

## ABSTRACT: 2015 ELAM Institutional Action Project Poster Symposium

**Project Title:** Redesign of Graduate Medical Education funding for the State of Maryland:  
A Johns Hopkins University / University of Maryland Joint Investigation

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### **Background, Challenge or Opportunity:**

The financing of graduate medical education (GME) is currently based on an outdated model tied to hospital admissions and inpatient cost. The majority of patient care now occurs outside of the hospital and going forward, payment will be tied to the totality of health for a population, not just to revenue generated from episodic medical care delivery.

Although most current graduates will enter a health care environment in which most of the care they provide will take place in settings outside the hospital, GME continues to be hospital-based, leaving residents not fully prepared for independent practice after residency training. GME remains hospital-based in part because of the current GME funding model. The challenge at hand is how best to restructure GME funding and as a result residency training so that training aligns more closely with the type of practice physicians will encounter upon completion of training while still ensuring the attainment of expertise in the breadth and depth of their field.

### **Purpose/Objectives:**

As part of the agreement with CMS and the new Medicare Demonstration Waiver, the State of Maryland has committed itself to develop a work group whose charge is to convene the medical schools and schools of health professionals in Maryland to:

“[D]evelop a five-year plan that will serve as a blueprint for improvement elements necessary to sustain health transformation initiatives in Maryland and which will be generalizable to other schools across the United States.”

This work group is known as the Innovation in Graduate Medical Education (IGME) Workgroup. The IGME Work group is charged with creating a report and recommendations on changes to medical education for CMS by January 1, 2016.

### **Methods/Approach:**

We are convening a joint retreat of the major stakeholders for GME in the State of Maryland to formulate an alternative plan to funding GME in our state. Working with the Maryland Health Services Cost Review Commission and the Maryland Department of Health and Mental Hygiene (DHMH), the IGME Workgroup will provide a forum for education, discussion, and debate among key stakeholders in order to facilitate decision-making related to innovations in GME.

### **Outcomes and Evaluation Strategy:**

The Maryland GME Summit will occur on May 20, 2015. At this meeting we will convene national and Maryland experts and key stakeholders to discuss current GME program structure and funding, highlighting issues of concern given changing demographics and health care reform.

The Summit will be deemed successful if the workgroup is able to produce a report for CMS (due Jan 1, 2016) that presents a viable plan or series of options regarding potential changes in GME funding that could be used to drive needed changes in the location and content of residency training.

# Redesign of GME funding for the State of Maryland:

## A Johns Hopkins University / University of Maryland Joint Investigation

Jessica L. Bienstock, MD MPH

Collaborators: John Colmers, Julia McMillan MD, Roy Ziegelstein MD



### Challenge

- New physicians today enter a health care environment in which the majority of the care they provide takes place in settings outside of the hospital.
- Graduate medical education GME remains primarily hospital-based, leaving residents not fully prepared for independent practice after residency training.
- The financing of GME is currently based on an outdated model tied to hospital admissions and inpatient cost.

### Introduction

- As part of the new Medicare Demonstration Waiver agreement with CMS, the State of Maryland has committed itself to develop a work group whose charge is to convene the medical schools and schools of health professionals in Maryland to:

*“Develop a five-year plan that will serve as a blueprint for improvement elements necessary to sustain health transformation initiatives in Maryland and which will be generalizable to other schools across the United States.”*

- Under the new Maryland waiver we must improve GME value by:
  - improving the patient experience of care (including quality and satisfaction)
  - improving patient health outcomes
  - reducing the per capita cost of health care

### Methods

- We are convening a joint retreat of the major stakeholders for GME in the State of Maryland to formulate an alternative plan to funding GME in our state.
- Working with the Maryland Health Services Cost Review Commission and the Maryland Department of Health and Mental Hygiene (DHMH), the Innovation in Graduate Medical Education (IGME) Workgroup will provide a forum for education, discussion and debate among stakeholders, to facilitate decision-making related to innovations in graduate medical education.

### Innovation in GME Workgroup

- The IGME Workgroup, is charged with creating a report and recommendations on changes to medical education due to CMS by January 1, 2016
- The membership base of the IGME Workgroup was chosen in order to gain input from a wide variety of stakeholders.
- The Workgroup is co-chaired by key stakeholders (the Vice-Deans for Education at the University of Maryland School of Medicine and the Johns Hopkins University School of Medicine).
- Other IGME Workgroup members
  - Designated Institutional Officials
  - Community-based Health representative
  - School of Nursing leadership
  - Insurer representatives
  - Resident

### Work Plan

Meeting Dates	Meeting Goals
<b>March 18, 2015</b> 4 - 5:30 PM Johns Hopkins University School of Medicine Miller Research Building 733 North Broadway, Conference Room G01 Baltimore, MD 21205	Workgroup Kick Off Meeting 1. Introductions 2. Background on MD Waiver / GME Financing Debrief 3. Review the Purpose of the Workgroup – The Charge 4. Work Plan Review 5. Summit Planning • Discussion of Draft Agenda, • Participants • Outside Speakers
April	Weekly conference calls regarding summit planning discussion and updates
<b>May 20, 2015</b> Mt. Washington Conference Center 5801 Smith Ave, Baltimore, MD 21209	Workgroup plus invited experts  Summit Agenda: 1. Review the Purpose of the Workgroup and Summit Goals 2. Background on MD Waiver / GME Financing 3. Outside experts advise Work Group on current GME program structure and funding, highlighting issues of concern given changing demographics and health care reform 4. Facilitated discussion between experts, members of the Work Group, public audience on: Current issues with GME curriculum and financing, potential policy changes, and topics that the workgroup should prioritize in making recommendations to CMS.
June 2015	Workgroup Meeting 1. Revisit key issues and decision points 2. Follow-up discussion on themes summit 3. Identify additional research / validation needed 4. Initial thoughts on Work Group's recommendations
September 2015	Workgroup Meeting 1. Review first draft of report and suggest improvements 2. Public testimony
October 2015	Workgroup Meeting Review second draft of report and suggest improvements
November 28 Deliverable	Innovations in Medical Education Workgroup Report due to CMS

### Conclusions

The IGME Workgroup will propose a new model of GME in Maryland and a new funding model to support it.

GME under the new Maryland waiver will enhance value by expanding the venues for GME and improving resident education in:

- high quality, safe, *cost conscious care*
- optimizing population health outcomes
- the role of physicians in team-based care