

HUMAN SERVICES DEPARTMENT



GME EXPANSION REVIEW BOARD & ADVISORY MEETING

DR. JOHN ANDAZOLA, BOARD CHAIR

SEPTEMBER 9, 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 Pueblo, Apache, and Diné 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.



Evening drive through Corrales, NM in October 2021.
By HSD Employee, Marisa Vigil

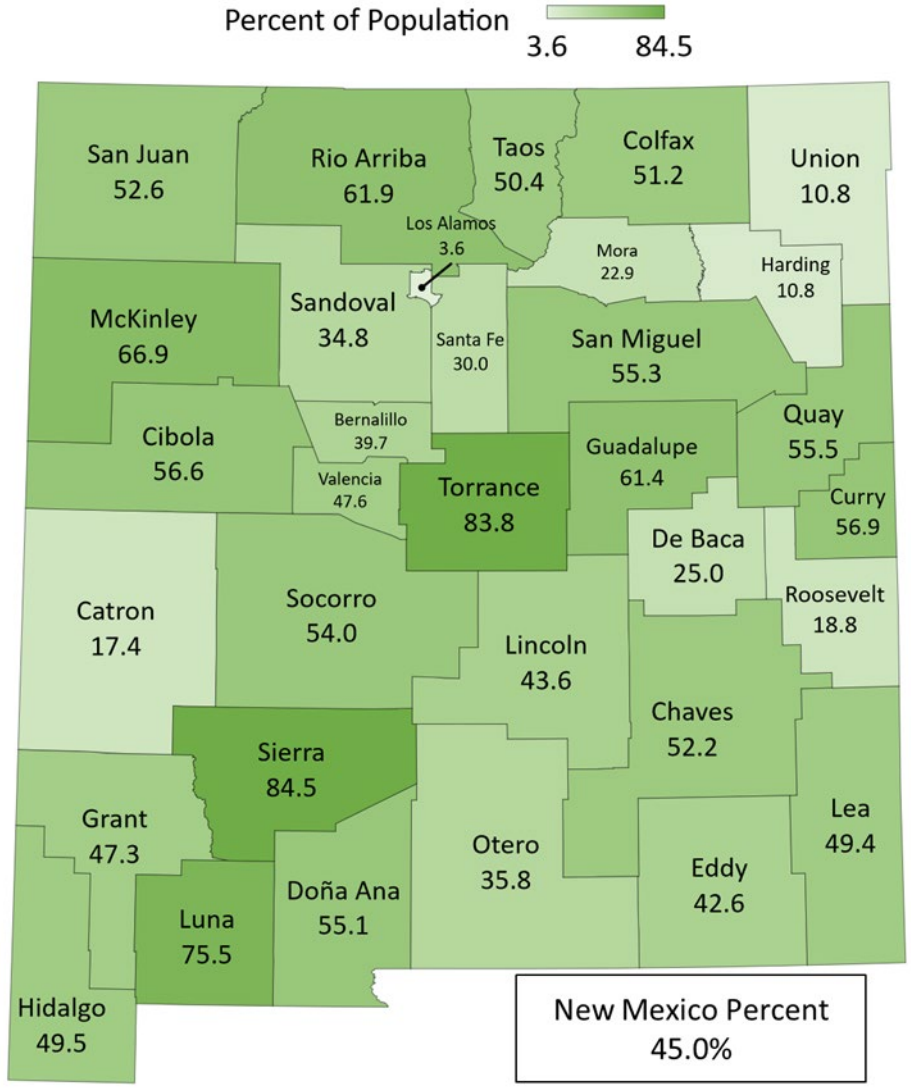
AGENDA

Time	Agenda Item	Facilitator(s)	Desired Outcome
10:00	Welcome & Introductions	Alex	Frame meeting and objectives and establish quorum.
10:05	Opening remarks	John	
10:10	Housekeeping	Alex	Provide update on important activities and developments.
10:20	What We've Accomplished	Group	Celebrate program expansion, policy changes, infrastructure development needed to sustain long-term growth.
10:30	What We've Learned	Group	Identify challenges to program growth and sustainability.
11:00	Where We're Heading	Group	Outline priorities that address challenges to program growth and sustainability, including joining Primary Care Council.
11:45	Public Comment		
11:50	Closing remarks	John	
12:00	Adjourn		

TURQUOISE CARE: WE WANT TO HEAR FROM YOU!

