

POWER AND POLITICS: LEADING IN A TIME OF CHANGE

Lorenzo L. Pence, D.O., FACOFP

Senior Vice President, Osteopathic Accreditation
ACGME

Head for the Hills 2016

Hungry Mother State Park

Marion, VA.

September 30, 2016



Disclosures

I have nothing to disclose or any financial conflicts



ACGME Mission

“We improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.”



Political Influences: GME

- **Balance Budget Act 1997**
- **Affordable Care Act of 2010**
 - *Health Resources and Services Administration (HRSA)-Teaching Health Centers – GME 2011*
- **Single Accreditation System**
 - MOU 2014
 - ACGME
 - AOA
 - AACOM



Influences Leading to Change in GME

• **BBA 1997: GME Caps for urban and rural programs**

- Limited new program development (except virgin hospitals)
- Initially 3 year window but now 5 year to develop program and hospital cap (urban for all programs, rural for individual programs)
- Leading to changes in size of programs
- DME and IME payment

• **ACA 2010**

- New Program Development
- New GME Funding (HRSA)
- Primary Care Programs
- Initially full funding but has been reduced (Jeopardizes current programs)

• **Single Accreditation System**

- Requires AOA programs to adapt to new process
- Opportunity to train both DO's and MD's in Osteopathic Principles



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Challenges

- New Program Development
- Maintaining existing programs
- Other means of support
- Physician Recruitment
 - Difficult in many area of the country, but even more difficult in rural areas

Successful Initiatives For GME and Rural Recruitment

- Alabama Medical Education Consortium
- Statewide Campus System
 - Michigan
 - Ohio
 - West Virginia
- Area Health Education Centers
- Rural Health Initiative



Alabama Medical Education Consortium

- AMEC
 - Non-profit organization
 - Leadership obtained state funding
 - Agreements with several Colleges of Osteopathic Medicine
- Addressed need for physicians in Alabama
- Before the new Alabama COM, over one hundred students from Alabama entered COMs on an annual basis
- AMEC developed 3rd and 4th year rotations
- Students returned to Alabama during 3rd and/or 4th year
- Opportunities for students to match into residency programs in the state
- Major focus on Primary Care



Statewide Campus System

- Regional Campus--Six Regions
- Assistant Deans and Directors each region
- Clinical Faculty and preceptors
- Education occurs in many all OPTI hospitals, community hospitals, community health centers, rural clinics, and rural physician offices
- SWC Provides stronger educational infrastructure
- Strengthen relationships with communities



Statewide Campus System

- Strengthen relationships with graduate medical education in regional hospitals and Teaching Health Centers
- Increase likelihood that graduates will practice in WV (Extended experience in one location)
- Regional Deans and Directors work with the hospitals, clinics, and physicians in their region



Statewide Campus System

- Graduates who complete both their pre-doctoral and post-doctoral training within a region may stay in WV
- SWC students can move their families and live in a community during 3rd and 4th (they may choose to remain for GME and later practice)
- Educators develop a stronger infrastructure for pre and postdoctoral education



Statewide Campus System

- Hospitals enjoy increased opportunities to recruit students (both as residents or later in practice)
- Students and their families become more established in the community (have more opportunity for community involvement)
- Students are placed throughout the state (some in or near their hometowns)
- Students complete three months of rural medicine



Area Health Education Center*

- **AHEC Funding**
 - Promote education
 - Health Professional Students
 - Primary Care Residents
 - Faculty development
- **State divided into 4-5 regions**
- **Develop AHEC rotations**
 - Interdisciplinary Teams
 - Community Projects
 - Lead Physician and other disciplinary leaders
 - Adult learning methods (problem based)
- **Healthy People 2020 Objectives**

*WV Southeastern AHEC



Rural Health Initiative

- Higher Education Policy Commission (HEPC) Grant Funding
- Equal Funding provided to all three medical schools
- Focus on Health Care Professions
- Preceptors/Mentors Recruited
 - Stipends available
- Student recruited
 - Stipends available



WVSOM Rural Health Initiative

- Students complete application to RHI program
- Students assigned a mentor
- Special activities held during rotations, evenings, weekends, and noon lectures
- Activities to provide information or teach skills



