

Montana GME Council



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Montana



- 4th largest state
- Population 1,042,000
- 3rd most rural
- 65% live rurally



Montana Physician Workforce Data

Per 100K population, Montana ranks:

- **29th** in nation for total active patient care physicians
- **24th** for active patient care primary care physicians
- **11th** for active patient care general surgeons

Montana's physicians are aging:

- **32.7%** of Montana physicians are over age sixty
(National average is 29.4%)

2015 AAMC State Physician Workforce Data Book



The WWAMI Program: Founding Goals (1971)

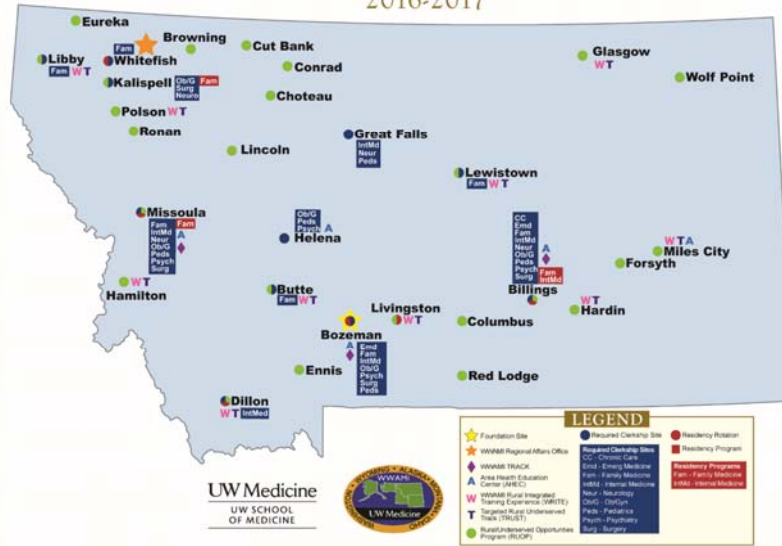
- 1) **Access to Publicly Supported Medical Education**
- 2) **Avoid excessive capital costs by using existing educational infrastructure**
- 3) **Create Community-Based Medical Education**
- 4) **Expand **GME** and CME across WWAMI**
- 5) **Increase the number of primary care providers (MD) /address **maldistribution** of physicians**



MONTANA

WWAMI Program Site Map

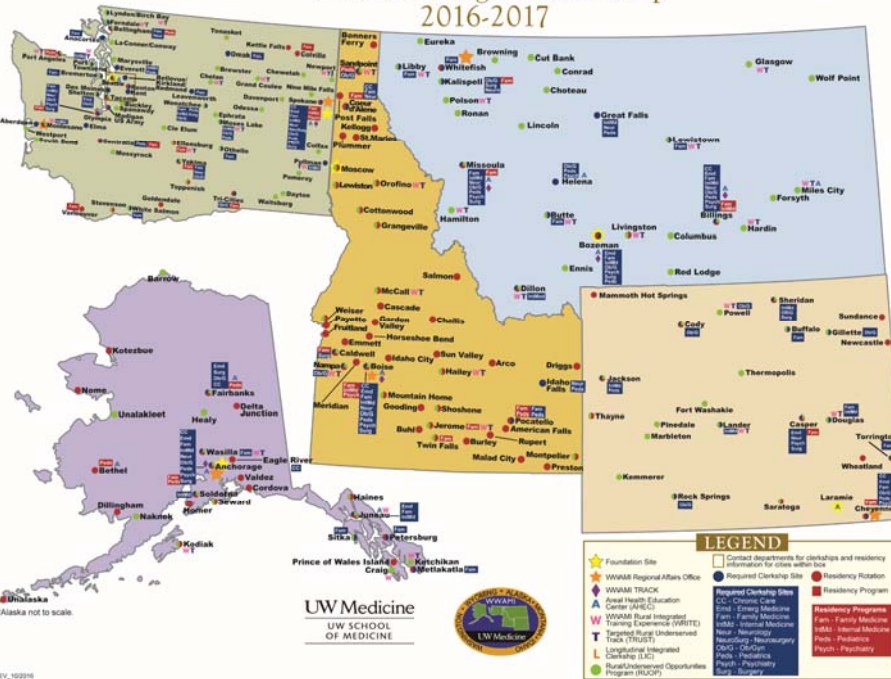
2016-2017



REV_102116

WWAMI Program Site Map

2016-2017



REV_102116

Montana's GME history

- 1995 Montana Family Medicine Residency, Billings Montana, 6-6-6 FM residency
- 2010 WWAMI GME summit Spokane WA with 8 MT communities participating
- 2011 **MT GME Council** initiated under a collaborative project with MT WWAMI and Montana AHEC



Constituents of Montana's GME Council

- WWAMI
- AHEC
- Teaching hospitals
- Both state universities (MSU and U of M)
- Medical, Hospital and Primary care associations
- Montana's Commissioner of Higher Education
- Department of Health and Human Services
- Governor's office.



