

# A CONSORTIUM ON A MISSION:

Together, Create The Best Regional Physician Workforce In The Country

RTT Collaborative Annual Meeting – 4/12/2018

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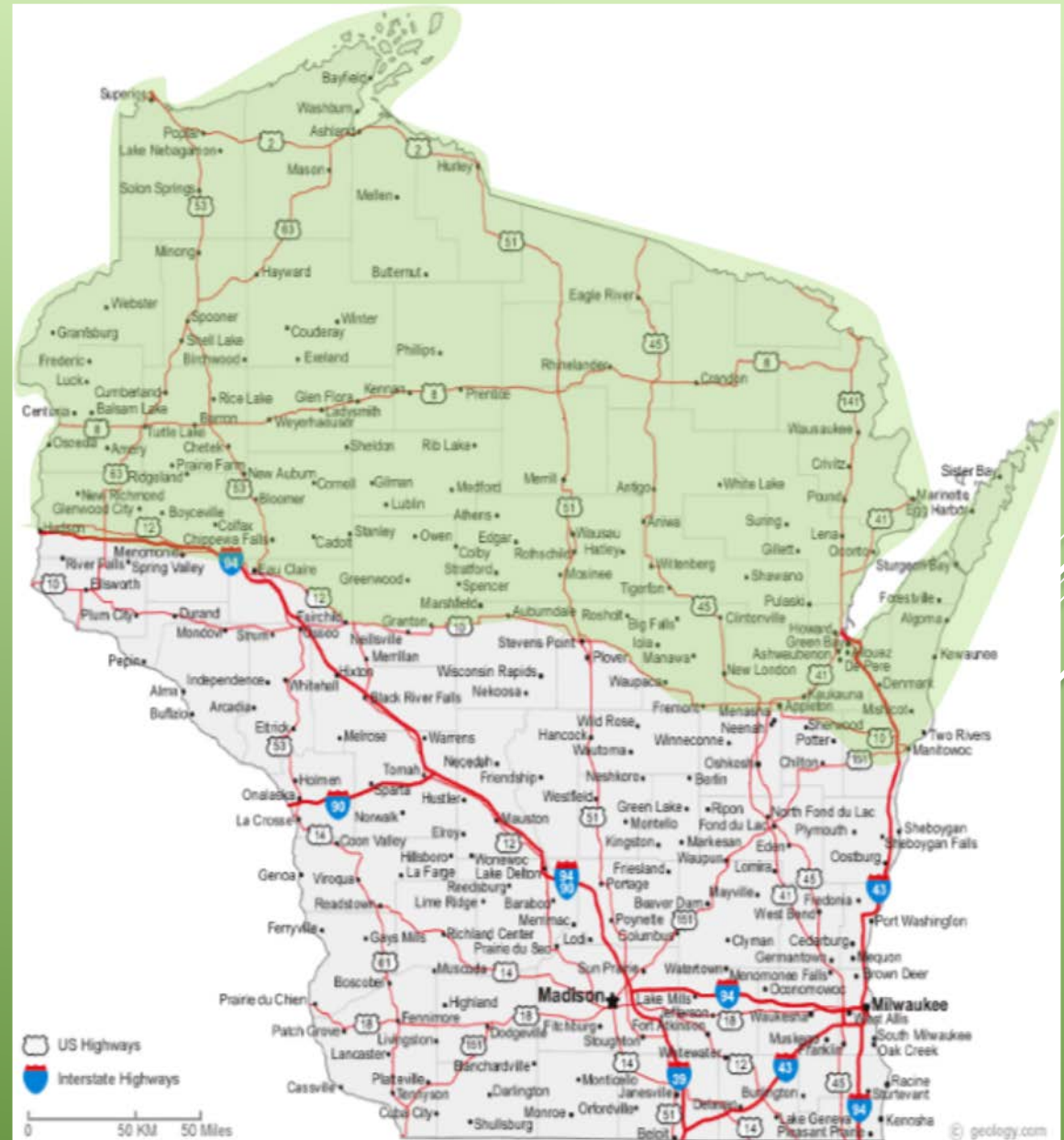
# INTRODUCTIONS




