerque

Minutes

Agenda item: **Welcome and Introductions** **Presenter:** David Scrase and All Present

Discussion:

Sec. Scrase welcomed all present and members of the public. Review of days agenda, provided overview of meeting space, general 'housekeeping' items and thanks to those who were in attendance.

Each attendee introduced themselves and noted their interest and connection to Graduate Medical Education (GME) activities, including members of the public in attendance. Special welcome to Rep. Rudy Martinez for his participation and support of GEM Expansion in NM.

Agenda item: **HB 480 Bill Review and Analysis** **Presenter:** David Scrase

Discussion:

- Review of Bill and statutory requirements.
- Mention of Gov. Lujan Grisham support of Board and Advisory Group's efforts which includes behavior health.
- Encouraged each participant to thoroughly review House Bill (HB) 480.
- Discussion around Medicaid match.
- 'Growing our own in New Mexico'
- Purpose of the Board and Advisory Group is to oversee efforts but not get into Program standards- Accreditation Council for Graduate Medical Education (ACGME) accreditation will dictate program standards.

Presentation : <u>GME Expansion Inaugural Meeting Strategic Planning/HB 480 Review</u>

- Creation of GME expansion Review Board and Advisory Group-background
  Board and Advisory Group roles & responsibilities-reviewed
- Development of state strategic plan for expanding GME training programs
- Review of grant applications
- Alignment with intent of legislation
- Contributions of 3 subcommittees
- Board and Advisory Group represents interest of the people of New Mexico (particularly Medicaid population)

Group Discussion Points

- Behavioral healthcare integration
- Integrated Professional Training-ACGME requirement
- Unmet social & behavioral needs
- Investing in faculty-those teaching residents
- Lack of health systems and services outside of ABQ- importance of focusing efforts on rural and frontier communities
- Need for collaborations in training process for success.

Agenda item: **Review Open Meetings Act and Resolution** **Presenter:** Alex Castillo Smith

Discussion:

- Board subject to compliance with sunshine laws.
- Must vote to adopt Open Meetings Resolution.

Presentation: <u>Open Meetings Review & Resolution Adoption</u>

- Sunshine Laws overview, including Open Meetings Act.
- Requirements-review (meetings open to public, meeting notices, written minutes, vote records).
- Resolution Highlights.

- Advisory Group-not subject to Act but advised to conduct as if they are.

Group Discussion Points

- Suggestion of quarterly meetings.
- Specific day of week discussion
- Less frequent, longer meetings desired due to travel of attendees
- Conference calling option discussion-still subject to Open Meetings Act
- Suggestion of periodic meetings in southern part of state
- Group will capture meeting availability – make decisions of Sept. 6th

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Agenda item: **NM GME 101, including dis/enabling legislation** **Presenter:** Charlie Alfero

Presentation: <u>Graduate Medical Education 101, Building and Financing Residencies in NM, Policy Solutions: Like Herding Cats!</u>

- Where are we now?
- Understand history, status, and potential for various financing models in GME in Medicare, Medicaid, and related funding
- Evolution of residency training
- Key concepts in Medicare & CMS financing of GME
- Inhibitors to using Medicare to grow residencies
- Teaching Health Center (THC) review
- Medicaid-review current state in NM
- Medicaid-1115 wavier language review
- GME ACGME accreditation requirements-quality measures
- GME payment system
- Community level development-collaborative, positive development approach
- NM Primary Care Training Consortium-4 current FM residency programs in NM
- Options in the state for medical training systems other than academic medical systems
- Opportunities in NM for growth

Group Discussion Points

- Independent programs- own Sponsoring Institution (SI). For example, Gallup's GME program is not tied to academic medical center
- ACGME does the accreditation-does not matter where you are located, subject to same curricula requirements
- Note of medical school involvement in residency training programs, faculty development
- Note of Primary Care/Family Medicine (FM) resident get more outside of academic medical center
- Rural expansion is critical to grow rural doctors
- Growth-upper payment limits
- Medicaid match money
- Increase in state's investment of Indirect Medical Education (IMG)/GME- 22% increase over the last year
- Eligibility for GME payments
- How to maximize federal match funds
- Strategies for THC-need
- Growth inhibitors-discussion
- State Medicaid regulation-discussion
- Medicaid Expansion and its relation to GME
- NM is well poised to make meaningful changes
- Incentives to hospitals and other programs to encourage this-what will it take?
  -assurances
  -faculty to support program
  -grow number of faculty
  -new graduates are looking for new/innovative models
- Need list of Diagnosis-Related Group (DRG) hospitals
- Faculty recruitment is a challenge we need to address
- Shared faculty development for statewide system to support residency development
- NM has highest Medicaid population in the nation
- Faculty training-barriers- need to build strategies around training in FQHCs, this would be instrumental in development for NM

