COMMISSION FOR HIGHER EDUCATION

Friday June 11, 2010

DISCUSSION ITEM C: Line Item Report - Indiana University Medical Education Board,

Family Practice Residency Fund

Staff Recommendation For discussion only.

Background As part of the biennial budget process, the Commission makes

recommendations on the so called higher education line items. The Commission is taking time during this off-budget year to take a closer look at the several line items in the budget than is typically possible during the busy budget session. This review will cover the

Family Practice Residency Fund.

In order to retain and attract more physicians in the state of Indiana, the Indiana University School of Medicine has established a plan for statewide medical education. This plan, based on I.C. 20-12-30 and policies recommended by the Medical Education Board, provides supplemental income for family practice programs and their

residents in the specialty of family practice.

Supporting Document 2009-2011 Biennial Budget Request from Indiana University,

Medical Education Board.

- ORIGINAL -

JUSTIFICATION OF BUDGET REQUEST 2010-11

MEDICAL EDUCATION BOARD

July 30, 2008

Stanley G. Jones, Commissioner Commission for Higher Education 101 West Ohio Street, Suite 550 Indianapolis, IN 46204-1971

Dear Mr. Jones:

Enclosed is the 2010-2011 Biennial Budget Request submitted on behalf of the Indiana Medical Education Board for the Family Practice Residency Fund.

Purpose:

In order to retain and attract more physicians by the state of Indiana, the Indiana University School of Medicine has established a plan for state-wide medical education. This plan, based on IC 20-12-30 and policies recommended by the Indiana Medical Education Board, provides supplemental income for family practice residency programs and their residents in the specialty of family practice.

The plan provides for Indiana University School of Medicine to establish working relationships or community clinical teaching and training programs with the cooperation of the medical profession, hospitals, and clinics. Sites shall be chosen by the medical education board which shall include in its consideration Indianapolis, Lafayette, cities of Lake County, Michigan City, South Bend, Fort Wayne, Bluffton, Marion, Muncie, Kokomo, Richmond, Terre Haute, Vincennes, Evansville, Jeffersonville, and other areas when adequate preparation and funds will allow such a program.

The Indiana Medical Education Board consists of seven member positions specific to each role noted in IC 20-12-30; with the dean of the Indiana University School of Medicine as a member of the board and serving as its chairman.

Administrative support services are provided to the board by Indiana University under a service-by-contract agreement.

The board members are as follows:

Ex officio member and Chairman:

D. Craig Brater, M.D.
Dean, I.U. School of Medicine

Indianapolis, IN

Proxy: **Stephen B. Leapman, M.D.**Executive Associate Dean for Education

Commissioner of the Indiana State Board of Health:

Judith A. Monroe, M.D. State Board of Health Indianapolis, IN

Proxy: Kathryn M. Cox-Cohoon, M.D.

Director of Medical Education of an Indiana hospital not owned or operated by Indiana University:

Richard D. Feldman, M.D. St. Frances Hospital Beech Grove, IN

Hospital Administrator of a hospital not owned or operated by Indiana University:

Thomas K. Gardiner, M.D., FACP, CHE Cardinal Health System, Inc.

Muncie, IN

Citizen of Indiana who is neither a physician or hospital administrator:

Mayola L. Villarruel, R.N.

Crown Point, IN

JUSTIFICATION OF BUDGET REQUEST 2010-11

MEDICAL EDUCATION BOARD

Physician holding unlimited license to practice medicine:

Robert D. McQuiston, M.D.

Indianapolis, IN

Physician practicing in the specialty of family practice:

Kim Volz, M.D.

Deaconess Hospital, Inc.

Evansville, IN

Activities:

Currently, the Family Practice Residency Fund provides funding for eleven family practice residency programs. These programs are located throughout the state and more specifically in:

		Program Re	sident Counts-	(Projected)
		<u>09/01/06</u>	<u>09/01/07</u>	<u>09/01/08</u>
Evansville –	Deaconess Hospital	20	18	18
Evansville –	St. Mary's Medical Center	06	na	na
Fort Wayne -	Fort Wayne Medical Education Program	31	31	31
Gary –	Methodist Hospital	07	03	na
Indianapolis –	Indiana University Family Practice Residency	25	28	32
Indianapolis –	St. Francis Hospital	20	20	19
Indianapolis –	St. Vincent Hospital	25	24	25
Indianapolis –	Community Hospital	22	22	22
Muncie –	Ball Memorial Hospital	24	25	23
South Bend -	St. Joseph Community Hospital	20	19	22
South Bend -	Memorial Hospital	26	25	25
South Bend -	St. Joseph Regional Medical Center-Mish	06	06	05
Terre Haute -	Union Hospital	18	21	19
	•	250	242	241