# HISTORY

2016: Funding sought from Advancing a Healthier Wisconsin (AHW) Endowment to convene stakeholders to:

- Summarize the existing GME programs in central and northern Wisconsin
- Explore capacity for GME in northern Wisconsin
- Convene stakeholders regarding GME and workforce



# BACKGROUND

- 2015: Existing UW WARM program, and 2015 expansion of MCW medical school (UME) classes in Green Bay and Central Wisconsin with mission of addressing regional workforce
  - GME expansion needed to offer GME positions to allow regionally trained medical students to complete training in region
  - Most regional FM and Psych programs affiliated with UW, MCW, or individual health systems (not located in region)
  - Existing sponsoring organizations (SI) not always aware of unique needs of small regional programs with workforce mission
  - Existing SI's at capacity (unable to absorb additional programs) or cutting back on regional programs
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# NEEDS ASSESSMENT

- Existing SI's with limited capacity for expansion
- Limited expertise among new entrants into GME
- Regional GME needs go beyond core ACGME requirements provided by existing SI's, i.e. coordinated recruitment, faculty and workforce development

Current Possible Sponsoring Institutions



# PANEL DISCUSSION

- Why do you think a consortium model is the best fit for northern Wisconsin?
- Why did you and your organization choose to participate in the consortium project?
- How did you reconcile working together, across competing systems?



# PROCESS

- Advancing a Healthier Wisconsin grant, 2 years, provided for project management and consultation fees
- Convene wide group of stakeholders
- Provide baseline knowledge: webinars on consortiums, rural GME, funding, and VA
- Research other consortium models
- Assess existing programs and excess/additional capacity and interest
- Consultants re: feasibility, finances, organizational structure, legal considerations and capacity



# WINC GME CONSORTIUM DEVELOPMENT PROJECT

(Wisconsin's Northern & Central)

## PROPOSED STRUCTURE

Designed to Meet OUR Needs

**Mission:** Together, create the best physician workforce in the country.

**Purpose:** Expand and support GME through a neutral organization with regional control that serves residencies, teaching sites, and other GME stakeholders.






# ADVANTAGES

- Local input
- Address regional priorities and local needs
- Small, focused, flexible
- Can offer expanded services (outside core ACGME requirements)

