

Primary Care Graduate Medical Education in Arizona

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Arizona Rural Health Conference

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Some historical context for today. . .



- June 5, 1933 midst of the Great Depression; 25.6% unemployment
- June 5, 1944 preparatory actions for D-Day invasion at Normandy
- June 5, 1958 Elvis Presley performs Hound Dog on TV and scandalizes the audience with his suggestive hip gyrations
- June 5, 1968 Robert F. Kennedy is shot in Los Angeles
- June 5, 1974 First Arizona Rural Health Conference
- June 5, 1981 The first cases of AIDS reported by the CDC

Objectives of This Presentation

1. Brief Review of the Current Primary Care Workforce Shortages in AZ
2. Understand Graduate Medical Education as a long term “Investment”
3. Define some basic issues related to starting a new GME program
4. Know the current status and projected future of Family Medicine residency programs in AZ
5. Understand the new AZ AHEC GME development program and the resources available

Arizona has PCP
shortages in all
counties –
Worse in rural areas
of course

- Meeting **39.21% of its PCP need**
- **42nd of 50 states** in total active PCPs at 80.2 per 100,000 population (U.S. is 94.4)
- **667 PCP FTEs short currently; 1941 PCP FTE's needed by 2030**
- **31st in total active physicians** at 252.0 per 100,000 population (U.S. is 286.5)
- Arizona is **one of the fastest growing states in population**, growing 1.13% between 2010 and 2020, compared to median growth of 0.55%

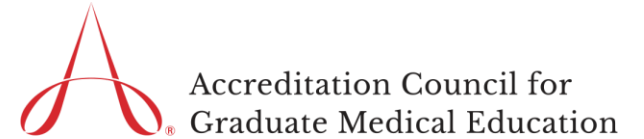
*Koch, B, Drake, C, Garn, A. and Derksen, D.
2023. Describing The Primary Care Shortage in
Arizona*

Graduate Medical Education (GME)

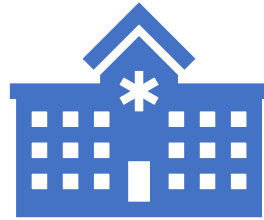
- Residency training following medical school graduation
- 3-7 years duration depending upon specialty choice
- Historically, hospital-based, urban training programs
- 91% of residents receive no rural training
- Federal GME payments \$17.8 billion in 2021

What is Graduate Medical Education?

ACGME Common Program Requirements 2023



Graduate medical education transforms medical students into physician scholars who care for the patient, patient's family, and a diverse community; create and integrate new knowledge into practice; and educate future generations of physicians to serve the public.



Graduate medical education develops physicians who focus on excellence in delivery of safe, equitable, affordable, quality care, and the health of the populations they serve. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments.



The professional development of the physician, begun in medical school, continues through faculty modeling of the effacement of self-interest in a humanistic environment that emphasizes joy in curiosity, problem-solving, academic rigor, and discovery.

Impact of Training Residents

The Local Clinical Care and Teaching Culture

- Serves and supports organizational mission
- Everyone on the care team becomes a teacher, sharing knowledge with each other
- Promotes culture of inquiry through evidence-based practice
- Bottom line of providing the best care for patients

GME Training

Realistic Rural Consequences



- Recruitment. Residency graduates tend to stay where they train
- Scope of practice is often greater in rural vs urban practice sites
- Improved continuity of care compared to urban centers
- Economic boost to the local community

KEY ELEMENTS OF PRIMARY HEALTH CARE – THE FIVE Cs

First Contact

Whenever possible, the PHC provider is willing to be the first caregiver the patient contacts for episodes of illness or health concerns.

Continuity

The PHC provider sees the patient regularly over time for most of the patient's non-specialized needs.

Comprehensiveness

The PHC provider cares for most of the patient's health problems, including chronic, non-communicative diseases.

Coordination

The PHC provider arranges referrals, tests, and procedures which require the services of specialized providers.

Person-Centered

In the PHC context, the patient should be treated as a whole person by his or her regular care provider and feel that his or her needs and preferences are respected and that the care provided is effective.