- Medicaid 1115 innovations waiver out for public comment until 10/31/22. Email comments or participate in a public hearing. Details here: https://www.hsd.state.nm.us/medicaid-1115-waiver-renewal/
- By October, HSD will release an RFP for Medicaid Managed Care Organization contracts, with start date of 1/1/2024.

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

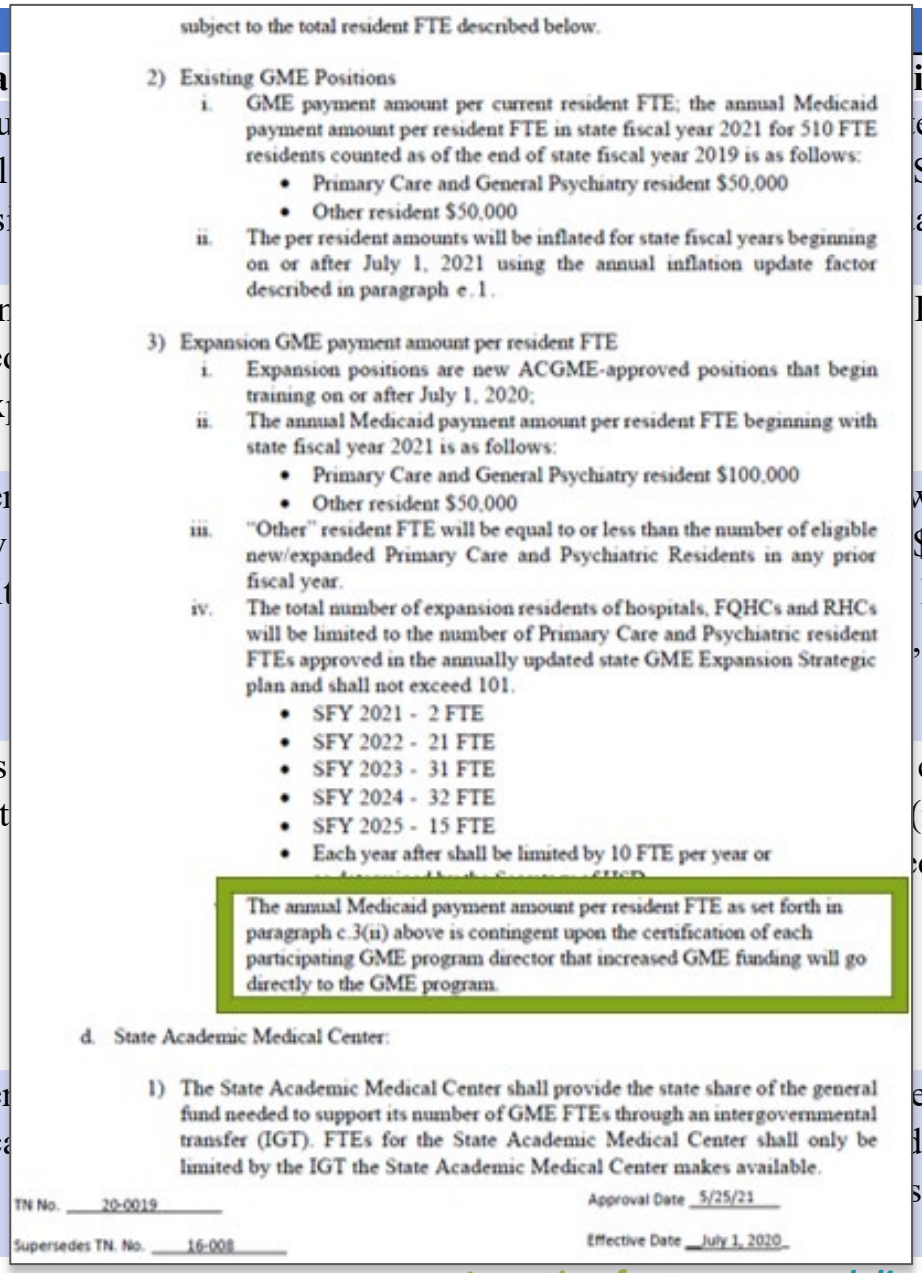


GME EXPANSION SUPPORT SINCE 2019

Program	Specialty	Location	Funding	New or Expanding Program	First Year Residents	Anticipated Residency Start Date
El Centro Family Health/CHRISTUS St. Vincent	Family Medicine	Española	$487,339	New	4	2024
Burrell College of Osteopathic Medicine (BCOM)	Family Medicine	Las Cruces	$236,640	Expansion	4	Summer 2021
BCOM	General Psychiatry	Hobbs	$122,373	New	2	Summer 2024
BCOM	Family Medicine	Hobbs	$122,373	New	6	Summer 2024
Memorial Medical Center	Gen. Psychiatry	Las Cruces	$546,308	New	3	Summer 2024
CHRISTUS St. Vincent Regional Medical Center	Family Medicine	Santa Fe	$374,950	Expansion	6	2021
TOTAL			**$1,889,983**		**25**	

GME FINANCIAL SUSTAINABILITY: MEDICAID

- NM Medicaid has implemented several actions since 2019 to incentivize primary care GME expansion.
- Additionally, each recipient of GME support must certify all funding will go directly to GME program. →



subject to the total resident FTE described below.

2) Existing GME Positions
   i. GME payment amount per current resident FTE; the annual Medicaid payment amount per resident FTE in state fiscal year 2021 for 510 FTE residents counted as of the end of state fiscal year 2019 is as follows:
      - Primary Care and General Psychiatry resident $50,000
      - Other resident $50,000
