

Welcome

AOGME Webinar
Oct 5, 2022

Vision, Lessons and Victories: The Wright Center for Graduate Medical Education's History with THCGME

Presented by Meaghan Ruddy, PhD
SVP Academic Affairs, Enterprise Assessment and Advancement, Chief R&D Officer

THE WRIGHT CENTER
for
COMMUNITY HEALTH

THE WRIGHT CENTER
for
GRADUATE MEDICAL EDUCATION

THE WRIGHT CENTER
for
PATIENT & COMMUNITY ENGAGEMENT



Objectives for Webinar

process, lessons learned and tips from a longtime THCGME grantee

- Vision:* How The Wright Center became so engaged with the THCGME program
- Lessons:* Knowledge gained in the maintenance of the THCGME program (from the transition to the single GME accreditation system to funding security)
- Victories:* Impact on systems and communities engaging with the THCGME program

Sincere thanks to



and



for the invitation to tell the story.





Our Corporate Identity

MISSION:

To improve the health and welfare of our community through inclusive and responsive health services and the sustainable renewal of an inspired, competent workforce that is privileged to serve

VISION:

For our Graduate Medical Education Safety-Net Consortium framework that integrates patient care delivery, workforce development and innovation to be the leading model of primary healthcare in America

CORE VALUES:

- Do the Wright thing • Be privileged to serve
- Be an exceptional team player • Strive for excellence
- Be driven for great results • Spread positivity



The Power of Our GME-SNC Model

An effective, replicable & scalable model, with a healthy, overdue, inclusive mentality of “Achievable by All” that spreads an exciting “We Can Do More Together” promoting sustainable, essential community provider primary health services with integrated workforce development nationally.

HRSA Health Resources & Services Administrator
CMS CENTERS FOR MEDICARE & MEDICAID PROGRAMS
FQHC COMMUNITY HEALTH CENTER
VA U.S. DEPARTMENT OF VETERANS AFFAIRS

UNITED STATES
 National capital
 State capital
 City

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Answering the Call for Primary Healthcare Delivery and Workforce Development Systems Reform Requires Paradigm Change

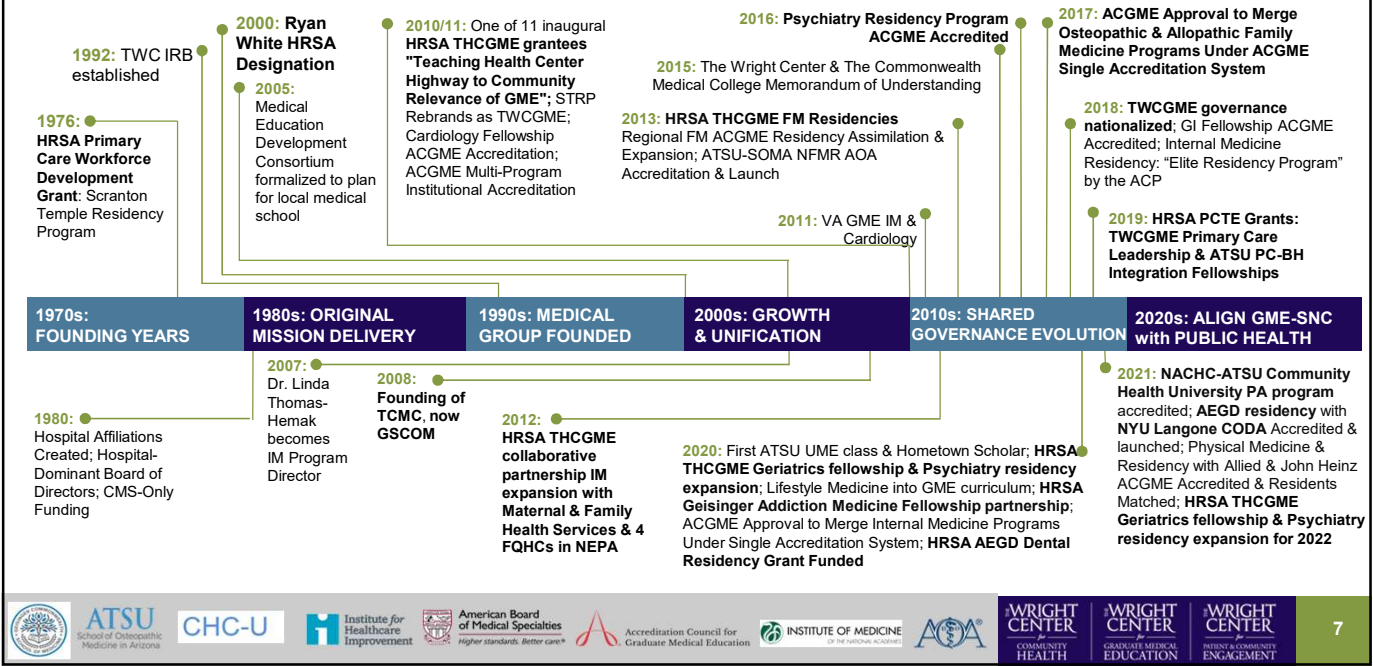
If you really look closely, most overnight successes took a long time.
 - Steve Jobs