In the U.S.

- 13,066 accredited programs (all specialties and subspecialties)
- 779 Family Medicine
- 213 Pediatrics
- 627 Internal Medicine
- 304 Psychiatry
- 302 OB/Gyn
- 43 Preventive Med/Public Health
- 158,079 residents and fellows (15,010 in Family Medicine programs)
- Family medicine is currently the only specialty represented across all 50 states, DC, and Puerto Rico

In Arizona

- 218 total programs (91 specialty/127 subspecialty)
- 15 Family Medicine
- 3 Pediatrics
- 12 Internal Medicine
- 3 Psychiatry
- 2,193 residents and fellows (270 in Family Medicine programs)
- 15 sponsoring institutions

Arizona's Accredited Family Medicine Residency Programs June 2024

Abrazo Health Network Program
Phoenix, Arizona (7-7-7) 21 total

Creighton University School of Medicine Program
Phoenix, Arizona (8-8-8) 24 total *CHC Clinic

HonorHealth Program
Scottsdale, Arizona (8-8-8) 24 total

Midwestern Univ GME Consortium/Kingman Program
Kingman, Arizona (5-5-5) 15 total

Midwestern Univ GME Consortium/Mtn Vista Program
Mesa, Arizona (5-5-5) 15 total

Midwestern Univ GME Consortium/Canyon Vista
Program Mesa, Arizona (4-4-4) 12 total

North Country HealthCare Program *CHC based
Flagstaff, Arizona (4-4-4) 12 total

UA College of Medicine-Tucson Alvernon Program
Tucson, Arizona (8-8-8) 24 total

UA College of Medicine-Tucson South Campus Program
Tucson, Arizona (8-8-8) 24 total

UA College of Medicine-Phoenix Program
Phoenix, Arizona (8-8-8) 24 total

UA College of Medicine-Payson Program
Payson, Arizona (2-2-2) 6 total

El Rio Community Health Center Program *CHC based
Tucson, Arizona (4-4-4) 12 total

Yuma Regional Medical Center Program
Yuma, Arizona (8-8-8) 24 total

Dignity Health Program
Chandler, Arizona (6-6-6) 18 total

MHC Healthcare Program *CHC based
Marana, Arizona (4-4-4) 12 total

FAMILY MEDICINE RESIDENCY PROGRAMS IN ARIZONA 2024

15 Accredited Family Medicine Residency Programs (3 Years of Training)

11 are hospital/university-based FM programs

4 are community health center-based FM programs*

267 total FM residents enrolled across the three years of training*

89 board eligible family physicians will be graduating every June in
Arizona

Arizona Medical School Graduates

Medical School	Class Size	2013	2030 (projected)
University of Arizona			
Phoenix		80	120
Tucson		100	120
Midwestern University		250	250
ATSU School of Osteopathic Medicine Arizona		200	160
Creighton Alliance		-	100
Mayo Clinic Arizona		-	50
Arizona State University		-	100
Northern Arizona University		-	100
	Total graduates:	~530	~1,000

Arizona Family Medicine Residency Programs

	2024	2030 (projected)
Accredited Family Medicine Programs	15	25
Urban/Rural	9/6	11/14 ? Hybrid models
CHC/RHC/CAH Based	4	12
Total Number of Enrolled Residents	267	310





Gov. Hobbs signed SB1727 May 11, 2023:

\$5M AzAHEC system to establish primary care residency programs with rural and critical access hospitals, community health centers, rural health clinics, tribal health facilities.

Support, expand primary care GME in rural areas and health professional shortage areas (HPSAs).



AZ Senate Bill 1727

Thank you to the individuals who developed and supported this 2023 legislation!

