

MINUTES

PHYSICIAN WORKFORCE AND ACCREDITATION TASK FORCE

October 21-22, 2008

Sunflower Room—KU School of Medicine—Wichita

Members Present

Representative Brenda Landwehr, Chairperson
Senator Vicki Schmidt, Vice-Chairperson
Representative Raj Goyle
Dr. Andy Allison, Kansas Health Policy Authority
Dr. Glendon Cox, KU Medical Center-Kansas City
Jill Docking, Board of Regents
Laurie Labarca, Via Christi Health System (designee for Mr. Kevin Conlin)
Dr. Garold Minns, KU School of Medicine-Wichita
Dr. Robert Moser, Jr., Greeley County Health Care Services (Governor's Appointee)
Hugh Tappan, Wesley Medical Center
Scott Taylor, Kansas Hospital Association
Dr. Linda Warren, Warren Clinic (Governor's Appointee)

Members Absent

Senator Laura Kelly

Staff Present

Terri Weber, Kansas Legislative Research Department
Audrey Dunkel, Kansas Legislative Research Department
Corey Carnahan, Kansas Legislative Research Department
Norm Furse, Office of the Revisor of Statutes
Connie Burns, Committee Assistant

Conferees

Barbara Atkinson, M.D., KU School of Medicine
Frederic Chang, M.D., KU School of Medicine-Wichita
William H. Hartmann, M.D., Accreditation Council for Graduate Medical Education
Don Brada, M.D., Wichita Campus Graduate Medical Education
Robert Ullom, Medical Resident
Kim Meyer, Ph.D., KU School of Medicine
Scott Glasrud, KU Hospital

Penny Vogelsang, Wichita Center for Graduate Medical Education

Others attending

See attached list.

Tuesday, October 21 Morning Session

The meeting was called to order by Chairperson Brenda Landwehr. After opening comments by the Chairperson, the Task Force members and staff introduced themselves.

Overview of Legislation and Statutory Charge of the Task Force

Norm Furse, Office of Revisor of Statutes, reviewed the charge of the Task Force and the corresponding legislation that resulted in the creation of the Physician Workforce and Accreditation Task Force. The legislation, House Sub. for Senate Bill No. 81, was passed during the 2008 Legislative Session ([Attachment 1](#)).

Kansas Graduate Medical Education Residency Program Overview

Barbara Atkinson, M.D., Executive Vice Chancellor, University of Kansas (KU) Medical Center and Executive Dean, University of Kansas School of Medicine (KUSOM) discussed the mission of the School of Medicine, which is education, research, clinical service, and service to the Kansas community. Dr. Atkinson also provided information on the typical pre-medical, undergraduate, and graduate medical education program, which includes four years of high school, four years of college, and four years of medical school ([Attachment 2](#)). She stated that a typical graduate medical education is three to six years of an internship/residency, which includes the student sitting for the board certification exams. It was noted that the student could practice during this time period, or could complete a one, two, or three-year fellowship for a subspecialty. Undergraduate medical education at KU is divided into basic science modules for the first two years with the third and fourth years spent in clinical training.

Dr. Atkinson noted that there are 175 students per class and the first two years of coursework are taught in Kansas City. Fifty-five students will generally transfer to Wichita for the third and fourth years. If the medical school class size were to be expanded, it is likely that additional students would train in Wichita and areas outside of Kansas City. Influence on students' specialty choice and practice location begins before medical school. Additional information provided to the Task Force included:

- Kansans participating in the program are more likely to practice in Kansas.
- Rural Kansans are more likely to choose family medicine and practice in rural areas.

- KUSOM continues to accept a higher percentage of students from Kansas, especially from rural areas.
- In 2008, there were 2,047 applicants for the 175 available slots; of the 456 applicants interviewed, 154 were from Kansas.
- The Kansas Medical Student Loan Program (KMSLP) is designed to encourage students to choose primary care and return to an underserved area of Kansas. Students receive tuition and \$2,000 a month stipend as a loan. They must commit to provide one year of service in an underserved area of Kansas for each year of the loan.