IOM Governance & Financing of GME | Teaching Health Center Legislation Landscape
 ACGME CHC & Academic Medical Partnerships “CHAMPS” | Beyond Flexner Movement
 IOM Primary Care Workforce Development Change | Sponsoring Institution 2025

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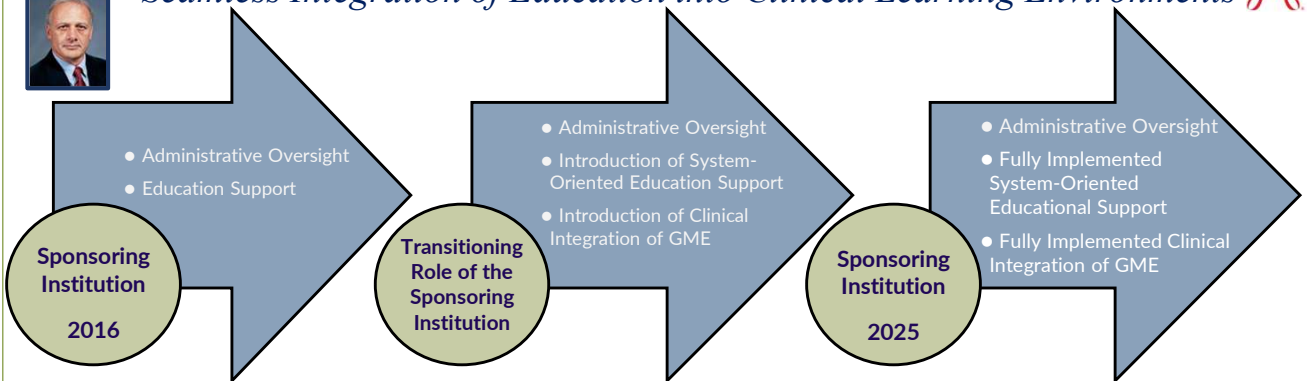
TWCGME Landmark Events

From Six Physician Learners to the Nation's Largest HRSA funded, ACGME accredited GME-SNC



The Call to the ACGME's "Sponsoring Institution 2025"

Seamless Integration of Education into Clinical Learning Environments



Our model intentionally stretches historical boundaries & geographic constraints of traditional GME operations and accreditation.

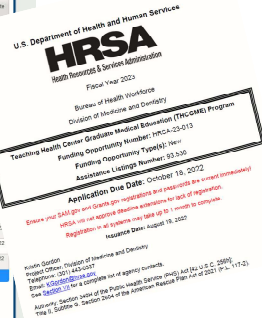
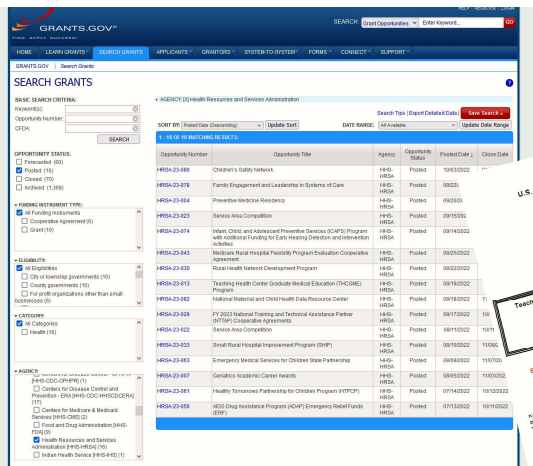




