

# Graduate Medical Education in Idaho:

## A Midpoint Update on the Ten Year Strategic Plan- Where Are We Now and Where Are We Going?

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December 23, 2022

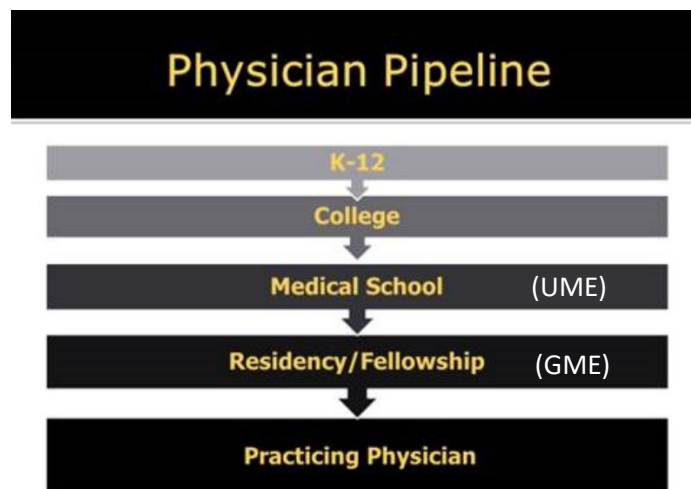
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### **Introduction**

Graduate Medical Education (GME) is the formal education period during which newly graduated physicians enter into a residency training program to become licensed, practicing physicians in the specialty of their choice. This educational time typically lasts from three to

seven years in length, depending on specialty (e.g., family medicine, internal medicine, psychiatry, general surgery, etc.). The educational program these graduates are in for this additional training is called a “residency program.” The successful completion of residency training prepares trainees for independent practice and to pass that specialty’s Board Certification exam, leading to physicians becoming “board certified” in their specialty. While in residency training, the individuals participating in these programs are called “residents.” The first year of residency is also known as the intern year, and these individuals are often referred to as “interns.” This is in distinction to the four-year medical school education period known as undergraduate medical education (UME) which precedes residency training, and where these learners are called “students.” Additional training after the initial GME training period is referred to as “fellowship training,” which can vary from one to three years. Physicians in this period of training are called “fellows.” Residency and fellowship training is crucial to the development of skilled, fully prepared physicians who will provide safe and effective patient care to the citizens and communities in which they live and serve. Please see Figure One – “The Physician Pipeline” below.

**Figure One**



**Purpose**

This document represents a collaborative effort of all GME and UME medical school programs in Idaho to provide an ongoing blueprint for a comprehensive and cohesive plan to move forward with the much-needed expansion of GME in the state of Idaho. This blueprint creates ongoing strategic plans to a) expand existing programs and b) develop new programs necessary to sustain the physician workforce needed to achieve an integrated healthcare system, which ultimately will produce excellent health outcomes for Idaho’s citizens. This workforce production will have a positive impact on job creation and a beneficial economic impact for

Idaho. This report provides both an updated timeline to roll these programs out and a forecasted and updated budget necessary to enact and sustain them. It also ties together how GME and UME can work synergistically.

## **Background**

Timely access to high-quality medical care is of major importance to the citizens of Idaho, our medical and hospital communities, the Governor, the Idaho Legislature, and the Idaho State Board of Education. In order to meet this demand, Idaho's health education programs are working to produce the healthcare workforce which enables Idahoans to be maximally successful in achieving their potential for a happy and healthy life.

The Idaho Ten Year GME Strategic Plan is in its fifth year and has been very successful in meeting its purpose and vision. The Plan has been widely accepted by Idaho policymakers as the blueprint for strategic investment in expanding the state's physician workforce. In just five years, the Plan has grown new GME (residency) programs from nine to 13 (45% increase), new fellowship programs from four to ten (150% increase) and has also expanded the number of residents and fellows in training each year from 134 to 243 (81% increase).

With this growth, Idaho has moved from 49<sup>th</sup> in the United States for the number of primary care physicians per 100,000 people to 45<sup>th</sup> (1). Additionally, Idaho has moved from 49<sup>th</sup> for the number of GME resident physician positions per 100,000 people to 47<sup>th</sup> (2) – this is significant progress! In fact, Idaho's percentage change in residents and fellows in ACGME accredited programs from 2010-2022 places us 3<sup>rd</sup> in the United States (3). However, the rapid growth of Idaho's population threatens to push Idaho back to last in all categories.

