

The GME Initiative

Western and Midwestern Family Medicine Leaders for GME Reform

To: Members of U.S. Congress

From: GME Initiative: A coalition of family medicine leaders from Midwestern and Western states

Date: March 10, 2015

Re: Letter in support of IOM report “Graduate Medical Education That Meets the Nation’s Health Needs”

The GME Initiative, a coalition of family medicine educators in Midwestern and Western states, strongly supports the recommendations in the Institute of Medicine report “Graduate Medical Education that Meets the Nation’s Health Needs”, released July 29, 2014. We encourage Congressional action to transform the recommendations into law.

At the “GME Summit: Seeking a Permanent Solution to the Primary Care Shortage”, presented June 20, 2014 in Washington, D.C., we made the clear case that major changes are needed in the GME payment structure to increase the primary care physician workforce. We presented three essential elements for reforming Medicare GME.

1. Set a goal: To improve health care outcomes and reduce costs, the primary care workforce should be increased to at least 40% of physicians. Data from many sources show unequivocally that an expanded primary care physician workforce is necessary to achieve the triple aim of improved population health, reduced cost, and better health care. The current U.S. physician workforce is 33% primary care. Yet, alarmingly, the U.S. GME system currently produces primary care physicians at a rate of less than 25% of the total physician workforce. In other words, *if nothing is done, the problem will only get worse.*
2. Measure primary care accurately: The number of physicians in primary care should be counted five years after graduating from medical school, not at the time of entering residency. The resulting data will accurately reflect whether residencies are truly producing primary care physicians, as opposed to starting in an internal medicine or pediatrics residency and then going on to sub-specialize.
3. Change the routing of GME payments: Payments should be made directly to programs and sponsoring organizations where primary care training occurs. Examples include direct funding of Teaching Health Centers, educational consortia, and/or residency programs rather than teaching hospitals.

The recommendations put forth in the IOM report include these three essential elements for GME reform and successfully address our concerns.

As representatives of family medicine training programs in the Midwestern and Western states and advocates for family medicine education, we have been acutely aware of the geographical disparities in the amount of GME paid per resident. For example, in recent years, the “per resident amount” paid in many Northeastern states is double the amount paid to a resident in most Mid-Western and Western states. The regional differences of GME payments are disproportionate and do not reflect the true cost of training. This unjust payment system is corrected in the IOM recommendations that base GME payments on a national per-resident amount that will include necessary geographic adjustments.

Other notable strengths of the IOM recommendations are budget neutrality, creation of a GME Policy Council that will oversee the sufficiency, geographic distribution, and specialty configuration of the physician workforce, and greater accountability and transparency to assure appropriate stewardship of public funds.

Additionally, the creation of an innovation fund that will allow us to experiment with new training models that will help achieve better community health outcomes at lower costs.

Current Medicare GME financing does not encourage the production of the physician workforce that the nation needs. Under current statute, Medicare provides funding to teaching hospitals regardless of local, regional, or national workforce needs or the quality of the training programs. The IOM recommendations, if transformed into law, will result in a GME system that is responsive to national health needs, based on targeted outcomes, and founded on a strong primary care physician workforce.

Details about the GME Summit, including a report card for GME-related bills, can be found at www.cofmr.org. Questions or comments can be addressed to Kim Marvel, Ph.D., Executive Director of the Colorado Commission on Family Medicine at Kim.Marvel@cofmr.org.

This letter is endorsed by the individuals and professional organizations listed below. Our recommendations do not necessarily conform to policies of all the organizations with which individual members are associated.

GME Initiative

The GME Initiative is a coalition of family medicine educators, practitioners, and leaders in Western and Midwestern states that support GME reform.

Chris Baumert, M.D., Montana Family Medicine Residency Program
Daniel Burke, M.D., University of Colorado
Byron Crouse, M.D., University of Wisconsin
Ardis Davis, M.S.W., University of Washington
Ted Epperly, M.D., Idaho Family Medicine Residency Programs
Larry Green, M.D., University of Colorado
Sarah Hemeida, M.D., University of Colorado
Cheryl Lovell, Ph.D., Rocky Vista University, Colorado
Gina Martin, M.D., Family Physician, Delta, Colorado
Kim Marvel, Ph.D., Colorado Commission on Family Medicine
Tom Norris, M.D., University of Washington
Robert Phillips, M.D., M.S.P.H., American Board of Family Medicine
Frank Reed, M.D., Montana Family Medicine Program
Larry Severidt, M.D., Broadlawns Family Medicine Residency, Des Moines, Iowa
Tim Size, Wisconsin Rural Health Cooperative
Tom Told, D.O., Rocky Vista University College of Osteopathic Medicine, Colorado
Michael Tuggy, M.D., Swedish Family Med. Residency Program, Seattle, Washington
Ned Vasquez, M.D., Montana Family Medicine Residency Program
Kent Voorhees, M.D., University of Colorado



Colorado Commission on Family Medicine (COFM)

Founded in 1977 by state statute, the Commission supports the education of family physicians in order to improve access to health care, especially in rural and underserved areas of Colorado. The Commission is composed of 19 members that include governor-appointed citizens from the state's congressional districts, the directors of the state's nine family medicine residency programs, the deans of the medical and osteopathic schools, and a representative from the Colorado Academy of Family Physicians.

