Pilot Program to Expand Graduate Medical Education in Rural and Medically Underserved Areas for Primary Care
Introduction

- All payers contribute to GME through hospital rates. GME funding is part of the hospital’s total rate structure.
- The Innovations in Graduate Medical Education Workgroup proposed using partial rate reviews for hospitals seeking to change or establish new residency programs.
- Partial rate reviews would only look at GME funding and not the full rate structure of the hospital.
Health Measures in Rural Areas

- The 2016 Primary Care Office Needs Assessment (PCNA) created a matrix using Prevention Quality Indicators (PQI) and State Health Improvement Process (SHIP) that ranks counties based on health indicator scores.
- Fifty percent of the 18 state-designated rural areas fall in the third or bottom quartile for PQI and SHIP measures.
Pilot Program

- We have outlined a policy for a targeted 5-year pilot program for a new primary care GME program based on population health needs.
- Only direct medical education expenses will be funded through partial rate reviews.
- Applicants will be expected to submit a narrative describing how their program will meet the goals and objectives outlined in the policy.
Criteria for GME Funding

- Located in a state-designated rural area
- Located in or near an Medically Underserved Area (MUA) or Health Professional Shortage Area (HPSA)
- Hospital not part of a Maryland health system with existing GME program
- Quality and population health indicators identify improvement needs
Additional Requirements

- Hospitals submitting a GME partial rate application must provide information on the following:
  - Needs Justification: hospitals should justify their need for the program. Examples would include low population health metrics and provider shortages.
  - Triple Aim: hospitals should describe how the program would enhance care delivery quality, reduce cost, and improve population health outcomes.
  - Retention: hospitals should describe a plan to retain residents after their program ends to ensure the growth of primary care physicians in the area.
Measurement of Success

- The HSCRC will consider the following factors in evaluating the success of the GME program over the course of the 5-year pilot:
  - Physician retention
  - Health status improvement
  - Care coordination efforts
  - Total cost of care performance