

VHWD

VIRGINIA HEALTH WORKFORCE
DEVELOPMENT AUTHORITY

Graduate Medical Education (GME) Task Force

Joint Commission on Health Care
09/07/2016

Keisha L. Smith, MPA
Executive Director
Virginia Health Workforce Development Authority

Objective

- Overview of GME Task Force
- 2013 JCHC request to have VHWDA act and report in 2015
- GME Task Force Activities

Overview of GME Task Force

Background

- JCHC staff study, "Update of Virginia Physician Workforce Shortage" (2013)

Policy Option

- Request by letter of the JCHC Chair, that the VHWDA convene a workgroup to consider and report back to JCHC in 2015 regarding the advisability of, and if advisable, develop recommendations regarding:
 - The need for a training program for graduate medical educators
 - A funding model for new State-supported residencies

GME Task Force Updates

VHWDA Task Force Activities

- VHWDA convened the GME Task Force
 - May 12, 2015
 - Discussed purpose of GME Task Force – JCHC charge to study GME residency programs and State-funded model of support
 - October 21, 2015
 - Continued discussions from the initial meeting, reviewed policy options from JCHC presentation and reached consensus on recommendations and priorities
 - May 2, 2016
 - Highlighted progress made including legislative action taken during 2016 session and discussed process and priorities for determining which residency slots would be funded