   ii. The per resident amounts will be inflated for state fiscal years beginning on or after July 1, 2021 using the annual inflation update factor described in paragraph e.1.

3) Expansion GME payment amount per resident FTE
   i. Expansion positions are new ACGME-approved positions that begin training on or after July 1, 2020;
   ii. The annual Medicaid payment amount per resident FTE beginning with state fiscal year 2021 is as follows:
      - Primary Care and General Psychiatry resident $100,000
      - Other resident $50,000
   iii. "Other" resident FTE will be equal to or less than the number of eligible new/expanded Primary Care and Psychiatric Residents in any prior fiscal year.
   iv. The total number of expansion residents of hospitals, FQHCs and RHCs will be limited to the number of Primary Care and Psychiatric resident FTEs approved in the annually updated state GME Expansion Strategic plan and shall not exceed 101.
      - SFY 2021 - 2 FTE
      - SFY 2022 - 21 FTE
      - SFY 2023 - 31 FTE
      - SFY 2024 - 32 FTE
      - SFY 2025 - 15 FTE
      - Each year after shall be limited by 10 FTE per year or

The annual Medicaid payment amount per resident FTE as set forth in paragraph c.3(ii) above is contingent upon the certification of each participating GME program director that increased GME funding will go directly to the GME program.

d. State Academic Medical Center:

1) The State Academic Medical Center shall provide the state share of the general fund needed to support its number of GME FTEs through an intergovernmental transfer (IGT). FTEs for the State Academic Medical Center shall only be limited by the IGT the State Academic Medical Center makes available.