Overview of Kansas City Residency Program

Dr. Atkinson provided the Task Force with the history of KU Medical School and an overview of the Kansas City Residency Program. (Attachment 3). The KU School of Medicine is an academic medical center model; with predominantly full-time faculty. Dr. Atkinson stated that physicians with admitting privileges at KU Hospital (KUH) must have a faculty appointment; some of which are employed by the University and some by the Hospital. There are volunteer physicians at KUH, but most work with KU residents at other sites or in outpatient offices. The faculty is made up of 394 full-time and 54 part-time clinical members, with 821 clinical faculty volunteers. There are 129 full-time faculty, 13 part-time basic science faculty, and 456 residents/fellows in 43 different programs. A list of resident and fellowship programs was provided.

Overview of Wichita Residency Program

Frederic Chang, M.D., Interim Dean, University of Kansas School of Medicine-Wichita, provided the Task Force with the history of the KU Medical School-Wichita and an overview on the Wichita Residency Program. A listing of the residency programs and the facilities that housed the programs was provided (Attachment 4). The Wichita Center for Graduate Medical Education (WCGME) program is a community based model with a predominantly volunteer faculty. It is administered by a consortium to coordinate all of the residencies in Wichita, Salina, and the Wichita Center for Graduate Medical Education. The members are University of Kansas School of Medicine-Wichita, Wesley Medical Center, and Via Christi Regional Medical Center. The faculty is comprised of 58 full-time clinical, 74 part-time clinical, 1,003 volunteer clinical faculty members, and 275 residents/fellows in 14 programs. WCGME employs the residents, pays salaries, and negotiates benefits, with the Medical School being responsible for the academic side.

Afternoon Session

Accreditation of Graduate Medical Education Programs

William H. Hartmann, M.D., Accreditation Council for Graduate Medical Education (ACGME), provided the Task Force with an overview of the Accreditation Council. The Council is a private, non-profit council that evaluates and accredits medical residency programs in the United States (Attachment 5). ACGME was established in 1981 by the academic medical community which was seeking an independent accrediting organization. The mission of the Council is to improve health

care by assessing and advancing the quality of resident physician education through accreditation. In academic year 2006-2007, there were 8,355 ACGME-accredited residency programs in 126 specialties and subspecialties.

ACGME member organizations include the:

- American Board of Medical Specialties;
- American Hospital Association;
- American Medical Association;
- Association of American Medical Colleges; and
- Council of Medical Speciality Societies.

New programs are given initial accreditation, while continuing programs are given full accreditation if they substantially comply with the ACGME common and speciality-specific requirements. Programs that have deficiencies may be given accreditation with warning or probationary accreditation, and programs that subsequently fail to demonstrate that they have corrected their deficiencies may have their accreditation withdrawn.

Accreditation is voluntary. However, programs must be ACGME-accredited in order to receive graduate medical education funds from the federal Center for Medicare and Medicaid Services. Residents must graduate from ACGME-accredited programs to be eligible to take their board certification examinations. In addition, many states require completion of an ACGME-accredited residency program for physician licensure.

Overview and Discussion of Kansas City Campus Accreditation Status

Dr. Atkinson provided the Task Force with an overview of the Kansas City Campus accreditation status. The Kansas City Campus has had several program citations ([Attachment 6](#)). Staff noted that there is an in-depth review behind Tab 12 in the Briefing Notebook provided to the Task Force. Categories for citations included documentation of cases and work hours. Other issues are types of faculty subspecialists and experiences, sufficient number of cases of specified types, and a lack of scholarly activity for both faculty and residents. Charts and a timeline were provided on the different programs and the different citations. Graduate medical education at the KU campus also has received commendations from ACGME.