Kim Marvel, PhD

Kim Marvel, PhD, Executive Director

John Gardner, citizen representative, state congressional district 4
Chandra Hartman, M.D., Director, Rose Family Medicine Residency Program
Jim Helgoth, citizen representative, state congressional district 2
Freddie Jaquez, citizen representative, state congressional district 3
Richard Krugman, M.D., Dean, University of Colorado School of Medicine
Donna Marshall, citizen representative, state congressional district 7
Linda Montgomery, M.D., Director, Univ. of Colo. Family Medicine Residency Program
Blaine Olsen, M.D., Director, St. Joseph Family Medicine Residency Program
Doris Ralston, citizen representative, state congressional district 5
David Smith, M.D., Director North Colorado Family Medicine Residency Program
Thomas Staff, M.D., Asso. Dir., Denver Health Family Medicine Residency Program
Lynn Strange, M.D., Director, Southern Colorado Family Medicine Residency Program
Sherman Straw, M.D., Director, St. Mary Family Medicine Residency Program
Tom Told, D.O., Dean, Rocky Vista University College of Osteopathic Medicine
Sharry Veres, M.D., Director, St. Anthony Family Medicine Residency Program
Kent Voorhees, M.D., Vice-Chair Education, CU Department of Family Medicine
Brian Watson, citizen representative, state congressional district 6
Bradford Winslow, M.D., Director, Swedish Family Medicine Residency Program
Janell Wozniak, M.D., Director, Fort Collins Family Medicine Residency Program



Colorado Association of Family Medicine Residencies (CAFMR)

The Association is composed of the directors of the state's nine family medicine residency programs who collaborate to assure the best possible training within the state's residency programs.

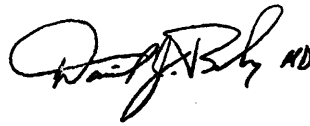
A handwritten signature in black ink, appearing to read "Janell Wozniak".

Janell Wozniak, MD, Chair

Chandra Hartman, M.D., Director, Rose Family Medicine Residency Program
Linda Montgomery, M.D., Director, Univ. of Colo. Family Med. Residency Program
Blaine Olsen, M.D., Director, St. Joseph Family Medicine Residency Program
David Smith, M.D., Director North Colorado Family Medicine Residency Program
Thomas Staff, M.D., Asso. Dir., Denver Health Family Medicine Residency Program
Lynn Strange, M.D., Director, Southern Colo. Family Medicine Residency Program
Sherman Straw, M.D., Director, St. Mary Family Medicine Residency Program
Sharry Veres, M.D., Director, St. Anthony Family Medicine Residency Program
Kent Voorhees, M.D., Colorado Academy of Family Physicians
Bradford Winslow, M.D., Director, Swedish Family Medicine Residency Program

Colorado Institute of Family Medicine (CIFM)

The Institute is composed of community and business leaders as well as family medicine educators who obtain external funding and develop initiatives to strengthen family medicine residency training in Colorado.



Dan Burke, MD, Chair

Austin Bailey, M.D. Frank DeGruy, M.D.
Kevin Hougen Jean Jones
David Smith, M.D. Tom Told, D.O.
William Wright, M.D.



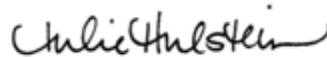
Mesa County (Colorado) Medical Society

Frederic Walker, IV, MD, President



Community Health Association of Mountain/Plains States (CHAMPS)

Community Health Association of Mountain/Plains States (CHAMPS) is a nonprofit membership association of community, migrant and homeless health centers (CHCs) in Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming. CHAMPS was founded in 1985 to unite Region VIII health centers in an advocacy and mutual support network of these community-based providers of primary care and related services for underserved communities in the Mountain and Plains states.



Julie Hulstein
Executive Director

There are 64 FQHCs in Region VIII and as of today 54 FQHCs are CHAMPS Organizational Members.



Montana Academy of Family Physicians (MAFP)

As the representative of family medicine and family physicians in Montana, the Montana Academy of Family Physicians promotes family medicine, provides education for family physicians, and is the guiding force for quality primary care in Montana.

Janice Gomersall, M.D., President

Legislative Committee members:

Chris Baumert, M.D.	John B. Miller, M.D.
Heidi Duncan, M.D.	Dennis Salisbury, M.D.
Jonathan Griffin, M.D.	Larry Severa, M.D.
Robert Stenger, M.D.	John Williams, M.D.



Montana GME Council

The Montana Graduate Medical Education Council was created in 2011 to increase the physician workforce in Montana by developing an infrastructure to support Residency Graduate Medical Education (GME).

