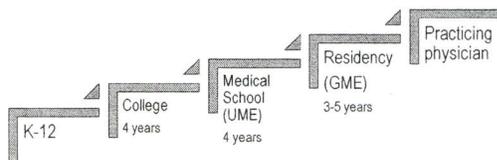


GRADUATE MEDICAL
EDUCATION (GME) IN MONTANA:
KEY ISSUES

Education and Local Government
Interim Committee
January 14, 2016

THE MEDICAL EDUCATION "PIPELINE"



WHAT IS GRADUATE MEDICAL EDUCATION ?

- The education that occurs *after* 4 years of medical school
 - MD or DO
- Residency
 - Specialty specific e.g. Family Medicine or Internal Medicine
 - 3-5 years
 - Required for *board certification*

WHAT DOES FM RESIDENCY TRAINING CONSIST OF?

- *Continuity clinic*
 - Individual patient panels
- *Clinical rotations* in multiple specialty areas
 - 12 to 13 blocks of 28-30 days per resident per year
 - Approximately 750 per year for Montana's current 72 residents
 - Similar for 3rd and 4th year medical students
- *Conferences*
 - Multiple per week

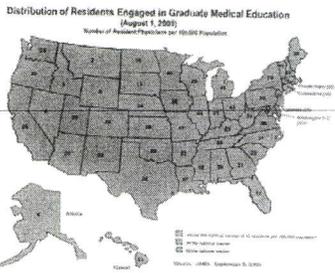
WHY DON'T WE HAVE MORE RESIDENCIES IN MT?

- Development costs
- Physician leadership
 - Program directors and faculty
- Limited resources
 - *Practicing physician teachers* in our communities
- Accreditation obstacles and complexities

MONTANA'S GME HISTORY

- Montana Family Medicine Residency
 - Billings
 - First class matriculated 1995
 - 24 residents / 8 per class
- Family Medicine Residency of Western Montana
 - Missoula and Kalispell
 - First class matriculated 2013
 - 30 residents / 10 per class
- Billings Clinic Internal Medicine Residency
 - Billings
 - First class matriculated 2014
 - 18 residents / 6 per class (expanding to 8 w private funding)

HOW DOES MONTANA STACK UP IN GME?

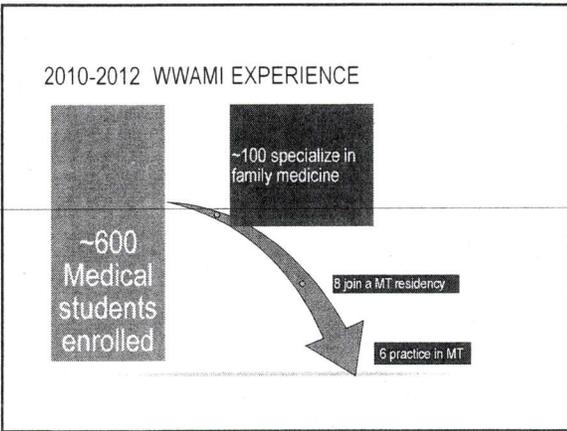


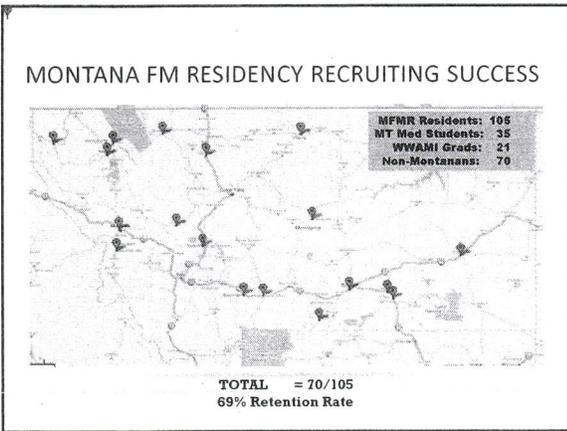
HOW DOES MONTANA STACK UP IN GME?