Advancing Policy Options

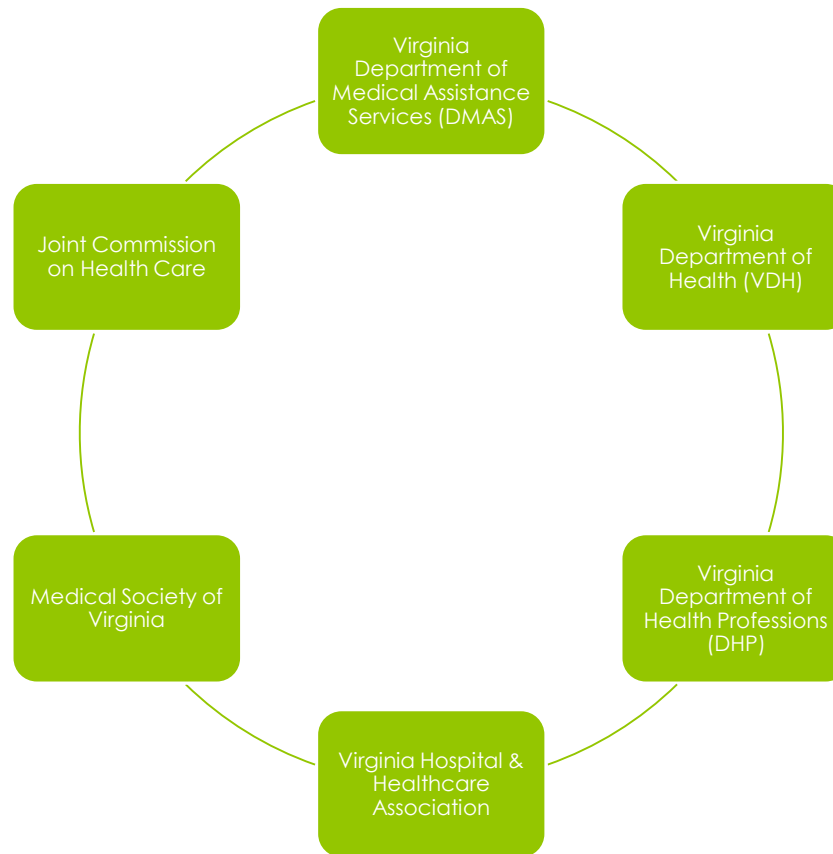
Legislative Action

Budget Amendment as Passed

- 306.FFFF. Out of this appropriation, \$1,250,000 from the general fund and \$1,250,000 from nongeneral funds the second year shall be used to fund 25 new medical residency slots. The Department of Medical Assistance Services shall submit a State Plan amendment to make supplemental payments for new graduate medical education residency slots effective July 1, 2017. Supplemental payments shall be made for up to 25 new medical residency slots in fiscal year 2018. Of the 25 new residency slots, 13 shall be for primary care and 12 shall be for high need specialties. In addition, preference shall be given for residency slots located in underserved areas. The department shall adopt criteria for primary care, high need specialties and underserved areas developed by the Virginia Health Workforce Development Authority. The authority shall submit these criteria to the department by September 1, 2016. The supplemental payment for each new qualifying residency slot shall be \$100,000 annually minus any Medicare residency payment for which the hospital is eligible. Supplemental payments shall be made for up to three years for each new qualifying resident. The hospital will be eligible for the supplemental payments as long as the hospital maintains the number of residency slots in total and by category as a result of the increase in fiscal year 2018. If the number of qualifying residency slots exceeds the available number of supplemental payments, the Virginia Health Workforce Development Authority shall determine which new residency slots to fund based on priorities developed by the authority. Payments shall be made quarterly following the same schedule for other medical education payments. In order to be eligible for the supplemental payment, the hospital must make an application to the department by November 1, 2016. The department shall identify hospitals and the number of new residency slots to be awarded supplemental payments by April 1, 2017. Subsequent to the award of a supplemental payment, the hospital must provide documentation annually by June 1 that they continue to meet the criteria for the supplemental payments and report any changes during the year to the number of residents. The department shall require all hospitals receiving medical education funding to report annually by June 1 on the number of residents in total and by specialty/subspecialty. The supplemental payments are subject to federal Centers for Medicare and Medicaid Services approval. The department shall have the authority to promulgate emergency regulations to implement this amendment within 280 days or less from the enactment of this act.

Developing Criteria

- VHWDA convened several meetings to receive input on application criteria. Representatives of the following organizations participated in the workgroup sessions:



Developing Criteria

- Workgroup Meetings Were Held:
 - **April 26, 2016** – Discussed National and Local Findings – Supply and Demand; Definitions for Primary Care; High Need Specialties; and Underserved Areas
 - **May 13, 2016** – Reviewed draft application including criteria and scoring matrix
- Application Revised Based on Stakeholder Input:
 - **June 3, 2016** – VHWDA submitted revised GME application to DMAS
 - **June 22, 2016** – VHWDA and DMAS convened a pre-proposal meeting

Components of Application

- **Primary Care:** Medical Specialties Including: Family Medicine, General Internal Medicine and General Pediatrics
- **High Need Specialties:** Including but not limited to General Obstetrics and Gynecology, General Surgery, Psychiatry and Urology as justified by the applicant
- **Underserved Areas:** Designated by the US Department of Health and Human Services as a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP)

Components of Application

- **Eligible Applicants:** Sponsoring Institutions that desire to expand their GME program. Residency programs must have favorable accreditation status. Primary clinical site must be located in Virginia. And resident positions must be in primary care or high need specialty areas. *Note:* Hospitals in their Medicare “cap building period” are not eligible to apply.

Components of Application

- **Application and Submission Information:**

Applicants must submit a separate application for each requested slot.

Applications must include the following:

1. Cover Sheet
2. Project Abstract
3. Project Information
4. Project Narrative
5. Budget Plan

Components of Application

Review Process: VHWDA will convene an ad hoc interdisciplinary review committee to assess the merits of the applications. If applications exceed the number of available slots, applications will be scored based on the following matrix:

REQUIRED SECTION	ASSESSMENT VALUE	STRENGTHS	WEAKNESSES	AWARDED
Cover Sheet	1			
Project Abstract	5			
Project Information	10			
Needs Assessment	40			
Feasibility Assessment	10			
Work Plan	14			
Data Collection	5			
Sustainability	7			
Budget Narrative	7			
Certificate of Accreditation	1			
TOTAL	100			

Components of Application

Initial Timeline:

August 2016 – DMAS Releases Application

September 2016 – Applications are due to DMAS

October 10, 2016 – Sponsoring Institutions and Hospitals are notified about approval or disapproval of application

November 2016 – Students are notified of residency slots available

March 2017 – Students are notified of residency slots for which they were selected

June 1, 2017 – Hospitals provide documentation to DMAS that they meet criteria for supplemental payment and have filled all new residency slots

July 1, 2017 – DMAS awards new GME supplemental payments and residents begin

Contact Information

Keisha L. Smith, MPA

Virginia Health Workforce Development Authority

3831 Westerre Parkway

Henrico, Virginia 23233

ksmith@vhwda.org

Tel: 804.562.4928