TN No. 20-0019 Approval Date 5/25/21

Supersedes TN. No. 16-008 Effective Date July 1, 2020

STATEWIDE ACADEMIC NETWORK ACCOMPLISHMENTS

PROGRAM EXPANSION

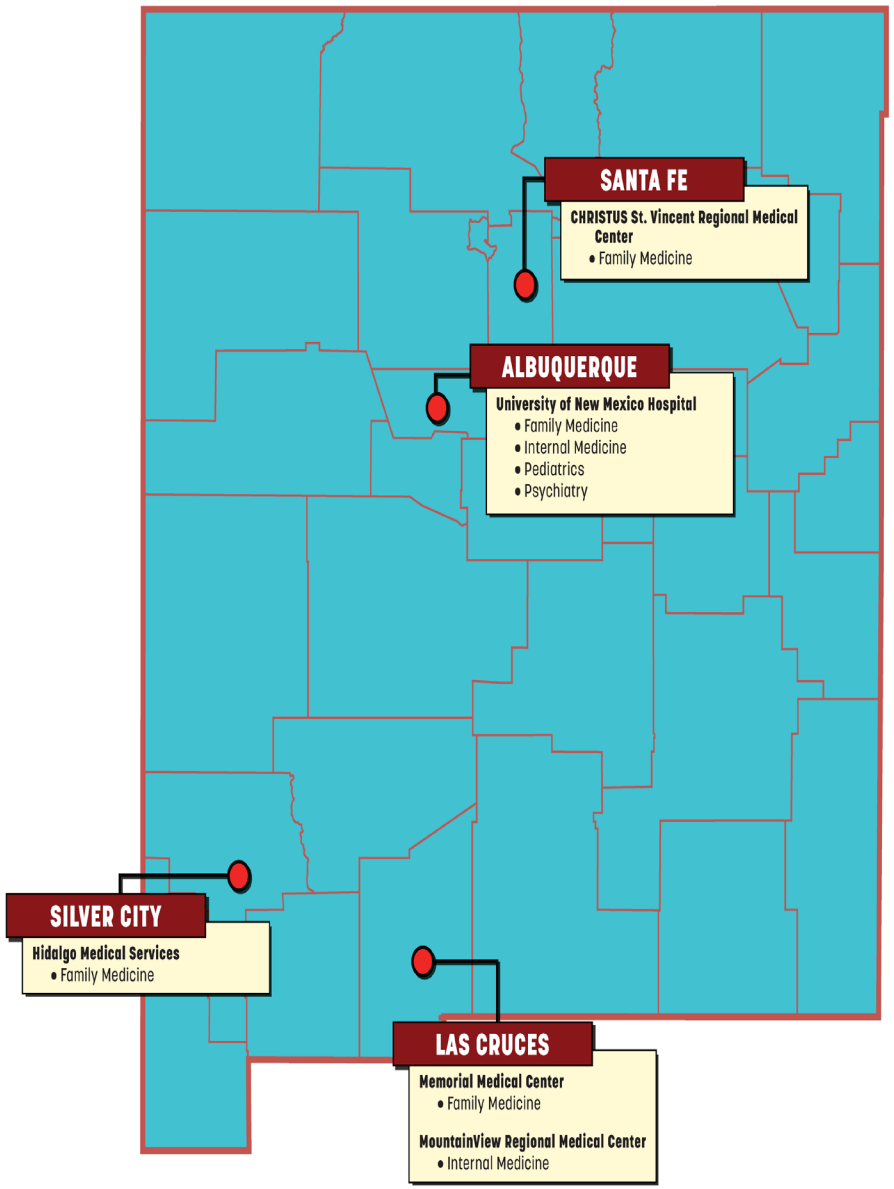
- Monitored Federal GME policy changes and kept residencies up to date (e.g., Cap expansion, rural/urban residency payments, RTT changes).
- Engaged national accreditation body in federal regulation changes to ensure policies that reflect New Mexican residency priorities.
- Advocate for GME finance changes to meet needs of NM Psychiatric and Primary Care GME expansion.
- Maintain Sponsoring Institution structure for rural programs to utilize.
- Worked with state-wide partners to expand rotational opportunities for all FM residency programs.
- Engage national experts on program pro formas, legal expertise, policy changes.