Jennifer Burns (AACHC)

Anne Newland (North Country HealthCare)

Dan Derksen (UA Center for Rural Health)

Bryna Koch (UA Asst Research Prof)

Susie Cannata (AAFP lobbyist)

Senator John Kavanaugh

Senator Jake Hoffman

Governor Katie Hobbs

New GME
Support and
Development
Program
September
2023

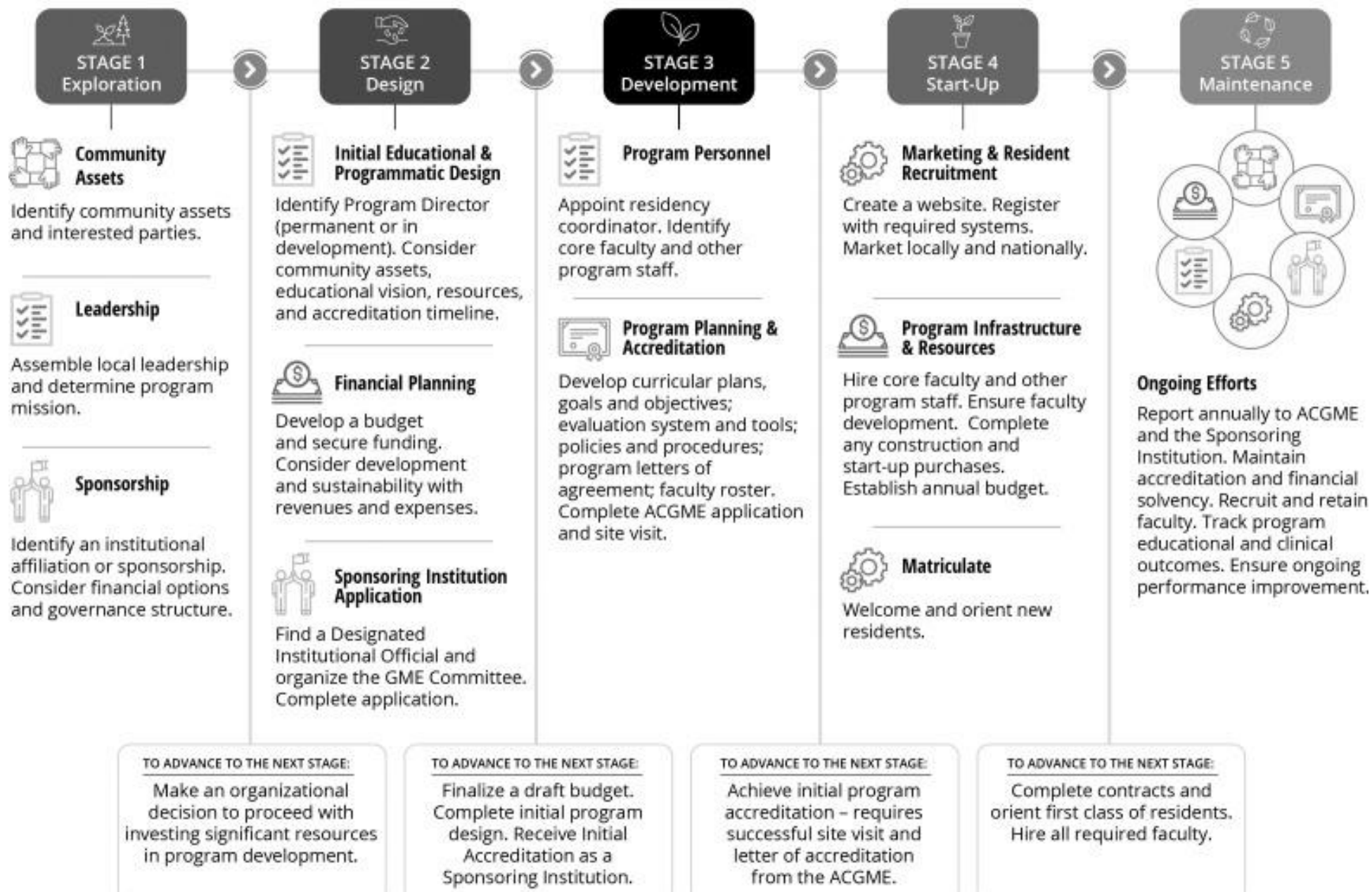
Funding to University of Arizona, Center for
Rural Health/Arizona AHEC

