

THE GME INITIATIVE

MEDICAL EDUCATION
FOR AMERICA'S HEALTH



Comprehensive National GME Reform

January 28 – January 30, 2018

Atlanta, Georgia

7:00 - 8:00

Breakfast



Goals & Strategy

Monday, January 29th 2018



WHEN	WHAT	WHO
7:00 - 8:00	Breakfast Registration Networking	
8:00 - 8:30	Welcome, plan for the day	Dan Burke, Mannat Singh
8:30 - 8:35	Break	
8:35 - 11:00	Goals: Platform Working Meeting 1st Rotation & Discussion 8:35 – 9:05 + 5 minute break 2nd Rotation & Discussion 9:10 – 9:40 + 10 minute break 3rd Rotation & Discussion 9:50 – 10:20 + 5 minute break 4th Rotation & Discussion 10:25 – 10:55 + 5 minute break	Moderator: Mannat Singh Discussion Facilitators Workforce: Payment: Governance/Accountability: Innovation:
11:00 - 12:00	Deliberate & Decide Group Discussion	Facilitators: Kim Marvel Recorder: Mannat Singh
12:00 - 1:00	Lunch	
1:00 - 3:00	Deliberate & Decide Group Discussion	Facilitators: Kim Marvel Recorder: Mannat Singh
3:00 - 3:15	Break	
3:15 - 4:45	Strategy Session: What is the role of the GMEI to transform the healthcare/GME system?	Dan Burke
4:45 – 5:00	Next Steps Review Plan for Tuesday	Dan Burke

8:00 - 8:30



Welcome

- Plan for the day
- Review planks/platform



The CoNGR Expedition

Journey to Comprehensive GME Reform

DAN BURKE

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JANUARY 28, 2018

ATLANTA



Expedition:

a journey or voyage undertaken by a group of people with a particular purpose

Component of an Expedition	CoNGR Activity
Need for the Expedition, Lay of the land	Education about the world of GME Sunday January 28 – <i>TODAY!</i> <i>DONE!!!!!!</i>
Destination	Planks & Platform Monday January 29
Provisioning <i>for the journey and the destination</i>	Strategies, Roles, Tactics Mon 1/29 & Tues 1/30
Navigation	The next few years
Arrival	Legislation enacting a Reformed GME System
Maintenance	Knowledgeable leaders able to carry this forward responsibly in perpetuity

“Deeds ***done*** are won; Joy’s soul lies in the ***doing***” Troilus & Cressida

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Deliberate and Decide

Monday

8:00 – 3:00

Deliberate and decide on a ***platform***

3:15 – 5:00

Explore our ***strategy***

- -What roles are we going to play
- -How are we going to play them

Tuesday

8:30 – 10:00

Deliberate and decide on our ***roles***

10:15 – 12:00

Formulate an initial ***work-plan***

Roles and Products form this Atlanta Convening

Roles:

Educators

Conveners

Advocates

Data generators/stewards

Products:

Position Paper

Curriculum

Target audiences

Next meeting(s)

Approach to planks: How proscriptive do we want to be?

If we want a policy center – what do we leave for it to decide

Is it's initial agenda proscribed by legislation

Are there data elements missing for a give plank that we'd need to know before we fully articulate or endorse and idea

Growth by Specialty 2008 - 2012

Specialty	2008	2012	Change from 2008	Percent change from 2008
All (ACGME)	109,482	117,717	8,235	7.5%
Neurosurgery	857	1,212	355	41%
Thoracic Surgery	228	276	48	21%
Neurology	1,795	2,139	344	19%
Pulmonary/critical care	1,518	1,771	253	17%
Emergency Medicine	4,763	5,590	827	17%
Plastic Surgery	665	777	112	17%
Dermatology	1,123	1,240	117	10%
Family Med	9,561	10,060	499	5%

Be unreasonable today

***The reasonable man adapts himself to the world:
the unreasonable one persists in trying to adapt the
world to himself. Therefore all progress depends on
the unreasonable man.***

George Bernard Shaw,
playwright

8:00 - 8:30

Discussion Roles

Facilitator Instructions

Facilitators

- Payment:
- Governance/Accountability:
- Workforce:
- Innovation:

Recorder Instructions



8:00 - 8:30

Discussion Format

Goals: Platform Working Meeting

- 1st Rotation & Discussion
- 8:35 – 9:05 + 5 minute break
- 2nd Rotation & Discussion
- 9:10 – 9:40 + 10 minute break
- 3rd Rotation & Discussion
- 9:50 – 10:20 + 5 minute break
- 4th Rotation & Discussion
- 10:25 – 10:55 + 5 minute break



1st Rotation

- 8:20 – 8:50 + 5 minute break



2nd Rotation

• 8:55 – 9:25 + 10 minute break



3rd Rotation

• 9:40 – 10:10 + 5 minute break



4th Rotation

• 10:15 – 10:45



10:45 - 11:00

Recorders

- 10:45 – 11:00
- Facilitators/Recorders: please come up to the front!