Goals Montana GME Council

- Track, measure and make recommendations regarding Montana's physician workforce and GME needs.
- Help coordinate GME development within Montana.
- Develop relationships with GME providers including UWSOM and others.
- Serve to distribute state funds for GME.



Goals Montana GME Council (cont.)

- Seek to obtain financial support to sustain and expand current Montana GME programs
- Seek to obtain sources of funding for new GME programs within Montana.
- Assist current GME programs to maintain high quality GME experiences within Montana.
- Advocate and effectively communicate the benefits of robust GME efforts within Montana.



Functioning Montana GME Council

- Meet twice yearly in person
- Monthly phone calls
- Staffed by Montana AHEC
- Committees
 1. Physician Workforce
 2. Advocacy and Finance
 3. New GME Program Development

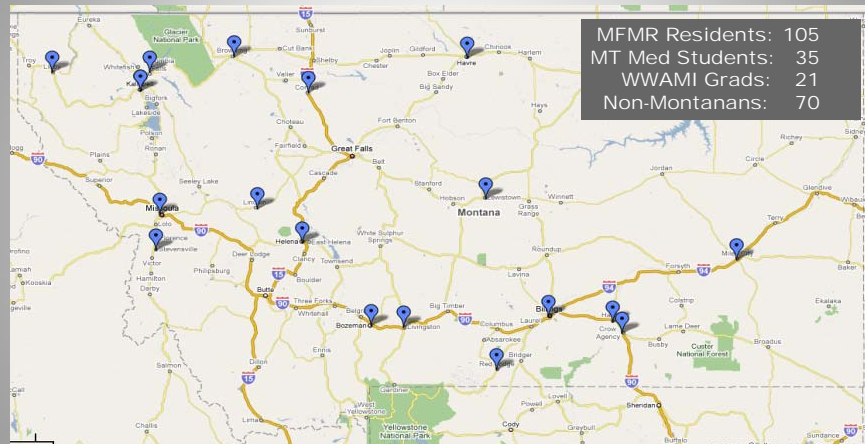


Montana's current GME scenario

- **Montana Family Medicine Residency**
 - Billings
 - First class matriculated **1995**
 - 24 residents / 8 per class
- **Family Medicine Residency of Western Montana**
 - Missoula and Kalispell
 - First class matriculated **2013**
 - 30 residents / 10 per class
- **Billings Clinic Internal Medicine Residency**
 - Billings
 - First class matriculated **2014**
 - 18 residents / 8 per class



Montana FM Residency recruiting success

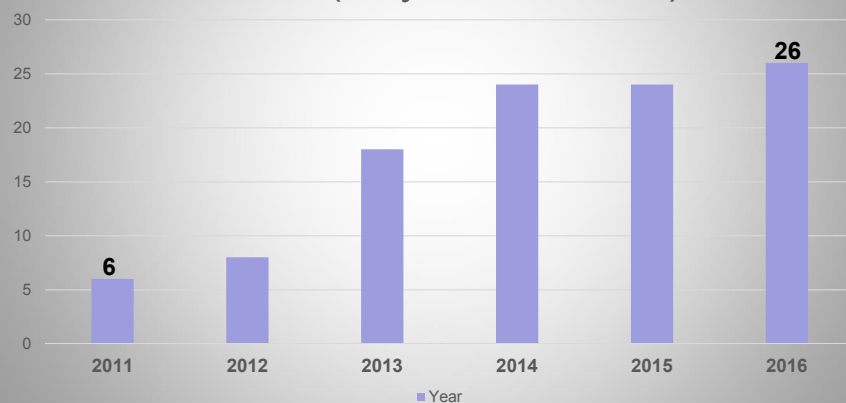


TOTAL = 70/105
69% Retention Rate



333% increase in GME since 2011 (highest in the nation)

PGY-1 (1st year residents)



State comparisons in GME residents per 100,000-2016

- **High**
 - ❖ 1st Massachusetts: 81.7
 - ❖ 2nd New York: 81.5
- **Mean** 36.9 (Median 27.4)
- **Low**
 - ❖ 44th North Dakota 18
 - ❖ 45th South Dakota 15.5
 - ❖ **47th Montana 8.2**
 - ❖ 48th Wyoming: 7.2
 - ❖ 49th Idaho: 6.4
 - ❖ 50th Alaska 4.9



Where does the state funding reside?

- Within the MUS budget
- Connected to DPHHS (state *Medicaid* contract)
 - Allows 2:1 federal matching dollars to increase the total state funding from \$519,336 to approximately \$1.5M per year
 - 2017 MT legislature, proposal to ask for additional \$400,000 in state funding, which when matched with Medicaid dollars will result in over \$5 million available for state GME funding.



MT GME challenges

- BBA of 1997 caps
- Lack of funding for rural rotations
 - “Restoring Rural Residencies Act of 2016”
Sen. Tester
- Funding for new residencies
 - Psychiatry
 - Surgery
 - Additional Primary Care