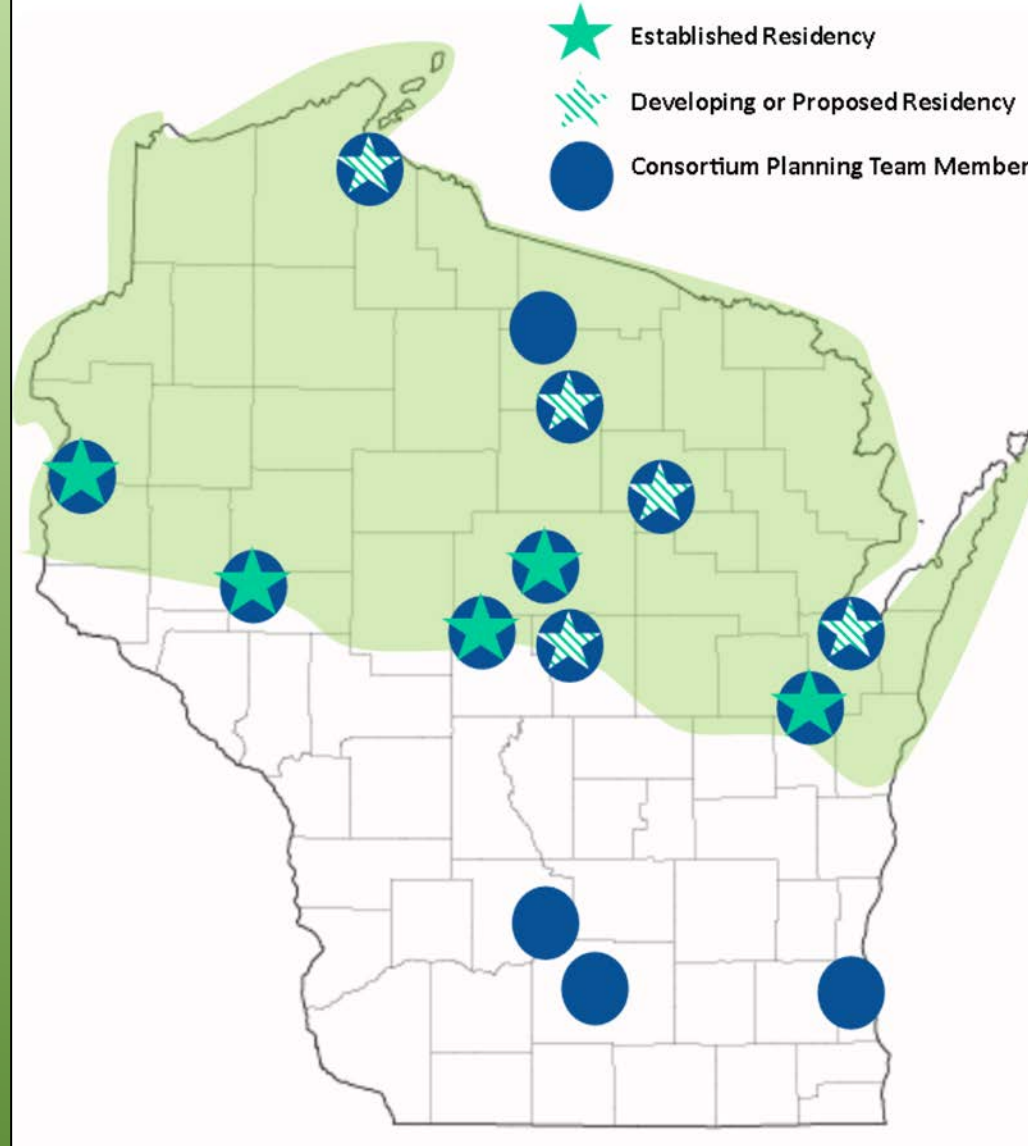


# MENU OF SERVICES

- ACGME Institutional Sponsorship
  - Strategic Workforce Development
  - Other GME Services: Coordinated Recruitment, Faculty and Workforce Development
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# WiNC GME Consortium Development Project

