



Joint Subcommittee on Medical Education Programs and Medical Residency Programs

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Chair Family and Community Medicine/VP Population Health 3-1-18



Objectives

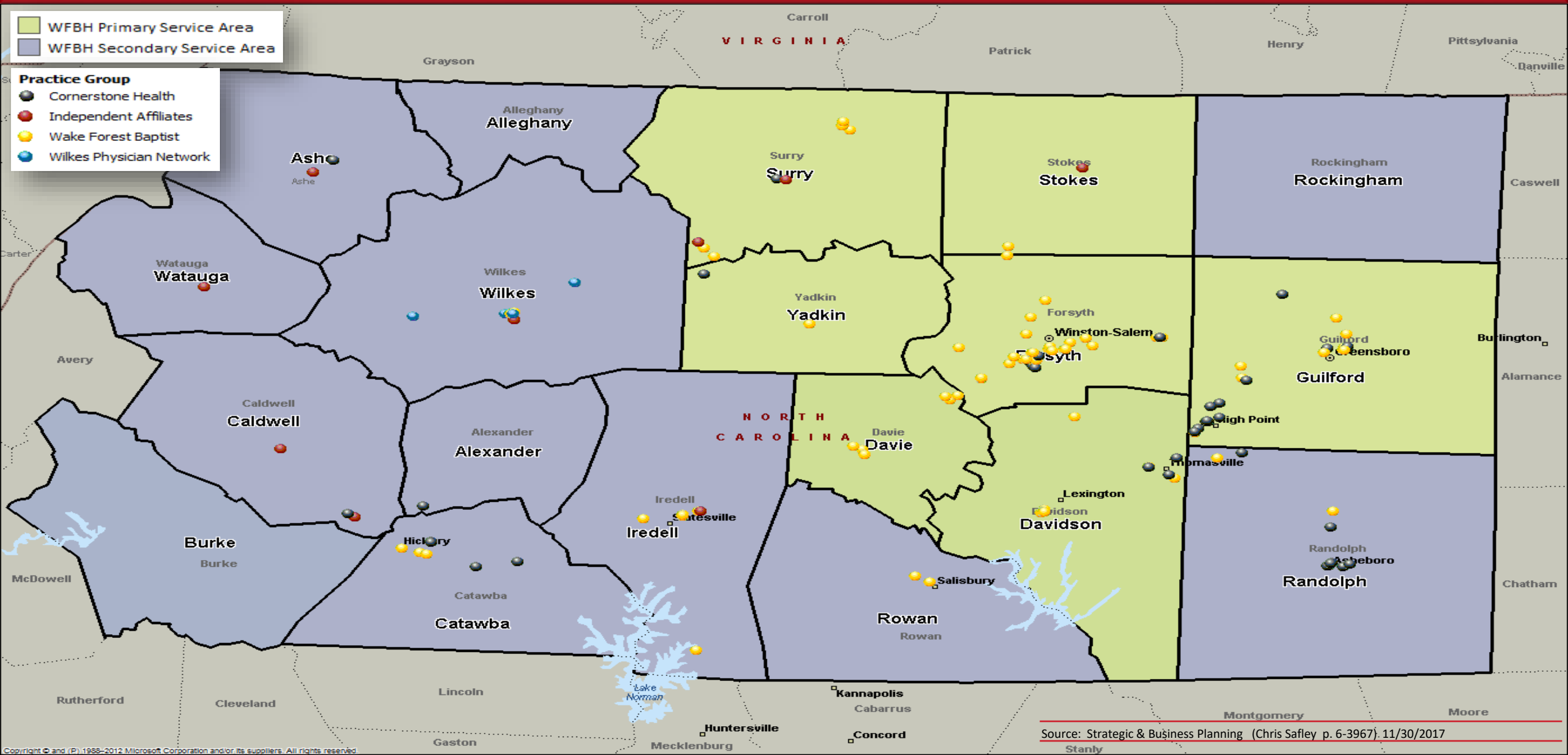
- Describe Wake Forest's efforts to meet its stated mission
- Discuss intended and unintended consequences that need to be considered in framework for GME reform
- Present how Wake is partnering in our region to improve health

NWAHEC and WFBH Focus



- NC AHEC system in the envy of other state
- Provides support for learners from pipeline to CME
- Has been instrumental in helping transform practices in our state
- Valued partner by health systems

Wake Forest Baptist Ambulatory Clinic Locations



WFBH Mission

- **Wake Forest Baptist** Medical Center's **mission** is to improve the **health** of our region, state and nation by: Generating and translating knowledge to prevent, diagnose and treat disease. Training leaders in **health** care and biomedical science.

