Indiana Graduate Medical Education Board

August 22, 2017

10:00 am Eastern

101 West Ohio Street

Kent Weldon Board Room

Indianapolis, IN 46204

Meeting Minutes

Board Members Present In-Person: Steven Becker, Tricia Hern, Beth Wrobel, Jeffrey Rothenberg, Tom Sonderman, Tim Putnam

Board Members Calling-In: Paul Haut, Peter Nalin

Commission Staff Present: Eugene Johnson

Others in attendance: Beth Paul (Tripp Umbach, by phone), Angie Vincent (Tripp Umbach, by phone)

**CALL TO ORDER**

The meeting was called to order at 10:05a

**ROLL CALL OF MEMBER AND DETERMINATION OF QUORUM**

The roll call confirmed eight Board members in attendance. The eight members in attendance provided a quorum and a quorum was declared by Tim Putnam.

**REVIEW OF PRIOR MEETING MINUTES**

Minutes from the 6/23/17 meeting were reviewed. Tim Putnam called for a motion to approve. \_\_\_\_ moved to accept the 6/23/17 minutes; \_\_\_\_ seconded. Motion passed 8-0.

**FISCAL UPDATE**

Eugene Johnson discussed the status of the Graduate Medical Education Fund; he confirmed the starting fund balance as of the 8/22/17 was $7.3 million and discussed outstanding expenses that are paid from the fund, including consultancy costs and a portion of his salary. Beth Wrobel asked for clarification on which fiscal year the information was related to; Eugene Johnson explained that the amounts being discussed included the Fund’s FY 2015 and FY 2016 appropriations minus expenses and carryover from that FY to the FY 17 and FY 18 appropriation of $3 million each FY. Beth Wrobel asked for clarification on the Board’s obligation to Tripp Umbach; Eugene Johnson confirmed that Tripp Umbach fee had been paid and was accounted for in the fiscal update, excluding a remaining $9,000 for a third GME Expansion Plan Regional Forum that they are still needing to conduct.

Eugene Johnson explained that current encumbrances were for New Residency Program Feasibility and New Residency Program Development Grants that the Board awarded in prior meetings. He stated that after accounting for encumbrances, the Board’s fund balance was $4.8 million. Eugene Johnson commented that he’d received a request from an entity requesting to see a contract of a grant recipient; he stated he checked with the State Attorney General’s Office and as the funds are public, contracts, including information provided in an applicant’s response to a Request for Proposals, is public and available for public review. Tim Putnam asked if anyone had questions on where the Board currently was in regards to fiscal affairs; no additional questions were posed.

OLD BUSINESS

Tim Putnam asked Eugene Johnson about administrative services for the Board and explained that the Board’s work and required monitoring and outcomes has made outside assistance a potential need. Eugene Johnson explained how GME funding and outcomes required are currently being monitored; explained his role with the Board; explained how other states that have similar GME expansion initiatives staff their GME programs to ensure compliance and provided the Board with a draft RFP that the Board could plug a scope of work into to solicit a qualified vendor or entity to monitor the GME Expansion Plan. Tim Putnam commented that the as the Board matures it would require support for things that the Board can’t do and should be responsible for keeping track of, many of which are outside Eugene Johnson capabilities. Jeffrey Rothenberg asked how much the Board wanted to spend; Tim Putnam stated that they are looking to get proposals from qualified entities that can show what they can provide. Jeffrey Rothenberg asked what Eugene Johnson role was; Eugene Johnson explained that the legislation that created the Board and Fund required CHE to provide administrative services; his primary capacity for the past two years has been administration of the Board’s fiscal plan and working as their government liaison. Jeffrey Rothenberg asked if the potential service provider would do the same work that Eugene Johnson currently does; Tim Putnam and Beth Wrobel commented that it depends on the scale of work that the Board requests. (15:30)

Mike Dance and Kathleen Boles of IUSM discussed their roles in providing administrative services and in staffing the Indiana Medical Education Board. A PowerPoint presentation was utilized as part of the presentation. Mike Dance explained that the administrative support services are facilitated by contract; the contract has been in place for 48 years and included communication, contract coordination, grant and contract management and meeting support. Angie Vincent asked if their support was specific to family medicine residences throughout Indiana or is it general to all GME throughout the IUSM. Mike Dance confirmed it is specific to family medicine residences. Jeffrey Rothenberg asked for a clarification that their work was not specific to IUSM and was told it was not. Tim Putnam asked Mike Dance if he saw any conflict in his role with the other programs, and if his role being employed by one of the program causes issues. Mike Dance said it could if they didn’t not address it. He commented that they have controls in place to maintain an arms-length distance from any potential conflicts of interest. Mike discussed how they monitor budgets, ensure that recipients are in compliance with the law, in adhering to the spirit of the award and budget and request and review progress reports, then ceded to Kathleen Boles to discuss her role.