Jay Erickson, MD, Chairman

Roger Bush, MD
Joyce Dombrowski
Kristin Juliar
Barry Kenfield
Bob Marsalli
Ned Vasquez, MD
Pat Wilson

Montana Chapter—American College of Physicians

Jay Larson, MD, Governor
Pamela Hiebert, MD, Governor-Elect



FAMILY MEDICINE RESIDENCY NETWORK
UNIVERSITY of WASHINGTON

WWAMI Network (Washington, Wyoming, Alaska, Montana, Idaho)

The University of Washington Family Medicine Residency Network (WWAMI Network) is a group of family medicine residency programs related to each other by geography and university affiliation. The WWAMI Network is one of the largest residency networks in the United States, and now comprises over 20 residency programs in Washington, Alaska, Montana, Idaho and Wyoming. The Network exists to promote excellence in family medicine residency education, to provide academic leadership, and to respond to societal needs for family physicians.

Tony Pedroza, MD, President

WWAMI Legislative Committee Members

Chris Baumert, M.D., Montana Family Medicine Residency
Amy Carrasco, M.D., Kadlec Family Medicine Residency
Freddy Chen, M.D., Univ. Washington W Family Medicine Residency Network
Ardis Davis, M.S.W., Univ. Washington W Family Medicine Residency Network
Harold Johnston, M.D., Alaska Family Medicine Residency
Barry Kenfield, M.D., Family Medicine Residency of Western Montana
Russell Maier, M.D., Central Washington Family Medicine
Judy Pauwels, M.D., Univ. Washington Family Medicine Residency Network
Beth Robitaille, M.D., University of Wyoming Family Medicine Residency, Casper
David Schmitz, M.D., Family Medicine Residency of Idaho Rural Training Tracks
Barbara Schneeman, M.D., Montana Family Medicine Residency
Nancy Stevens, M.D., Univ. Washington Family Medicine Residency Network
Michael Tuggy, M.D., Swedish Family Medicine, First Hill, Seattle
Ned Vasquez, M.D., Family Medicine Residency of Western Montana

WWAMI Executive Committee Members

David Ruiz, MD, Director, Family Medicine of Southwest WA
Kerry Watrin, MD, Director, Tacoma Family Medicine



Northwest Regional Primary Care Association (NWRPCA)

Northwest Regional Primary Care Association (NWRPCA) is a not-for-profit 501 (c) 3 member association of community and migrant health centers, working to ensure equal access to primary and preventive health care and to develop healthy communities in the Northwest. Funded in part by the Health Resources and Services Administration/HHS, NWRPCA leverages regional power and resources to strengthen health centers in Alaska, Idaho, Oregon and Washington.



Bruce Gray, Executive Director

NWRPCA has over 80 Federally Qualified Health Center members from the four states of the northwest.



Rural Wisconsin Health Cooperative (RWHC)

RWHC is a member-owned network of 39 rural community hospitals (both CAHs and PPS) with a vision that Wisconsin communities will be the healthiest in America. Founded in 1979, RWHC is one of the earliest and considered one of the most successful models for collaboration among health providers in the country, providing a wide range of programs and services to members and non-members alike.



Tim Size, Executive Director

Network hospitals:

Antigo, Langlade Memorial Hospital
Ashland, Memorial Medical Center
Baldwin, Baldwin Area Medical Center
Baraboo, St. Clare Hospital & Health Services
Berlin, Community Health Network
Black River Falls, Black River Memorial Hospital
Boscobel, Gundersen Boscobel Area Hospital and Clinics
Chippewa Falls, St Joseph's Hospital
Columbus, Columbus Community Hospital
Cumberland, Cumberland Healthcare
Darlington, Memorial Hospital of Lafayette County
Dodgeville, Upland Hills Health Inc.
Edgerton, Edgerton Hospital & Health Services
Fort Atkinson, Fort HealthCare
Friendship, Moundview Memorial Hospital and Clinics
Hillsboro, Gundersen St. Joseph's Hospital & Clinics
Ladysmith, Rusk County Memorial Hospital
Lancaster, Grant Regional Health Center
Mauston, Mile Bluff Medical Center
Medford, Aspirus Medford Hospital & Clinics
Monroe, Monroe Clinic
Neillsville, Memorial Medical Center
Oconto, Bellin Health Hospital
Oconto Falls, HSHS St. Clare Memorial Hospital
Platteville, Southwest Health Center
Portage, Divine Savior Healthcare

Prairie du Chien, Crossing Rivers Health
Prairie du Sac, Sauk Prairie Healthcare
Reedsburg, Reedsburg Area Medical Center
Richland Center, The Richland Hospital
Shawano, Shawano Medical Center
Sparta, Franciscan Healthcare in Sparta
Spooner, Spooner Health System
St. Croix Falls, St. Croix Regional Medical Center
Stoughton, Stoughton Hospital
Sturgeon Bay, Ministry Door County Medical Center
Tomah, Tomah Memorial Hospital
Viroqua, Vernon Memorial Healthcare
Whitehall, Gundersen Tri-County Hospital & Clinics



Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME)

Established in 2012, the Wisconsin Collaborative for Rural Graduate Medical Education (WCRGME) is an expanding group of over twenty-five healthcare and academic organizations whose mission is to address the rural shortage of primary care physicians through the expansion of rural graduate medical education.

A handwritten signature in black ink that reads 'Kara Traxler'. The signature is written in a cursive, flowing style.

Kara Traxler, Director