ACGME and Medically Underserved Areas/Populations

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Vice President, Sponsoring Institutions
Accreditation Council for Graduate Medical Education (ACGME)

OMPW GME Summit | October 7, 2022

Disclosures

I have no conflicts of interest or financial relationships to disclose.

Objectives

By the end of this session, the participants will be able to:

1. Explain ACGME accreditation processes and the roles of ACGME staff members and volunteers
2. Define ACGME's commitment to encourage the development of GME in rural and underserved areas
3. Describe recent ACGME efforts to engage with the GME community

ACGME Mission

To improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.

ACGME Accreditation

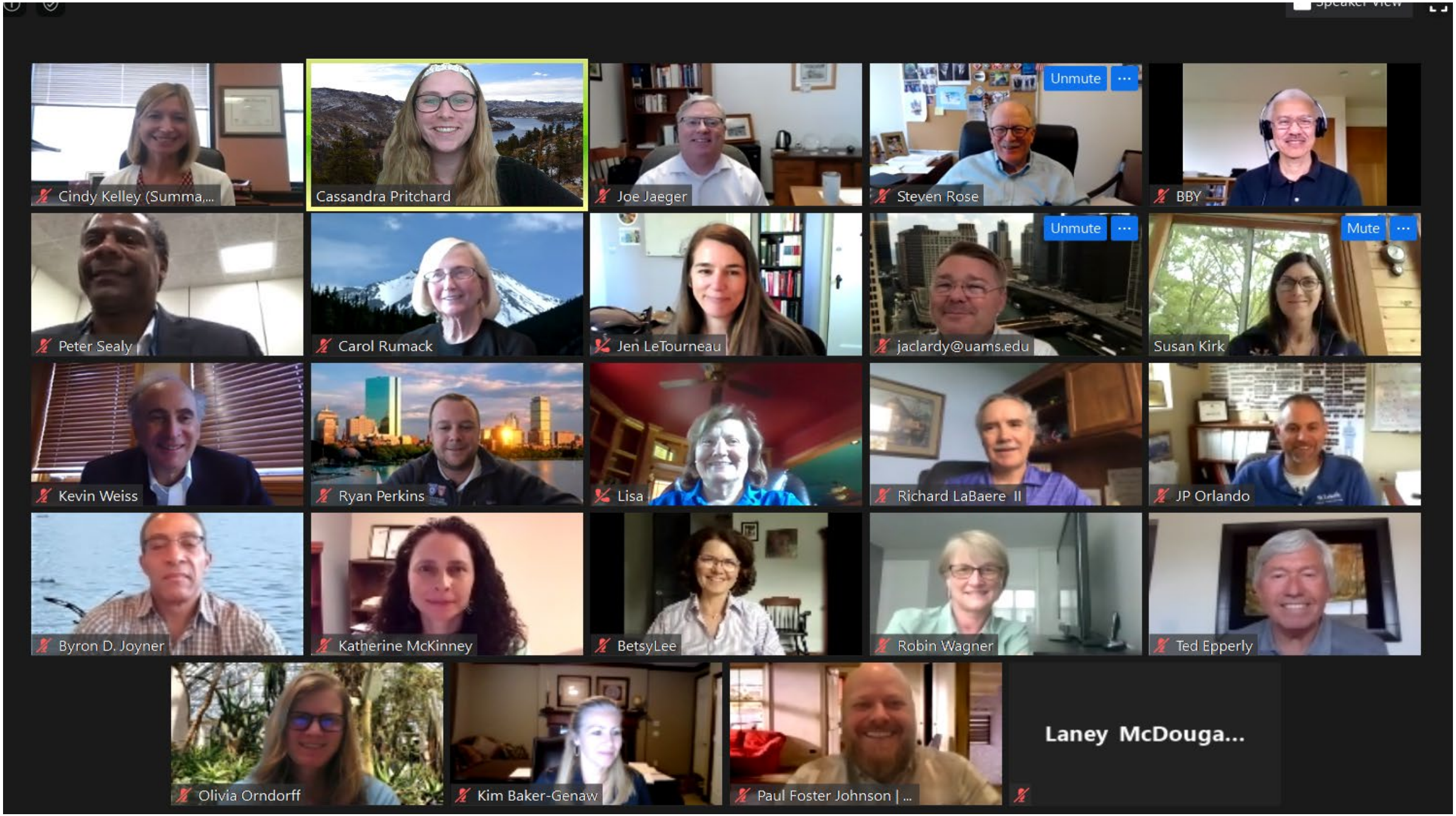
	US	Mississippi
Sponsoring Institutions	854	11
GME Programs	12,175	78
Residents/Fellows	158,196	884

Accreditation

- Review Committee peer review process to determine *substantial compliance* with:
  - Institutional Requirements
  - Common Program Requirements
  - Specialty-specific Requirements
- Increased focus on outcomes
- Encourage excellence and innovation

ACGME Accreditation

- Sponsoring Institution precedes program
- One application and review process regardless of “type”
- Peer review process


Cindy Kelley (Summa,...
Cassandra Pritchard
Joe Jaeger
Unmute
Steven Rose
BBY
Peter Sealy
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Jen LeTourneau
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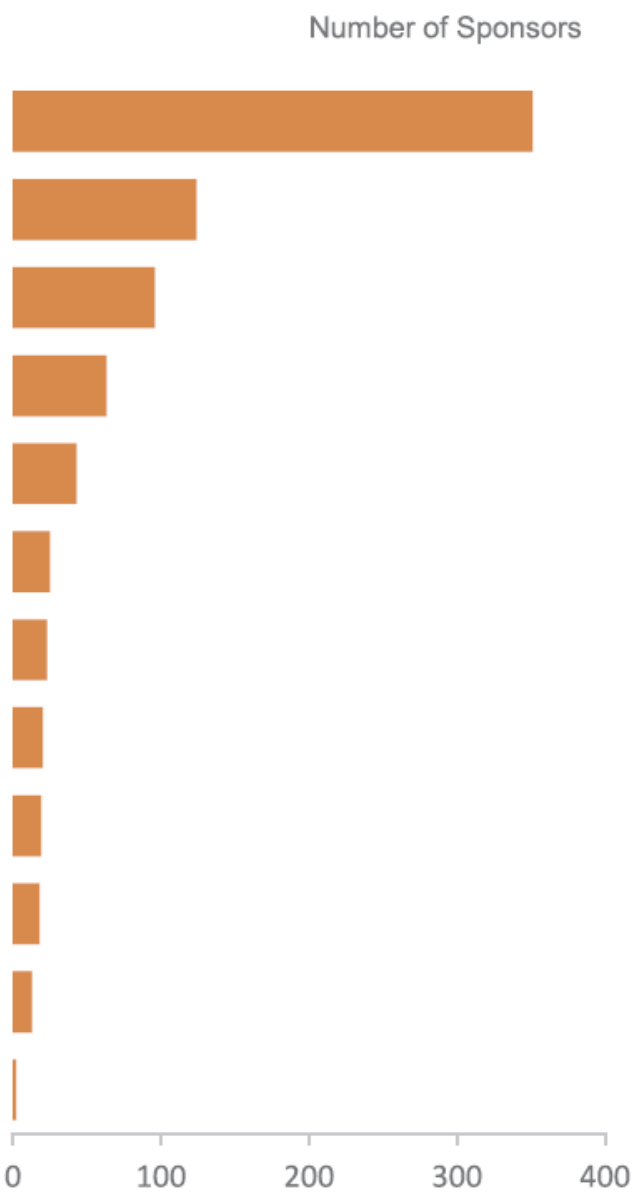
jaclardy@uams.edu
Mute
Susan Kirk
Kevin Weiss
Ryan Perkins
Lisa
Richard LaBaere II
JP Orlando
Byron D. Joyner
Katherine McKinney
BetsyLee
Robin Wagner
Ted Epperly
Olivia Orndorff
Kim Baker-Genaw
Paul Foster Johnson | ...
Laney McDouga...

