

UK COM Regional Expansion GME/3 year Medical School Track Subcommittee

Progress Report: September 1, 2016

The following represents a summary of themes and major areas of focus from this group's two meetings (June and August) thus far:

Assumptions: A key goal of the regional expansion plan is to retain students to practice in Kentucky ideally in non-urban areas and in specialties that match our state needs.

Scope: The Sub-Committee briefly discussed the concept of 3 year medical school tracks, however there was unanimous agreement that this is a separate curricular issue. Our priority area of focus is facilitating (ideally) in-state GME training for the increased number of graduates that regional campus expansion would produce. This includes both the total number and specialty type of GME positions in Kentucky.

Key findings:

1. Capacity of Kentucky GME positions: we are compiling and reviewing data regarding the total number of statewide GME positions including ACGME and AOA accredited GME positions. This also includes compiling National Residency Matching Program (NRMP) and non-NRMP match data. Kentucky GME positions can be organized as follows:

- UK Lexington ACGME accredited positions
- Current UK Regional (Hazard, Morehead) ACGME accredited positions
- Non-UK ACGME (U of L, St. Elizabeth accredited) positions
- Current AOA accredited GME programs (Lake Cumberland Regional, Bowling Green)

Opportunities to increase Kentucky GME capacity discussed include:

- Required AOA to ACGME conversion by 2020 and potential inclusion of those GME training lines in the denominator of total spots
- Leveraging partnerships with hospitals that have not yet reached CMS caps for GME reimbursement or potentially absorb CMS lines from closing programs
- Leveraging clinical partnerships to strategically create GME relationships

Specific current UK clinical partners and other Kentucky hospitals discussed that either currently offer or could offer ACGME accredited GME training positions includes the Medical Center at Bowling Green, King's Daughters, St. Claire Medical Center, and Bellefonte Ashland. Discussion regarding partnerships has been limited to identification of opportunities and no specific conclusions or suggestions for next steps have been determined to date.

2. Funding for GME expansion: options might include increasing UK Lexington GME positions, partnership with local/regional healthcare entities for trainee funding, and state and/or federal funding for rural programs or primary care. Our ability to examine this topic is somewhat limited without access to more concrete information regarding GME funding, for example, for current UK GME positions.

3. Ensuring match success for regional campus students: we performed a qualitative survey of a sample of UK program directors (PDs) to collect their general perspective on regional campus students.

- PD opinions are variable regarding the preparedness of regional campus students.

- Consistent support that regional campus students should come to UK-Lex for an Acting Internship (AI) to ensure they would be adequately prepared to enter residency in Lexington. Current AI capacity is insufficient to support this.
- Inconsistent support of the concept that a mission of UK GME is to retain providers in Kentucky or that likelihood of staying in Kentucky is weighted during applicant ranking.

4. Match data for UK UME current regional campus site-the Morehead RPLP: examined 2016 match outcomes from our existing regional campus which demonstrate:

- Many students matched at their top choice program—which was often not in Kentucky.
- Several students desired UK GME positions and did not match here.

Conclusions:

Model of success= regional campus expansion→In-state GME→In-state practice in specialty and geographic areas of need.

Increasing regional campus students and GME spots in Kentucky will not, by itself, accomplish this.

The Sub-committee has had preliminary conversations regarding creating UME scholarship pipelines or other incentives to specific regional GME training positions. This will require additional attention to determine whether, given current NRMP match rules and exceptions, it is even legally possible to accomplish. We also discussed that other mechanisms to encourage/entice students to pursue Kentucky healthcare careers should be considered including but not limited to linking to population health management (eg-caring for the underserved) and criteria for rural student applicant selection.