Governors Little and Otter, the Idaho Legislature and the State Board of Education have been very supportive of growing and expanding medical education in Idaho. The expansion of UME from 20 to 40 medical student positions each year in the WWAMI-Idaho program and from 8 to 10 medical student positions each year in the University of Utah program has been very important in providing more Idaho citizens with the opportunity to attend medical school. Additionally, the private, for-profit Idaho College of Osteopathic Medicine graduated its first class of 160 students in May of 2022.

(1) Association of American Medical Colleges State Physician Workforce Data Book; January 2022

(2) Association of American Medical Colleges State Physician Workforce Data Book; January 2022

(3) Association of American Medical Colleges State Physician Workforce Data Book; January 2022

On the GME side of the equation, Governor Otter created two medical education committees through the State Board of Education to address the growth and expansion of graduate medical education in Idaho. The first of these two convened in 2010 and the second in 2016.

Both of these medical education committees arrived at similar findings and recommendations. The number one priority for Idaho is to continue to grow the number of accredited GME residency programs in Idaho. The reason behind this recommendation is the realization that in order to grow a physician workforce for Idaho, we must have GME programs in the state for newly graduated physicians to complete their medical residency training.

Graduate Medical Education is extremely important to the physician workforce in Idaho. Resident physicians who train in Idaho have a high likelihood of staying to practice in Idaho after their residency training is complete. By having GME programs in Idaho, the retention of these resident physicians to stay and practice in the state is greatly enhanced; there is a direct correlation between an increasing number of GME residency positions and an increased size of the physician workforce in the state. Studies have shown that, for certain programs, up to 50-75% of resident physicians choose to practice within 100 miles of their training program's location <sup>(4)</sup>. Idaho performs very well in this capacity, ranking 7<sup>th</sup> in the U.S. with 55% of physicians retained from GME programs in the state<sup>(5)</sup>. Hence, it is important to have multiple residency programs in Idaho to help train Idaho's future workforce and to retain physicians in our state.

Yet, Idaho still faces a steep uphill climb in increasing our physician workforce. The Robert Graham Center for Policy Studies identifies that Idaho will need 382 additional primary care providers by 2030 - or 44% of the current workforce <sup>(6)</sup>. Additionally, 30.4% of Idaho physicians are over age 60 and will be retiring in the next decade <sup>(7)</sup>. Idaho has seen unprecedented population growth over the past 10 years, further increasing the need for physicians who serve our state. Idaho ranks next to last in States with in-state medical schools regarding the ratio of GME residents and fellows to UME medical students <sup>(8)</sup>; our ratio is approximately 2.4 medical students for every one GME position in the state <sup>(8)</sup>. This creates a situation in which Idaho is a net exporter of medical school graduates and will lose these graduates to residency training programs in other states, unless Idaho continues to build more in-state GME programs. It is thus imperative that Idaho continues to **expand future GME infrastructure** to provide enough training opportunities not only to retain many of these Idaho-based students, but to attract other top notch medical school graduates from other states.

(4) Maudlin RK, Newkirk GR. Family Medicine Spokane Rural Training Track: 24 Years of Rural-based Graduate Medical Education. Fam Med 2010

(5) Association of American Medical Colleges State Physician Workforce Data Book, January 2022

(6) Graham Center Data, 2013

(7) AMA Physician Masterfile, December 31, 2020

(8) Association of American Medical Colleges State Physician Workforce Data Book, January 2022

This is particularly important for a state like Idaho that is predominantly rural and frontier and in which physician recruitment is challenging. In an era of ongoing Pandemic and of restricted GME Medicare financing, limited or "capped" GME positions for many hospitals due to past federal legislation, and declining federal grant funding for GME existing residencies, Idaho faces

significant barriers to the expansion and creation of new residency programs. In order to expand, residencies must not only replace lost external funding sources, but must also expand access to outpatient clinical facilities, maintain scarce clinical rotation sites, and recruit, retain, and develop high quality faculty. Developing new residency programs at hospitals currently without GME programs will bring new Medicare GME funding to Idaho that expanding current residencies does not.

In order to create new residency programs, there must be dedicated physicians and hospitals in those locations with a vision and a desire to teach, train, and create the future workforce for the community, region, and state. Through the efforts of the Governor, the Idaho Legislature and the State Board of Education, much work has been done over the last 10 years to support the growth of GME programs in the state to produce a high-quality physician workforce for Idaho. However, much more needs to be done to ensure Idaho is well positioned for the future.