Kathleen Boles stated she managed funding request and makes sure they are in compliance with statute and that all guidelines requests are adhered to; see reviews all details and coaches them thru the family medicine residency funding request before providing the applications to the Medical Education Board. She commented she helps them present their award proposal to the Board so that it rests favorably for the applicant. She also provides all documents for Board meetings for the Board to review. Kathleen discuss the amount of time she dedicates to each facet of the process; she stated that the professional services contract is a fixed amount. Tim Putnam asked if there were things that added time to the work, like site visits, how she’d handled that. He clarified that he was looking to see how much flexibility an entity such as IUSM would be able to offer and how much they’d recommend to put into their RFP. Mike Dance stated his recommendation would be to state that there may need to be adjustments as this Board evolves. Beth Wrobel stated they would really be looking at compliance. She asked if they actively monitor what entities and their students are doing; Kathleen Boles commented that entities self-report but there are requirements in the professional services contract between IUSM and the family medicine residency program that the program is operating within the guidelines required. Beth Wrobel commented they would be different than just a paper audit. Jeffrey Rothenberg commented that he liked that they are using ACGME site visit information and accreditation standards as a means of ensuring they are running an accredited program. Mike Dance stated that the contracts that go out invite an audit and they are dual-signature; with both programmatic and fiscal entities within the program signing. Beth Wrobel stated that she felt the residencies would be clear on monitoring but they’d need to find a way to monitor feasibility grant recipients.

Eugene Johnson asked about the Medical Education Boards funding and the amount of funding they received. Kathleen Boles commented their funding has gone down from $2.65M in 2008 to $2.49M and currently it’s at $1.8M while the number of residents and residency programs continue to grow. Jeffrey Rothenberg asked if their costs are fixed; Kathleen Boles explained that $1M is preserved for grant awards for family medicine program and the remained is for residency salary support and administrative costs of the Board.

Kathleen Boles compared the similarities between the Medical Education Board and the Graduate Medical Education Board. Tricia Hern asked if the Board was independent of the IUSM; Mike Dance and Kathleen Boles confirmed that this was correct; Tricia Hern asked DS if he had staff engaged with the Medical Education Board; Mike Dance confirmed that the Dean of the IUSM Chairs the Board.

Tim Putnam asked if one group should provide the support services or can it be split or should it be split? Eugene Johnson stated that he felt it was to the Board benefit to have services that are more detailed and defined to growing and maintaining a robust GME program in Indiana and that he felt the Board would benefit from a vendor that could provide all services necessary. He stated his Commissioner was supportive of paying for support services for the Board. The Board continued further discussion about potential support services; Tim Putnam asked the Board to provide information to Eugene Johnson on what they’d like to see within a proposal for services. Tim Putnam called for a motion to approval a RFP going with comments coming from the Board. Jeffrey Rothenberg moved; DS seconded. Motion passed 8-0. (58:40)

Tim Putnam asked as Jeffrey Rothenberg to let the Board know his professional roles and his background. Jeffrey Rothenberg provided details on his current role. He commented that Indiana is a very physician-friendly state and the works shouldn’t be hard provided that they have the resources and assets to do it. Tim Putnam commented that the Board’s work is creating a forum for discussion that hasn’t existed as easily before. Jeffrey Rothenberg stated that the challenge still is to get the word out; the Forum were a good start and that kind of outreach is still necessary. Tim Putnam agreed and cited Seymour as being a place where it took a few phone calls but once they understood what the goal was, they were all-in. Jeffrey Rothenberg stated he lets his staff and team know they are more likely to keep someone that they trained in their community.