Annually, each program submits a detailed budget proposal to the medical education board for review and approval. The board will assemble and make a decision for each budget based upon its primary objectives and how the program impacts institutional programs, the local community, and overall effectiveness of the project.

In addition, the medical education board will convene and review each program's actual expenses to insure they are consistent with the primary objectives of the funding. Each meeting will bring a discussion related to the specialty of family practice program statistics, state and local issues, and planning.

Accomplishments:

- There are projected to be 1,103 approved and filled residency positions in Indiana in fiscal year 2008-09. This number includes 241 residents in the specialty of family practice that are partially funded under the Family Practice Residency Fund program. While the actual number of family practice residents has declined, the percentage of family practice residents to the total resident population has remained steady at around 22%.
- Through this funding mechanism, Indiana family practice residency programs and our medical students have been provided with an opportunity for:
 - Enhanced Equipment and Technology Student PDAs and Tablet PCs to enable EMR (electronic medical recordkeeping), specific software for medical procedure simulations, access to online medical journals, etc.
 All of our residency programs benefit from this enhanced technology.
- Support via additional educational programs for our family practice residents Over the past Biennium our family
 practice residency programs throughout the State of Indiana have continued to: develop and enhance the skills of our
 medical residents, promote the specialty of family practice, place residents in the specialty of family practice in
 communities that are medically underserved, and educate the communities that they serve. Some examples are:

Ball Memorial - "Outreach curriculum emphasizes the importance of the role of community service in family

JUSTIFICATION OF BUDGET REQUEST 2010-11

MEDICAL EDUCATION BOARD

medicine, and provides a service to East Central Indiana that is not available elsewhere. Examples of outreach services provided include providing free health screenings at health fairs and special screening events, lecturing to community groups, serving as the "team" physician at high school athletic events, and providing Tar Wars and various other presentations in local schools." "The Reach-Out & Read program provides residents with an opportunity to strengthen their pediatric developmental assessment skills and promote literacy in the exam room."

Deaconess – "Residents will be offered additional workshops on obstetrical/gynecology topics, such as ALSO. Provide a multi-disciplinary team to address social and psychological needs of prenatal patients. This will include case managers and dietitians who can address patient needs that will facilitate appointment and treatment compliance. Provide education for all women regarding prenatal and postpartum issues. "

St. Francis – "Family Medicine Residency Program will continue to work jointly with St. Vincent Hospital to develop curriculum for our residents in occupational medicine and adolescent medicine. It is our desire to continue these joint programs which include lectures and rotational opportunities with the St. Francis Occupational Health Center, as well as a continued adolescent medicine lecture series and rotational opportunities provided by Dr. Lanette Brown-Jones from St. Vincent Hospital. These elements of the curriculum advance the resident's experience and knowledge of adolescents, a very underserved segment of the population. Occupational medicine, in particular, is an important discipline for the rural physician to be familiar with due to the lack of occupational clinics and physicians in the rural setting. We will also continue to collaborate with St. Vincent and Community Hospital in providing an annual Advanced Life Support in Obstetrics (ALSO) course for residents of all three programs. Expenses are incurred in providing the ALSO course, as well as payments made to the lecturing physicians. These expenses are divided among the participating programs.

Second, we are now in the 11th year of training residents at rural primary care sites. Our original site in Greensburg is still an option, but we have established preceptors in several other Indiana sites that are utilized for this exposure, along with other rural sites identified by the resident. Residents may also choose other urban / suburban family practice sites to fulfill this requirement. Stipends for reimbursement of resident travel expenses are only given to rural sites or those sites in towns with a population of less than 20,000.