## Planning Team & Residency Member Locations

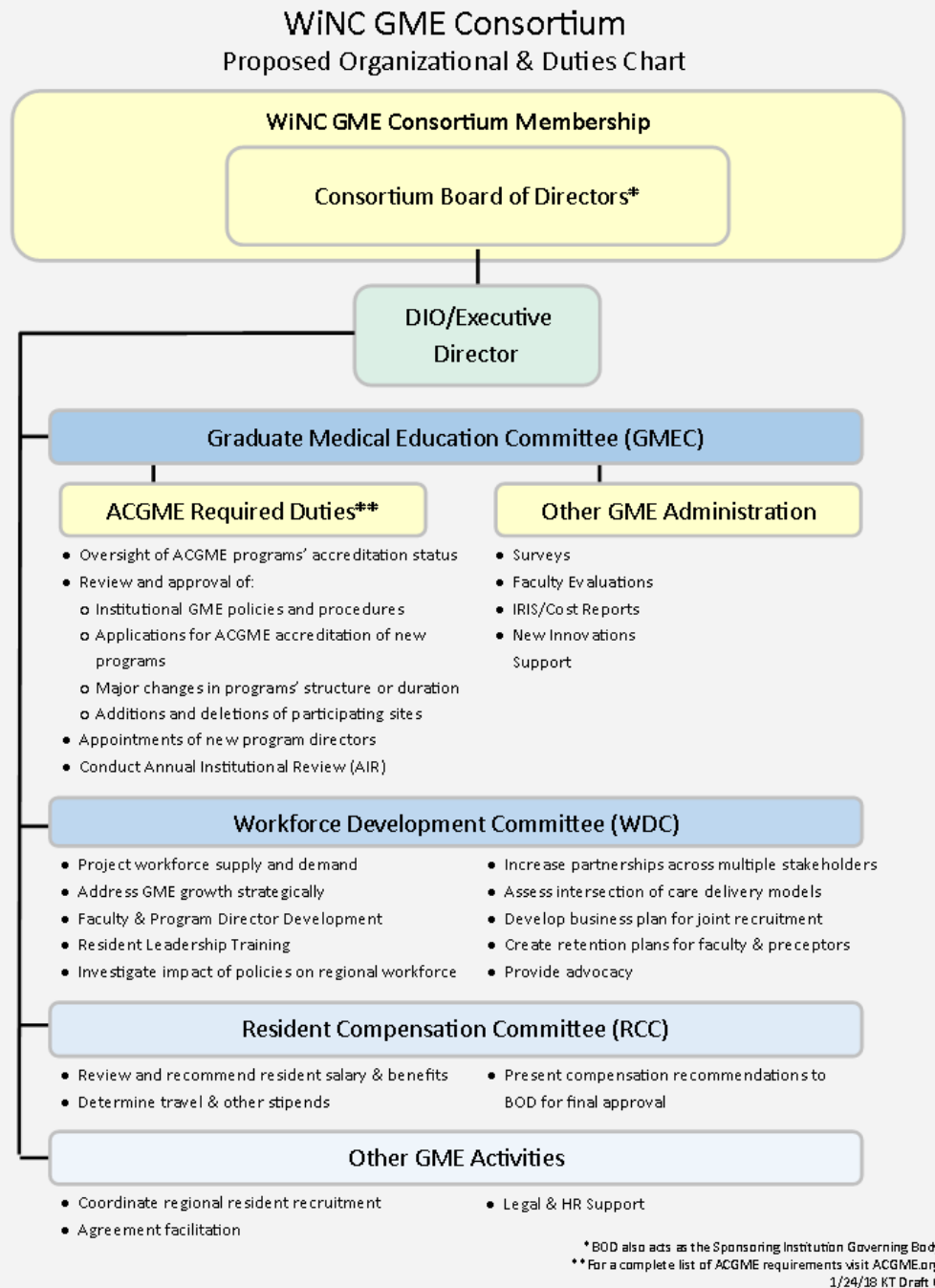


## Proposed WiNC GME Consortium-Sponsored Residency Programs

Residency Program	Established, Proposed, or Developing	# of Residents Trained per Year	# of Residents per Program Year	# of Residents Trained per Year Timeline (based on program-reported development timelines)				
				2018	2019	2020	2021	2022
Ascension Family Medicine, Stevens Point	developing	12	4			4	8	12
Ascension Family Medicine, Rhinelander <b>RTT*</b>	developing	6				2	4	6
Ashland Family Medicine <b>RTT</b>	proposed	6	2			2	4	6
Aspirus Wausau Family Medicine	established	15	5	15	15	<b>15</b>	<b>15</b>	15
Aspirus Family Medicine <b>RTT</b>	proposed	6	2			2	4	6
HSHS Eau Claire Family Medicine	established	15	5	15	15	<b>15</b>	<b>15</b>	15
HSHS Green Bay Family Medicine	developing	15	4		4	<b>8</b>	<b>12</b>	12
HSHS Green Bay Family Medicine Program <b>RTT</b>	proposed	6	2				2	4
MCW Fox Valley Family Medicine	established	21	7	21	21	<b>21</b>	<b>21</b>	21
MCW Fox Valley Family Medicine Expansion	proposed	3	1		1	2	3	3
MCW Psychiatry Eau Claire	proposed	12	3			3	6	9
MCW Psychiatry Green Bay	established	16	4	16	16	<b>16</b>	<b>16</b>	16
MCW Psychiatry Central WI	established	12	3	12	12	<b>12</b>	<b>12</b>	12
Total Residents Trained per Year		145		79	84	102	122	137
Calculations for Impact and Sustainability (~80% of above estimates)				79			95	110