Academic Medical Center

- We believe strongly that we must excel as a learning health system to not just generate new knowledge but to study how to implement the findings in practice
- Center for Healthcare Innovation.
- Maya Angelou Center for Health Equity
- Implementation Science
- CTSI Community Engagement

Programs to help regional and state workforce needs

- Residencies/Fellowships at WFBH 740 residents/year
- Medical School 140 students per year
- PA Program 88 Students a year
- CRNA Program
- Clinical Training site for nursing and pharmacy programs
- Offer PharmD residency programs
- NWAHEC programs

Medical Student Body From NC

Year of Matriculation	Total # Applicants	# NC Applicants	NC Matriculants	Total Matriculants
2013	7,432	753 (10%)	54 (45%)	120
2014	8,091	785 (10%)	32 (26%)	120
2015	8,602	832 (10%)	34 (28%)	120
2016	9,115	875 (9.6%)	42 (32.6%)	129
2017	9,281	891 (9.6%)	46 (33.8%)	136

Despite the loss of Board of Governor scholarships, Wake Forest School of Medicine has, and continues the commitment to the selection of North Carolina residents for admission to Medical School. We had 9,281 applications for the 2017 entering class (graduating Class of 2021), with 891 (9.6%) applicants from North Carolina. 46 or 33.8% of North Carolina residents were selected and matriculated into the 136 member Class of 2021. Over the past five entering years 2013-2017, Wake Forest School of Medicine has enrolled 208 (33%) total North Carolina residents.

GME at Wake

Positions	Cap	Medicare Funding	Medicaid	Total Cost (Including Faculty time)
704 residents	433	21.4 million	20 million	83 million
176 Fellows				
880 Trainees				

Wake Forest Family and Community Medicine Residency % Staying in State

Year of Graduation	% Staying in NC @ the Time of Graduation	% Currently Practicing in NC
2007	80	70
2008	60	60
2009	80	70
2010	40	30
2011	50	50
2012	60	80
2013	80	70
2014	40	40
2015	40	30
2016	70	60
2017	50	50
Overall	60%	55%

Population Health

- **Population health** has been **defined** as "the **health** outcomes of a group of individuals, including the distribution of such outcomes within the group". It is an approach to **health** that aims to improve the **health** of an entire human **population**.