Number of Sponsoring Institutions by Institution Type

	Number of Programs	Number of Residents	Number of Sponsors
General/Teaching Hospital	4,468	56,214	351
Academic Medical Center/Medical School	5,627	64,713	124
Community Hospital	266	3,658	96
Consortium	1004	13,372	63
Other	256	3,354	43
Federally Qualified Health Center	43	542	25
Ambulatory Care Clinic/Office	43	299	23
Specialty Hospital	122	862	20
Children's Hospital	280	2,756	19
Pathology Lab / Medical Examiner's Office	19	33	18
Independent Academic Medical Center	277	3,220	13
Veterans Administration	15	177	2
Total	12,420	149,200	797



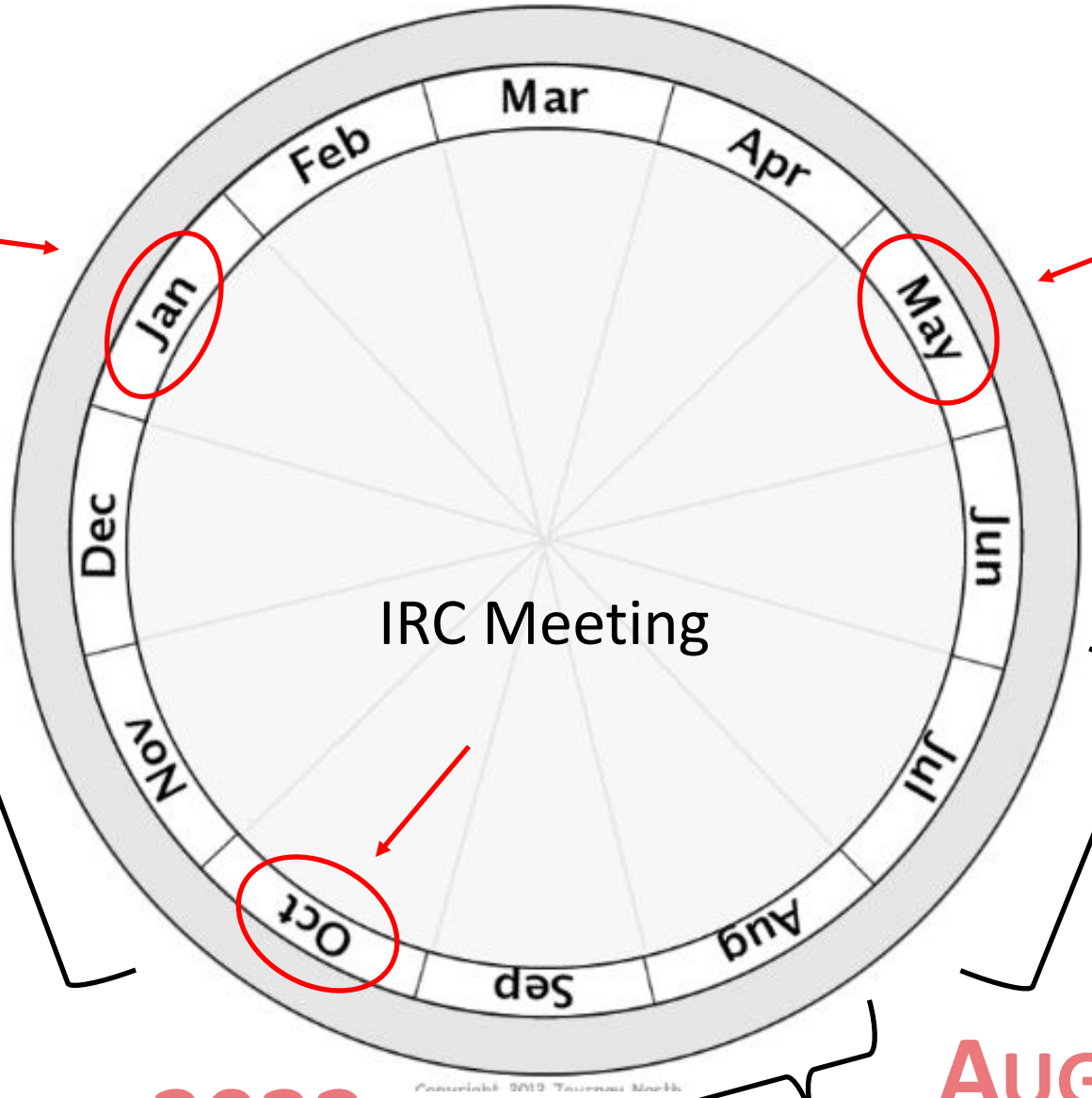
Note: Excluding sponsors with no ACGME-accredited programs.

Sponsoring Institution Review

- Substantial compliance with requirements
- Initial Accreditation → Continued Accreditation
- Data-driven annual accreditation review
- Complaints
- 10-year visit