The production of the Ten Year GME Strategic Plan is a collaborative effort from Idaho's Governors, the Idaho Legislature, the State Board of Education, the GME programs in Idaho, the UME programs engaged with Idaho, the Idaho Medical Association (IMA), the Idaho Hospital Association (IHA), the Idaho Department of Health and Welfare (IDHW) and other engaged stakeholders to help create a vision that will transform into a realistic and actionable plan which will help Idaho grow a high quality physician workforce, resulting in better health for Idahoans. In addition to providing healthcare, growing a high-quality physician workforce creates additional jobs and revenue for Idaho. Each physician trained in Idaho, who stays in Idaho to practice, adds approximately 12 jobs per physician and over \$1,900,000 of economic impact in their communities <sup>(9)</sup>.

## **Goals**

There are seven goals that we must achieve over the next ten years in order to ensure the success of Idaho's present and future Graduate Medical Education programs:

1. Stabilize and expand the existing GME programs as capacity, capability, and resources allow.
2. Create new GME programs in a thoughtful and coordinated manner over a 10-year period.

(9) The Economic Impact of Physicians in Idaho; American Medical Association Report, March 2018

3. Develop and fund fellowship programs to augment and refine additional skills in Idaho physicians.

4. Grow Idaho's GME capacity in a cost-effective way through partnering with the Governor and Idaho Legislature, the Idaho State Board of Education (SBOE), Idaho Medical Association (IMA), Idaho Hospital Association (IHA), and other important stakeholders.
5. Accomplish this expansion in coordination with other GME programs and the emergence of increased UME programs at the University of Washington, University of Utah, Pacific Northwest University of Osteopathic Medicine, Washington State University Elson S. Floyd College of Medicine, and the Idaho College of Osteopathic Medicine.
6. Continue the progress of the Graduate Medical Education Committee (GMEC) to oversee the implementation and the sustainability of this plan.
7. Continue to monitor the metrics of success that the GMEC will oversee to ensure program accountability for quality workforce production, recruitment, retention, and appropriate distribution to all parts of Idaho.

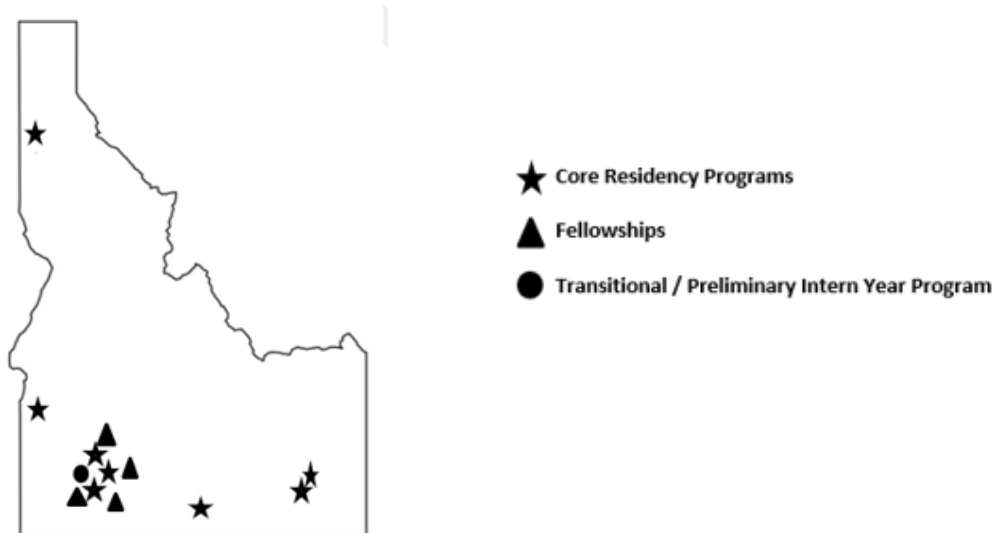
#### **Current Status of GME in Idaho**

Idaho has been very successful in the deployment of the Ten Year GME Strategic Plan. This Plan has grown new GME programs from nine residency programs in Idaho to 13; this is despite the closure of one of the internal medicine residency programs in Blackfoot.