Population Health Management

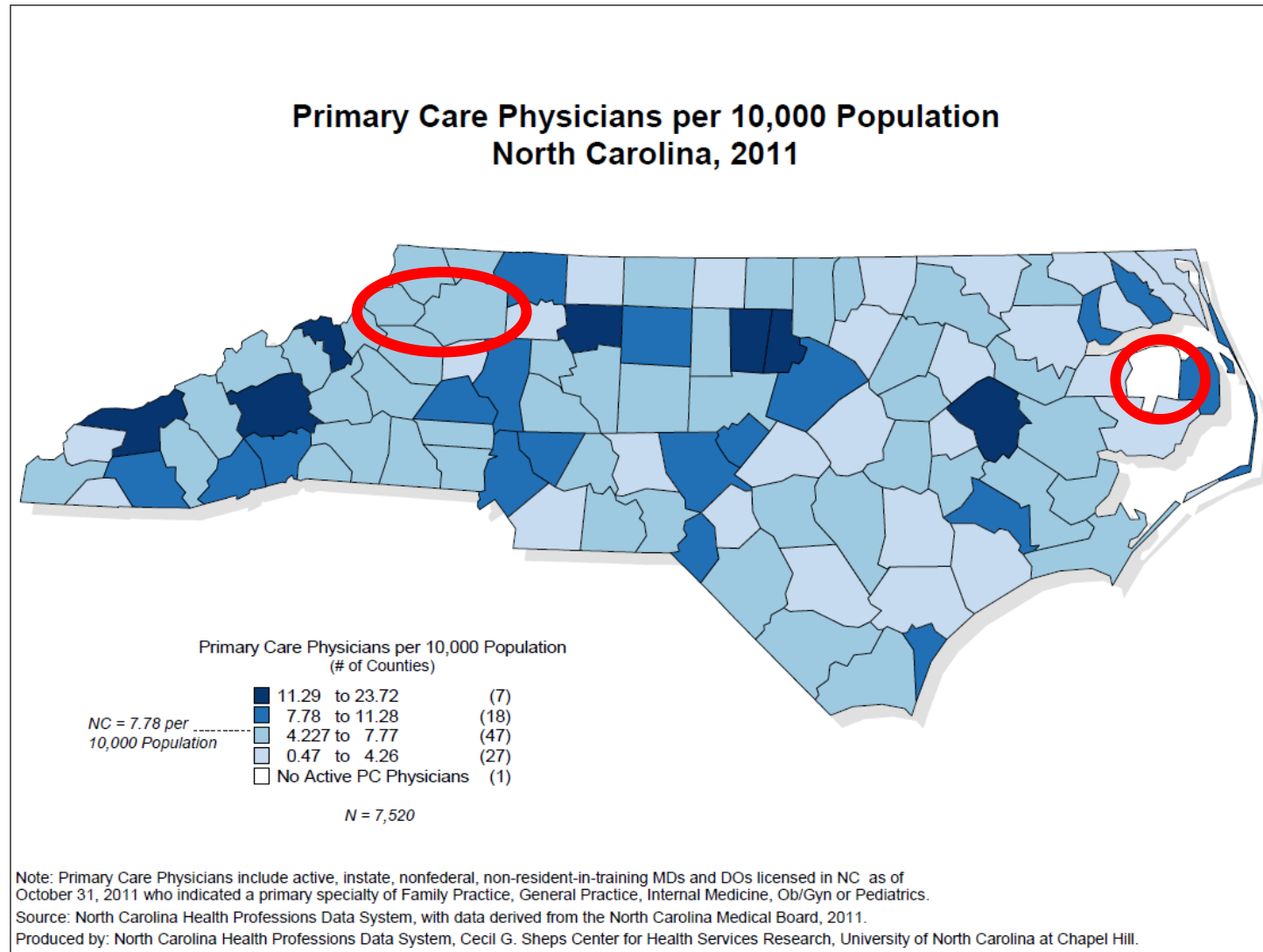
- **Population Health Management** is the aggregation of patient data across multiple health information technology resources, the analysis of that data into a **single, actionable patient record**, and the actions through which care teams can improve both clinical and financial outcomes.

