An Independent Academic Health Care System Perspective on Developing a RTT: Workforce Planning, Market Analysis and Return On Investment

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Why we’re here/Goals

• Share our journey
• Independent Academic HC System
• Starting an RTT ‘de novo’
  – Workforce Projections
  – Market and Location Analysis
  – Value argument
  – Where we are now
Why are you here?
We already have a program; What’s the point?

- **A Study of Closure of Family Practice Residency Programs**
  - Primary reasons for closure included: “insufficient resources to stand alone,” “inaccurate valuation of the family practice residency program,” and “being seen as a poor investment.”
  
About us: Aurora Health Care

- Integrated health system
- Eastern WI and N. Illinois
- 17 Hospitals
- 172 Clinical sites
- 30K Caregivers
- 1800 Physician employees
- 150 Pharmacy sites
- Home care
- $4B annual budget
- CEO: Nick Turkal, MD, FM
AHC Academic Affairs

• **GME:** 150 housestaff, all in Milwaukee
  - FM (Geriatrics, Women’s Health): 30
  - IM (GI, Geriatrics, Cards, EP): 70
  - OBG: 12
  - Radiology: 16
  - TY: 16

• **UME:** Primary Affiliation with Uwisc
  - WARM Program in Green Bay, 6 students/year
  - Med Coll WI, Des Moines, CCOM, 75 other US
  - ~500 medical student rotations/year
  - ~400 PA and NP student rotations/year
Why create a rural family medicine residency track?

• 2012 AHC Graduate Medical Education (GME) Topic Committee

• Purpose:

“To assess the current state of physician residency and fellowship programs at Aurora Health Care and develop a strategic approach to determine CMS supported/CMS non-supported graduate medical education positions that meet the physician work force and strategic needs of Aurora Health Care and its communities, as well as the State of Wisconsin.”
TOPIC Committee Outcomes

- Reviewed system residencies & fellowships
- Compared to anticipated workforce projections
- Recognized critical need for more rural primary care physicians
- Recommended creation of a Family Medicine rural residency training program
WHERE?

What would you look for in an RTT site?
- Meets requirements
- Hospital
- Patient volume
- Physician Champion(s)
- Administrative Champion(s)
- Growth
- Resident Recruitment Potential
### Rural defn (state, federal), AHC facilities, FM Champions, Other

<table>
<thead>
<tr>
<th>Region</th>
<th>Location</th>
<th>Size</th>
<th>County</th>
<th>&lt;15m to city &gt;20k</th>
<th>AHC facilities</th>
<th>Champions</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Fox Valley</td>
<td>Kewaunee</td>
<td>2952</td>
<td>Kewaunee</td>
<td>30 m to Green Bay</td>
<td>BayCare, Two Rivers (both ~30m away)</td>
<td>One of smallest sites</td>
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<td>Manitowoc</td>
<td>7 m to Manitowoc (33K)</td>
<td>Two Rivers Med Ctr; clinics</td>
<td>Site for WARM**</td>
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<td>17338</td>
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<td>6,10 m to GB</td>
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<td>AHC looking to expand site</td>
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<td>Marinette</td>
<td>54 m to GB</td>
<td>Multi Clinics</td>
<td>Not AHC hospital currently**</td>
<td>Numerous AHC docs</td>
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<td>West Bend</td>
<td>31078</td>
<td>Washington</td>
<td>n/a</td>
<td>Multi Clinics</td>
<td>18m/30min to Hartford</td>
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<td>Kewaunek</td>
<td>4004</td>
<td>Washington, Fond du Lac</td>
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<td>Clinic</td>
<td>Signficant distance to hospital</td>
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<td>Waupun</td>
<td>11340</td>
<td>Dodge, Fond du Lac</td>
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<td>None</td>
<td>Corrections population. Non-AHC hospital</td>
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<td>Plymouth</td>
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<td>Sheboygan</td>
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<td>Dodge/ Jefferson</td>
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<td>Racine, Walworth</td>
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<td>Taylor</td>
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<td>20 m to Janesville</td>
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<td>Racine</td>
<td>16m to Waukesha</td>
<td>AHC Clinic, Burlington Med Ctr</td>
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Two Frontrunners...

- Aurora Lakeland Medical Center, in Walworth County
- Aurora Two Rivers Medical Center, in Manitowoc County
Aurora Family Medicine Residency Program

Aurora Lakeland Rural Training Track (ALRTT!)
Why Aurora Lakeland?

