

2:20 - 2:45

## State Initiatives

- Recent activities
- State based initiatives



2:20 - 2:45

## State Initiatives

- *Why we believe that state level work is an essential part of these discussions:*
  - Many states have had significant success in development and support of GME efforts.
  - State-based solutions to issues around GME vary widely, but share a common belief in the critical importance of training LOCAL workforce for the future.
  - State solutions have many shared priorities, strategies, stories, successes and challenges that can help other states identify new approaches.
  - State strategies complement those at the Federal level.



2:20 - 2:45

## State Initiatives Work Group



- Work group charge:
  - Track state initiatives
  - Facilitate identification of best practices in state work on funding of residency programs, for advocacy and education
- Approx. 35 participants from 11 states



2:20 - 2:45

## State Initiatives Work Group



- Work group activities:
  - State Initiatives Summit, Denver CO, January 2017
    - 110 participants from 33 states
  - Presentations at PDW/RPS 2017 and 2018
  - Current survey of states regarding GME activities:
    - Goals for state support of GME (what is the state hoping to achieve?)
    - Dollar amount and sources of funding
    - Governance/oversight of funds, including accountability measures
    - Strategies that were used to accomplish this funding
    - Barriers and challenges that were identified

2:20 - 2:45

## State Initiatives: What We Know



- Almost all states are currently allocating monies to support GME
- What mechanisms are used:
  - Medicaid GME
    - 2015: 42 states made Medicaid GME payments
  - General state funds
  - Other assessments: tobacco taxes, hospital/insurance assessments, other grants

2:20 - 2:45

## Example: Medicaid GME

- **Medicaid funding is a major source of funding for GME programs**
  - Directly:
    - Medicaid direct payments for GME
    - Patient care revenues for caring for patients who are insured through Medicaid
  - Indirectly:
    - Funding from sponsoring organizations, including hospitals and Federally-Qualified Health Centers serving Medicaid patients

6

2:20 - 2:45

## Medicaid GME Mechanisms: Waivers vs State Plans

### · Waivers

- Allows for innovation outside of CMS rules
- Requires demonstrated savings with the innovation (budget neutral)
- 5 year duration; cannot be modified
- To renew, need to show further savings

7

2:20 - 2:45

## Medicaid GME Mechanisms: Waivers vs State Plans

### · State Plan

- Must comply with CMS regulations
- Flexible – with any new state funding, plan is amended annually
- State funds matched by CMS must be paid directly to teaching hospital

8

2:20 - 2:45

## Medicaid GME Mechanisms

- Federal Medicaid match:
  - State legislatures can authorize the Medicaid budget and include payments to new initiatives
  - States have a cap ("upper payment limit" (UPL)) on federal Medicaid match; most states are at a cap
  - With new allocation based on projects, states may have opportunities to gain new federal dollars in support of GME if the state is still under its UPL

9

2:20 - 2:45

## Sharing Successes re: Medicaid GME Funding

- State funds in CO, matched by federal Medicaid, will result in:
  - 33 new resident positions
  - 11 new graduates per year
  - Likely to practice in rural/underserved areas of state
    - 6 graduates from RTTs likely to enter rural practice
    - 5 additional graduates linked to loan repayment in the state

10

2:20 - 2:45

## Example: State Funds

- How funding is directed:
  - Support for existing programs
    - Per-resident amounts
    - Direct program support
  - New program development
    - General GME positions
    - Targeted: primary care; rural/underserved



2:20 - 2:45

## Example: State Funds

- State approaches to address specific state concerns:
  - Maldistribution of physicians by specialty, geography
    - Funding rural rotations
    - Loan payback for rural positions
  - Creating GME slots to match medical school expansions
    - Providing seed money for new programs or expanded programs
  - Supporting ongoing successes:
    - Assuring ongoing support of existing programs



2:20 - 2:45

## Sharing GME Responses to State Issues

- Why data is critical
- Outcomes that matter and differ by community
- Targeted interventions

13

2:20 - 2:45

## Shared Research and Resources

- GMEI Report
- Cecil G. Sheps Center
- National Governors' Association
- Medicaid in 50 States – Updated Report
- Veterans Affairs – GME Opportunity

14

## State Initiatives

State initiatives inform and are informed by federal policies, and have the potential to significantly influence State GME strategies.

