What Happens When A Program Closes?

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Santa Fe, New Mexico
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Learning Objectives

- Reasons For Program Closures
- Preparation for Program Closure
- Funding Associated With Program Closure
NYCOMECE

As of Date–

- Over 32 members–
  - 2 Colleges of Osteopathic Medicine
    - NYITCOM – Long Island
    - TouroCOM – Harlem

- Over 85 AOA accredited programs–
  - internships, residencies and fellowships
Reason for Program Closure

- Hospital doesn’t want to continue the training program.
  - No longer wants to train in a specialty
  - Program not filling
- Program loses accreditation by AOA or ACGME
- Hospital Mergers/Acquisitions
- Hospital closes and has no choice about program closure—Institution Medicare Provider number is terminated or surrendered
Closure of Hospitals

- Massapequa General Hospital
- New York United Hospital
- Union Hospital
- St. Vincent’s Midtown Hospital
- Peninsula Hospital
Program/Hospital Closures

- Who Is Affected?
- Proactive about program closure
  - Policy and Procedure for Program Closure/Reduction
  - Policy and Procedure about training displaced residents
SUNY Downstate Medical Center
Health Science Center at Brooklyn
Graduate Medical Education
Policies and Procedures

Title:
GME Policy on Program Closures and Reductions

Purpose:
To establish a policy that addresses a reduction in size or closure of a residency or fellowship program or closure of the Institution.

Definitions:
Sponsoring Institution: The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of GME. The sponsoring institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner’s office, a consortium, an educational foundation).

Participating Institution: Site: An organization providing educational experiences or educational assignments/rotations for residents/fellows.
Major Participating Site: A Review Committee-approved site to which all residents in at least one program rotate for a required educational experience, and for which a master affiliation agreement must be in place. To be designated as a major participating site.
WESTCHESTER MEDICAL CENTER
DEPARTMENT OF CLINICAL AND ACADEMIC AFFAIRS
OFFICE OF MEDICAL EDUCATION

SUBJECT: Accepting Displaced Residents/Fellows
EFFECTIVE DATE: March 2008

POLICY

It is the policy of the Westchester Medical Center to consider training residents who have been displaced (orphaned) from a closed ACGME-accredited program. Current CMS regulations allow WMC to receive a temporary adjustment to its FTE cap to train these displaced residents. This policy outlines the procedure for accepting such residents.

SCOPE

WMC Finance Department
WMC Program Directors
WMC Program Coordinators

PROCEDURE
Program/Hospital Closure

- DMEs/PDs communicate with Hospital Administration, Trainees, OPTI and AOA, AOA Specialty Colleges early
- Work with members within your OPTI to place trainees
  - Fill unfilled positions
  - If possible start new programs or increase the number of positions in existing program
- Trainees must understand that they must still be in a program when it closes to receive any available funding.
Hospital Closure

- Trainees need to understand that when their program is closed, they cannot continue patient care as though they are still in their program.
- If there is a gap in the transition to another program:
  - Salary
  - Health Insurance
- Plan where the training records will be stored and inform the trainees for future training verification requests.
FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)

FCVS establishes a permanent, lifetime repository of primary-source verified core credentials for physicians and physician assistants. We keep a record of everything from medical diplomas to identification documents — so physicians and physician assistants don’t have to go through the time and effort of assembling and forwarding this information every time they need to be licensed or credentialled.

The core credentials information collected and stored by FCVS includes:

- Physician and Physician Assistant identity
- Medical education records (including Educational Commission for Foreign Medical Graduates certification)
- Graduate medical education records
- Examination history
- Disciplinary history

Begin the online FCVS Application

Updates on FCVS
Please visit this page for the newest information on FCVS.

Supported Browsers
Internet Explorer Version 7 or higher, Safari Version 5 or higher, Chrome, Firefox.
If a hospital closes a program
- Allow current trainees to complete the program. Funding stays at the hospital
- Current Trainees need to continue training elsewhere and funding is released—“orphan” status
  Ex: IM program – 3 years funding
    4 total residents
    2 residents in year 2 and year 3– program closes now
    July 2014– 2 positions return to hospital
    July 2015– 2 positions return to hospital
Funding

- Both the original and accepting programs must inform CMS about the release and acceptance of the trainees within 60 days of training and make the appropriate changes on their cost report.

- The hospital may keep the cap positions but negotiate a payment to the hospitals that take the displaced trainees.
Program Closures Due to Hospital Closure

- Program Closures due to Hospital Closure
  - Trainees should be able to take GME funding with them—“orphan” status
  - Accepting hospitals receive funding only until the trainee has completed his/her program.
  - GME funding returns to CMS for redistribution.
Redistribution

- Affordable Care Act– Section 5506– different from Section 5503
- Between 2008–2014– 23 hospitals closed and approximately 1200 Direct GME slots have been redistributed
- Largest number of positions from one hospital– St. Vincent’s Hospital
Redistribution

- Round 1 – 14 hospitals – >700 DGME
  - NY, NJ, PA, AL, AZ, IL, IN, LA, MO, SC
- Round 2 – 1 hospital – NY – 321 DGME
- Round 3 – 3 hospitals – HI, IL, OH – 68.43 DGME
- Round 4 – 1 hospital – NY – 36.3 DGME
- Round 5 – 2 hospitals – AL, PA – 47.18 DGME
- Round 6 – 2 hospitals – AL, IL – 27.64 DGME
  (Pending redistribution)
Redistribution

- Slots may not all become available at one time.
- Currently being used by displaced trainees and released upon completion of programs
- No double dipping
Who Can Apply?

- Any hospital can apply
- Set selection criteria
- Definitely recommend hospitals who take displaced trainees, especially entire programs should apply
Resources

Sample Policies/Procedures
- http://216.92.22.76/discus/messages/20/Orphan_residents-2208.pdf

Federation State Medical Boards Verification Service
- http://www.fsmb.org/fcvs.html

CMS Application Form– Section 5506
- http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/Section-5506-Application-Form.pdf
Resources

CMS– Direct Graduate Medical Education– Links for Redistribution Information

- http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/dgme.html