- \$5 Million Total over 3 years
 - Technical Assistance for new and expanded programming (Rural and HPSA)
 - GME “Collaboration”
 - Applications accepted as of 5/3/2024; no deadline
 - \$300,000 per grant max

New GME
Support and
Development
Program
September
2023

Funding to University of Arizona, Center for
Rural Health/Arizona AHEC

- For Planning and Development of GME Programs
 - FQHC, RHC, Tribal (638) Health Authorities can receive planning and development funds
 - CAHs with RHCs also eligible
- Priority Physician Specialties
 - FM, IM, Peds, Peds/IM, Psych, OB/Gyn, Geriatrics, General Surgery



RURAL TRAINING LINGO

- “Rural Training Track” (RTT) historically referred to a family medicine program in the “1-2 format,” spread over urban and rural locations (1 year urban, 2 years rural).
- RTT has now been replaced by “Rural Track Program” (RTP) in accreditation and federal regulations around funding for graduate medical education.
- ACGME defines RTP as an accredited program in which all or some residents/fellows gain both urban and rural experience with more than half of the education and training for the applicable resident(s)/fellow(s) taking place in a rural area.

The Sponsoring Institution



The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education, consistent with the ACGME Institutional Requirements.



When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the “primary clinical site.”



Each Sponsoring Institution must achieve and maintain institutional accreditation before it can sponsor one or more ACGME-accredited programs.



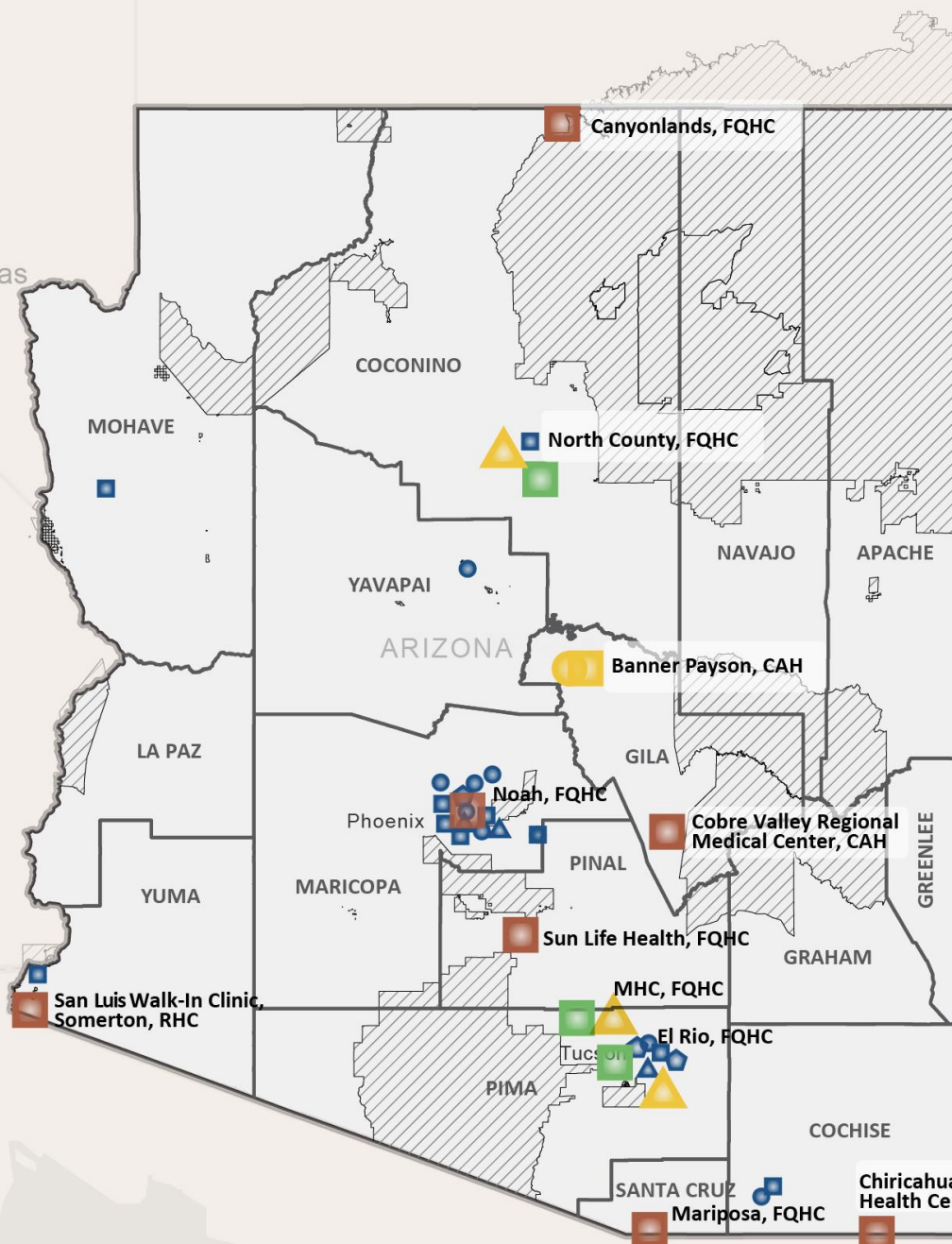
Accredited Rural Physician Residency Programs