Rural Health Initiative

- RHI works closely with Statewide Campus and OPTI hospitals
 - Students participate in community service projects in all regions of the state
- Focus on rural medicine, primary care, and recruitment of graduates to practice in WV

RHI Activities Overview

- High School Pipeline Activities
 - Programs for high school students (Campus programs, Mini Medical School)
 - Resident and Student mentors
- Undergraduate Pipeline Activities
 - Green Coat program (Hospitals)
 - Some pursued Health Care Careers
 - Campus programs
 - Mentors (Regional Deans, Residents, students)



RHI Activities Overview

- **Training Activities in various industries**
 - Coal mining
 - Timber Industry
 - Oil and Gas
 - Chemical
 - Steel
 - Agriculture
 - Poultry
 - Parks and Recreation
 - Wilderness Medicine
 - Emergency Response
- **Programs on loan repayment and debt reduction**
- **Programs on Appalachian culture**



RHI Activities: WVSOM Students

- **Rural Practice Day**
- **Physician Mentors**
 - Promote quality of life in a rural community through a successful primary care practice
 - Counsel students on how to balance their personal and professional lives.
- **Review practice opportunities**
 - Rural settings such as
 - Federally Qualified Health Center (FQHC)
 - Critical Access Hospital (CAH)
 - Rural Health Clinic (RHC), etc.



RHI Activities: Residents

- **Residents**
 - **Graduates that completed RHI Program**
 - Mentors for the pipeline programs
 - Participate training activities
- **RHI Residency Sign-On Incentive**
 - Sign-on incentive for participating in a WV primary care residency programs



Single Accreditation System Update

ACGME Programs

- 10,155 GME programs*
- 128,298 residents*
- 801* sponsoring institutions
- 136* specialty and subspecialty areas
- 29 Review Committees
- 1 Recognition Committee
- Approximately 6,000 items/decisions per year

*ACGME Data AY 2016-17 (9-28-2016)



AOA-Approved*

• AOA-Accredited OPTI's	20
• Programs	
• Internships	121
• Residency Programs	862
• Fellowships	261
• Total	1,244
• Dually accredited programs	
• Residency	154
• Fellowships	11
• Total	165

*As of July 1, 2015



Transition Achievements

Dates	Achievements
February 2014	MOU
July 2014	House of delegates
November 2014	ONMM and OPC, draft requirements
January 2015	AOA and AACOM become member organizations
	New DO members to the board
	Joint Task Force overseeing transition
February 2015	AOA and AACOM full participation ACGME Board
	Approved ONMM requirements and OPC requirements for Osteopathic Recognition
	DO's to serve on review committees
	SVP named
	IM and FM first to except AOA certification for PD's
April 2015	AOA Institutions start to apply
May 2015	AACOM Student survey on Osteopathic Recognition (OR)

Transition Achievements

Dates	Achievements
July 2015	AOA Programs start to apply
	ACGME Programs and pre-accredited programs start applying for Osteopathic Recognition
	Drs. Nasca and Buser give update to HOD
September 2015	First AOA programs achieve Initial Accreditation
October 2015	Transitional year RC makes changes to requirements
November 2015	First ACGME programs achieve Initial Recognition (18 programs)
Nov./Dec. 2015	9 Specialties will accept AOA Internships during transition
January 2016	Fellowship Eligibility during transition
February 2016	Addition of a 2 nd entry point for completion of an ONMM program
March 2016	Process for combined/integrated programs
May 2016	OPC reviews OR applications (2 nd time), 18 additional programs achieve Osteopathic Recognition