Application Process

THC GME – a HRSA funding mechanism

GME funding processed like a grant



Two Mechanisms:

- 1) Planning and Development:** Set amount for developing requirements for successful application for SI and program
- 2) THCGME Program:** funding for accredited FTE (slots)

thcgmec.org - current TA Center out of UNC

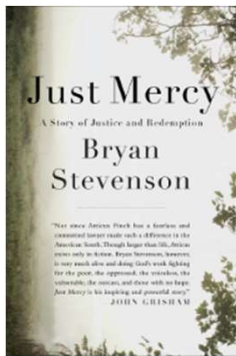
- Requirements to receive FTE funding:
- Need to be an accredited Sponsoring Institution
 - Need to be an accredited program (ACGME/CODA)
 - **Need to be an eligible entity**

Success = substantially meeting requirements



Discovering & Celebrating the Benefits of Collective Genius Can Take a Long Time

Solutions to complex societal challenges require deliberate, **collective impact strategies** that are thoughtfully generated with empowered stakeholders **proximal** to the core problems.



Fundamentally designing strategies at a distance from the trenches is **dangerous**, often generating **misguided narratives** that **distract** from the **realities** lived every day by patients, families, providers and communities.

Staying close to the problems is painful, but it's the necessary path to generate solutions for our preferred future.



WE CAN CHANGE THE WORLD...

PROXIMITY IS ESSENTIAL
get closer to the people who suffer from injustice the most ...
PROXIMITY = POWER

WE MUST HAVE HOPE
hopelessness is the enemy of justice...
HOPE IS CRITICAL

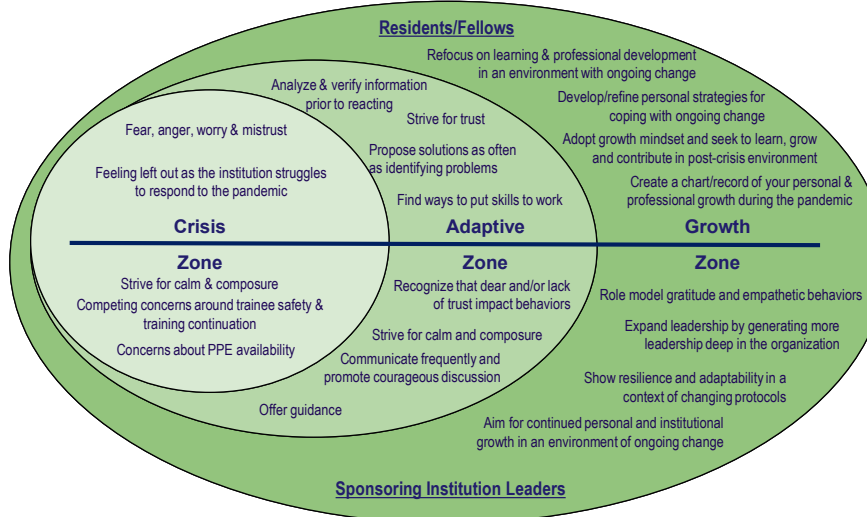
CHANGE THE NARRATIVE
fear and anger cannot drive the narrative...
LOVE + COMPASSION!

WILLING TO GET UNCOMFORTABLE
change is uncomfortable...
THERE IS POWER IN THE BROKEN



"As educators, our success will not be measured by how we treat children of privilege but how we treat children who are at risk and marginalized."