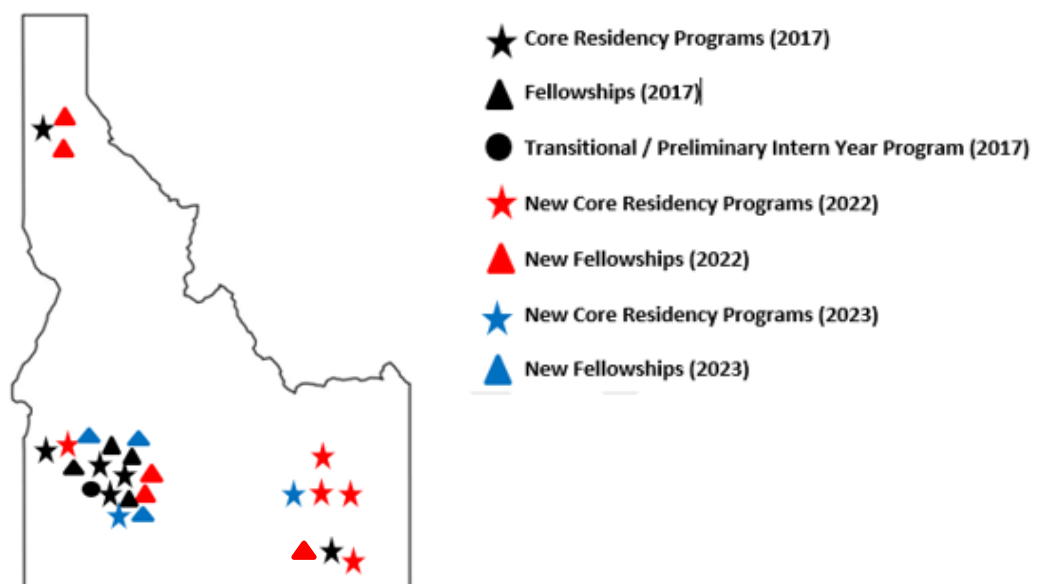
Idaho has also been able to expand the number of fellowship programs from 2018 to 2022 from four fellowships to nine.

Figure Two shows where these programs and fellowships were located in 2017. Figure Three shows where these programs and fellowships are located in 2022, with the new programs in red. Additionally, included in blue on Table Three are two new GME programs in Pediatrics and Psychiatry and two new fellowships that have already been created and will hopefully be funded through the upcoming legislative cycle.

#### **Figure Two – Program and Fellowship Locations (2017)**



**Figure Three – Program and Fellowship Locations (2022)**



### **Current GME in Idaho**

Idaho currently has 13 Accreditation Council for Graduate Medical Education (ACGME) accredited programs and ten fellowships, sponsored by six “Sponsoring Institutions,” which are the governing bodies responsible for local oversight and maintenance of accreditation through the ACGME. These programs are:

- Full Circle Health (FCH, formerly known as the Family Medicine Residency of Idaho FMRI) with four Family Medicine Residency programs located in Boise, Caldwell, Twin Falls/Jerome, and Nampa.
- University of Washington (UW) with three residency programs in Internal Medicine, Psychiatry, and a one-year Preliminary Year program. All three programs are located in Boise.
- Idaho State University (ISU) with one Family Medicine residency program located in Pocatello and one family medicine Rural Training Track (RTT) in Rexburg.
- Kootenai Health Family Medicine Coeur d’Alene Residency with one Family Medicine Residency program, located in Coeur d’Alene.
- Eastern Idaho Regional Medical Center (EIRMC) with two residency programs in Internal Medicine and Family Medicine.
- University of Utah with one Psychiatry program in Salt Lake City/Pocatello.

There are currently ten one-year fellowships in the state of Idaho.

There are six fellowships that are all sponsored and overseen by the FCH in Boise. These six fellowships are one year in length and are in the following disciplines:

- Sports Medicine
- HIV/Viral Hepatitis
- Geriatrics
- Obstetrics
- Addiction Medicine
- Rural Medicine

Additionally, two new fellowships have been created in Coeur d’Alene, one in Behavioral Health and the other in Rural Medicine, and one new fellowship in Addiction Medicine through the University of Washington, Boise Campus. The ISU Department of Family Medicine sponsors one Hospitalist Medicine Fellowship in Pocatello.