Tim Putnam discussed Tripp Umbach role in working with the Board and stated that their scope of work was coming to a close. Angie Vincent stated that Tripp Umbach was thankfully to have the opportunity to work with the Board. She made comments about the final Forum to be provided; she stated she’d emailed Tim Putnam about that Forum. Angie Vincent stated that she’d provided all deliverables to the Board and asked Eugene Johnson to confirm this. Tim Putnam stated he was still waiting to wrap up the Forum by March or April; he noted there’d been challenges with the Northern Forum and that had not taken place; he stated the question to Tripp Umbach was whether that could be fulfilled or if the contract should be wrapped up at this point. Beth Paul stated that Beth Wrobel had mentioned there could be value in an FQHC session; she wondered if it would be helpful if Tripp Umbach facilitated an FQHC conference instead of the Forum. She mentioned that the Board had discussed funding for such an initiative and they could potential facilitate such a forum in Northern Indiana. Tim Putnam stated that the Northern Forum should have been done months ago and asked if Tripp Umbach was sure they’d be able to do an FQHC forum. Beth Paul commented that one main issue with getting the Northern Forum together was getting interest. Beth Wrobel stated they the Board wanted to have a Forum in Goshen, but there are lots of residencies there; whereas in Northwest Indiana they have a working consortium group. Further discussion occurred about interest in an FQHC-focused event. She stated that the more they can show that a hospital and an FQHC can work together, the more they will be able to do something. Steven Becker asked if the goal was to try and educate hospitals on the ability to have an FQHC as their continuing care clinic. Beth Wrobel stated she attended a conference where example of this were discussed. Tim Putnam stated he felt it was a laudable goal but he wasn’t sure that it was the goal of the Board. Beth Wrobel stated that some small hospitals might have FQHCs that is shown they could do it they’d consider it. Steven Becker they were getting ready to do that with one of their new residency programs. Beth Wrobel stated that she felt there’s a lot of need to educate both sides out there; Steven Becker stated he felt there’s a need for a forum in Northwest Indiana. Beth Paul stated that perhaps they could do both; she stated she was thinking about money that had been allocated for an FQHC educational piece. Eugene Johnson commented that initially he could not find the discussion about FQHC education funds being set aside; he asked for a reference point so that he could go find in which meeting those funds were discussed.

Tim Putnam commented that he was not sure if it was in the scope of what the Board needed to do to see how hospitals and FQHCs can work together; he asked if there was an education program that exist that showed how the GME funding can work with this he thinks that would be great but to spend the money is not easily in their scope. Beth Wrobel asked Tim Putnam if he didn’t think trying to promote FCHCs to partner to get more GME dollars down the line is enough. Tim Putnam commented that he felt it was a one-off issue. Beth Wrobel stated she felt hospital/FCHC partners will be a way to expand primary care in the future. Tim Putnam stated having FCHCs involved in residency programs; he saw as great and they could be introduced to the concept, but he thinks it takes them down a different road if they go toward FQHCs and how that process works.

Beth Wrobel asked how they were going to get people to go into primary care? She stated part of helping them grow is getting them into a FQHC. Steven Becker commented on experience from his consortiums point-of-views, he stated he think FQHCs come into a consortium or hospital thinking about starting a residency program; once they decide to do it and are starting to work towards the best ways of laying it out; that’s how they decided to do it; at least one of their programs will be ran out of an FQHCs. He commented that for long-term success, new programs, especially outside of Indianapolis, is what matters most. He stated he thinks that the natural relationship between hospitals and FQHCs can occur. He stated that he feels that especially in Beth Wrobel’s region, where there are strong FQHCs, he can see them developing their own residency programs as long as it makes sense to the hospitals.

The Board continued discussed about the role of FQHCs in establishing residency programs with GME funds. Beth Wrobel commented that there may be hospitals that, if they knew they’d have a primary care partner in an FQHC she thinks it reduces overall costs; Tricia Hern stated that this was probably true. Jeffrey Rothenberg stated he thinks what’s being discussed is what strategy a certain region would have to fund this programs and that strategy would vary depending on if they are association with a university, a hospital consortium or an FQHC. Beth Wrobel clarified that she was asked if they could come up with another unique model that would get smaller hospitals thinking about considering residencies. DS commented that the Board gave extra points to partnerships with FQHCs in their award scoring rubrics; he stated he felt hosting a forum and let FQHCs partners know they are invited but don’t make the focus on FQHCs. Beth Wrobel stated she felt it was important to show the financials to the FQHCs. Tricia Hern asked if there was a statewide FQHC meeting that the GME Board could have some presence at; she stated it could be a low-cost way of getting in front of that group of stakeholders. Jeffrey Rothenberg stated that an article about the Board’s work could help get the information out amongst stakeholders; Tim Putnam commented that this information needed to get out to small hospitals and FQHCs that didn’t know they could potentially have a residency program.