Overview and Discussion of Wichita Campus Accreditation Status

Don Brada, M.D., Designated Institutional Official, WCGME, provided the Task Force with the history of the KU School of Medicine-Wichita program and with an overview of the Wichita Residency Program. Dr. Brada stated that to maintain accreditation and quality programs in Wichita and Salina, two funding issues must be addressed: the accreditation mandates and reduced Medicare GME funding. For accreditation, there now must be mandated protected time for Program Directors to evaluate the residents. There also is an increase in the requirement for didactic lectures, journal clubs, specific topics, and scholarly activity and research.

Charts and a timeline were provided on the different programs and the dates of future site visits ([Attachment 7](#)). The WCGME program received commendations on the following programs: Radiology (Diagnostic), Orthopedic Surgery, Psychiatry, Internal Medicine, Anesthesiology, Obstetrics/Gynecology, and one general commendation for the institution. Dr. Brada stated that the

WCGME programs have never been on probation. The Task Force requested a copy of the report issued by Partners in Medical Education Inc., a consultant that was hired to look at the program and documentation issued. The report was provided to the Task Force members.

Update on Kansas Bioscience Authority WCGME Funding Request

Dr. Brada provided the Task Force with information concerning the WCGME request for funding from the Kansas Bioscience Authority (Attachment 8).

FY 2009 funding for WCGME includes \$2.5 million from State of Kansas and \$2.9 million from Kansas Bioscience Authority (KBA). The full KBA Board will vote on funding on October 28, 2008. The allocation of \$2.5 million from the State is allocated as follows:

Held for possible rescission	\$ 50,000
Non Medicare Reimbursed Time Resident Salary and Benefits	1,108,000
Electronic Health Records Family Medicine Clinic	100,000
Faculty Salary & Benefits*	962,000
Recruitment & Relocation	250,000
Consultant	30,000
TOTAL	<u>\$ 2,500,000</u>

(*Salaries for Family Medicine, Radiology, Pediatrics, Psychiatry, Anesthesiology, and Surgery)

The Task Force asked for clarification on some of the figures and further discussed faculty salaries and benefits, the value and cost of residents, and the accreditation of the Family Health Clinic.

Dr. William Hartmann shared with the Task Force the number of hours per week spent by Program Directors in key areas by Core Specialties:

Program	Hours/Per Week	Average
In Research	1.8 to 13.8 hours	5.6 hours
Teaching	4.6 to 9.8 hours	7.6 hours
Administration	6.4 to 20.6 hours	14.5 hours
Clinical	6.1 to 37.3 hours	21.4 hours
Total	<u>32 to 68 hours</u>	<u>47 hours</u>

It was noted that the Program Director spends from 32 to 68 hours per week, averaging 47 hours per week, doing their full-time job.

Information on the proposal to the Investment Committee of the KBA was provided. The proposal initially establishes "Centers of Excellence" to form the initial phase of the initiative as follows:

- The Center for Research Support Services;
- The Center for Outcome and Health Services Research; and
- The Center for Clinical and Translational Technologies.

Results from the Kansas Bioscience Authority Investment Committee approved \$250,000 for the strategic planning grant and recommended the following:

- Year 1 – full funding - \$4,940,000 (to be voted on 10-28-08)
- Year 2 – 2/3 funding - \$1,958,000 (funding is set aside, WCGME must re-apply)
- Year 3 – 1/3 funding - \$979,000 (funding is set aside, WCGME must re-apply)

Robert Ullom, a medical student from Southeast Colorado, spoke and answered questions on his decision to apply to the KU School of Medicine-Wichita.

Medicaid Funding for Graduate Medical Education

Dr. Andy Allison, Deputy Director and Medicaid/HealthWave Director, Kansas Health Policy Authority (KHPA), provided the Task Force with information on the role of KHPA in supporting Physician Workforce Development (Attachment 9).

A chart was provided on current GME spending by hospitals for all 2008 medical education.