IRC Meeting

IRC Meeting



Most Clarifying Info & Site Visits

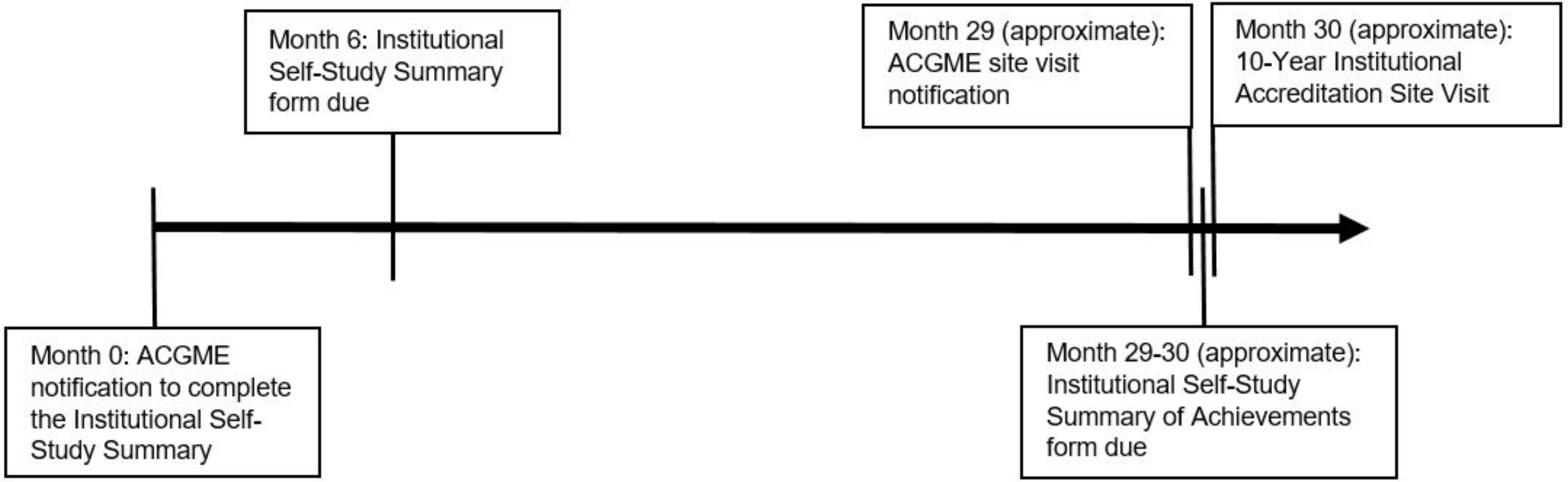
Annual Institutional Update

SEPT 2022

AUG 2023

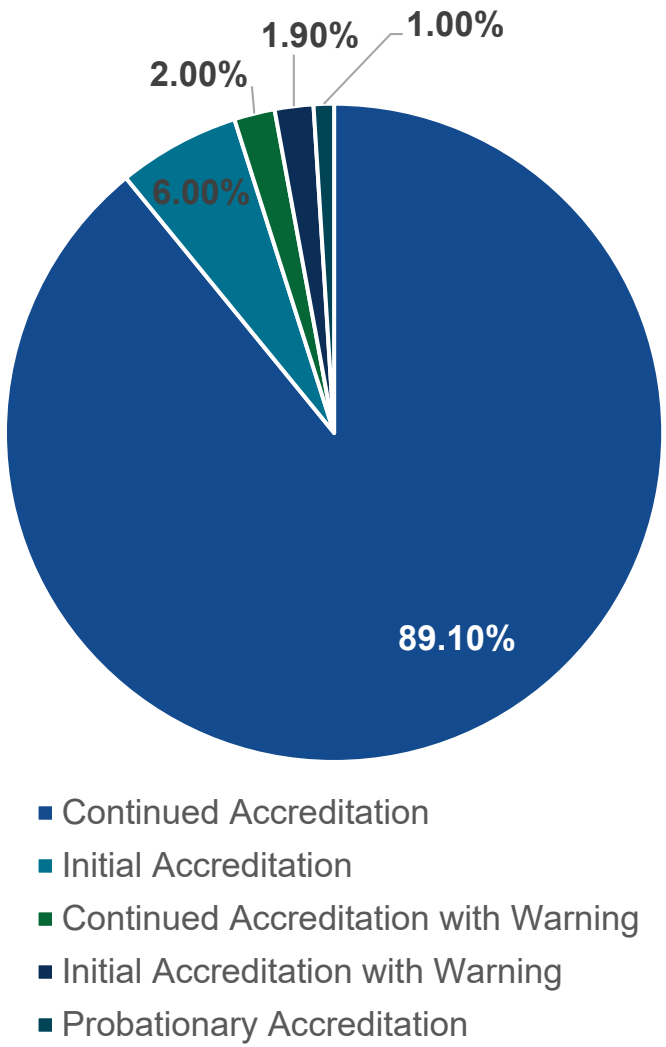
Screening Data

Institutional Self-Study and 10-Year Accreditation Site Visit



SI Accreditation Statuses

- Continued Accreditation: 716 (89.1%)
- Initial Accreditation: 49 (6.0%)
- Continued Accreditation with Warning: 16 (2.0%)
- Initial Accreditation with Warning: 15 (1.9%)
- Probationary Accreditation: 8 (1.0%)