• Need
  – High ED volume of non-PCP patients
  – Many PCPs nearing retirement: 50%>55
  – Growing communities: 20% by 2040

• Meets Requirements
  – Federal: Rural County
  – WI legislative definition of ‘rural’
  – Family physician maternity care (ACGME)

• Advantages
  – Supportive leadership & medical staff
  – Geographically attractive for recruiting
  – Available facility space for clinic
  – Large migrant worker population
...And the pitch...

How would you sell the Value of an RTT to an integrated health care system?
Why an RTT?

• Physician Recruitment:
  – Lengthier recruitment in rural (400 days vs 200*; 2 rural positions recently vacant x 2.5+ years)
  – Vacant FM position = downstream revenue loss of $172K/month (ModernHealthCare 2013**)
  – AHC 10/14: 46 PCP vacant, 75% non-urban*

• Physician Retention: Doctors who train in rural areas are over twice as likely to stay in rural areas***

*Craig Miller

**http://www.modernhealthcare.com/assets/pdf/CH8854058.PDF

Why an RTT--now?

- Funding: Federal GME & state funding only for new rural training programs
- Resident Candidates: Expanded size and number of US medical schools
- Health care system consolidations & affiliations, ACOs
ROI

$2.2M Investment / 5 years → 9 grads, ~5 AHC recruits

$244K/graduate, $440K/placed graduate

- Recruitment & Retention of Residents
  - AHC FMRP: >50% AHC hires → 5 New FPs
  - AHC 10 care recruit cost: $56K* (higher in rural)
  - ↑ Retention: National Avg ~$1M 10 care replacement cost**
  - ↓ Vacant Position Costs (National Avg $172K/month)
  - ↓ On-boarding Costs:*** Graduates acculturated to AHC
- Recruitment & Retention of Teaching Physicians
- Academic environment, quality, innovation
- 10 Care Access & Downstream Revenue/Referrals
- Medicaid/Medicare pt mix (offload AMG practices)
- External funding opportunities (WRPRAP, DHS, philanthropy)

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*Craig Miller 10/10/14  
**Waldman JD et al. The Shocking Cost of Turnover in Health Care. HCMgmtRev 2004: 29(1) 2-7  
***Up to $250K  
[http://www.beckershospitalreview 1/7/13]
Keys to success

- System Support and Financial Investment
- Personnel Recruitment
  - Program Director
  - Residents
  - Preceptors
- Practice Development
  - ED, Independent physicians, Retiring physicians
  - Community engagement and partnerships
- Linkages to student programs & AHC physician recruitment
Back in Time to October 2014

What’s the timeline?

• March 2014: presented plan to AUWMG Board of Directors.
• August 2014: Presented proposal to South Market leadership
• August –October 2014: Present proposal to AHC South PSM President, AHC CMO, Integration Team

• Oct 2014: Capital budget for build-out
  – Operating budgets for PD hire
• Oct 2014-May 2015: Prepare new Program Information Form and submit to ACGME
• Oct 2014-May 2015 Recruit Site Director & Faculty
• Oct 2014-Oct 2015: Site facility modifications, faculty and staff recruitment and development
• October 2014: WRPRAP Education Grant
• By June 2015: ACGME site visit
• By Sept 2015: ACGME new site approval
• October 2015 WI DHS Grant Application
• November 2015: Recruiting for new residents
• July 2016: Interns start at Metro
• July 2017: PG2 Residents start at Lakeland
The Ask

Approval to submit application to ACGME

- $2.1M Investment / 5 years
- $1.7M Capital Request for 2016
- Initiate Recruitment of Site Director
Where are we now?

Project Leadership Identified 4\textsuperscript{th} quarter 2014:

1) Executive Sponsor: Dr. Andy Anderson

2) Project Leader: Dr. John Brill
The Project Team Members

Multidisciplinary team formed

• Physician Leaders – existing Aurora residency programs
• Residency Coordinators - existing Aurora residency programs
• Government Affairs
• Finance
• Physician Recruitment
• Human Resources
• Operations Project Manager
• Aurora Facilities Planning
• Walworth Market President
• Walworth Vice-President
• Walworth Clinic Leadership
• Information Technology
2 Focus Areas

1. Accreditation
   - Analysis of accreditation options
   - Have elected to apply for ACGME accreditation
   - Data collection underway
   - Await successful recruit of Program Director to complete

2. Facility Design and Construction
   - Nearing completion of architectural drawings
   - Cost analysis to follow
   - Awaiting space to vacated
   - Construction to begin 1\textsuperscript{st} quarter 2017.
Discussion

Questions?
Discussion?