Agenda item: **Existing programs, locations, capacities, and potential growth sites** **Presenter:** John Andazola

Discussion:

- Review of existing programs
- Formulating and potential development of primary care and other residencies
- Role of the NM Primary Care Training Consortium in program development and support

Presentation: <u>Existing programs, locations, capacities, and potential growth sites</u>

- Need to train in our communities for doctors to stay in our communities
- Memorial Medical Center (MMC) has 65% physician retention rate- where you finish your training is where you stay
- Pipeline activities- need to be part of our model/plan
- Burrell College of Medicine (BCOM)-20220 will graduate its 1st class
- BCOM-must be developing training programs as part of ACGME accreditation requirements
- Hub concept-discussed- allows communities to support more residents
- Faculty development-shared resources-through Hub Model/weekly faculty precepting at MMC clinic, current model

Group Discussion Points

- Possible county level involvement through housing support
- Possible jail rotations-required medical care
- Faculty development is key to our success
- With funding, existing faculty development can be shared throughout the state
- Hub models are currently working for BCOM-meets ACGME requirements- they understand the need for innovation.
- Develop a 'system-wide' model for the state
- Use of tele-conferencing
- Discussion around our Goals- growth of number of positions
- Indian Health Services (HIS)-as part of our training system
- Veterans Administration (VA)-discussions

Agenda item: **GME in Texas** **Presenter:** Don Peska

Discussion:

- Understanding how GME training programs expanded in Texas
- Identify tactics and strategies applicable to NM
- Everything is scalable
- TX not a Medicaid expansion state
- CMS was only funding source
- 8 year project
- Working above the cap-to meet needs of service line

Presentation: <u>Texas GME Expansion</u>

- Presented TX program logic model for GME expansion
- Assumptions: shortage in healthcare workforce, residency pipeline as an effective recruitment strategy
- Resources:
  -Clinical Capacity: facilities, faculty
  -Leadership: medical schools, independent entities
  -Durable funding sources: CMS (Medicare only), academic, clinical revenue, corporate, extramural grants, philanthropy, private sponsorships
- Activities:
  -Data Collection/Needs Assessment: census, cost, education
  -Legislation
  -Custodianship

-Prioritization
-Qualification
-Funds Allocation
-Expansion

- Output: site approvals, program approvals, expansion approvals, increased resident enrollment
- Outcome: increased physician workforce in the state
- Impact: increased access to care in target districts
- Implementation of HB480 is significant step

Group Discussion Points

- Establish an index year- to mitigate any gaming of system
- Medicaid to add to the durability of funding
- Show incremental numbers to legislative bodies
- Texas legislature- first allotted $19M, now $96M

Agenda item: **Define & Prioritize Primary Care in NM** **Presenter:** Dave Rakel

Presentation: <u>Defining Primary Care for NM</u>

- Consensus definition of primary care (PC)
- Targeted interventions and expansion
- Milbank Memorial Report- Primary Care spend rate, need to measure
- Review of committee survey-re: definition of PC
- Interprofessional PC teams must include psychiatry
- Medicaid definition of PC
- Scope of services PC provider should provide: acute care, chronic care, education and screening, preventative care, coordination of care
- Spend rate-need to identify this for NM
- PC-narrow definition
- PC-broad definition
- Review of PC spend definitions by organizations and select states
- Need to ask community/patient-what do you need from us?
- PC defined: Contact, Continuous, Comprehensive, Coordinated, Context (provided within the context of the patient's life), Community (community needs to drive strategy)
- NM is a leader in the Hub/Spoke Model-listen to each about what each needs
- Voice of the Community-environment, cultural competency, where they live

Group Discussion Points

- Structural Competency- health teams need to include this
- Southern NM Family Residency Program-has added this to curriculum
- What's your mission for your own health-put patients in control of their own health
- HB480-our guidelines, we need to realize the bigger picture of scope and elements for the ingredients for NM
- Discussions of PC-definitions by group and members of the public
- Use of committee survey as a tool for discussion
- Essential services needed in a community
- 74% of NM children born in the Medicaid system
- PC needs to have a strong curriculum on areas discussed
- Faculty Development- needed component to what we are doing.
- Noted: taking narrow definition of PC will help find needed data (spend rate and ROI)
- Public Comment opportunity- went around the room for each attendee to have an opportunity to give any additional input.
    - Presbyterian Health Services (PHS)-no comment
    - Gila Regional Medical Center (GRMC)-no comment
    - Rep. Martinez- will support this as recurring, is this amount adequate for project? Perhaps the Sec. could give brief presentation to House Appropriations and LFC
    - Need to make FM attractive to attract the best and the brightest
    - Care team infrastructure as part of our scope to make more attractive
    - Seek innovative approaches to our model to attract best candidates