RESIDENT & FACULTY DEVELOPMENT

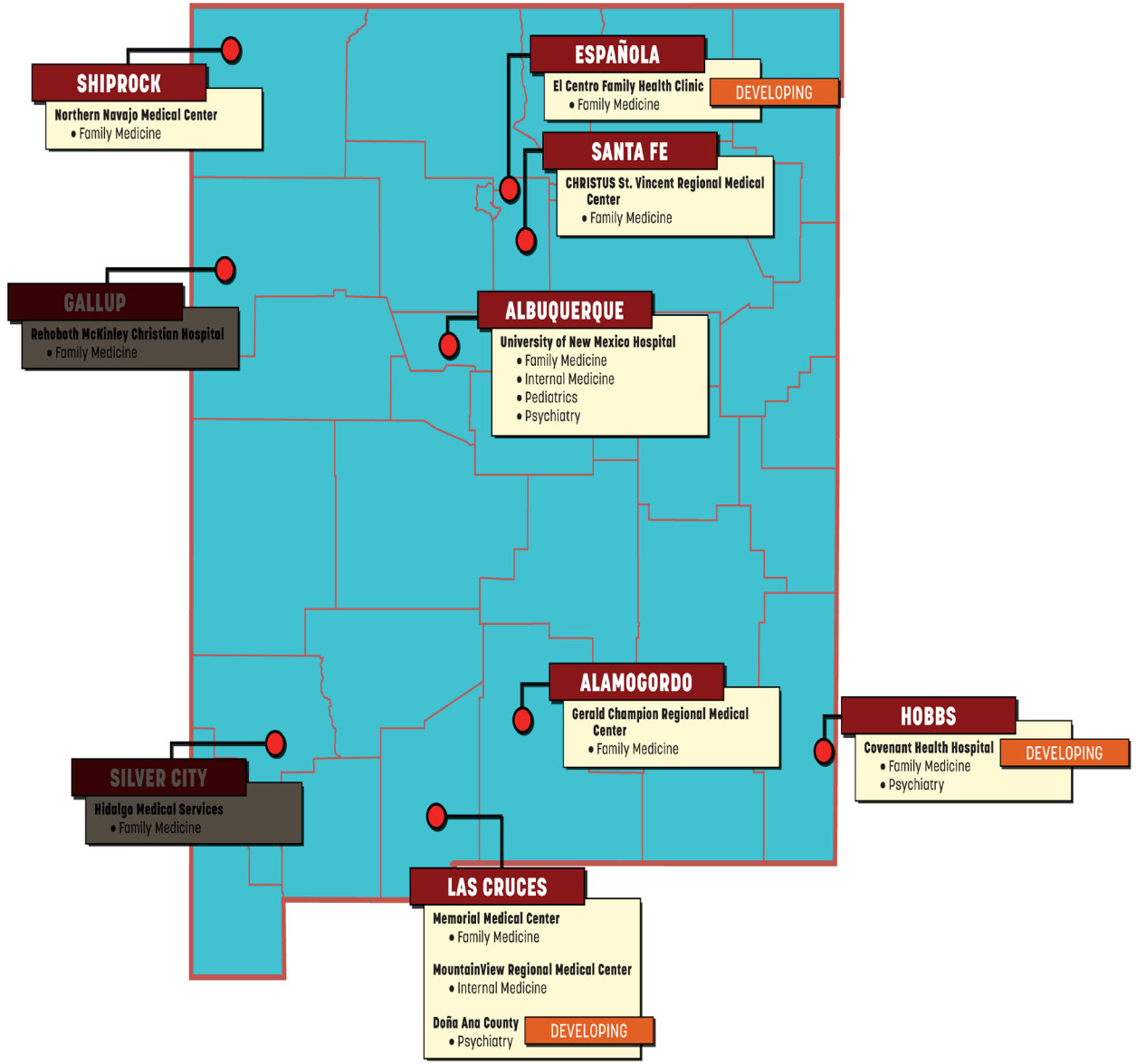
- Created a national presence for New Mexico residencies for faculty, leadership and resident recruitment.
- Hosted faculty development workshop series.
- Host monthly didactic series with speakers from a range of specialties