Table One outlines the current number of programs and their locations, Sponsoring Institutions, residents, and fellows in Idaho as of July 2022:

**Table One:**



### Residency and Fellowship Programs in Idaho as of July 2022

Types	Specialty	Location	Sponsoring Institution	Year Established	Total Number of Residents/Fellows	Residents/Fellows Per Year
Residency	Family Medicine	Boise	FCH	1974	36	12-12-12
Residency	Family Medicine	Caldwell	FCH	1995	10	4-3-3
Residency	Family Medicine	Magic Valley	FCH	2009	6	2-2-2
Residency	Family Medicine	Nampa	FCH	2019	18	6-6-6
Residency	Family Medicine	Pocatello	ISU	1992	25	9-8-8
Residency	Family Medicine	Rexburg	ISU	2020	3	1-1-1
Residency	Family Medicine	Coeur d'Alene	KHFMR	2014	19	7-6-6
Residency	Internal Medicine	Boise	UW	2011 (1977 R2 Track)	30	10-10-10
Residency	Psychiatry	Boise	UW	2006	16	4-4-4-4
Residency	Internal Medicine	Idaho Falls	HCA	2018	30	10-10-10
Residency	Family Medicine	Idaho Falls	HCA	2019	18	6-6-6
Residency	Psychiatry	Idaho Falls	HCA	2022	4	4-0-0-0
Residency	Psychiatry	Pocatello	UU	2018	12	3-3-3-3
Internship	Preliminary Internship	Boise	UW	1977	4	4
Fellowship	Sports Medicine	Boise	FCH	1995	1	1
Fellowship	HIV/Viral Hepatitis	Boise	FCH	2006	1	1
Fellowship	Geriatrics	Boise	FCH	2013	1	1
Fellowship	Obstetrics	Boise	FCH	2015	2	2
Fellowship	Hospitalist Medicine	Pocatello	ISU	2020	1	1
Fellowship	Addiction Medicine	Boise	UW	2021	2	2
Fellowship	Addiction Medicine	Boise	FCH	2021	1	1
Fellowship	Behavioral Health	Coeur d'Alene	Kootenai Health	2022	1	1
Fellowship	Rural FM	Coeur d'Alene	Kootenai Health	2021	1	1
Fellowship	Rural FM	Boise	FCH	2022	1	1
						<b>Grand Total: 242</b>

### GME Expansion Plan in Idaho

To help this anticipated shortfall of physicians noted earlier and to help achieve Idaho moving from 6.4 GME positions per 100K persons in 2017 to 13.8 in 2022 and onto 20.0 positions per 100K per the GME Plan, the following growth will need to occur generally at each of Idaho's existing and proposed GME programs.

## 1. Full Circle Health

- A. FCH grew from 16 residency positions per year in 2017 to 24 residents per year in 2022 and will grow to 34 residents per year by 2030. For details, see Table Two (R=resident, F=fellow):

**Table Two:**  
**Full Circle Health (FCH) Ten Year Strategic GME Growth Plan Expansion /New Program**

								FY 24-30								
Name of Institution	Type of Residency Fellowship	Location of Residency	Length of Training	Class Size Per Year FY18	Total Residents / Fellows FY18	Class Size FY 23	Class Total R /F Size	FY 24	FY 25	FY 26	FY 27	FY 28	FY 29	FY 30	Total R/F FTE's FY 2030	
															Class	Total
FCH	Family Medicine	Boise	3	11	33	12	36								12	36
FCH	Family Medicine	Caldwell	3	3	9	4	10	1	1						4	12
FCH	Family Medicine	Magic Valley	3	2	6	2	6		1	1	1	1	1	1	4	12
FCH	Family Medicine	Nampa	3	6	0	6	18								6	18
FCH	Pediatrics	Boise	3	NA	NA	0	0	4	4	4					4	12
FCH	Family Medicine	Mountain Home	3	2	0	0	0		2	2	2				2	6
FCH	Sports Med	Boise	1	1	1	1	1								1	1
FCH	HIV/Viral Hepatitis	Boise	1	1	1	1	1								1	1
FCH	Geriatrics	Boise	1	1	1	1	1								1	1
FCH	Obstetrics	Boise	1	1	1	2	2								2	2
FCH	Addiction Medicine	Boise	1	1	0	1	1								1	1
FCH	Rural FM	Boise	1	1	0	1	1								1	1
FCH	Primary Care Psychiatry	Nampa	1	NA	0	0	0	1							1	1
FCH	Rural FM	Nampa	1	NA	0	0	0					1			1	1
FCH	Palliative Care	Boise	1	1	0	0	0					1			1	1
FCH	Integrative Medicine	Boise	1	1	0	0	0				1				1	1
					48 R's 4 F's	70 R's 7 F's									43	96 R's 11 F's