Promoting a Growth Mindset for Leaders, Faculty, and Learners



From Crisis to Growth: A Guiding, Pragmatic Model During a Global Pandemic

Woodson Scott Jones, MD
Ingrid Flibbert, PhD, MA, MBA
Lizbeth Kozlowski, MD
Frederic W. Hafferty, PhD

There is nothing as practical as a good theory.
—Kurt Lewin¹

The Crisis Zone
I learned that courage was not the absence of fear, but the triumph over it.
—Nelson Mandela²

The COVID-19 pandemic has changed individuals and health care institutions and is testing the graduate medical education (GME) community's collective adaptability and potential for growth under adversity and uncertainty.^{3,4} The effect on GME programs and sponsoring institutions (SIs) has been profound, many teaching hospitals shifted focus to primarily care for COVID-19-positive patients.^{5,6} This is not the first time SIs have confronted major crises; other examples include Hurricanes Katrina and Sandy and other natural and manmade disasters. In contrast with regional events, COVID-19 is affecting hospitals across the nation, and uncertainty surrounding the pandemic suggests that a return to the pre-COVID-19 state is unlikely in the near term. Across local, regional, and national crises, a pressing challenge for SIs and their leaders is how to address the concerns and needs of trainees and faculty whose world has been upended, and how to best to promote the well-being and professional growth of both groups.

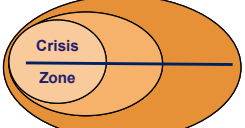
Attempts have been made to adapt models of personal change and growth to the context of COVID-19.⁷ These models often focus on intentional change followed by reestablishment.⁸ This may underestimate the disruption and uncertainty that characterize institutional crises resulting from external factors and the extent to which they require cognitive reframing.⁹ The focus on reestablishment also may not appreciate that leaders need to "rehearse the disorientation" present for some period during an extended crisis.

In this perspective, we present a pragmatic model for SI response to crises and disasters (incidents), with zones of crisis, adaptation, and growth. We draw on articles about adaptive leadership during a sustained crisis,¹⁰ and on theories for promoting a growth mindset for leaders, faculty, and trainees.¹¹ This model is applicable to a range of crises SIs and their leaders might confront.

"A Growth Mindset Includes Demonstrating Gratitude, Appreciating Suggestions, and Ensuring Mistakes are Viewed as Improvement Opportunities."



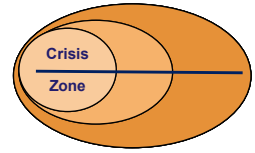
Processing Collective, Traumatic Experiences For Our Organization and Our Community



- THCGME funding slashed by ~36% in 2015
- Single GME
- AOA to ACGME – what to do about OR?
- From 6 sites to 4 sites
- Pre-accreditation limbo for National FM Residency
- Merging IM AOA and ACGME programs
- **Background Noise:** long hours of chasing information, confusion about the Primary Care Exception, concern about the future of OMT, countless primary & secondary reporting metric variations (IRIS, HRSA EHB, ACGME WebADS, etc)



Processing Collective, Traumatic Experiences For Our Organization and Our Community



- Challenging Media, Optics, Perceptions, Facts & Ramifications of Initial Vaccination Deployment
- Uprise in COVID-19 Cases, Novel Variants, PPE Shortages
- Continuously Evolving Guidance as the Pandemic became Endemic
- ACGME Resident Surveys - Responses, Feedback & Remediation
- **ACGME Probationary Accreditation for SI and one FM program**
- “Moral Injury” & “The Great Resignation”
- Updated CMS guidance to CMS GME providing institutions related to reporting THCGME funded learners in CMS environments
- Updated CMS definitions of rural hospitals/ exceptions and cap changes with no coordination with HRSA re: THCGME environments
- **Background Noise** : long hours of chasing information, confusion about the Primary Care Exception, concerns about the future of OMT, countless primary & secondary reporting metric variations (internal data, HRSA EHB, ACGME WebADS, etc)



Sponsoring Institution/Regional Family Medicine Residency Program: the Road to Regaining Continued Accreditation

Restructuring the GMC to include:

- Oversight over reporting
- Defined voting membership to provide agency to our regional and national partner sites
- Robert's Rules format
- Implementation of consistent messaging to be sent to all GME Board members, Executive Leadership Team, faculty, learners, and the GME department

Regional Family Medicine & Sponsoring Institution efforts to regain full accreditation:

- Citation Review and Responses
- Identified Deliverables
- Created Tracking Mechanism to ensure timely deliverable responses
- Education Sessions held with External Consultants
- Education and Feedback sessions with GME Leadership
- Mock Site Visits - August 2022

SITE VISITS
 SI – Sept 13
 RFM – Sept 15





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Programmatic Outcomes

Across the Sponsoring Institution since 1970s

TWCGME General Graduate Data including Fellows (thru AY 2021):