\*RTT- Rural Training Track

# ORGANIZATIONAL STRUCTURE



# MEMBERSHIP CATEGORIES & BOARD STRUCTURE

WiNC GME Membership Categories and Board of Directors				
MEMBERSHIP CATEGORIES <sup>1</sup>	DESCRIPTION	BOARD OF DIRECTORS COMPOSITION	# of Board Seats	# of Votes
<b>Administrative</b>	Executive Director/DIO Other support staff	Executive Director/DIO - Ex-officio	1	0
<b>GME Primary &amp; Participating Hospital Site</b> (Listed on ACGME application or ADS as primary or participating hospital site)	Hospital providing <u>required</u> residency training for a <b>Consortium-sponsored</b> residency	From Resident Compensation Committee*: <ul style="list-style-type: none"> <li>• Committee chair</li> <li>• One additional committee member</li> </ul> *At least one of the above must represent a rural hospital <sup>3</sup>	6	6
<b>GME Training Site</b>	Hospital or clinic offering other GME training for a <b>Consortium-sponsored</b> residency. <sup>2</sup> (Other than required hospital rotations, i.e. elective rotations, continuity clinic, etc.)	From GME Committee: <ul style="list-style-type: none"> <li>• Committee chair</li> <li>• One additional committee member</li> </ul> *At least one of the above must represent a small residency program <sup>4</sup>		
<b>Affiliated GME Training Site</b>	Hospital or clinic offering GME training for a <b>non-Consortium-sponsored</b> residency. <sup>2</sup>	From Workforce Development Committee: <ul style="list-style-type: none"> <li>• Committee chair</li> <li>• One additional committee member</li> </ul> *At least one of the above must be from a rural hospital <sup>3</sup> or a small residency program <sup>4</sup>		
<b>GME Developing Partner</b>	Hospital or clinic with interest in or currently developing new GME training			
<b>Advisory</b>	AHEC, DHS, WCMEW, WCRGME, WHA, WMS, WRPRAP; patient, community, and legislative members			
<b>Medical School</b>	Wisconsin-based medical school with campus or track which trains students in the geographic region	1 board seat per medical school	2	2
<b>At Large</b>	3 seats determined by board members	3 seats determined by board members	3	3
<b>Total Board Members</b>			12	11


<sup>1</sup>All members must meet the geographic requirements, except for Advisory and At Large categories.

<sup>2</sup>Minimum training per year determined at the board's discretion.

<sup>3</sup>Rural Hospital defined as a hospital located in a community of 20,000 or less & greater than 15 miles from another community of 20,000 or more

<sup>4</sup> Small Residency Program defined as 4 residents or less per program year, includes RTTs


# ROLES AND RESPONSIBILITIES

- Consortium members participate in committees, vote for board members, and pay annual membership fees
  - Hospitals/health systems pay resident salaries and benefits (pass through)
  - The Consortium:
    - Provides ACGME institutional sponsorship, a DIO, and GMEC
    - Employs the residents for its sponsored residency programs
    - Facilitates agreements
    - Assists with uniform reporting requirements
    - Offers faculty and leadership development
    - Coordinates collaborative regional recruitment
    - Provides a forum for strategic regional workforce development
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# SUSTAINABILITY


- At full operational capacity, core operations sustainable with per resident fees, membership fees, and possible ongoing support from medical schools

# NEXT STEPS

- Grant funding for development over the next three years
  - Agreements
  - Hiring staff
  - Establishing WiNC GME as a non-profit
  - Sponsoring Institution application
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# PANEL DISCUSSION

- What are some of the lessons learned at this point in the project?
  - How do you think we've been able to be successful continuing the momentum?
  - Who else could benefit from this model? What would you tell others considering this model?
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# Q & A

- What questions do you have for the panel?
  - Do you have any suggestions for the developing consortium?
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