Institutional Requirements

I. Structure for Educational Oversight

II. Institutional Resources

III. The Learning and Working Environment

IV. Institutional GME Policies and Procedures

Program Requirements

I. Oversight

II. Personnel

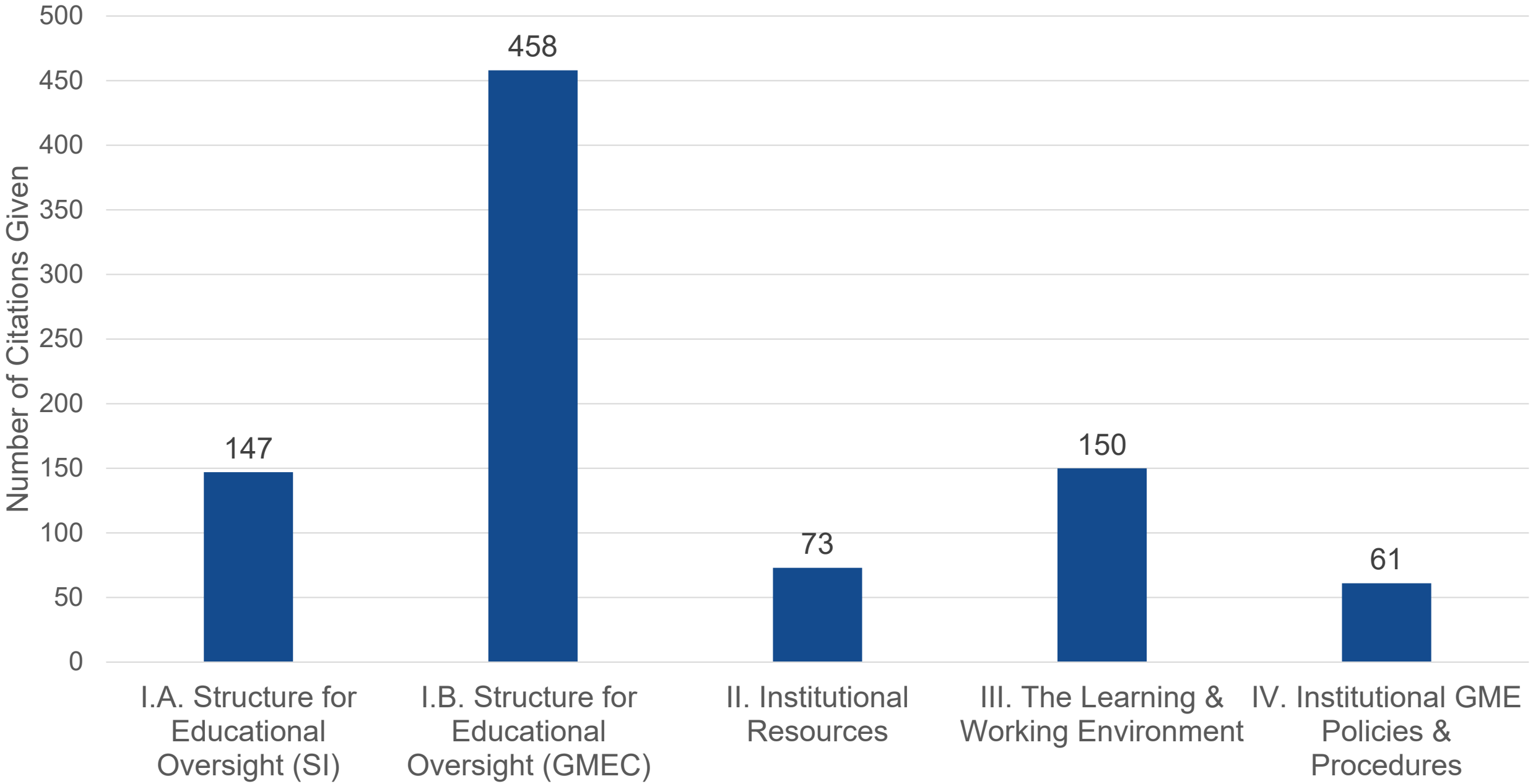
III. Resident Appointments

IV. Educational Program

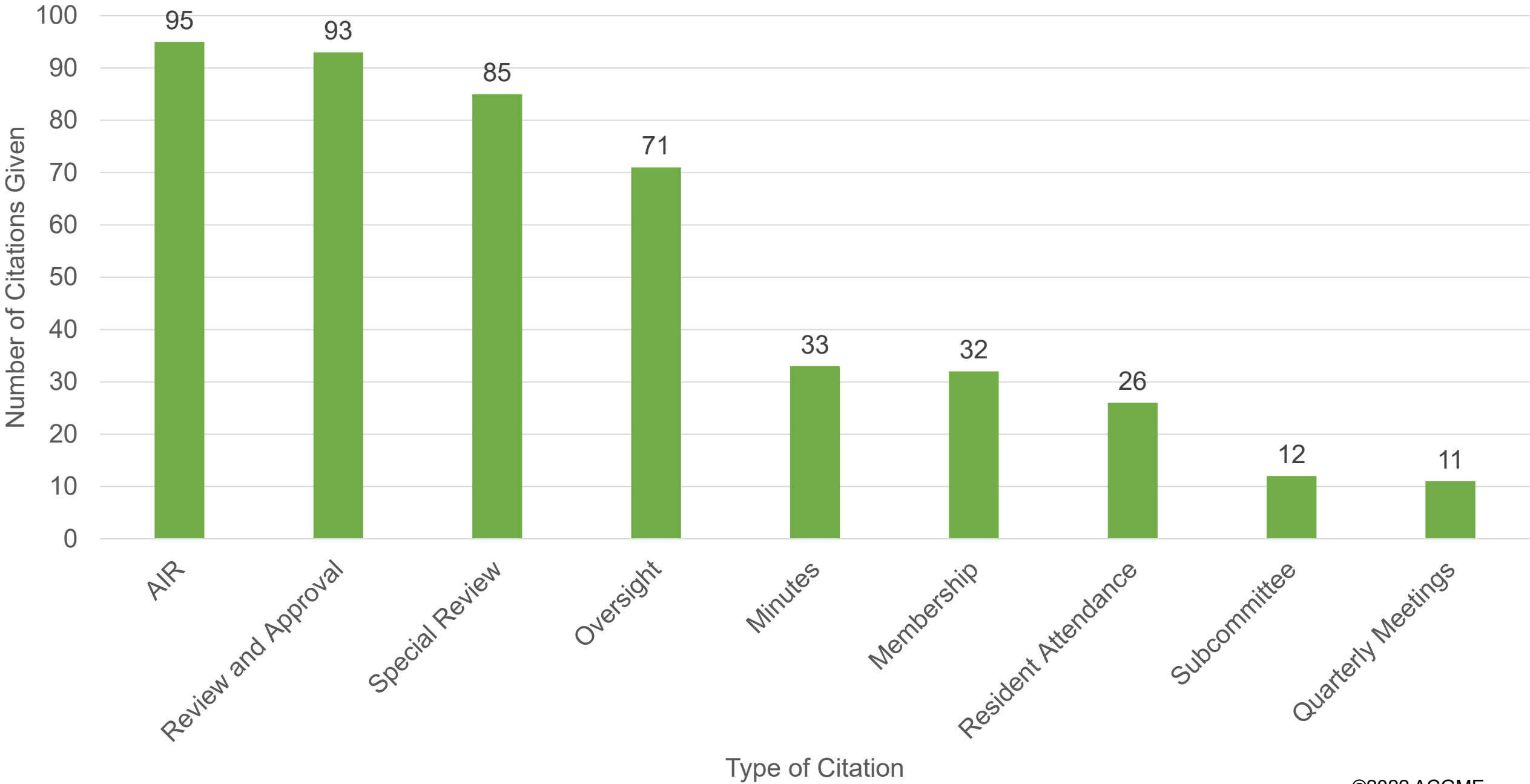
V. Evaluation

VI. The Learning and Working Environment

889 IRC Citations Given, 2021 – 2022



Citations for GMEC, Academic Year 2021 – 2022



Accreditation Challenges

- Identification of participating sites and PLAs
- Summary patient safety information requirement
- Well-being requirement
- Medical, parental, and caregiver leaves of absence

Medical, Parental, and Caregiver Leaves of Absence (LOA)

- Minimum of six weeks of LOA at least once, any time during an ACGME-accredited program (from Day 1)
- 100% of salary during this LOA period
- One week of time off reserved during year of LOA
- LOA policy available for review by residents at all times
- GMEC oversight of aggregated, deidentified LOA

www.acgme.org

- ACGME Policies and Initiatives
- Institutional Resources
- Program Resources
- Resident/Fellow Resources
- Education
- Accreditation Data System

ACGME

NATIONAL LEARNING
COMMUNITY OF SPONSORING
INSTITUTIONS MEETING

Building Connections, Leading Change

SEPTEMBER 7-8, 2022

RC Staff

RC staff are a great resource for programs!

Contact Us:

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Allison Barthel
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312.755.5052

Internal Medicine

Program Accreditation

- Note RC meeting dates
- Site visit required before RC *Agenda Closing Date*

FM RC Dates

Review Committee Agenda Closing and Meeting Dates

NOV 9 2022	Agenda Closing Date
JAN 25-27 2023	Meeting Date
FEB 16 2023	Agenda Closing Date
APR 27-28 2023	Meeting Date

Closing dates apply to subspecialty applications. New core Family Medicine applications require a site visit with an accompanying Site Visit Report by the closing date.

Psych RC Dates

Review Committee Agenda Closing and Meeting Dates

NOV 11 2022	Agenda Closing Date
FEB 10-11 2023	Meeting Date
JAN 13 2023	Agenda Closing Date
APR 28-29 2023	Meeting Date

Subspecialty applications: The application must be submitted by the agenda closing date in order to be reviewed at the Review Committee meeting.
Core Residency applications: Because a new residency application requires a site visit, both the application and the Accreditation Field Representative's Site Visit Report verifying/clarifying the application must be received by the Review Committee staff by the agenda closing date.

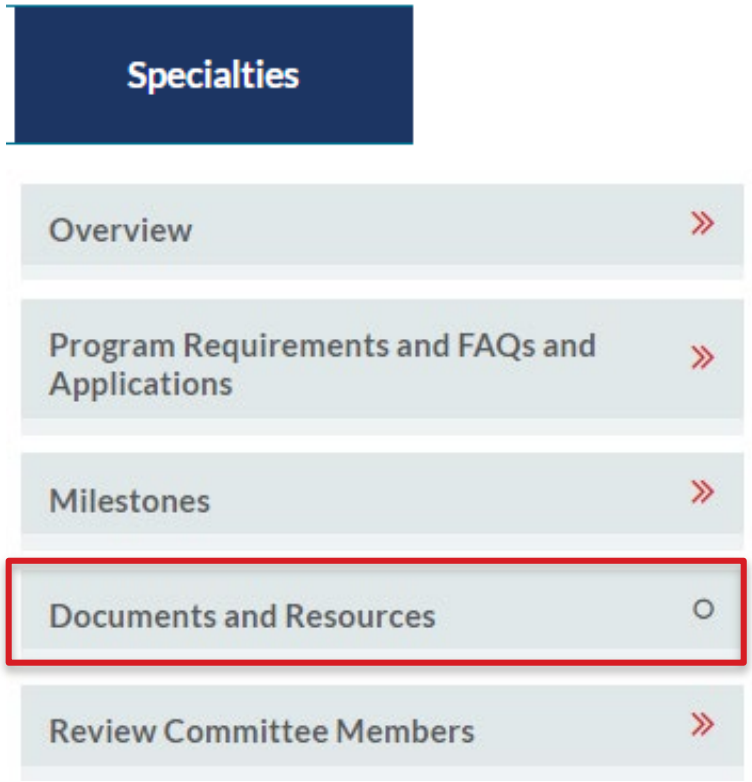
IM RC Dates

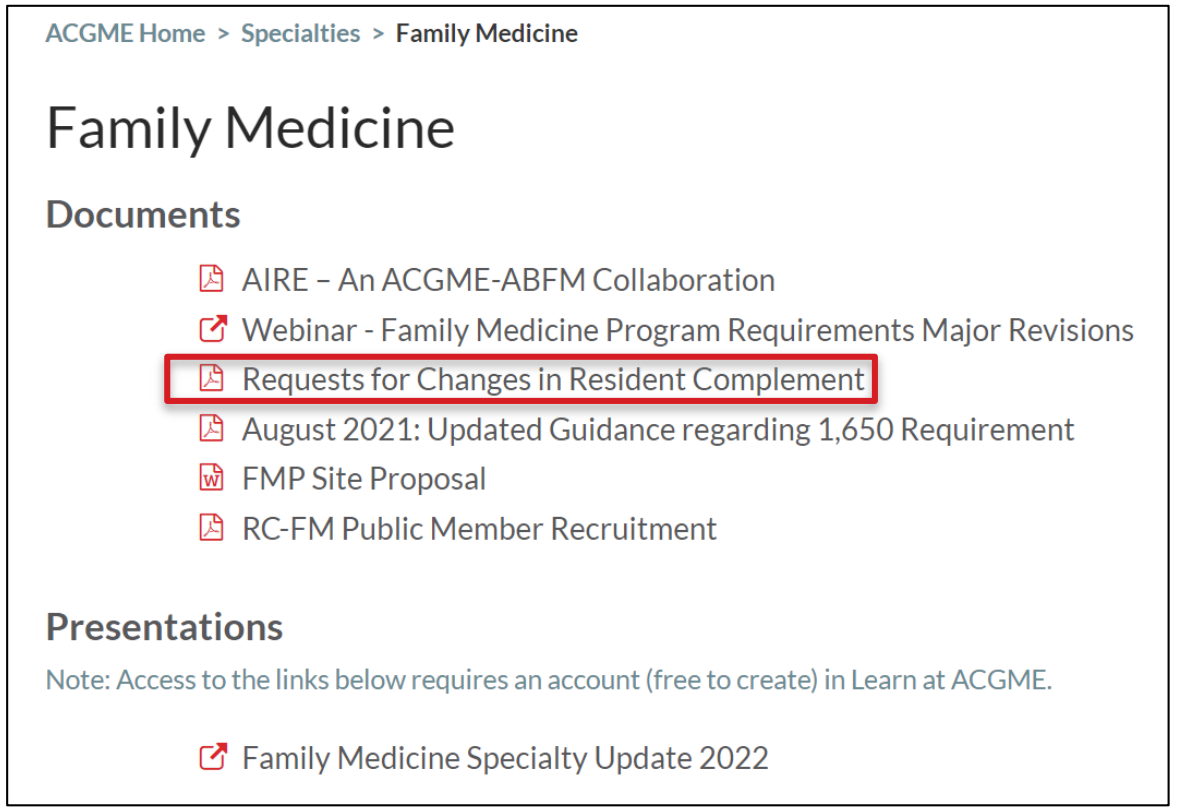
Review Committee Agenda Closing and Meeting Dates

NOV 11 2022	Agenda Closing Date
JAN 20-21 2023	Meeting Date
FEB 10 2022	Agenda Closing Date
APR 21-22 2023	Meeting Date
JUL 30 2023	Agenda Closing Date
SEP 8-9 2023	Meeting Date

Subspecialty applications: The application must be submitted by the agenda closing date in order to be reviewed at the Review Committee meeting.
Residency applications: Because a new residency application requires a site visit, both the application and the Accreditation Field Representative's Site Visit Report verifying/clarifying the application must be received by the Review Committee staff by the agenda closing date.
Contact Christine Famera with questions.