GME PROGRAM CHANGES SINCE 2019

Residency Programs in 2019



Residency Programs in 2022



WHAT WE'VE LEARNED SINCE 2019

- Program viability depends highly on pipeline of leadership development
  - Hospital/ Clinic Leadership
  - Program Leadership
- Hospital-based programs encounter unique challenges
  - Specialty rotations
  - Leadership understanding of GME finance
- Ensuring additional Medicaid funding directly reaches Programs



STATEWIDE ACADEMIC NETWORK: SFY 24 PRIORITIES

PROGRAM EXPANSION

- Identify potential GME expansion sites around the state.
  - Educate sites on GME accreditation, finance, etc.
  - Assess support available for creating new programs
  - Provide technical assistance and financial modeling
- Develop statewide support network for program faculty and leadership recruitment and placement.
  - Develop pipeline for residents to transition into leadership roles.

RESIDENT & FACULTY DEVELOPMENT

- Create database for residents to transition and work in open positions around NM.
- Provide faculty development opportunities for all residencies.
  - Provide networking between program faculty which will fulfill new ACGME requirements on program collaboration.
  - Health equity curriculum (developed by SNMFMRP) which satisfies new requirements by ACGME will start to be *tailored to and disseminated to the different residency programs.

*tailoring the health equity curriculum will depend on program participation and future funding

HSD Annual Strategic Planning Cycle

September 2022

HUMAN SERVICES DEPARTMENT

JAN-MAR

- Legislative Session
- Review enacted legislation and revise Strategic Plan, if needed
- Begin HSD staff visits
- Begin 1115 Waiver Design and MCO RFP Development

APR

- Solicit stakeholder feedback on mission, goals, & strategic priorities
- Conduct HSD staff satisfaction survey

MAY

- Revise mission and goals, if needed
- Propose Pitches for the People
- Conduct stakeholder, customer and staff listening sessions

JUN

- Interim leg. hearings begins
- Evaluate strategic priorities based on stakeholder feedback
- Determine strategic priorities
- Finalize Accountability Gov. Act (AGA) measures

JUL

- Draft HSD and IT strategic plans and BHC & HSD budget requests
- Draft legislation, if any
- Finalize MCO RFP and contract
- Submit AGA measures to DFA & LFC
- Submit Capital Outlay requests

AUG

- Submit HSD & BHC budget requests, HSD & IT Strategic Plans, C2 Business Case(s), legislation
- Identify any nonrecurring requests (e.g. Specials, Deficiencies, and Supplementals)
- Release draft Medicaid Waiver and begin public Comment Period

SEP

- Create budget request factsheets
- Submit any nonrecurring requests
- Conduct staff listening sessions
- Release MCO Contract RFP
- Begin Data Book development

OCT

- Medicaid Waiver Public Comment Period closes
- BHC quarterly update on strat. plan

NOV

- Submit Waiver to CMS
- MCO Contract Proposals due; begin evaluation
- BHC monthly: department priorities for legislative session

DEC

- Finalize Data Book
- Present budget request to Legislative Finance Committee
- Pre-file legislation, as needed

Ongoing: Staff and manager meetings, Strategic Plan and HSD Online Scorecard performance monitoring and evaluation, AGA reporting.

FY23 GME EXPANSION APPLICATION CYCLE

TIMING

- At HSD, it's helpful to know by December which programs will apply for funding and how much funding is needed
- Allowing 3-4 months for contracting also helpful, meaning starting contract process by March/April ideal
- **What timeframe is helpful for programs? When should the next round of application occur?**

