



WHEN	WHAT	wно
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	
	Goals: Platform Working Meeting	
	1st Rotation & Discussion 8:35 – 9:05 + 5 minute break	Moderator: Mannat Singh
8:35 – 11:00	2nd Rotation & Discussion 9:10 – 9:40 + 10 minute break	Discussion Facilitators Workforce:
	3rd Rotation & Discussion 9:50 – 10:20 + 5 minute break	Payment: Governance/Accountability: Innovation:
	4th Rotation & Discussion 10:25 – 10:55 + 5 minute break	
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

Plan for the day
Review planks/platform

The CoNGR Expedition

Journey to Comprehensive GME Reform

DAN BURKE DAN.BURKE@UCDENVER.EDU 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 – TODAY! DONE!!!!!
Destination	Planks & Platform Monday January 29
Provisioning for the journey and the destination	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 deicide on our roles

10:15 - 12:00

Products:

Formulate an initial work-plan

Roles and Products form this Atlanta Convening

Roles:

Educators Position Paper

Conveners Curriculum

Advocates Target audiences

Data generators/stewards Next meeting(s)

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

If we want a policy center – what do we leave for <u>it</u> 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 b	v Spe	ecialty	2008 -	2012
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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/criti cal 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



Goals: Platform Working Meeting

1 st Rotation & Discussion

8:35 – 9:05 + 5 minute break

2nd Rotation & Discussion

9:10 – 9:40 + 10 minute break

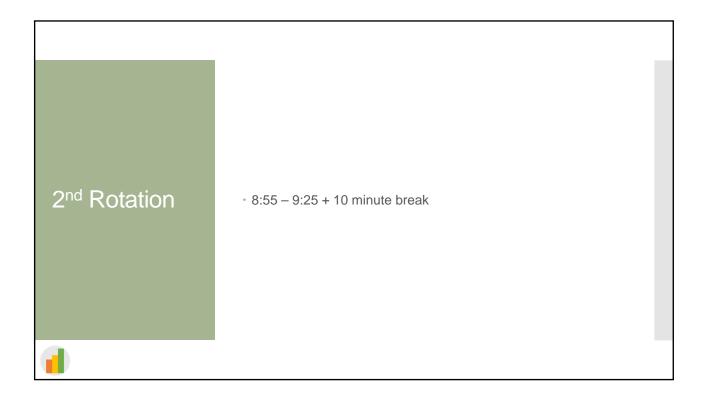
3rd Rotation & Discussion

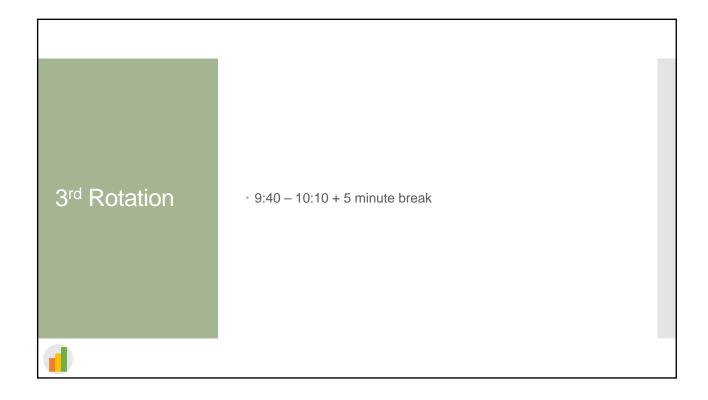
9:50 – 10:20 + 5 minute break

4th Rotation & Discussion

10:25 – 10:55 + 5 minute break

1st Rotation • 8:20 – 8:50 + 5 minute break





4th Rotation • 10:15 – 10:45



11:00 - 12:00

Deliberate & Decide

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

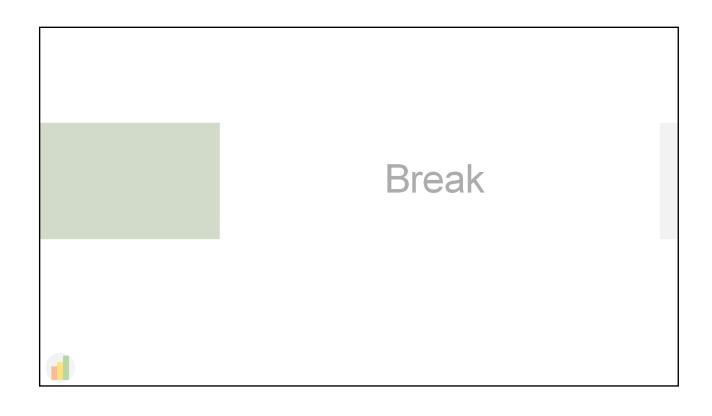


Group Prioritization	Platform Planks	Final assessment	Questions/Comments
	Payment (1)a		
	Payment (1)b		
	Payment (1)c		
	Payment (1)d		
	Workforce (2)a		
	Workforce (2)b		
	Governance/Accountability (3)a		
	Governance/Accountability (3)b		
	Governance/Accountability (3)c		
	Innovation (4)a		

Lunch



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		



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 <u>DAN.BURKE@UCDENVER.EDU</u>
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

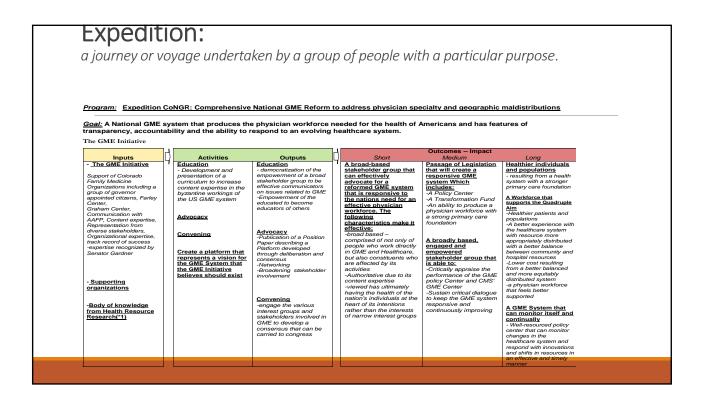
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HRSA Grant Format

- 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



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

- -<u>step 7.</u> Communicate to congress a clear and cogent message from a broad constituency of stakeholders their desire for a comprehensive GME reform bill
- -<u>step 6.</u> Creation of consensus among stakeholders through a deliberative process such as a <u>Delphi process</u>.
- -Step 5. Identify and convene a wide universe of stakeholders

12 Step Work Plan From Grassroots to Mainstream Phase

<u>step 4.</u> Develop a message to bring to <u>stakeholders</u> to cultivate their interest and encourage their participation

- <u>Step 3.</u> Develop a sizable network of <u>leaders and champions</u> from diverse backgrounds with supporting resources (an "inner ring" of stakeholders) carry the message to larger and larger "outer rings".

-step2. Develop "The Message"

-<u>Step 1.</u> 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

1. Purpose and Need

2. Response to Purpose and Need

2.1 Methodology and Approach

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2.3 Resolution of Challenges

3. Impact

3.1 Evaluation and Technical Support

3.2 Project Sustainability

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 de 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?

