President's Message

Joanne K. Baker, DO, FACOI, FAODME, FHM
AODME President

May 2017

Dear AODME Colleagues,

AODME kicked off the Spring with an excellent joint conference with AACOM in Baltimore! Over 900 members from both organizations had the opportunity to attend sessions on GME, UME and the transitions between the two. With the theme “Educating Leaders: Integrated Health Systems” members could find topics to meet all of their needs. We had 30 sessions including presentations dedicated to GME and SAS as among the topics covered. AODME has enjoyed huge success with our joint meetings and we look forward to planning for next year.
AODME is in the middle of a monumental vote on the future of our organization. After two years of deliberation, debate and thoughtful insight into what our members would need going into the future and to stay within the mission of AODME, the Board of Directors realized that unification with AACOM would give us the best options for support, organization and collaboration. The infrastructure within AACOM will allow AODME to continue with our desire to provide education through webinars, joint meetings with other GME organizations and to create tools that will be helpful to our members to meet their needs in educating their residents and faculty on the principles of osteopathic medicine. We will announce in June what our members have decided upon and will give you a framework of where we go from there.

I am honored to be in the position of leading our organization through this period. While change is difficult for all of us, this is an opportunity to build from our strengths and develop new relationships with other GME organizations while we move forward on building on Osteopathic Principles and Practice. Osteopathic Recognition was created as a result of the Single Accreditation System (SAS) and the ACGME. It signifies the commitment by a program to teach and assess Osteopathic Principles and Practices (OPP) at the graduate medical education level. It is the only way for our residency programs to maintain the continuum from UME to GME and continue to develop, and expand upon the skills of OMT and the principles that were taught at the COM Level. It is imperative that we continue to support our educators and programs to have the resources to apply for Osteopathic Recognition as well as to run the programs with education, materials and expertise and faculty development.

The road through SAS that started in 2015 has been a bumpy one and we are only halfway through the journey to July 1, 2020. One of the other roles for our organization is advocacy for our members and GME programs. We were recently asked by some of our members in Michigan to comment on the recent decision by American Board of Internal Medicine (ABIM) and support the programs that have AOBIM certified program directors. The ABIM has recently decided that they will only allow AOBIM certified program directors to sign off on their graduates to sit for the exam until 2020. During this three-year period, they have opened up the option for all faculty and program directors to sit for their ABIM exam. While the ACGME and the IM RRC have stated that they accept the AOBIM program directors to lead their programs, the ABIM is placing additional restrictions on those
programs. The board was polled and gave full support to writing a letter to them regarding our displeasure in this decision. The letter was sent to ABIM on May 19, 2017.

We have many webinars scheduled in the coming months and we will keep you informed on decisions coming down from the AOA and ACGME that affect your training programs. We will provide an update in June, after the vote has closed.

Sincerely,

Joanne K. Baker, DO, FAODME

AODME Membership Elects New Officers for 2017-18

Joanne K. Baker, DO, FAODME was elected unanimously as AODME President, 2017 – 2018, at the AODME Annual Membership Meeting in Baltimore on April 26. Dr. Baker has been an active member of the AODME board since 2014; serving in several leadership positions including Secretary and Annual Conference Chair.

The following officers were also elected at the Annual Membership Meeting:

Lisa R. Nash, DO, MS-HPEd, FAAFP – President-elect
Juan F. Acosta, DO, MS, FACOEP-D, FACEP – Secretary
Thomas Mohr, DO, MS, FACOL, FAODME – Treasurer

AODME Presents Special Lifetime Achievement Award to
By: AODME Staff

AODME was honored to present the Special Lifetime Achievement Award to Abraham M. Jeger, PhD, FAODME, at the AACOM/AODME Joint Conference on April 27, 2017.

“It was my great pleasure to present this year’s award to Dr. Jeger,” AODME President (2016-17), Lynn Mark, DO, MA, FACOFP, FAODME, said. “On a personal level, Dr. Jeger is held in high esteem by his colleagues, who know him as a kind and considerate man with a reputation for collegiality and collaboration.”