Program Accreditation Resources





See resource slide

ADS Annual Update

- Respond to citations
- Communicate progress on areas for improvement (AFIs) and major program changes

See resource slide

Population Health and Graduate Medical Education: Updates to the ACGME's Common Program Requirements

Lauren M. Byrne, MPH ; Thomas J. Nasca, MD, MACP

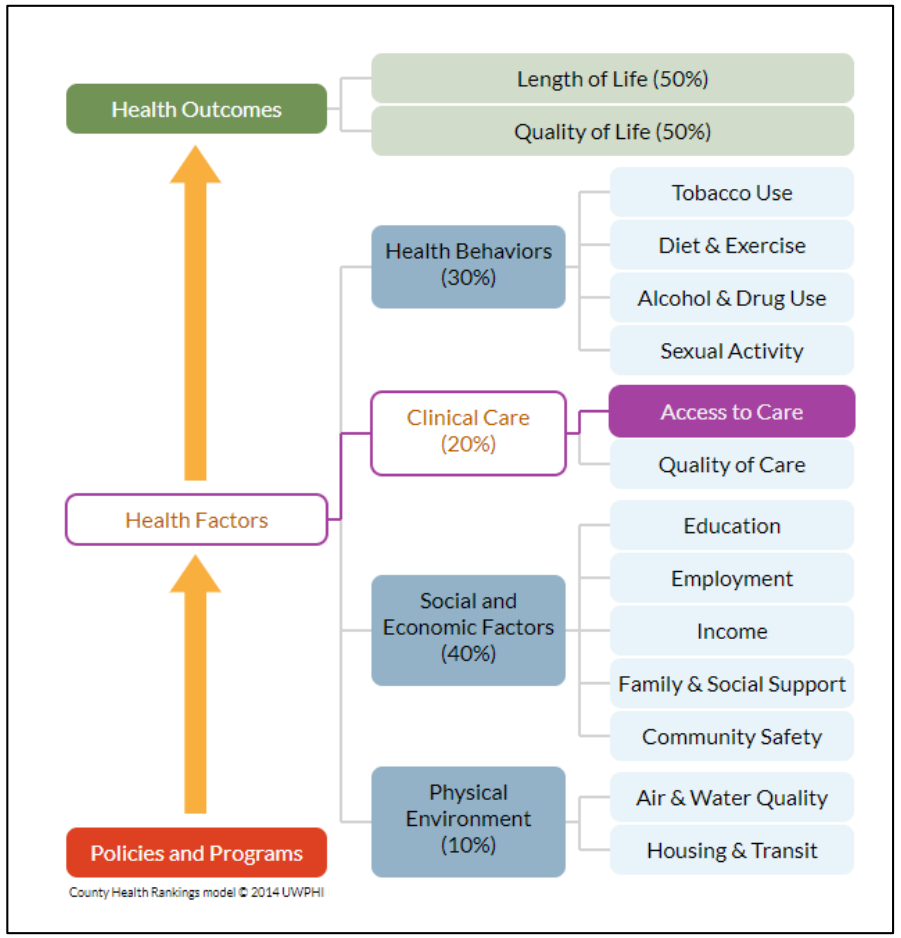
J Grad Med Educ (2019) 11 (3): 357–361.

https://doi.org/10.4300/JGME-D-19-00267.1

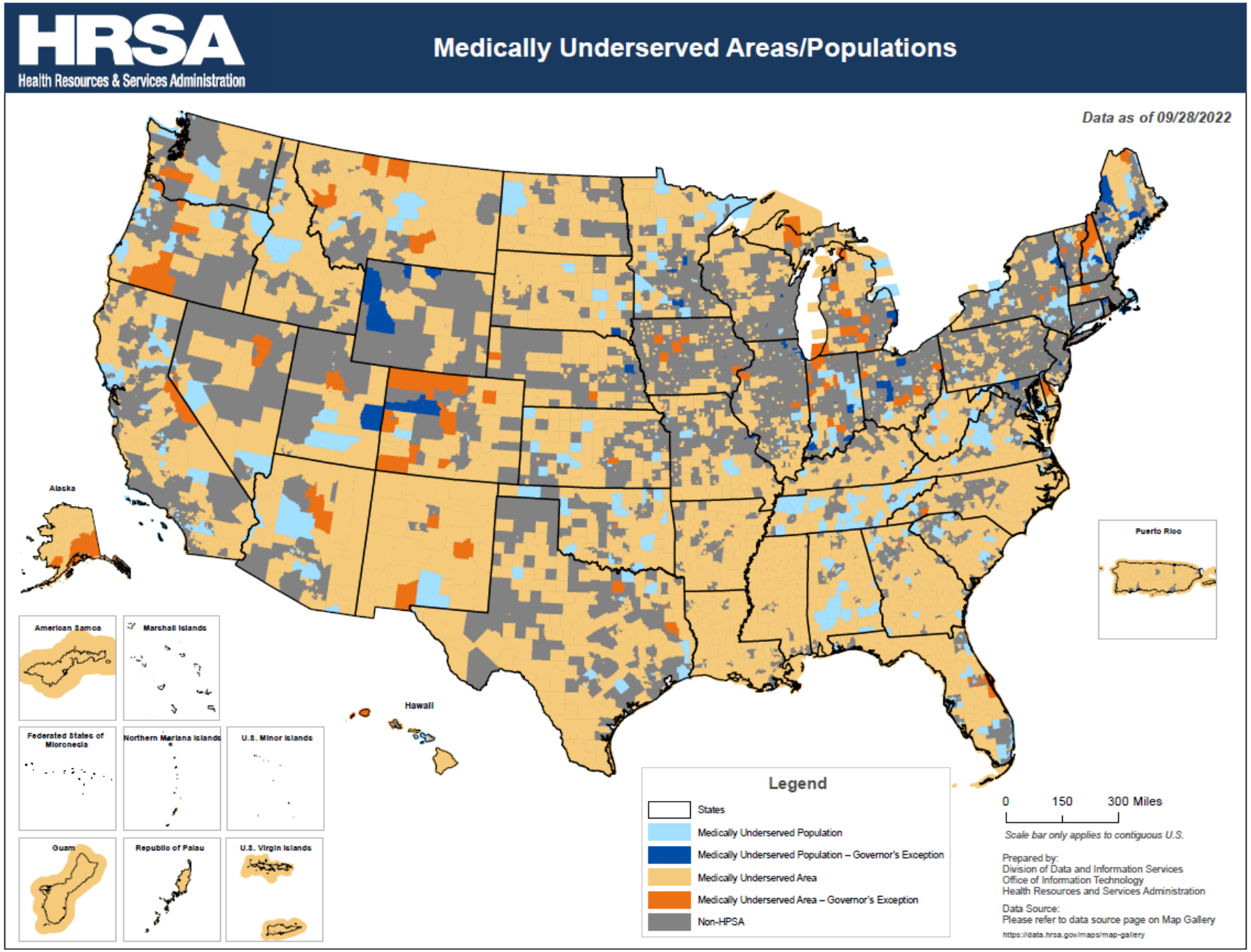
United States compared to other nations.[5] These poor outcomes are disproportionately concentrated in regions and populations across the country. Using life expectancy as a measure of health status, for example, life expectancy by county in the United States in 2014 ranged from approximately 66 years to 87 years, a more than 20-year difference.[6] The importance of population health in educating the next generation of physicians is critical to addressing these disparities. Physicians need to understand the impact of factors in both the medical delivery system and the social environment that contribute to health outcomes.