Approaching approximately 1,000 graduates

- 46% choose to practice in Primary Care
- 64% choose to practice in Underserved Area
- 64% choose to practice in Rural+Disadvantaged Area
- 47% choose to practice in Community Health Centers
- 15% choose to work with Veterans

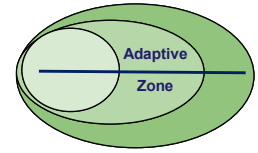
TWCGME NFMR – sole THC GME only program (thru AY 2021):

101 graduates

- 82% choose to practice in Primary Care
- 59% choose to practice in Medically Underserved or Rural Areas
- 51% choose to practice in Community Health Centers
- 36% choose to practice in their Teaching Health Center FQHC



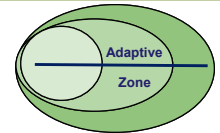
Embracing the Adaptive Phase: Transformation of Pandemic Trauma



- Necessary & Emerging Convergence of Primary Care & Public Health
- Management, Staff & Residents' Mission Commitment: Resiliency, Unity, Love, Performance, & Pride
- Trauma Transformation in the Trenches of Clinical Learning Environments, GME, & Support Depts; Professional Identity, Public Trust, Frame of Reference, Resiliency & Coping Skills
- Stabilizing Our Infrastructure & Emerging Growth
- Local, Regional & National Partnerships Flourishing
- Our Poise in National Solution Opportunities
- Healthy Partnerships for High Impact Community Benefit
- Exercising Muscles of Integrity & Embracing Learning Opportunities



Above and Beyond: Honoring Our Collective Accomplishments



As of June 23rd, 2022, TWCC has tirelessly served the community through the ongoing pandemic by providing the following:

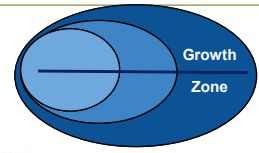
- 291,735 In-Person Visits (since March 2020)
- 45,830 Telehealth/Virtual Visits (since March 2020)
- 44,154 COVID-19 Tests (since March 2020)
- 20,004 COVID-19 Immunization 1st Dose (since March 2020)
- 19,436 COVID-19 Immunization 2nd Dose (since March 2020)
- 6,588 COVID-19 Immunization 3rd Dose or Booster (since March 2020)
- 1,603 Monoclonal Antibody Infusions

... AND received incredible acknowledgement from CDC-led PA Department of Health Bureau of Immunizations COVID-19 Vaccine Site Visit that included focus on vaccine ordering, storage and handling, vaccine reporting in PASIIS, administration and education, billing and workflows, and emergency preparedness!

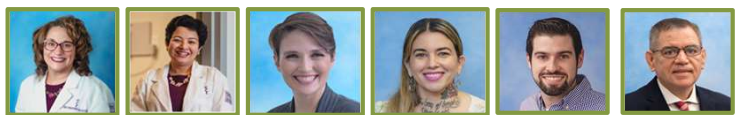
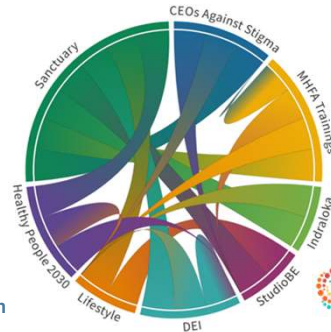


Integration of SI into Sanctuary

Continued Embrace of Our Endless Cultural Transformation and Journey to Excellence



- Investment in Sponsoring Institutions Culture Enhancing Infrastructure to Nurture Longitudinal Professional Identity Development & to Promote Workforce Resiliency
- Shared Mission Commitment and Powerful Promotion and Support of Mental Health & Well-Being:
 - NAMI Keystone Pennsylvania CEOs Against Stigma
 - Lifestyle Medicine Curriculum
 - Mental Health First Aid
 - Diversity, Equity and Inclusion
 - Indraloka Animal Sanctuary
- Obesity Medicine Certifications for Drs. Thomas & Baroah & Lifestyle Medicine Certification for Dr. Baroah
- Progressive Integration of Lifestyle Medicine into our Care Delivery & Educational Systems
- Artistic Engagement Activities with Staff, Boards, Residents/Fellows, Community Members & Patients led by Director of Health Humanities