To include or exclude program types, simply use the filter to the right of the map to turn them on or off. Programs in specialties other than family medicine that are located in the

Graduate Medical Education (GME) program development in Arizona

Las Vegas

Mexicali



	Family Medicine	Psychiatry	Internal Medicine	Pediatrics
BASELINE AS OF 2020	■	▲	●	⬠
EXISTING	■	▲	●	⬠
UNDER DEVELOPMENT	■	▲	●	⬠
CONSIDERING DEVELOPMENT	■	▲	●	⬠

AZ AHEC GME Advisors (Charlie and Ed) How Can We Help?

- Initial considerations about GME start-up. Can we do this?
- Available for on-site and virtual meetings
- Overview of curricular requirements
- Meetings with Board of Directors/Leadership
- Sponsoring Institution questions and options
- Assistance with GME Readiness Checklist
- GME Finance
 - Rural vs Urban designation
 - Start-up funding options
 - Long term perspective on Medicaid and Medicare funding
- If we don't have an immediate answer, we can find it!



Committing to a New GME Program

Local Organizational Considerations

- Commitment to and experience with clinical teaching?
- Why? Fit with mission and strategic plan?
- Endorsement by leadership and the Board?
- Financial resources?
- Local champion to drive the project forward?

Residency Curriculum

Do we have enough clinical resources to do this?

Local clinical resources

- Primary clinic site
- Adequate patient volume?
- Adequate space including work stations and a conference area?

Partnerships with teaching hospitals and others

- Inpatient adult medicine rotations
- Inpatient pediatric rotations
- Subspecialty preceptors (for example Cardiology, Orthopedics)

General Timeline for Building a New GME Program

Sponsoring Institution?

- Become your own SI vs partnership with existing SI
- ACGME Institutional Accreditation required to be your own SI. ~1 year process before applying for a new residency program.

ACGME new program application

- Await RRC review, site visit, and initial accreditation (~2 years)