Access is a Factor

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved January 4, 2022, from https://health.gov/healthypeople/objectives-and-data/social-determinants-health



County Health Rankings Model, University of Wisconsin Population Health Institute. Retrieved January 4, 2022, from https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model



Health Resources & Services Administration. Medically Underserved Areas/Populations. https://data.hrsa.gov/ExportedMaps/MapGallery/MUA.pdf

GME Exposure is a Factor

"More than half (57.1%) of the individuals who completed residency training from 2011 through 2020 are practicing in the state where they did their residency training"

AAMC 2021 Report on Residents, Executive Summary

Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review

Goodfellow, Amelia; Ulloa, Jesus G. MD, MBA; Dowling, Patrick T. MD, MPH; Talamantes, Efrain MD, MBA, MSHPM; Chheda, Somil; Bone, Curtis MD, MHS; Moreno, Gerardo MD, MSHS

Author Information

Academic Medicine: September 2016 - Volume 91 - Issue 9 - p 1313-1321
doi: 10.1097/ACM.0000000000001203

A Roadmap to Rural Residency Program Development

Emily M. Hawes, PharmD, BCPS, CPP
Amanda Weidner, MPH
Cristen Page, MD, MPH
Randall Longenecker, MD
Judith Pauwels, MD
Steven Crane, MD
Frederick Chen, MD
Erin Fraher, PhD, MPP

Rural communities face a pressing need for primary care, behavioral health, and obstetrical care services, yet rural hospitals around the country are closing, and the gap between mortality rates in rural and urban areas is widening.[1,2] While there is some debate about whether the nation faces a shortage of physicians, there is general consensus that the workforce is maldistributed.[3] Estimates suggested we face a shortfall of 14 164 practitioners in primary care health professional shortage areas.[4] While efforts to address rural workforce shortages need to be targeted along multiple points in a physician's career trajectory, exposure to rural and underserved settings during training has been shown to increase physicians' sense of preparedness for rural practice and retention in rural communities.[5,6] Despite this evidence, graduate medical education (GME) in rural areas remains very limited, and the US Government Accountability Office estimates that only 1% of residents across all specialties train in rural areas.[7–10] This is due in part to the unique challenges that face rural health

Accreditation Council for Graduate Medical Education

FEATURED

July 1, 2020

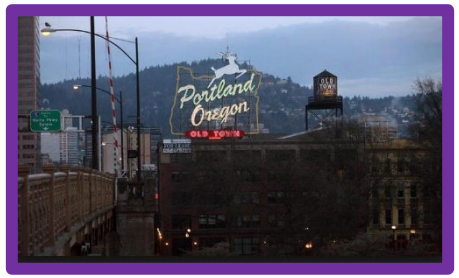
ACGME, AOA, and AACOM Usher in New Era of Single Accreditation for Graduate Medical Education

The ACGME, the American Osteopathic Association (AOA), and the American Association of Colleges of Osteopathic Medicine (AACOM) celebrate the successful transition to a single accreditation system for graduate medical education (GME) in the US.

READ MORE »

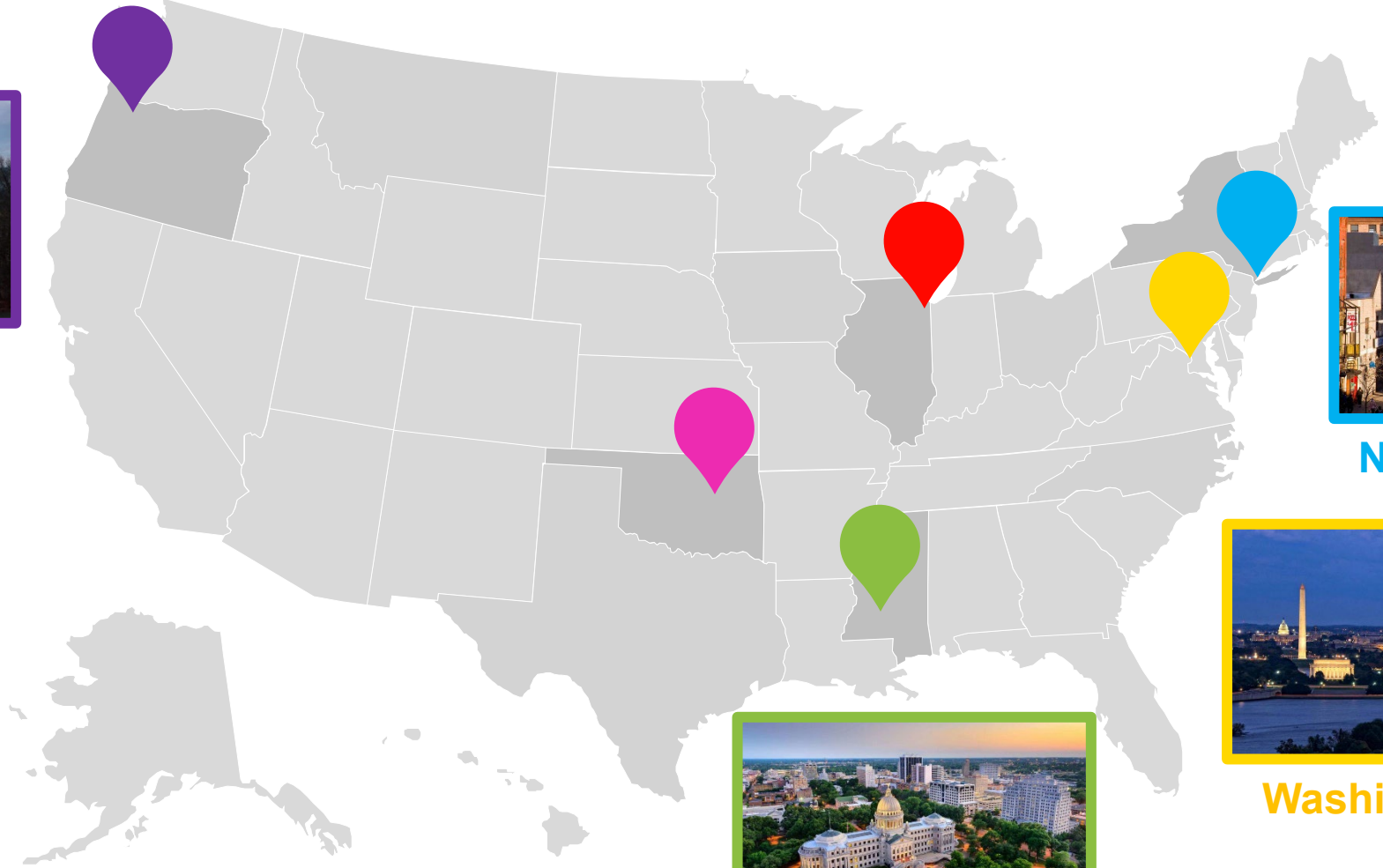
Monitor Our Progress Toward a Single GME Accreditation System »

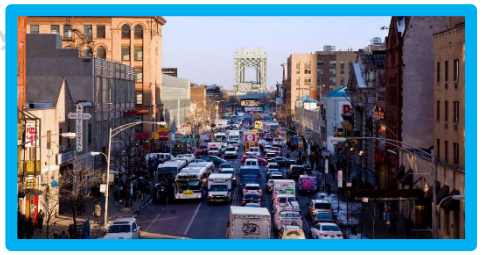
MUA/P Work Group



Portland, OR

Tulsa, OK





New York City, NY

Washington DC

Jackson, MS

Work Group:
Accreditation Framework for Medically Underserved Areas and Populations (External Members)

Name	Title	Organization
Donald Brady, MD	Designated Institutional Official	Vanderbilt University Medical Center
Thomas Hansen, MD	Designated Institutional Official	Advocate Health Care
Robert Juhasz, DO	Medical Staff	Cleveland Clinic
Jeffrey Kirsch, MD	Associate Dean for Clinical and Veterans Affairs	Oregon Health and Science University
Sandeep Krishnan, MD	Fellow, Interventional Cardiology	University of Washington School of Medicine
Lorrie Langdale, MD	Professor & Chief of General Surgery	University of Washington School of Medicine
Karen Nichols, DO, MA	Dean	Midwestern Univ/Chicago Coll of Osteopathic Medicine
Jeffrey Pettit, PhD	Clinical Associate Professor (Public Member)	University of Iowa Hospitals & Clinics
Benjamin Preyss, MD	Medical Director of Population Health	Lawndale Christian Health Center
Claudia Ramirez Sanchez, MD	PGY-2, Internal Medicine (Resident Member)	Cook County Health and Hospital System
Gary Slick, DO	Designated Institutional Official	Oklahoma State University Center for Health Sciences