Tim Putnam discuss plans for getting a Forum together in Northwest Indiana. Beth Wrobel stated she’d work to get it hosted; Tim Putnam stated he’d spoken with Ivy Tech partners and they were open to potential hosting a forum. He stated he wasn’t in favor of going to having a full FQHC conference. Beth Wrobel commented that she was on the Board to express the opinion of FQHCs and if that was not everyone’s is, that’s ok. Tim Putnam asked if they use Tripp Umbach for this Forum or do they cut Tripp Umbach loose. Jeffrey Rothenberg asked if the prior Forum where done by the Board; Tim Putnam stated that Tripp Umbach handled the Forum. Jeffrey Rothenberg asked about the cost and Eugene Johnson updated him that $9,000 was paid to Tripp Umbach for each of the Forums per their agreement with the Board. Tim Putnam asked for a motion to proceed with the Northwest Indiana Forum with Tripp Umbach organizing and conducting the Forum. DS moved to proceed with the Northwest Indiana Forum; Tricia Hern seconded. Motion passed 8-0.

The Board discussed the renewal of GME Expansion Grants. Tim Putnam commented that the turnaround time for the last round of grants was such a short turnaround time that many may not have had an opportunity to apply for a grant. Steven Becker stated that he was ok with it as long as they weren’t looking to try to make a decision on how much they were putting were; if they got a lot of new program potential grants, that where they need to focus. Tricia Hern suggested the Board should track how many feasibility studies lead to new residency programs. Steven Becker asked Tripp Umbach if they had data showing, of the feasibility studies done, what percentage went on to start residencies. Tripp Umbach responded that more that 50% move to the implementation phase. Beth Wrobel asked what the biggest bang is for the buck when they have to go to the legislature in the next biennium and prove their worth; Steven Becker stated that new residency program was it. Peter Nalin stated that the grant was successful in expanding residency programs; he’s commented he was happy that another round of grants was on the agenda. He stated that it was a good time of year for existing programs because those programs could speak, in their recruitment efforts, how many positions they were going to have.

Jeffrey Rothenberg stated that, being such a new Board, if the application is kept the same, if they look at the data afterwards, they will know; if you change it and get less or more, is it there real interest or if it’s the money? Tricia Hern moved that the applications for New Program Residency Development and New Residency Program Feasibility be re-posted as live on the Commission for Higher Education’s website with due dates of October 20 for review at the Board’s October 2017 meeting and January 1, 2018 for review during the Board’s January 2018 meeting. Jeffrey Rothenberg seconded the motion. In discussion, the Board discussed the turnaround time to have the applications back to the Board. Motion passed 8-0.

**NEW BUSINESS**

The Board discussed the 2018 meeting schedule; Tim Putnam asked if they wanted to maintain a six meeting per year schedule or move to four and add as necessary. Jeffrey Rothenberg supported four; one per quarter. Board member supported four meetings; Steven Becker stated he’d prefer 11a as a starting time; Tim Putnam asked if this would be ok with everyone and received responses in the affirmative. Tim Putnam asked if January, April, July and October worked as meeting months; all stated these months worked. Eugene Johnson commented that all Board positions would be up for reappointment at the end of 2017. Jeffrey Rothenberg commented that it was important to have a cadre of people doing this work; otherwise they’d find themselves continually reinventing the wheel.

Peter Nalin asked if Steven Becker would provide a few remarks regarding the passing of Dr. Charles Hedde, and commented about Dr. Hedde’s work as a giant for the state of Indiana concerning graduate medical education. Steven Becker stated that Dr. Charles Hedde, CMO at Good Samaritan Hospital and one who’d worked tirelessly over the past several years to make the Southwestern Indiana Consortium successful, tragically passed away the period week. Steven Becker commented that GME was his sole passion at the time of his passing and was slated to become the SWIGME Consortium’s CIO.

Tim Putnam entertained a motion to adjourn. Jeffrey Rothenberg moved to adjourn; Beth Wrobel seconded. The meeting was adjourned at 12:45p.