Recruit first resident class

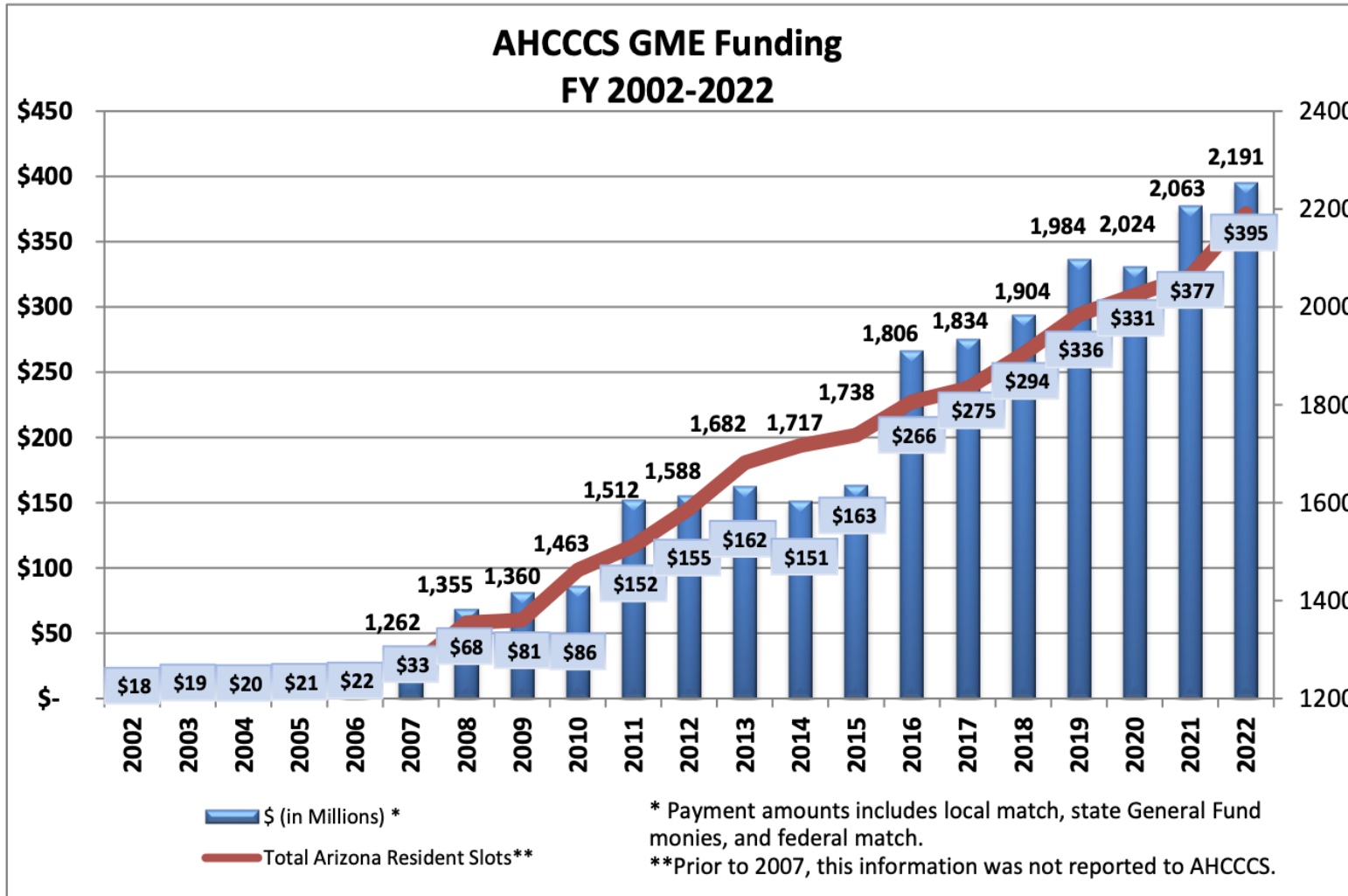
- November-January virtual interviews
- The NRMP "Match" occurs mid-March every year
- July through June academic year

3 years before full complement of residents on board and first graduating class

GME Financing Considerations



- Consider start-up costs during the initial 2-3 years of development (for example 0.5 FTE program director and program coordinator salaries)
- Start-up grants available through HRSA and our new AZ AHEC GME Development program
- Medicare or Medicaid GME funding is not available prior to ACGME accreditation of the program
- Current estimated cost per resident is ~\$220,000/year



\$395M AZ Medicaid GME
2,191 AZ GME FTEs 2022
AZ Rank #5 Medicaid GME

No Cap on Medicaid GME Slots -
 Non-federal Match Required to Draw
 Federal Medicaid GME dollars

Federal Medicaid Assistance Percentage
 (FMAP) was 75.76% in FY 2023
 For each state \$1, FMAP multiplier \$3.13

FY 2024 FMAP is 66.29%, \$1.97 multiplier

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Thank you.

GME Technical Advisors

Please contact us for questions re: any phase of GME consideration and development.

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Questions / Discussion