Legend

- High priority: **pink** sticky notes
- Medium priority: **orange** sticky notes
- Do not include: **yellow** sticky notes



11:00 - 12:00

Deliberate & Decide

- Recorders provided snapshot information for the platform
- We're going to use this information to guide our discussion



Group Prioritization ■ ■ ■ ■ ■	Platform Planks	Final assessment	Questions/Comments
■ ■ ■ ■ ■	Payment (1)a	■	
■ ■ ■ ■ ■	Payment (1)b	■	
■ ■ ■ ■ ■	Payment (1)c	■	
■ ■ ■ ■ ■	Payment (1)d	■	
■ ■ ■ ■ ■	Workforce (2)a	■	
■ ■ ■ ■ ■	Workforce (2)b	■	
■ ■ ■ ■ ■	Governance/Accountability (3)a	■	
■ ■ ■ ■ ■	Governance/Accountability (3)b	■	
■ ■ ■ ■ ■	Governance/Accountability (3)c	■	
■ ■ ■ ■ ■	Innovation (4)a	■	

12:00 - 1:00

Lunch



1:00 - 3:00

Deliberate & Decide

- Recorders provided snapshot information for the platform
- We're going to use this information to guide our discussion



Group Prioritization ■ ■ ■ ■ ■	Platform Planks	Final assessment	Questions/Comments
■ ■ ■ ■ ■	Payment (1)a	■	
■ ■ ■ ■ ■	Payment (1)b	■	
■ ■ ■ ■ ■	Payment (1)c	■	
■ ■ ■ ■ ■	Payment (1)d	■	
■ ■ ■ ■ ■	Workforce (2)a	■	
■ ■ ■ ■ ■	Workforce (2)b	■	
■ ■ ■ ■ ■	Governance/Accountability (3)a	■	
■ ■ ■ ■ ■	Governance/Accountability (3)b	■	
■ ■ ■ ■ ■	Governance/Accountability (3)c	■	
■ ■ ■ ■ ■	Innovation (4)a	■	

Break



Strategy Session

- Reiterate ultimate goal: transformed healthcare system
- Review strategy process

Questions

- What is the role of the GMEI to transform the healthcare/GME system?
- What roles must the GMEI play to bring about a transformed system?
- How do we get this work done?



CoNGR Expedition Strategy, Tactics, Roles & Next Steps

DAN BURKE DAN.BURKE@UCDENVER.EDU

1.29.18

ATLANTA

Project Management Frameworks

Goals, Strategies and Tactics

Expedition/Journey Allegory

HRSA Grant Format

Logic Model

12 Step Program

Roles, Actions/First Steps

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HRSA Grant Format

1. Purpose and Need
2. Response to Purpose and Need
 - 2.1 Methodology and Approach
 - 2.2 Work Plan
 - 2.3 Resolution of Challenges
3. Impact
 - 3.1 Evaluation and Technical Support
 - 3.2 Project Sustainability

Expedition:

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Program: Expedition CoNGR: Comprehensive National GME Reform to address physician specialty and geographic maldistributions

Goal: A National GME system that produces the physician workforce needed for the health of Americans and has features of transparency, accountability and the ability to respond to an evolving healthcare system.