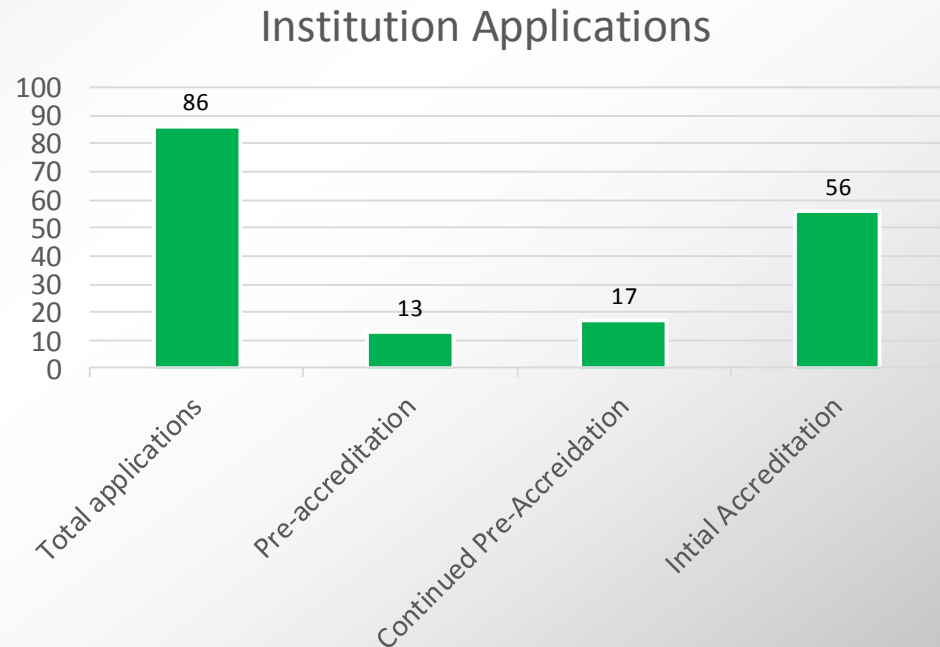
Transition Achievements

Dates	Achievements
June 2016	ONMM RC 1 st to meet in at new ACGME address (401 North Michigan Ave) 1 st ONMM Residency Program achieved ACGME Initial Accreditation
	Various Review Committee start proposing changes to specialty requirements to add Osteopathic Board Certification Pass Rates
July 2016	Drs. Nasca and Buser present update to HOD
August 2016	Neurological Surgery RC announce acceptance of AOA certification for program directors,
	With Neurological Surgery, 24 RC's accept AOA Board certification as a requirement to be a program director
September 2016	18 RC's submit proposed changes to requirements to include Osteopathic Board Pass rates
	OPC meets and grants Initial Recognition to 12 additional ACGME Programs

Progress

Single Accreditation System Institution Applications

- **86 Applications***
 - 13 Pre-Accreditation
 - 17 Continued Pre-Accreditation
 - 56 Initial Accreditation