Work Group:
Accreditation Framework for Medically Underserved Areas and Populations (Internal Members)

Name	Title
Paige Amidon, MBA, MPH	Senior Vice President, Department of Communications
John Combes, MD	Visiting Scholar, Department of Education
Kate Hatlak, MSEd	Executive Director, Hospital-Based Accreditation
Paul Johnson, MFA	Executive Director, Institutional Accreditation
Mary Lieh-Lai, MD	Senior Vice President, Medical Accreditation
Lorenzo Pence, DO	Senior Vice President, Osteopathic Accreditation
Paul Rockey, MD	Scholar-in-Residence
Kevin Weiss, MD	Senior Vice President, Institutional Accreditation

Presenters at Work Group Meetings

Presenter	Presenter Title, Organization	Presentation Title
Lori Mihalich-Levin	Partner, Dentons	Regulatory Mechanisms for GME Financing in Medically Underserved Areas
John Sealey, DO	DIO, Detroit Wayne County Health Authority GME Consortium	GME and Accreditation in Urban Medically Underserved Areas
Roxanne Fahrenwald, MD, MS	DIO, Montana Family Medicine Residency	GME and Accreditation in Rural Medically Underserved Areas
Candice Chen, MD	Director, Division of Medicine and Dentistry, HRSA	HRSA's Support of GME in Medically Underserved Areas
Tom Gearan, MD	Program Director, Internal Medicine, Maine Medical Center	Maine Medical Center, Rural Internal Medicine
Kathleen Klink, MD Edward Bope, MD	Chief, Health Professions Education (Klink), GME Affiliations Officer (Bope), Department of Veterans Affairs	Presentation from Department of Veterans Affairs
Randall Longenecker, MD	Assistant Dean, Rural & Underserved Programs, Ohio University Heritage College of Osteopathic Medicine	Presentation from RTT Collaborative

Regional Visits: Jackson, MS

- State Legislators
- William Carey University College of Osteopathic Medicine
- Magnolia Regional Medical Center
- University of Mississippi Medical Center
- Merit Health Wesley
- Mississippi State Medical Association
- EC Health Net
- Forrest General Hospital
- Baptist Memorial Health Systems
- Community Health Center Association of Mississippi
- Central Mississippi Health Services
- Family Health Care Clinic, Inc.
- Jackson-Hinds Comprehensive Health Center
- Coastal Family Medicine Clinic

Accreditation Framework for Medically Underserved Areas/Populations (MUA/Ps)

I. Enhancing ACGME Support

II. Engaging with ACGME Review Processes

III. Understanding ACGME Compliance Challenges

IV. Facilitating Effective Institutional Oversight and Administration

Programmatic Unit for Medically Underserved Areas/Populations and GME

Laney McDougal, MS
Director, MUA/P and GME
Department of Sponsoring Institutions and CLE
Department of Accred, Recog, and Field Activities

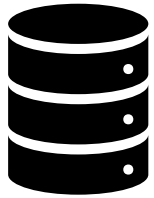
Paul Foster Johnson, MFA
Vice President
Sponsoring Institutions

Projects and Priorities

Stakeholder Engagement

Rural Track Program Designation

Advisory Group



Data Enhancement

Addressing Rural Track Programs

ACGME exploration of relevant:

- Terms and definitions
- Accreditation data
- Accreditation processes

Electronic Code of Federal Regulations

Title 42 → Chapter IV → Subchapter B → Part 413 → Subpart F → §413.79

(k) *Residents training in rural track programs*. Subject to the provisions of §413.81, an urban hospital that establishes a new residency program, or has an existing residency program, with a rural track (or an integrated rural track) may include in its FTE count residents in those rural tracks, in addition to the residents subject to its FTE cap specified under paragraph (c) of this section. An urban hospital with a rural track residency program may count residents in those rural tracks up to a rural track FTE limitation if the hospital complies with the conditions specified in paragraphs (k)(2) through (k)(7) of this section.

(1) If an urban hospital rotates residents to a separately accredited rural track program at a rural hospital(s) for two-thirds of the duration of the program for cost reporting periods beginning on or after April 1, 2000, and before October 1, 2003, or for more than one-half of the duration of the program for cost reporting periods beginning on or after October 1, 2003, the urban hospital may include those residents in its FTE count for the time the rural track residents spend at the urban hospital. The urban hospital may include in its FTE count those residents in the rural track training at the urban hospital, not to exceed its rural track FTE limitation, determined as follows:

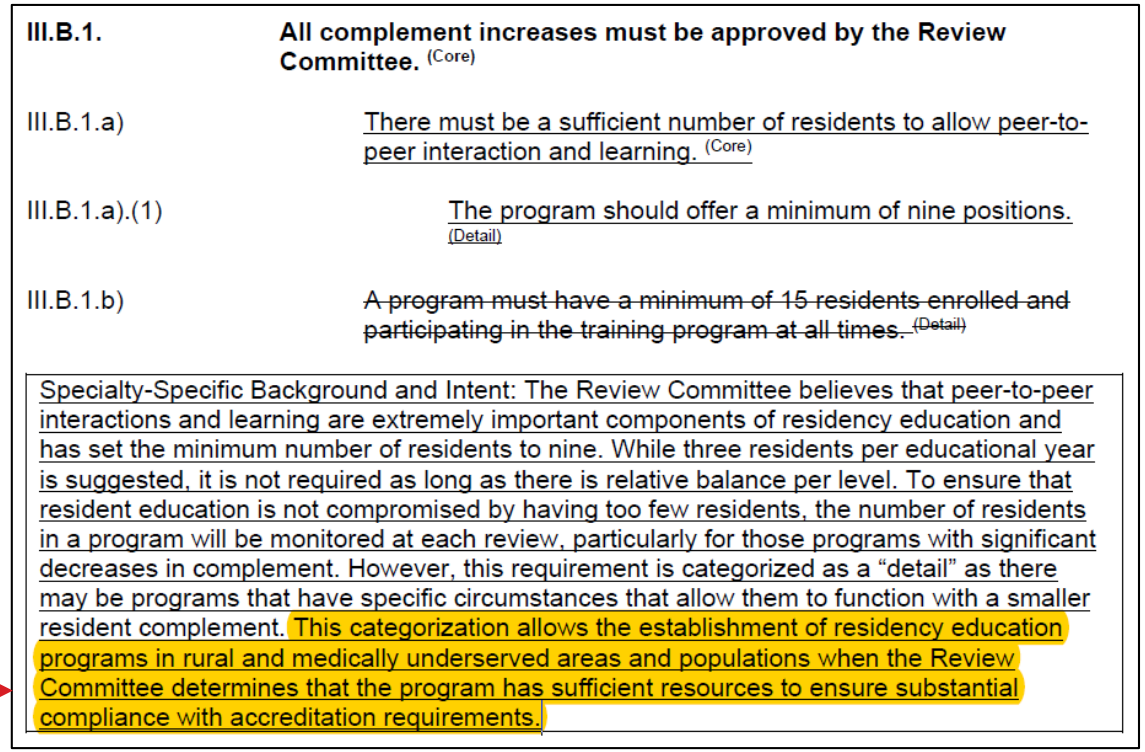
(i) For rural track programs started prior to October 1, 2012, for the first 3 years of the rural track's existence, the rural track FTE limitation for each urban hospital will be the actual number of FTE residents, subject to the rolling average at paragraph (d)(7) of this section, training in the rural track at the urban hospital. For rural track programs started on or after October 1, 2012, prior to the start of the urban hospital's cost reporting period that coincides with or follows the start of the sixth program year of the rural track's existence, the rural track FTE limitation for each urban hospital will be the actual number of FTE residents, subject to the rolling average at paragraph (d)(7) of this section, training in the rural track at the urban hospital.