- High
 - New York: 79
 - Massachusetts: 76
 - Pennsylvania: 56
- Low
 - Wyoming: 7
 - Alaska: 5
 - Idaho: 4
 - Montana: 2 (increasing to approximately 7 in 2016)

WHY IS THIS IMPORTANT?

- *Family Medicine* February 2015
 - "55% of FM graduates in U.S practice within 100 miles of their residency"
 - "Reached 70% in a handful of states" (including MT!)
 - "Thus, addressing the primary care shortage, particularly in underserved areas, will require an increase in the number of residency positions in those locations."





THE INITIAL FMRWM EXPERIENCE

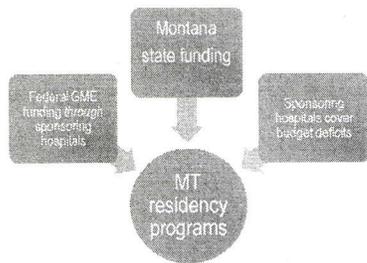
- At least 5 and perhaps 7 of the 2016 graduating class will remain in Montana
 - 4 in rural communities
 - 1 in the CHC in Helena

WHAT INCREASES THE LIKELIHOOD OF A RESIDENT PRACTICING IN THE RURAL AND UNDERSERVED PARTS OF MONTANA?

- *More exposure* to rural medical communities
- Clear understanding of the *unique cultures* of rural communities
- Good quality and *comprehensive* training
- Opportunities for loan repayment / forgiveness

- *Simply placing a larger number of physicians in MT will not solve the rural/underserved workforce issues.*

HOW ARE MT RESIDENCIES FUNDED?



WHERE DOES THE STATE FUNDING RESIDE?

- Within the MUS budget
- Connected to DPHHS (state *Medicaid* contract)
 - Allows 3:1 federal matching dollars to increase the total state funding from \$519,336 to approximately \$1.5M per year

HISTORY OF HOSPITAL AND STATE FUNDING OF GME
APPROXIMATE AMOUNTS

• Billings Clinic and St Vincent Healthcare	1996-2015	\$4,500,000
• Providence St. Patrick		
• Community Medical Center	2013-2015	\$ 720,000
• Kalispell Regional Medical Center		
• State Funding of GME		\$319,000-\$519,000 annually

THE ECONOMIC IMPACT OF INVESTMENT IN GME

• Family Medicine Residency – Return on Investment*		
• Annual economic impact of one new FM physician		\$1,958,600
• Cost to educate one FM physician		\$ 928,500
• At a retention rate of 70%		
• ROI in year 1 and every year thereafter		2.11 x
• * Source: Family Medicine Residency – Return on Investment Study by Larry White		

THE ECONOMIC RETURN TO MONTANA'S ECONOMY OF MFMR GRADUATES 1998-2015

MFMR Graduates in Montana:	70 physicians
Total years of medical practice:	537 physician-yr
\$1.98 million economic impact/physician/yr	\$1,063,260,000

WHAT WOULD ADDITIONAL MT GME FUNDING ACCOMPLISH?

- *Additional state funding would help to increase training in rural areas and increase the number of graduating physicians who practice there.*

A MONTANA PSYCHIATRY TRAINING TRACK

- University of Washington psychiatry residency regional training tracks – a successful model for Montana.
 - Years 1 and 2 in Seattle, WA
 - Years 3 and 4 at a regional site (Boise, ID or Spokane, WA)
- Boise, ID from 2007 to Present: 63% of graduating psychiatrists remained in Idaho.
- Spokane, WA from 1992 to 2014: 83% of graduating psychiatrists remained in Washington during last 5 years of the program.
 - Converted to a fully independent, 4-year psychiatry residency.

SUMMARY: KEY POINTS

- *Graduate Medical Education (GME) or residency is the specialty training that occurs after medical school.*
- *Physicians are considerably more likely to practice in the vicinity of their residency than their medical school.*
- *The creation of residency slots is a key mechanism to increase the number of primary care physicians in MT.*
- *Residents are more likely to practice in rural and underserved areas if they train in them.*
- *Increased state funding would enhance the ability of the current residencies to provide rural training.*

QUESTIONS?

- Thanks for listening...