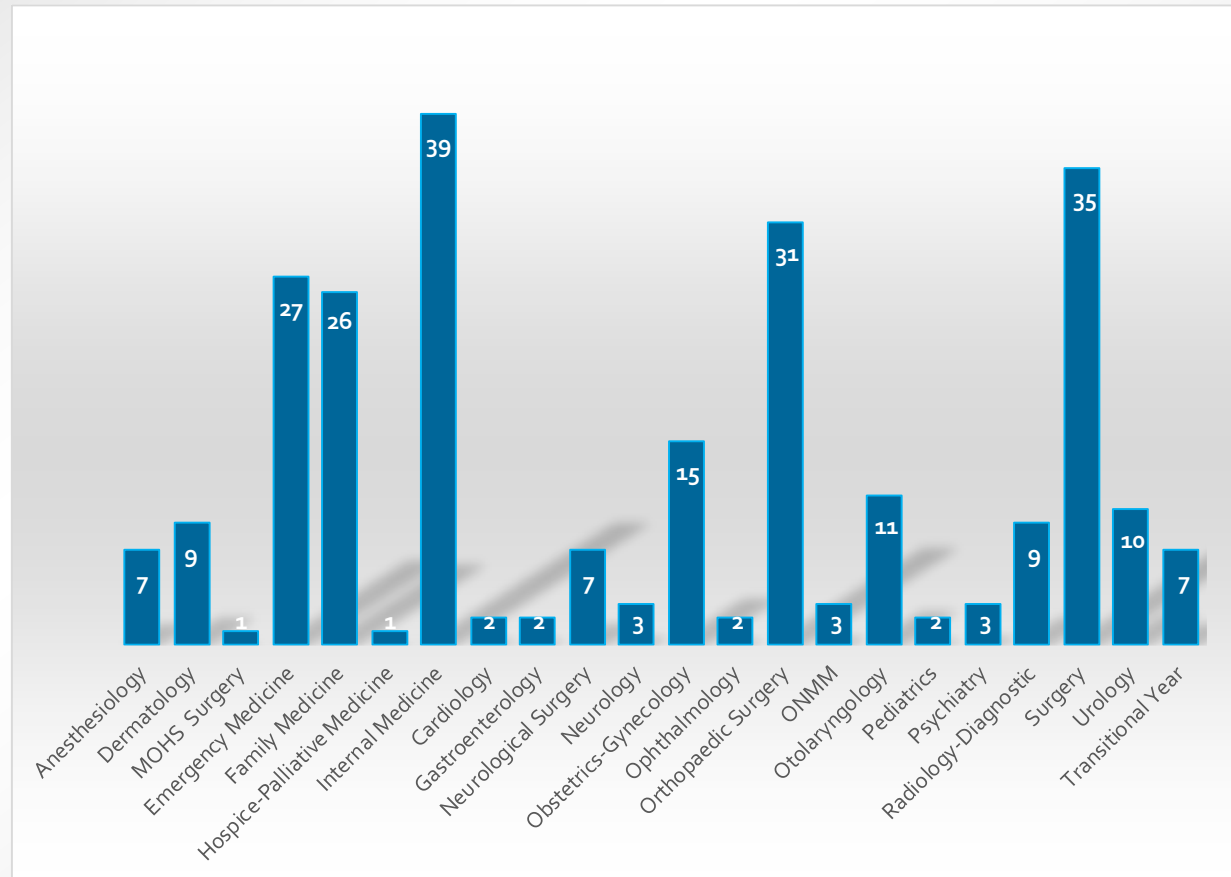


*September 30, 2016



Single Accreditation System Program Applications

- 252 Total* applications
- 70 Initial Accreditation
- 8 Initial Accreditation Contingent
- 59 Continued Pre-Accreditation
- 115 Pre-Accreditation

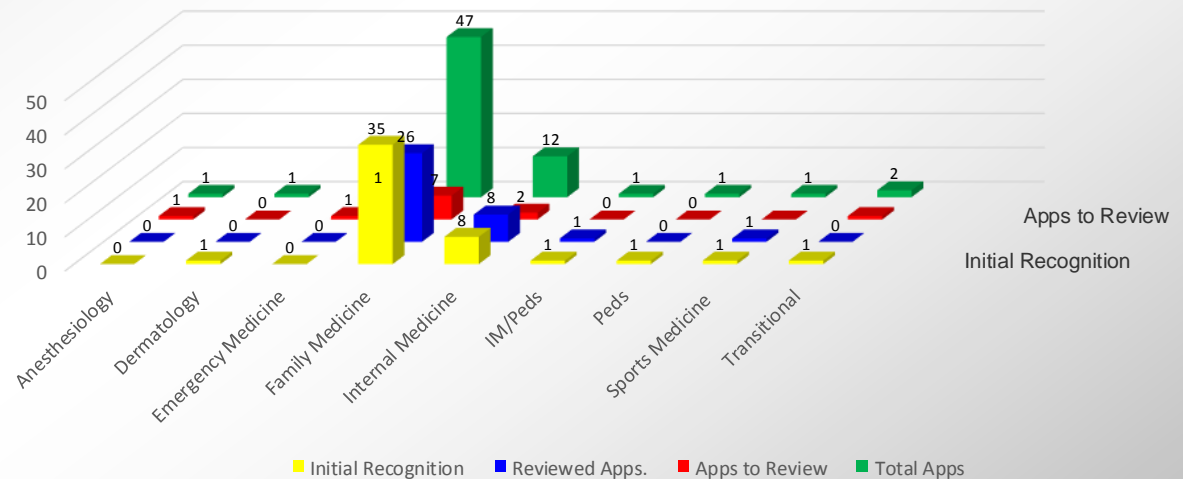


*September 30, 2016

ACGME

Single Accreditation System Osteopathic Recognition*

- 68 Applications Received to date*
- 14 Applications pending review
- 48 Programs achieved Initial Recognition



*September 30, 2016



Thank you