Dr. Allison stated that federal support for GME is uncertain. The Centers for Medicare and Medicaid Services (CMS) indicated in the May 23, 2007, *Federal Register* (proposed rule) that there is no express statutory authority for Medicaid to pay Direct Graduate Medical Education costs (DGME), and the proposed rule would effectively end Medicaid DGME payments. States could continue to pay Medicaid Indirect Medical Education (IME) per the Medicare formula, with the rule being under a congressional moratorium until April 1, 2009. The loss in federal funds is estimated at \$9.8 billion, nationally, over a five-year period.

The Task Force was provided with a chart on the disbursement of disproportionate share (DSH) payments. GME payments to KU Hospital are embedded in the base rate and are not paid as an add-on benefit.

Wednesday, October 22 Morning Session

Overview and Discussion of Funding for Kansas Graduate Medical Education

Scott Glasrud, CFO, KU Hospital, provided the Task Force with an overview on the Hospital's prospective funding and with an overview on Medicare relative to GME funding streams. Mr. Glasrud specifically covered how it relates to KU Hospital (Attachment 10).

A chart reflecting the dollars for sources and spends was provided.

The Task Force requested background information and a description of the State Medicaid Plan Supplement. The Task Force asked if physicians at Family Medicine in Wichita and Salina are full-time, reimbursed faculty and whether the definition can be found in the State Claims Amendment or if it is a federal definition. It was noted that in order to draw down additional funding, federal dollars can be matched with positions and dollars, but have to be linked to the KU School of Medicine, as a public entity. Dr. Allison said that information and clarification could be provided from other states. The Task Force asked how unique the program in Kansas was compared to other states, and if it is typical to try to secure funding from the private sector to draw down more dollars from the federal government.

Kim Meyer, Ph.D., Senior Associate Dean for Finance, KU School of Medicine, provided the Task Force with an overview of the Graduate Medical Education funding in Kansas ([Attachment 11](#)).

Penny Vogelsang, COO, WCGME, provided the Task Force with an overview of the funding for Wichita and Salina ([Attachment 12](#)).

Afternoon Session

Committee Business and Discussion

Dates for upcoming meetings were discussed. The Task Force agreed on November 24, 2008 with a 10:00 a.m. start time; and December 9, 2008 for the fourth meeting. The Chairperson requested that staff get all the members' e-mail addresses and that the Task Force members contact Corey Carnahan with any questions or information.

The Task Force requested more information on what neighboring states are doing with a focus on states that have the same number of hospitals, hospitals with the same number of beds, and the funding other states are providing to compensate for their resident shortage.

A request was made for the Wichita and Kansas City programs to provide a breakout of the cost per resident.

In reference to the physician workforce shortage, Task Force members asked what the federal policies were allowing a foreign trained physician to practice in Kansas. Dr. Atkinson explained that a student graduating from a foreign school would have to first take an English test and then complete additional schooling, with a clinical component included. The students would be required to pass exams and then apply to residency programs. A few foreign graduates stay in Kansas, but they first must obtain a VISA and receive permission to stay from their home country.

A member inquired as to the impact on federal funding if more residents were state employees. Additional questions were asked about the long-term sustainability from the State General Fund, and if there are large employers in the Wichita area that KU could partner with for research purposes. A question was asked concerning any other collaborative partners that could effect savings for both KU and the private sector.

Questions were asked about Medicare and Medicaid funding, along with the suggestion that the State become involved in obtaining support from insurance companies. One question was asked about funding through philanthropic sources. The Provider's Assessment Program was mentioned as a method for drawing down federal funding.

The Chairperson noted the role of the Legislature and federal government in creating and eliminating programs related to GME.

It was noted that two areas of interest for the next meeting would be Dr. Moser's recommendations and the question of public health involvement.

A request was made for WCGME to further explain its \$9.6 million in funding.

The Task Force meeting was adjourned at 1:20 p.m. The next meeting will be November 24, 2008, in Wichita.

Prepared by Connie Burns
Edited by Terri Weber and Corey Carnahan

Approved by Task Force on:

February 20, 2009