Dr. Jeger has shown exemplary leadership and has made exceptional contributions to AODME. He was elected Fellow of AODME in 2001 and served as AODME Trustee for Region 1 for nearly 10 years. During that time, he prepared a paper commissioned by the AODME Board entitled “Resident Caps and Osteopathic Graduate Medical Education: A Preliminary Position Statement.”
During the span of his 40 year career, so far, Dr. Jeger has influenced several generations of osteopathic graduates. Most notably, he opened new clerkship opportunities at over 30 sites that have benefited over 6,000 third- and fourth-year students. Through his role as Board Member, Education Committee Member and Secretary of NYCOMEC, the OPTI for NYITCOM and TouroCOM, he was instrumental in establishing new affiliates for residency training in almost every AOA-approved specialty. Thus, he has opened residency opportunities for osteopathic medical graduates from across the country.

The AODME Special Lifetime Achievement Award recognizes outstanding members who have been instrumental in advancing the mission and purposes of AODME through loyalty and long-term meritorious service.

Congratulations to Dr. Lynn Mark, for her induction into the
Lynn Mark, DO, MA, FACOFP, FAODME (Front Row, Center) was inducted to the AODME Collegium of Fellows on April 27 at the President's Reception in Baltimore, MD on April 27.
Upcoming AODME Webinars

Scholar Overview: Demystifying Medical Research Projects
Monday, June 19, 2017
A guided workshop through specific tasks to help create a fun miniature research project which can be carried out in a longer form later.

• Register Now

The ACGME Accreditation Site Visit
Wednesday, August 23, 2017
Current, practical information about the ACGME accreditation site visit in the Single Accreditation System (SAS), focusing on site visit scheduling, program notification, preparation for the visit and what to expect on the day of the site visit.

• Registration Opening Soon.

AODME's Past Webinars

If you were unable to attend an AODME Webinar, no worries! You will find them archived at AODME.org!
House Passes Repeal and Replace Legislation

On May 4, the U.S. House of Representatives voted 217-213 to pass the American Health Care Act (Act) (H.R. 1628), legislation to repeal and replace the Affordable Care Act (ACA). Originally scheduled for a vote on March 24, the Act subsequently was subject to extensive negotiations and a number of amendments designed to assure enough Republican votes for passage. All House Democrats and 20 Republicans voted against the bill. Despite its avowed purpose, the Act does not affect many of the ACA’s provisions, including those dealing with Medicare payment, quality, delivery and workforce, prevention and other issues. What it would do, however, is eliminate ACA taxes on high-income taxpayers, providers and insurers; remove individual and employer mandates; phase out enhanced funding for Medicaid expansions in favor of block grants or per capita caps and allow states to waive provisions such as essential benefits requirements and age rating ratios.

The bill has moved to the U.S. Senate, where it will be considered under expedited procedures. With both Republican moderates and conservatives expressing concerns over the bill, it appears likely that the Senate will opt to write its own legislation.

Bill to Expand Number of Resident Slots Introduced in the House

The Resident Physician Shortage Reduction Act of 2017 (H.R. 2267) was introduced
by Representatives Joe Crowley (D-NY) and Ryan Costello (R-PA) on May 1. Similar to legislation first introduced in Congress in 2009 and then in subsequent Congresses, the bill would provide Medicare funding for 15,000 additional resident positions, up to 3,000 per year over a five-year period. One-third of the slots would be earmarked for hospitals already over their FTE resident caps. Priority for the remaining slots would be given to hospitals in states with new medical schools, additional locations or branches, those that pledge to use the slots for training in shortage specialties and those that emphasize training in community-based settings.

**CMS Releases Proposed FY 2018 IPPS Rule**

On April 14, the Centers for Medicare and Medicaid Services (CMS) released a proposed rule to update Medicare payment and policies for inpatient Prospective Payment System (PPS) hospitals and long term care hospitals for federal fiscal year (FY) 2018. If finalized, payment rates for general acute care hospitals that successfully participate in the Hospital Inpatient Quality Reporting (IQR) program and are meaningful users of electronic health records (EHR) would increase by approximately 1.7 percent. Proposed changes to uncompensated care payments would increase IPPS operating payments by an additional 1.2 percent. Along with the rule CMS also released a Request for Information (RFI) soliciting “clear and concise proposals” for regulatory, policy, practice and procedural changes to “better achieve transparency, flexibility, program simplification and innovation.”

For the second year in a row the proposed rule contains no changes directly affecting graduate medical education.

The proposed rule and RFI (CMS-1677-P) can be downloaded from the Federal Register at: [https://www.federalregister.gov/public-inspection](https://www.federalregister.gov/public-inspection) (Select April 14 on the calendar at the right.)