Uninsured in our area

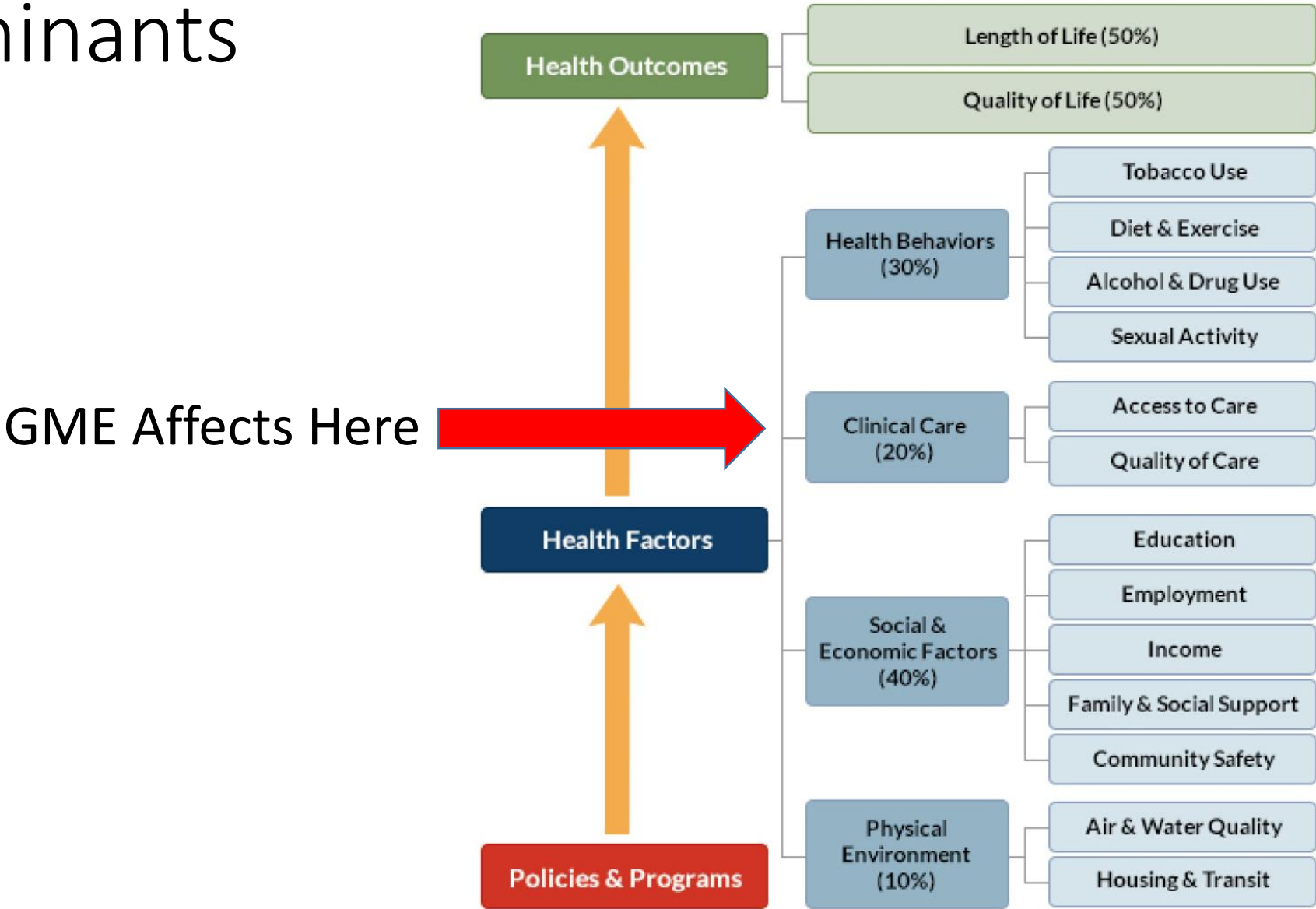
County	Forsyth	Yadkin	Surry	Davidson	Davie	Guilford
% Uninsured	19.6%	20.4%	22.9%	19.7%	17.2%	18.3%
Total Population uninsured	42,806	4,609	9,847	19,424	4,188	57,284

Uninsured have limited access to care as well and need to be considered when making GME and workforce decisions

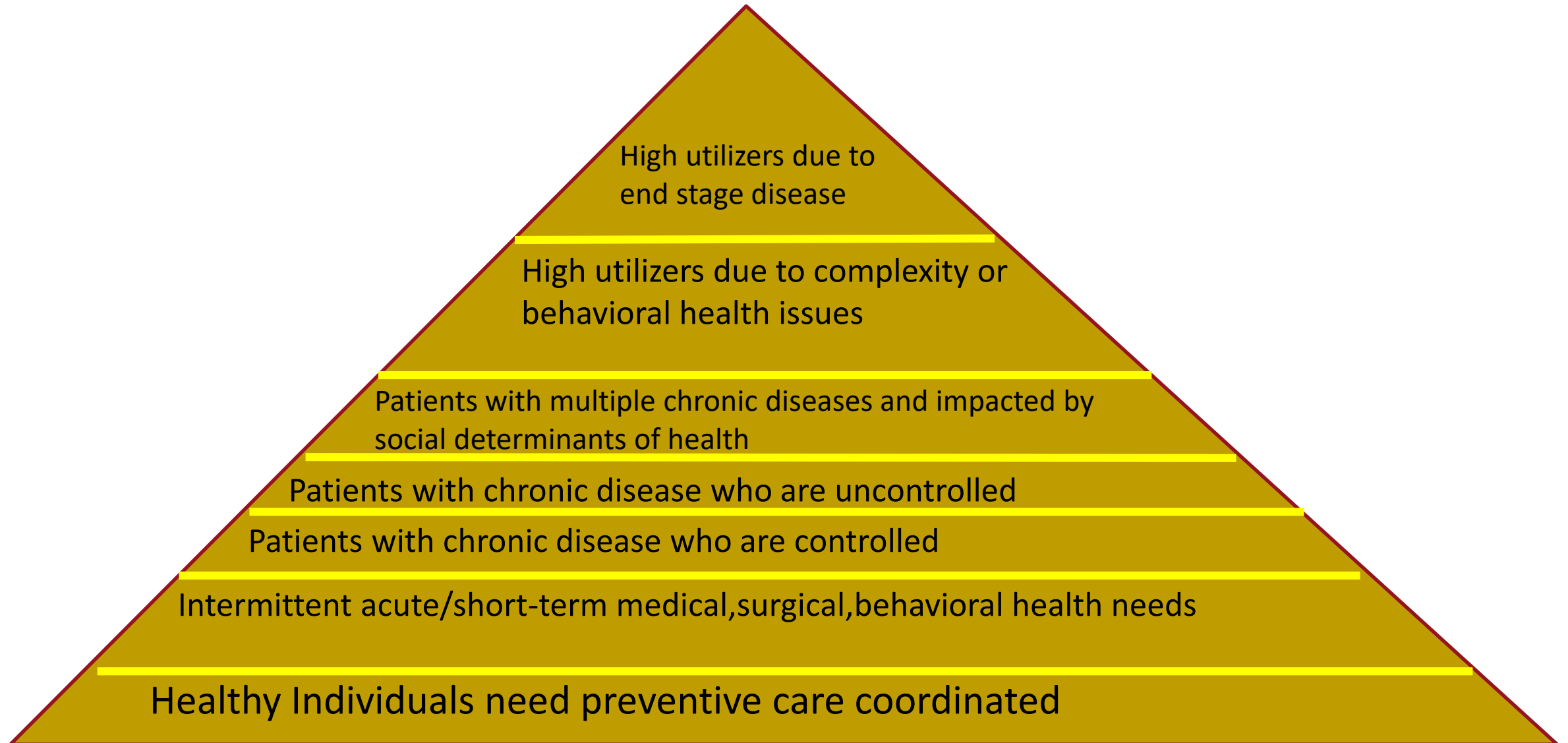
Primary Care Physicians Important but not the whole story on health outcomes