Third, St. Francis will continue to provide our residents with experiences in rural underserved areas by offering a one month elective in rural emergency medicine in Rushville, Indiana, under the direction of Dr. Russell Daugherty. Residents are exposed to a variety of surgical, trauma, medical, pediatric, and obstetric patients as they present to the emergency department. To date, the Rushville and Greensburg programs have been very successful in introducing the residents to the rural underserved of our state. A stipend is paid to the primary preceptor, Dr. Dougherty. Stipends for reimbursement of resident travel expenses are paid as well."

Program objectives for the 2010-2011 biennium are as follows:

1. As communicated in the June 2006 report titled, "AAMC Statement on the Physician Workforce", to maintain our current level of health care, the Association of American Medical Colleges is recommending a 30% increase in national medical school enrollment over the next decade. With that statement in mind, the preliminary results from the "Indiana University School of Medicine Physician Workforce Taskforce" illustrate a need within the state of Indiana for a ~ 30% overall increase to medical school enrollment and a ~ 13% increase in the specialty of family practice. (This data is based on population growth and insurance data.)

Our goal is to increase the resident numbers in the specialty of family practice in concert with the increased number of medical students generated from the medical school. This increase in family practice residents should maintain or elevate the current ratio (total family practice resident/total residents) at the 21-22% range and support the increase in demand for family practice physicians.

- 2. Enhance and promote the quality of all family practice residency programs in Indiana in order to both attract competitive candidates and ensure that they remain in Indiana to practice medicine, especially in the inner-city and rural areas of Indiana.
- 3. Continue a funding mechanism for initiatives submitted to the board for approval. These initiatives would be designed to address community medical needs, enhance the quality of the family practice residency programs, and enable the residency education programs to better serve medically underserved areas.

JUSTIFICATION OF BUDGET REQUEST 2010-11

MEDICAL EDUCATION BOARD

Budget Needs:

The State continues to have a great need of more family practice physicians, especially in the inner-city and rural areas. Some Indiana communities have no physicians to deliver the most basic of healthcare needs. Currently, of Indiana's 92 counties, 35 counties have geographic, population or facility designation as Primary Care Health Professions Shortage Areas and 48 counties are fully or partially designated as Medically Underserved Areas. (Information derived from June 2006 report titled "IUSM Physician Workforce Taskforce.)

As noted, we have witnessed the number of family practice residency positions filled in Indiana decrease from 272 to 241 over past decades. While this is not unique to Indiana and continues to be the national trend, it is vitally important that the programs of this board are funded to assist the existing residency programs in the state. Otherwise, future family practice physicians could be lost to out-of-state residency programs and not return to Indiana.

Given the State of Indiana's additional fiscal challenges in both FY 2010 -2011 noted in the July 7, 2008 memo from Mr. Ruhl, we will not formally request additional funding at this time. Although, we do respectfully request that the Commission for Higher Education consider a budget increase for inflation and plan for additional funding in future requests as the family practice resident total will grow with the medical school student population expansion.

Sincerely,

Stephen B. Leapman, M.D.

Indiana Medical Education Board, Cha

Indiana Medical Education Board, Chairman Executive Associate Dean for Medical Education

Indiana University School of Medicine

SUMMARY OF BUDGET REQUEST

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SUMIMART OF BUDGE! REQUES!					AGENCT NAME	Iviedical	OUCARON E	50ard (755)		
					PROGRAM NAME Family Practice Residency Fund	Family Pra	actice Res	sidency Fund		
					ACCT#&NAME	213-710		Family Practice Residency Fund	sidency Fund	
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PURPOSE OF APPROPRIATION										
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.9 Out-of-State Travel		1	ı	· ·	1		1	•		
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CONSOLIDATION OF BUDGET REQUEST

Page 1 of 3

AGENCY NAME | Medical Education Board (755)
PROGRAM NAME Family Practice Residency Fund
ACCT # & NAME | 213-710 | Family Practice Residency Fund

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CONSOLIDATION OF BUDGET REQUEST

Page 3 of 3

AGENCY NAME | Medical Education Board (755)
PROGRAM NAME Family Practice Residency Fund
ACCT # 8 NAME | 213-710 | Family Practice Residency Fund

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ESTIMATE OF REVENUES AND FEDERAL RECEIPTS

Page 1 of 1

AGENCY NAME | Medical Education Board (755)
PROGRAM NAME Family Practice Residency Fund
ACCT # & NAME | 213-710 | Family Practice Residency Fund

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