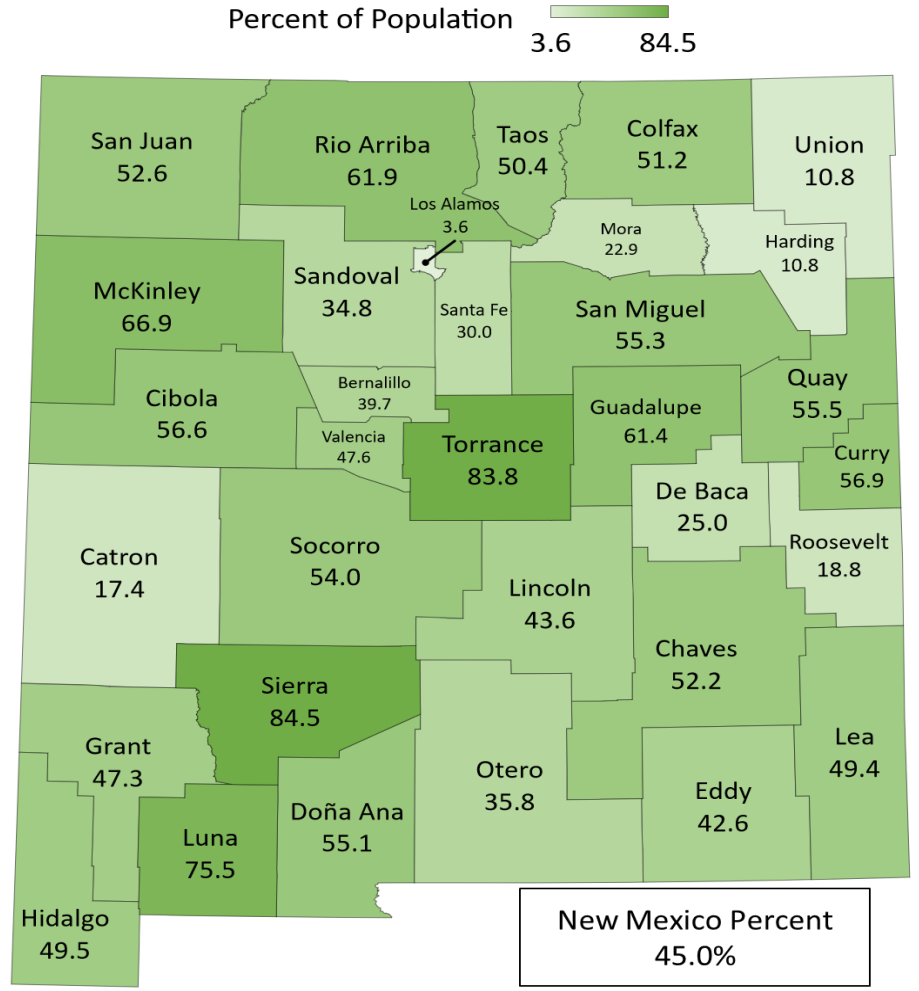
RFP CHANGES

- Exisiting programs receiving HSD GME expansion funds will only need to submit abbreviated application
- Hospitals need to attest they can provide GME program with needed ancillary staff (e.g. behavioral health, nutrition)
- **Are there other changes that should be incorporated into RFP?**

