National Innovation: 
Taking a Novel AOA Program into Single GME

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Second Slide Disclosures

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Objectives

• EVALUATE THE PURPOSE AND VALUE OF A NATIONAL CONSORTIUM WORKING TOGETHER TO ENGAGE WITH A COPC-BASED CURRICULUM

• ANALYZE THE CHALLENGES, OPPORTUNITIES, AND IMPACT POTENTIAL OF ACADEMIC INSTITUTIONS ENGAGING WITH FQHCs AND COPC-BASED TRAINING IN THE OSTEOPATHIC AND ALLOPATHIC MEDICAL EDUCATION CONTINUUM

• APPRAISE THE ABILITY OF THEIR OWN PROGRAMS AND SYSTEMS TO CREATE AND SUSTAIN A SIMILAR CONSORTIUM MODEL
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National Network

The Wright Center and A.T. Still University School of Osteopathic Medicine in Arizona built a national HRSA THCGME funded, FQHC based Family Medicine Residency Network which aims to address our national shortage and mal-distribution of physicians and related health disparities.
NFMR Basics

- National Family Medicine Residency Program
- COPC curriculum
- PCTE enhancements
- Health Point, Auburn, WA
- El Rio, Tucson, AZ
- Health Source, New Richmond, OH
- Unity, Washington, DC
IOM’s Future Financing and Governance of GME

• **Recommendation 1:** “Invest strategically”: maintain DME and IME funding; move to a performance-based system

• **Recommendation 2:** Build a GME policy and financing infrastructure: including a policy council in HHS and a GME Center in CMS

• **Recommendation 3:** Create one Medicare GME fund with two subsidiary funds: operational fund and transformation fund

• **Recommendation 4:** Modernize Medicare GME payment methodology: move to a single per resident payment (geographically adjusted) made to the sponsoring organization

• **Recommendation 5:** Medicaid GME funding as discretionary but with similar accountability/transparency requirement
Graduate Medical Education Safety-Net Consortium (GME-SNC)

Our Community is Our Classroom

- 3 current funding sources
- Addressing MUA
- Transparency
COPC Basics

• Concepts
  – Responsibility for the health and health care of defined populations
  – Defined populations are based on identified needs in clinical practice
  – Community stakeholders all have an interest in the health of the population

• Process
  – Defined community
  – Identified need
  – Intervention development
  – Continuous evaluation
Challenges and Opportunities of the Model

Challenges:

• Funding mechanisms and sustainability
• Hospital affiliations
• Communications across the network
• Didactics

Opportunities:

• Recruitment
  – Community Medicine
• Pooling of resources
• GME reform
• Social Mission
> TEACHING HEALTH CENTER SUCCESSES

Analysis of THCGME programs shows promising results that signal this innovative education model is working:

- **82%** in Primary Care
- **55%** in Underserved Areas
- **36%** in Community Health Centers

> THC'S FUTURE

With the looming primary care shortage on the horizon, investments in graduate medical education training will be critical to meet the needs of the evolving healthcare delivery system. The THCGME program, although one of the most reliable training models for primary care physicians and with overwhelming documented success; is underfunded and at the brink of collapse. Without immediately strengthening and expanding, the program will unravel just as it is beginning to produce the urban and rural primary care workforce that is desperately needed.

Learn more by visiting www.aathc.org
IOM’s Future Financing and Governance of GME

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Q and A

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  – Program Director
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  – SVP of Mission Delivery for WCGME
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  – Director of COPC
• Meaghan Ruddy, MA, PhD, BCC
  – Dir of Transformative Ed

• Eleni O’Donovan, MD
  – Local PD for Unity CHC
Thank you.

The Wright Center for GME
AT Still School of Osteopathic Medicine (AZ)
Unity CHC
Health Source CHC
El Rio CHC
Health Point CHC
Virginia Garcia CHC
Lutheran-Caribbean CHC