Graduate Medical Education Expansion Review Board & Advisory Group Meeting

March 6th, 2020
HSD Field Office, Albuquerque

Minutes

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

Discussion:
Sec. Scrase welcomed all present. Review of days agenda, overview of meeting space, general ‘housekeeping’ items and thanks to those who were in attendance.

Each attendee introduced themselves and noted the GME expansion area that each attendee is optimistic about as it relates to the work we are doing.

Sec Scrase recognized the exceptional work Rohini McKee, MD has done with the GME Expansion project during her Fellowship with HSD. It was noted that she has provided a valuable contribution to the department.

Agenda item: Approval: 9/6 and 12/6 Meeting Minutes
Presenter: Alex Castillo Smith

- Minutes presented
- Motion made to approve both meeting minutes as presented- John Andazola
- Motion seconded- Oliver Hayes
- Motion passed- Unanimous

Agenda item: Strategic Plan Updates
Presenter(s): Alex Castillo Smith, Erica Archuleta, Charlie Alfero and Rohini McKee

Discussion:
- Summary of Strategic Plan given.
  - During next 5 years, primary care (Family Medicine, General Psychiatry, General Internal Medicine, and General Pediatrics) will increase by 63%.
  - An additional 46 primary care residents will graduate per year- a 51% increase.
- Sustainability Update: Academic Network
  - NM Primary Care Training Consortium (NMPCTC), comprised of existing NM family medicine residency programs, Burrell College of Osteopathic Medicine (BCOM) and UNM, assists with:
    - Community organizing & stakeholder engagement
    - Community readiness, ACGME application support & mock-site visits.
    - Technical assistance (e.g. financing models, payment systems, faculty recruitment)
    - Organizes New Mexico’s delegation at yearly resident recruitment event during the AAFP conference.
    - NMPCTC will be expanding its Board over the next year.
- Sustainability Update: Medicaid Financing

Key GME Medicaid Financing Topics covered:
- Topic 1- Raise DGME state annual payment limit to reflect full amount needed for existing and anticipated expansion.
  - Current State: Each position receives less than its allocated amount.
  - Potential Solution: Raise amount so PC resident positions are funded at full Medicaid portion.
- Future State: New DGME limit will allow for expansion of PC resident positions and incentivize PC training programs.

Group Discussion Points
- NA

○ Topic 2- Address DGME FTE limit to reflect full amount needed for existing and anticipated expansion.
  - Current State: Medicaid rules place FTE cap of 450 for DGME funding.
  - Potential Solution: Raise FTE cap, perhaps incrementally, while ensuring expansion prioritizes PC.
  - Future State: New FTE limit will allow NM to train more PC physicians and increase by at least the level outlined in the Strategic Plan.

Group Discussion Points
- Increase FTE amounts
- Cap (by percentage or ratios) specialty positions vs primary care positions
- Intent of the 2019 GME legislation (HB 480) was a focus on primary care
- Pipeline program importance

○ Topic 3- Revise DGME payment structure to incentivize PC.
  - Current State: Current state Medicaid rules support funding a PC resident position at $41,000, while subspecialists are funded at $50,000.
  - Potential Solution: Fund new PC resident positions at $100,000, possibly limiting this higher rate for a certain number of years.
  - Future State: DGME payment structure will incentivize institutions to start/expand PC training programs.