- Care team necessary for value-based approaches
- NM Higher Education Department role: looking for opportunities to assist
- Hispanic Medical Society- supports project
- Each community has diverse needs, need to be recognized and addressed

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Agenda item: **Vision & Goals** **Presenter:** David Scrase

Discussion:

- Develop draft vision and mission statements and goals

Presentation: GME Expansion Strategic Planning

- Vision and Goals- used committee surveys-created drafts for review and amend as necessary
- Review of HB480- strategic plan, objectives/roles, timelines, goals, summary of current state, 5 year plan, process/evaluation for funds disbursements, long-term sustainability plan
- Review of Mission and Vision definitions
- Review of survey results as it aligns with HB480, draft statement created
- Breakout groups created to review draft and make suggested changes
- Entire group agreed to reconvene to work on final, agreed upon language- DAY 2-will be finalized by group
- Review of survey results for Vision Statement
- Breakout groups created to review draft and make suggested changes
- Entire group reconvened to work on final, agreed upon language- DAY 2-will be finalized by group

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Agenda item: **Summary and Next Steps** **Presenter:** David Scrase

Discussion:

- Arrive at consensus and move forward
- Delegate tasks and owner(s) as needed

Group Discussion Points

- Review of Day 2 agenda and activities
- Review with group-What went well, what could we do better, feedback from entire group and members of public

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ADJOURN- DAY 1 5pm

DAY 2- SEPTEMBER 6, 2019

Agenda item: **Welcome and Introductions** **Presenter:** David Scrase

Discussion:

- Provide meeting overview and express gratitude to participants
- Special introductions for: Lt. Governor Howie Morales, Rep. Rodolpho Martinez and Rep. Nathan Small
    - Express appreciation for their attendance and support of the GME Expansion project

- **Rep. Nathan Small**- mentioned need for access to care, support of GME initiatives, sends message of support from Rep. Doreen Gallegos who could not be in attendance.
- **Lt**. **Governor Howie Morales**-Discussed his vision for healthcare in NM. Accessibility, affordability-being second to none! Must have interagency collaboration, look at any barriers such as credentialing process issues. Need to look at the prevention side to healthcare-in innovative ways.
- **Rep**. **Rudy Martinez**- Continue to support GME expansion, ways to grow our own in the healthcare workforce. Access to healthcare for all New Mexicans is key to the success of our state.

Agenda item: **Recap** **Presenter:** All

Discussion:

- Name, Title, GME experience, and what excites you about the work
- All attendees commented on the above list of items about themselves

Agenda item: **Refine Vision and Goals** **Presenter:** Davis Scrase

Discussion:

- Finalize vision and mission statements and goals
- Statements will form the basis of the strategic plan for statewide expansion

Group Discussion Points

- Review of draft mission statement distilled from group input on Day 1- finalize
- Discussion around timeline/plan
- Setting of expansion targets
- Asked for legislative input from legislators present- Small and Martinez
- Discussed budget concerns
- Discussion of focus-Medicaid perspective-need PC to serve our population
- Many ways to fund residency programs, with goal to train as many as possible
- Revisions made to statements to align with HB480-vote to accept changes by Board
- Objectives- reviewed previous day's work.
- Discussion around agreement on state-wide GME network approach- all in agreement to add to subcommittee work

Agenda item: **Chair election** **Presenter:** David Scrase

Discussion:

- Chairperson identification

Group Discussion Points

- Through survey- (3) individuals have shown interest in this position
- Sec. Scrase sees importance in having a PC physician as Chair.
- Staff will support this position
- OFFCICAL BAORD VOTE: David Rakel nominated and elected by group as Chairman (unanimous)
- Rakel- "Happy to serve the state and health of NM in this role"

Agenda item: **Meeting logistics (frequency, subcommittees)** **Presenter:** David Rakel

Discussion:

- Participants confirm their subcommittee selection
- Develop norms for how they'll work together
- Subcommittees:
    - 5-yr Strategic Plan- Plan Development
    - Grants-RFP, Application Protocols, Application Period
    - Sustainability-Academic Plan, Financial Plan
- Subcommittees will need different skill-sets
- Subcommittees – breakout into small groups to discuss goals and meeting logistics for subcommittee work
- Subcommittee-email Alex summary of work/actions and meeting logistics

Agenda item: **Summary and Next Steps** **Presenter:** David Scrase/David Rakel

Discussion:

- Arrive at consensus

- Move forward
- Delegate tasks and owner(s) as needed

DAY 2- ADJOURNED 12:00 Noon