Determinants



Populations we serve



Population Health Projects and Partnerships

Project	Organization	Population Targeted
Local Prenatal Care	Stokes, Davie, Davidson Health Departments	Pregnant women
Downtown Health Plaza	WFBH	Medicaid, Medicare and Uninsured. Largest Medicaid practice in the state
JV Alleghany	Hugh Chatham/ Wake Forest	Alleghany County Residents
Rural track	Hugh Chatham	Family Medicine Residents
Cancer Care	Multiple in our region	Cancer pts to receive care close to home
Wake Health Connect	Wake Forest	Connecting uninsured to a primary care physician at Wake
Faith Health NC	Faith Communities in Region	Pts who need community support
School Based-Health Alliance	WFBH and SBHA	Children at School
United Health Centers (FQHC)	WFBH and UHC	Uninsured and those with limited Access to care

Wake Forest Baptist Health

- Believes in population health
- Believes that as part of our mission we must help provide a solution to meeting the needs of our region and state
- Believes in accountability and transparency
- Believes in a Statewide solution
- Believes that geographic distribution of providers in part but not the whole story in improving population health
- Believes that any plan must be nimble enough to change as the health care delivery system changes

Specialty Choice Complicated Decision

- Nationally 8.8% of US medical students chose family medicine
- In 1997 17.8% of medical students chose family medicine
- Just building more residencies may not increase the number of students choosing family medicine
- 3378 positions were offered and 45% were filled by US graduates
- Predictors of speciality
 - Work hours
 - Vacation
 - Pay

Location Choice more complicated decision

- Spouse
- Amenities
- Specialties Available
- For family medicine inverse relationship to population

Rural Residencies

- Between 2000-2006 37 Family Medicine programs closed or 8% of all programs
- The majority were in rural areas
- (Fam Med 2008;40(5):339-44.)

- Rural Match rate was 60% vs Urban 72%
- (Fam Med 2006;38(10):705-11.)

Economies of Scale

- Family Medicine Residencies require
 - .7 FTE funding for program director
 - .3 FTE funding for associate director
- This is the same amount whether it has 4 residents per year or 12 residents per year

Focus of Plan

- Just setting up rural residencies does not assure success and long-term support is needed
- Workforce needs will not be met solely by rural training but will require income supplementation
- Need to make sure we balance the needs of both the rural and urban underserved
- Need to assure frequent assessment of any new program to assess for unintended consequences.

Key Points For A Plan

- Clearly organized
- Accountability and transparency
- A plan that takes into account what is needed in geographic areas
- Assess whether graduates are taking Medicaid as part of their practice
- Statewide Plan