Group Discussion Points
- Impacts on UNM
- Impacts on smaller programs
- How to ensure additional financial support from HSD will go directly to GME programs: topic for June meeting

○ Topic 4- Make DGME payments for existing resident positions equal.
  - Current State: State Medicaid rules fund positions at different rates:
    PC: $41,000
    Other: $50,000
    Rural: $52,000
  - Potential Solution: Fund existing positions (regardless of specialty) the same amount ($46,000).
  - Future State: DGME payment structure will incentivize institutions to start/expand PC training programs

Group Discussion Points
- Impact on UNM
- Impact on all other programs

○ Topic 5- Change payment structure so residents are counted at provider employer location rather than rotating partner locations.
  - Current State: GME payments to host institutions are reduced by the amount of time residents spend in partner locations.
  - Potential Solution: Change payment structure so residents are counted at the host institutions rather than rotating partner locations. This change would require host institutions to pay resident salary and expenses.
  - Next Steps: HSD to inquire with external auditor on GME FTE calculation. This change will not require Medicaid SPA.
  - Future State: Payments following residents throughout training will incentivize other sites, particularly in rural and underserved areas, to hosts residents.
Group Discussion Points

- Impact on UNM
- Impact on all other programs

- Topic 6 - Amend provider types eligible for Medicaid DGME.
  - Current State: Current state Medicaid rules permit only NM licensed hospitals with accredited residency programs 5%+ Medicaid load eligible for DGME.
  - Potential Solution: Add FQHC and RHC as eligible provider types to receive DGME.
  - Next Steps: Revise Medicaid rules and regulations via SPA and submit to CMS by June 2020
  - Future State: Eligibility of FQHCs and RHCs to receive DGME encourages growth of rural training programs, which will lead to better retention of physicians trained in higher-needs areas of the state.

Group Discussion Points

- Possibly adding IHS, tribal 638 facilities, Community Health Centers and Behavioral Health Centers to list

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**Agenda item:** Strategic Plan Updates: Presbyterian Presentation  
**Presenter:** Jason Mitchell

Understanding Presbyterian’s interest in GME expansion and identify opportunities for collaboration with programs.

**Presentation: Presbyterian Healthcare Services Overview**

- Overview of Presbyterian’s commitment to NM
- Overview of those Presbyterian services:
  - Medicare-44%
  - Medicaid-27%
  - Commercial-25%
  - Other-3%
  - Uninsured-1%
- Presbyterian’s primary care:
  - Employs 100 FTE pc physicians and 68 pc advanced practice clinicians
  - 2019 provided 561,000+ pc visits in central NM
- Presbyterian supports pc expansion in NM
  - Presented potential residency options
    - 1+2 model
    - Hybrid 1+2 model
    - Residency program and host institution

Group Discussion Points

- Independent programs
- Interest from the group in Presbyterian applying for GME funding support

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**Agenda item:** RFA Updates  
**Presenter:** Alex Castillo Smith

**Presented:**

- Received updates on Letters of Interest and Applications received, and outline a process for screening, reviewing, and selecting applicants by May 15.

**Discussion Points**

- LOI received to date: 2
- FY2 total award amount: $1.535M
- Applications received to date: 1
- Deadline to submit: 4/30/20
Agenda item: Approval: Application evaluation form

Presenter: Alex Castillo Smith

Presented

- Board members vote whether to adopt form as-is or with amendments.
- Application Screening & Evaluation
  - Screening
    - HSD reviews applications to determine eligibility
    - All Board & Advisory will have access to applications after 4/30/20 deadline
  - Evaluation
    - Group to identify individuals who will serve on Review Committee
    - In-person meeting 5/6/20 in ABQ to review and score applications (call-in option will be available)
    - HSD presents application summaries
    - Review Committee evaluates applications using evaluation form/tool
    - Members with conflicts of interest (e.g. direct program affiliation) recuse themselves from evaluation.

Recommendations for Funding

- Special, telephonic Board & Advisory Group meeting on 5/11/20
- Board will vote whether to ratify Review Committee funding recommendations

Funding Decisions

- HSD Secretary will review Board recommendations
- HSD Secretary will select funding recipients by 5/15/20
- Public announcement follow shortly after

Discussion Points

- Conflict of interest
- Disclosure forms
- Allow time for programs to respond to virtual Q&A
- Application Evaluation Tool presented and feedback sought- revisions to be made from Board feedback

ADJOURN- 2 pm