Traditional Definition of Community Benefit

Strategic, community-based primary care workforce development embedded in safety-net delivery systems with enriched community partnerships can:

- **Expand** right venues for excellent, accessible and accountable care
- **Improve** health of individuals and communities
- **Promote** lifelong learning and attraction to primary care careers
- **Empower** care team members and prevent burnout
- **Illuminate** the health care and GME financing methodology America needs to generate a more disciplined conversation around meeting public trust
- **Cultivate** community-minded primary care physician leaders with a desire to serve & accelerate performance improvement in diverse community based venues, FQHCs, & hospitals

“The Wright Center’s mission is a reminder of the altruism that drove us to become physicians - to serve our greater community in its greatest times of need and to be there for whomever needs us when they are in their most vulnerable state. We stand at the front lines of public health and work to support the community that made us who we are.”



Dr. Jacob Miller
Internal Medicine Graduate
(June 2022)

Key Performance Questions (K PQs)

1. How much does it cost to employ a resident? A fellow?
2. How much does it cost to train a resident? A fellow?
3. What is the value to an FQHC (CAH? Sole Provider? Other MUA?) of training-to-hire?
4. What is the value to a community of community-based health care workforce development programming?
5. How many patients/visits do residents (fellows?) add to an environment?
6. How does having learners impact quality?
7. How much is a resident/fellow worth to a payor?

Key Performance Indicators (KPIs)

1. Per employee-learner cost
2. PRA (without per employee cost)
3. Recruitment savings (cost not incurred to recruit a provider)
4. Economic impact of programming
5. Quantifiable access and billing revenue
6. Quality metrics (UDS, satisfaction)
7. GME reimbursement rates per payor

“Recruit from the community and **Return** to the community to **Restore** the community.”

GME-SNC's Pioneering, Redefining Community Benefit

Empowering the voice of communities & generating proximity of that collective voice to federal agencies with oversight of GME

Tangible goals & benefits of THC GME-SNCs include generation of:

- collective impact platforms for inclusive community stakeholder engagement in unifying, crucial conversations that promote trust
- physician & interprofessional recruitment & retention outcomes
- pipelines and diversity of the workforce to match the diversity of populations served
- positive economic impact in the community & job creation
- transformation of care delivery to ACGME accredited clinical learning venues that can reduce disparities, increase access, enhance quality, & improve affordability of health services
- academic think tanks & scholarly work initiatives to better understand and respond to community health needs
- public health workforce engagement in curriculum innovations including addiction & recovery, trauma informed care delivery, the COVID-19 pandemic response, vaccination & cancer prevention efforts, obesity medicine, lifestyle medicine, the million hearts campaign & diabetes prevention, as well as workforce wellness, coping skills and resiliency



We, the incoming cohort of AY 2022-2023, make a **commitment** to the following:

To improve the quality of life in an equitable and inclusive fashion across diverse communities regardless of race, gender, ethnicity, and socioeconomic status.

To be the source of lasting change through inspiring and evolving service to humanity.

To be self aware and to always treat the patient as a whole person rather than just treating the illness.

To integrate the medical learner into the community to empower and educate the community to increase their resilience.

To respect and collaborate with our peers, encouraging values of diversity, beneficence, and nonmaleficence, in our profession.

To lead with empathy and serve with humility, and carry respect in all our practices.

To make a commitment to self care in order to provide optimal care for our patients and humanity.

It's our **moral obligation** and commitment to provide the best care to our patients **with compassion and empathy**, no matter what circumstances we are in.



Questions and Comments

From Registration:

- What are some of the biggest barriers to THCGME implementation and continuation?
- Is the program self-sustaining if funding would be delayed?
- How can a college of osteopathic medicine best partner with an independent clinical partner to develop a new GME program utilizing THCGME funding?
- What are some examples of how has THCGME has interacted or benefited the community?
- How does one develop a THCGME? Have you heard of the ECHO project?
- What are some ideas to help recruit faculty?
- Please talk about overcoming challenges/barriers with stakeholders
- How are The Wright Center and its hospitals funded?