A fact sheet on the rule can be found at: [https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-04-14.html](https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-04-14.html)

Comments are due by close of business June 13.

**CMS Audits Slots Awarded in Last Resident Redistribution Program**
CMS has charged Medicare contractors with reviewing FTE resident positions awarded to hospitals through a resident redistribution program established by Section 5503 of the ACA. This is not a new agency initiative: the intent of the audits is to assure that recipient hospitals are in compliance with the Act’s requirements.

Section 5503 of the ACA established a resident redistribution pool whereby 65 percent of unused resident positions were made available to other teaching hospitals through an application process. In accordance with this program new slots were awarded to successful applicants in 2011. Consistent with criteria set forth in the legislation, 70 percent of the slots were awarded to hospitals in states with resident-to-population ratios in the lowest quartile and 30 percent to hospitals located in one of the 10 states with the highest proportions of population located in health professional shortage areas (HPSAs) or to hospitals in rural areas. Hospitals awarded slots from the pool had to agree to use at least 75 percent for training in primary care programs (family medicine, general internal medicine, general pediatrics, and preventive medicine) or for general surgery and to maintain them in those programs for a five-year period. They also had to agree to maintain at least the same number of slots in primary care programs as they had in such programs before the ACA was enacted. Additionally, hospitals that used slots for a program expansion were required to fill the new slots by the hospital’s fourth cost-reporting period. Hospitals using the slots to begin new residency programs had one additional year to fill the new slots. Failure to satisfy these requirements could result in forfeiture of the slots, in which case Section 5503 requires CMS to redistribute them in line with the statutory criteria.

CMS Updates Guidelines for Teaching Physicians, Interns and Residents

CMS has issued revised guidelines on payment and documentation requirements when physician services are provided in teaching settings. The updated guidelines can be found at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf

Job Opportunity
The University of Illinois College of Medicine at Peoria Family Medicine Residency Program at Unity Point Health - Methodist is seeking an Osteopathic Physician to join our faculty and practice within our Residency Program. We are seeking someone who is practiced in OMT, willing to embody the philosophy and practice of osteopathy, and willing to share their knowledge with an outstanding group of residents and medical students. Our residency program is dually accredited and has Osteopathic Recognition. We are also a minimally unopposed (sharing the hospital with the Psychiatry residency), community-based program affiliated with the University of Illinois College of Medicine and ATSU-Kirksville College of Osteopathic Medicine.

Features of our program and practice:

- Stable program - 46 years and counting
- 30 residents, 9 core physicians, 1 Behavioral Health EdD, 1 LCPC, and 1 nurse practitioner in clinical practice
- Embedded specialty clinics in our Family Medicine Center, OMT, Dermatology, and Women’s Health, staffed by our core faculty and residents
- Mixture of personal clinic, hospital attending duties, precepting duties, and teaching in faculty role
- Faculty appointments with ATSU-Kirksville College of Medicine and the University of Illinois College of Medicine
- Shared call among faculty

Applicants must have a DO degree, be board certified in Family Medicine, and eligible for an Illinois license. Competitive salary and a generous sign-on bonus are included in the compensation package. Full-time and Part-time positions available. If interested, email your CV to caroline.booth@unitypoint.org or call 800-621-8543.
NASEM To Host GME Outcomes and Metrics Workshop

The Health and Medicine Division of the National Academies is hosting a workshop on Graduate Medical Education Outcomes and Metrics, October 10th – 11th, 2017 in Washington, D.C.. For more information on the workshop and to register, Click Here.

The Single Accreditation System Made Simpler With Family Medicine Residency Explorer

With limited time and resources, meeting requirements for the Single Accreditation System can seem daunting. The AAFP created a new tool—the Family Medicine Residency Explorer—to lessen your accreditation burdens and allow you to pool resources with other programs so your residents can get the best training available. ACGME-accredited programs can aid and assist AOA-only accredited programs to preserve the more than 1,500 family medicine positions at risk in the transition.

This one-of-a-kind, free tool allows users to:

- Map local family medicine residency programs.
- Access class size, type, and accreditation of programs.
• Connect with others to share and exchange resources.

Utilize the Family Medicine Residency Explorer to identify partners in your area. Then collaborate to build a system of programs to help achieve substantial compliance needed for the Single Accreditation System.