The GME Initiative

Inputs	Activities	Outputs	Outcomes – Impact		
			Short	Medium	Long
<ul style="list-style-type: none"> - The GME Initiative Support of Colorado Family Medicine Organizations including a group of governor appointed citizens, Farley Center, Graham Center, Communication with AAFP, Content expertise, Representation from diverse stakeholders, Organizational expertise, track record of success -expertise recognized by Senator Gardner - Supporting organizations -Body of knowledge from Health Resource Research(1) 	<p>Education</p> <ul style="list-style-type: none"> - Development and presentation of a curriculum to increase content expertise in the byzantine workings of the US GME system <p>Advocacy</p> <p>Convening</p> <p>Create a platform that represents a vision for the GME System that the GME Initiative believes should exist</p>	<p>Education</p> <ul style="list-style-type: none"> - democratization of the empowerment of a broad stakeholder group to be effective communicators on issues related to GME -Empowerment of the educated to become educators of others <p>Advocacy</p> <ul style="list-style-type: none"> -Publication of a Position Paper describing a Platform developed through deliberation and consensus -Networking -Broadening stakeholder involvement <p>Convening</p> <ul style="list-style-type: none"> -engage the various interest groups and stakeholders involved in GME to develop a consensus that can be carried to congress 	<p>A broad-based stakeholder group that can effectively advocate for a reformed GME system that is responsive to the nations need for an effective physician workforce. The following characteristics make it effective:</p> <ul style="list-style-type: none"> -broad based – comprised of not only of people who work directly in GME and Healthcare, but also constituents who are affected by its activities -Authoritative due to its content expertise -viewed has ultimately having the health of the nation's individuals at the heart of its intentions rather than the interests of narrow interest groups 	<p>Passage of Legislation that will create a responsive GME system Which includes:</p> <ul style="list-style-type: none"> -A Policy Center -A Transformation Fund -An ability to produce a physician workforce with a strong primary care foundation <p>A broadly based, engaged and empowered stakeholder group that is able to:</p> <ul style="list-style-type: none"> -Critically appraise the performance of the GME policy Center and CMS' GME Center -Sustain critical dialogue to keep the GME system responsive and continuously improving 	<p>Healthier individuals and populations</p> <ul style="list-style-type: none"> - resulting from a health system with a stronger primary care foundation <p>A Workforce that supports the Quadruple Aim</p> <ul style="list-style-type: none"> -Healthier patients and populations -A better experience with the healthcare system with resource more appropriately distributed with a better balance between community and hospital resources -Lower cost resulting from a better balanced and more equitably distributed system -a physician workforce that feels better supported <p>A GME System that can monitor itself and continually</p> <ul style="list-style-type: none"> - Well-resourced policy center that can monitor changes in the healthcare system and respond with innovations and shifts in resources in an effective and timely manner

CoNGR 12 step Work Plan

Phases

Going from grassroots to mainstream

Creating stakeholder consensus

Creating political success

Supporting and Managing the New System

12 Step Work Plan

Governance Phase:

- Step 12.

- Create on-going political and stakeholder support for such a system and skilled public servants to manage it.

12 Step Work Plan Legislative Phase

-Step 11.

- Passage of a congressional bill to the desired GME system about

-Step 10.

- Create broad (or “broad enough”) bipartisan support for such a bill

-Step 9.

- Generate support from key congressional leaders on relevant committees
- (e.g. H: Ways and means, S: Finance, S: HELP)

-Step 8.

- Recruit congressional delegates and their staffers from the above committees to draft the legislation

12 Step Work plan Stakeholder Consensus and Communication Phase

-Step 7. Communicate to congress a clear and cogent message from a broad constituency of stakeholders their desire for a comprehensive GME reform bill

-Step 6. Creation of consensus among stakeholders through a deliberative process such as a Delphi process.

-Step 5. Identify and convene a wide universe of stakeholders

12 Step Work Plan

From Grassroots to Mainstream Phase

Step 4. Develop a message to bring to **stakeholders** to cultivate their interest and encourage their participation

- Step 3. Develop a sizable network of **leaders and champions** from diverse backgrounds with supporting resources (an “inner ring” of stakeholders) carry the message to larger and larger “outer rings”.

- Step 2. Develop “The Message”

- Step 1. Evaluate the requirements of this project and develop a strategy to create the necessary resources.

Roles Framework

Roles

Educators

Conveners

Advocates

Data Stewards

HRSA Grant Format

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GME Initiative Role as Educators

What audiences?

Modify curriculum based on audience need?

- Do we need multiple “slide decks” on hand?

List the places we need to show up

- Can we just show up with our story, or do we need new data?

Do we “Train the Trainers”?

GME Initiative Role as Conveners

Convene whom?

Do we need to convene a meeting just to flesh out the structure of a Policy Council?

- *Do we need to convene five meetings to do this?*

How do we engage to have a stakeholder group broader than the “usual suspects”?

Can we achieve enough consensus in the stakeholder group (both “usual” and “not-usual”) so that proposed legislation wouldn’t be a political football?

GME Initiative Role as Advocates

What are the legal limits on being involved in Advocacy?

What's the difference between an educator, an expert and an advocate?

Is there a difference between lobbying and advocating?

GME Initiative Role as Data Stewards

What does it take to be a clearinghouse of trustworthy information? A go-to source?

Do we have a responsibility, in lieu of a Policy Center, to start creating data and analysis on issues that should have a home, but don't.

- Future visioning of what a Policy Center would look like and behave like
- Annual reports or report cards on:
 - *Which specialties numbers are expanding relative to others?*
 - *What programs have closed and why?*
- Conducting "thought experiments" on IOM (and other's) recommendations
 - *What happens to which hospitals if the PRP is evened out? Who are the winners and losers?*
 - *What are the consequences of only funding "first certificate" programs?*

Other Roles for the GME Initiative ?

4:45 - 5:00

Next Steps

- Review plan for Tuesday