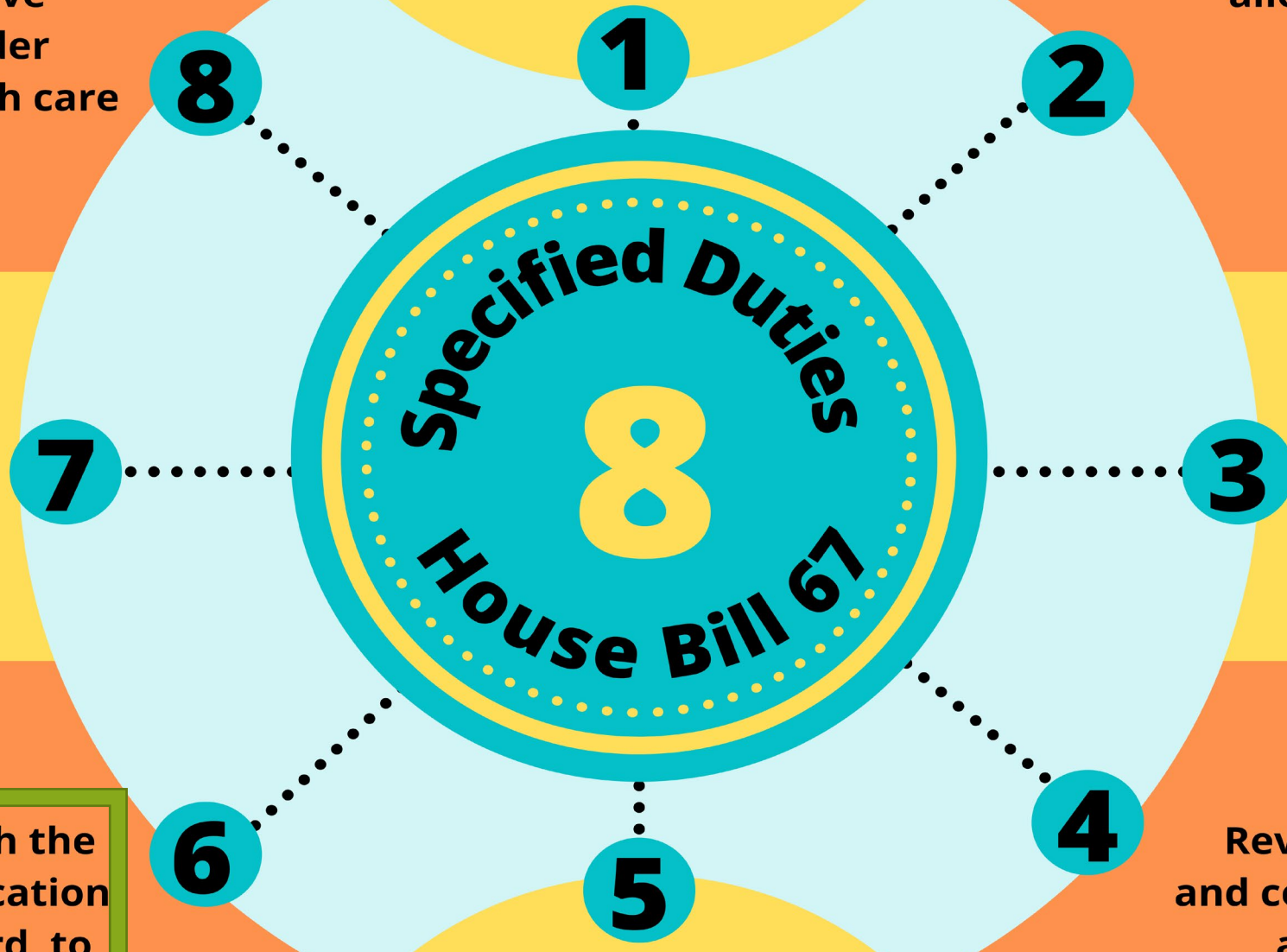
FINANCIAL SUSTAINABILITY: MEDICAID

- FQHC/RHC GME payment structure: FQHCs and RHCs be permitted to receive 100% of GME payment ($100,000 per resident per year for primary care) if participating hospital does not claim FTE for Medicaid GME purposes.
  - HSD guidance: Arrangement is permitted under NM Medicaid rules and regulations. FQHCs and RHCs advised to codify this arrangement in hospital partnership agreement.
- Including Psych hospitals in Medicaid GME/IME payments: IME calculations based on DRG and exclude free standing psych hospitals. To allow for further GME growth, a change in language to make free-standing psychiatric hospitals eligible for Medicaid IME payments is needed.
  - HSD finalizing financial modeling. If this change is feasible, HSD will request permission from federal partners via Medicaid State Plan Amendment.

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.



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

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.

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.

Joining the Primary Care Council?



HUMAN SERVICES DEPARTMENT



PUBLIC COMMENT

INVESTING FOR TOMORROW, DELIVERING TODAY.