(ii) For rural track programs started prior to October 1, 2012, beginning with the fourth year of the rural track's existence, the rural track FTE limitation is equal to the product of the highest number of residents, in any program year, who during the third year of the rural track's existence are training in the rural track at the urban hospital and are designated at the beginning of their training to be rotated

Disclaimer: *The ACGME RTP designation is independent of any rural track designation by the Centers for Medicare and Medicaid Services (CMS) and does not guarantee that a program will meet CMS eligibility requirements for GME or other financial support.*

Review Committee Considerations

- Distant Sites
  - Resources provided (e.g., travel costs, lodging, etc.)
  - Separate match/resident awareness
  - Residents from other institutions rotating at the site
  - Peer-to-peer interaction
  - Is site director over more than one site?
  - Local support systems
- Revised specialty-specific program requirements
  - IM changes to minimum required complement (effective 7/1/2022)



III.B.1.	**All complement increases must be approved by the Review Committee.** (Core)
III.B.1.a)	There must be a sufficient number of residents to allow peer-to-peer interaction and learning. (Core)
III.B.1.a).(1)	The program should offer a minimum of nine positions. (Detail)
III.B.1.b)	~~A program must have a minimum of 15 residents enrolled and participating in the training program at all times.~~ (Detail)

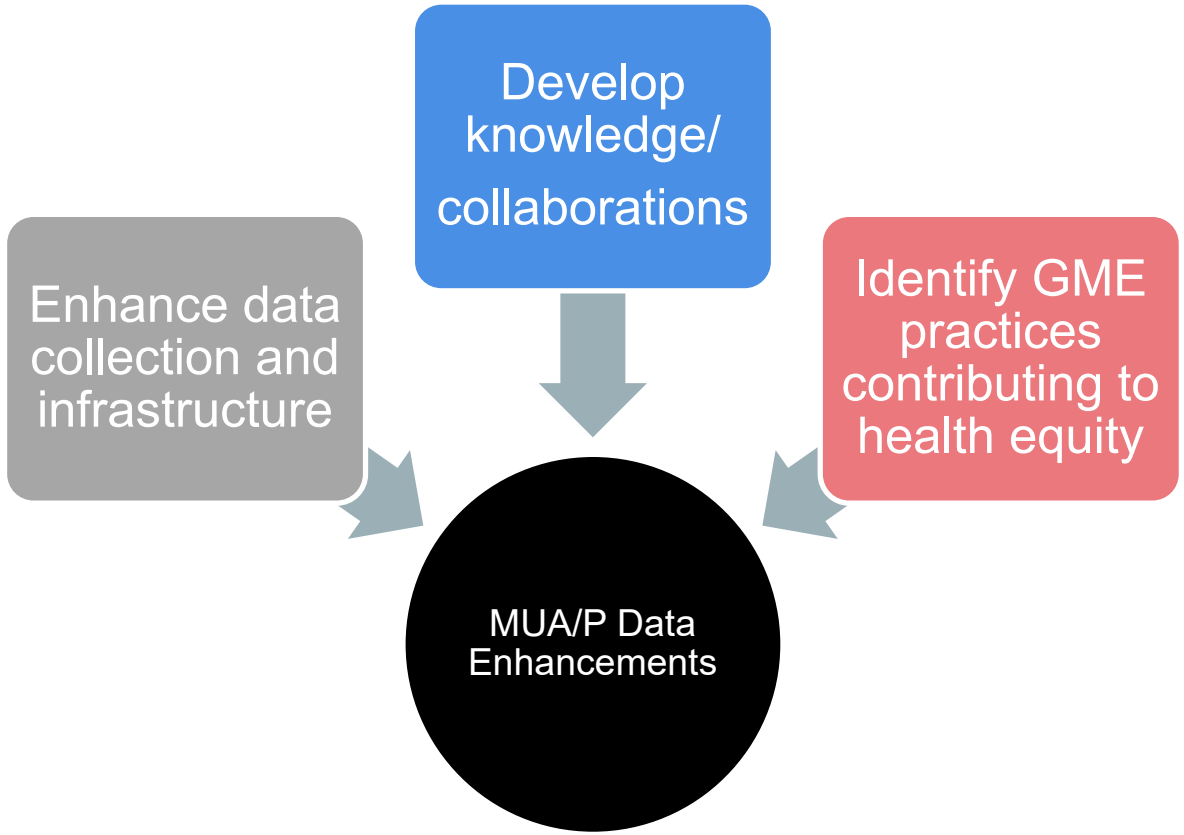
Specialty-Specific Background and Intent: The Review Committee believes that peer-to-peer interactions and learning are extremely important components of residency education and has set the minimum number of residents to nine. While three residents per educational year is suggested, it is not required as long as there is relative balance per level. To ensure that resident education is not compromised by having too few residents, the number of residents in a program will be monitored at each review, particularly for those programs with significant decreases in complement. However, this requirement is categorized as a "detail" as there may be programs that have specific circumstances that allow them to function with a smaller resident complement. This categorization allows the establishment of residency education programs in rural and medically underserved areas and populations when the Review Committee determines that the program has sufficient resources to ensure substantial compliance with accreditation requirements.

Internal Medicine Requirements, Tracked Changes Copy (effective 7/1/22)

Rural Data Enhancement Project

Advance ACGME Strategic Objectives:

- ✓ Prepare the profession to meet future public needs [3, 4]
- ✓ Enhance the Clinical Learning Environment [7]
- ✓ Pursue knowledge development in medical education [8, 9]
- ✓ Increase ACGME engagement on behalf of the public [14]



…improve health care and population health…"

https://www.acgme.org/What-We-Do/Accreditation/Medically-Underserved-Areas-and-Populations

ACGME Home > What We Do > Accreditation > Medically Underserved Areas and Populations

Medically Underserved Areas and Populations

Medically Underserved Areas/Populations and GME

Consistent with its mission to improve health care and population health, the ACGME seeks to enhance physician workforce development in communities that face physician shortages in various specialties.

As part of this effort, the ACGME developed a framework to promote the development of graduate medical education (GME) that will result in enhanced access to and availability of health care in medically underserved areas (MUAs) and medically underserved populations (MUPs). Medically underserved areas and populations (MUA/Ps) are places or communities in which groups of people have unmet health or health care needs.

This framework outlines initial actions addressing graduate medical education in MUA/Ps.

Quick Links

- Medically Underserved Areas and Populations »
- Advisory Group »
- Rural Track Program Designation »
- ACGME Newsroom and Blog Updates on Medically Underserved Areas »

Instructions for Requesting ACGME Rural Track Program Designation and Other Resources Are Available on the ACGME Rural Track Programs Web Page

Rural Track Program Designation

ACGME Rural Track Program Designation

Building capacity for GME can be challenging in rural communities, many of which are in medically underserved areas. GME partnerships between participating sites in urban, rural, and other settings play an important role in enhancing physician supply in workforce shortage areas.

In alignment with Section II of the MUA/P framework, the ACGME has developed processes addressing ACGME-accredited programs that seek to create "rural tracks" as defined in rules and regulations of the Centers for Medicare and Medicaid Services (CMS) in 42 CFR §413.79(k). An ACGME Rural Track Program (RTP) is an ACGME-accredited program in which all or some residents/fellows gain both urban and rural experience with more than half of the education and training for the applicable resident(s)/fellow(s) taking place in a rural area (any area outside of an urban Core-Based Statistical Area (CBSA)).

Recognizing that improved identification of such programs may help to facilitate the development of GME in rural and underserved areas, the ACGME has developed a common, criterion-based process for designating ACGME-accredited RTPs across specialties.

Quick Links

- Medically Underserved Areas and Populations »
- Advisory Group »
- Rural Track Program Designation »

Relevant Presentations in Learn at ACGME

- ACGME Rural Track Program Designation: Type I
- ACGME Rural Track Program Designation: Type 2

Resources

- ACGME RTP Designation Request Instructions
- ACGME RTP Designation Toolkit
- ACGME RTP FAQ Guide
- ACGME RTP Rotation Information Form
- MUA/P Framework and ACGME RTP Designation Summary
- Rural Track Regulation References

Contact

ACGME MUA/P and GME Staff	Specialty Review Committee Staff	Institutional Review Committee Staff	ADS Team
• Questions about the ACGME RTP designation and ACGME's efforts to address GME in MUA/P	• Questions pertaining to compliance with Program Requirements	• Questions pertaining to compliance with Institutional Requirements	• Technical questions with application or Annual Update
Check MUA/P web page	Check ACGME specialty web page	Check ACGME IRC web page	ads@acgme.org 312.755.7474

ACGME and Medically Underserved Areas/Populations

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