**In short, the following is planned to occur:**

- i. FCH Boise will remain at 12 residents per year.
  - ii. FCH Caldwell will continue to grow from 3 to 4 residents per year from FY 2023 through FY 2025.
  - iii. FCH Magic Valley will grow from 2 to 4 residents per year by 2030.
  - iv. FCH Nampa will remain stable at 6 residents per year.
  - v. FCH Pediatrics Residency of Idaho will begin training 4 residents per year from FY 2024 through FY 2026, for a total of 12 residents at program maturity.
  - vi. A new Family Medicine RTT will begin at FCH Nampa with 2 residents per year with the first year in Nampa and the latter 2 years in Mountain Home, from FY 2025 through FY 2028.
- B. Fellowships at FCH grew from 4 per year in 2017 to 6 per year in 2022. This will further increase to 10 fellowships total with the development of four new fellowships by 2030:
- i. Sports Medicine will continue to have 1 fellow per year
  - ii. HIV/Viral Hepatitis will continue to have 1 fellow per year.
  - iii. Geriatrics will continue to have 1 fellow per year.
  - iv. Obstetrics has grown from 1 fellow per year to 2 fellows per year.
  - v. Addiction Medicine will continue to have 1 fellow per year.
  - vi. Rural Family Medicine in Boise will continue to have 1 fellow per year.
  - vii. FCH Boise will start a new Palliative Care fellowship, with 1 fellow per year in FY 2028.
  - viii. FCH Boise will start a new Integrative Medicine fellowship, with 1 fellow per year in FY 2027.
  - ix. FCH Nampa will start a Rural Family Medicine fellowship, with 1 fellow per year in FY 2028.
  - x. FCH Nampa will start a Primary Care Psychiatry fellowship, with 1 fellow per year in FY 2024.

In summary, the growth of FCH from July 1, 2018 through June 30, 2030 has gone from 48 Family Medicine residents in 2018, to 70 FM residents in 2022, to 96 Family Medicine and

Pediatrics residents, which is a growth of 100%. FCH fellowships in this same time period grew from 4 fellows (2017) to 7 fellows (2022) and will increase to 11 fellows by 2030 for a growth of 175%. In aggregate, FCH's expansion will grow from 52 residents and fellows in July 2017 to 107 residents and fellows by July 1, 2030, which is a 106% expansion in GME positions.

## 2. Idaho State University

The Idaho State University (ISU) Family Medicine Program will grow its core program in Pocatello by two family medicine residents from seven per year to eventually nine per year over this expansion period. Completing this expansion will be possible once their new clinic space becomes available in the FY 2026 time frame. Additionally, it started a Hospitalist Fellowship in FY2021 having one fellow per class which will expand to two fellows per class in FY 2024. It started a RTT in Rexburg with two residents per class. This RTT pulled back to having one resident per class secondary to the COVID-19 Pandemic and other space concerns. Accreditation has been approved for a second RTT in Rupert that will start in 2023 with one resident per class. The ISU program also plans to start two fellowship programs in the near future: one in Wilderness Medicine (FY 2025) and one in sports Medicine (FY 2026).

**Table Three:**  
**ISU Ten Year Strategic GME Growth Plan**  
**Expansion / New Program**

Name of Institution	Type of Residency / Fellowship	Location	Length of Training	Class Size Per Year FY18	Total Residents/ Fellows FY18	Class Size		Total R/F		FY 24	FY 25	FY 26	FY 27	FY 28	FY 29	FY 30	Total R/F FTE's	
						FY 23	FY 23										Class	Total
Idaho State University	Family Medicine	Pocatello	3	7	21	7	21			1	1	2	1	1			9	27
(ISU)	Family Medicine	Rexburg	3	2	0	1	3										1	3
(ISU)	Hospitalist	Pocatello	1	0	0	1	1	1									2	2
(ISU)	Family Medicine	Rupert	3	0	0	0	0	1	1	1							1	3
ISU	Sports Medicine	Pocatello	1	0	0	0					1						1	1
ISU	Wilderness Medicine	Pocatello	1	1	0				1								1	1
21 R's 0 F						25 R's 1F's											14	33 R's 4 F

In summary, the ISU Family Medicine Residency programs will grow from 21 Family Medicine residents (2017) to 33 Family Medicine residents and four fellows over the time period of July 1, 2018 through June 30, 2030, which represents a growth of 76%.

### 3. Kootenai Clinic Family Medicine Residency

The Kootenai Clinic Family Medicine Residency (KCFMR) is now 8 years old and has graduated five classes of residents. It is in the process of growing its core class size from six to seven family medicine residents per year. An exciting, future expansion for Kootenai Health Family Medicine Residency comes in its creation of a RTT in Family Medicine, location yet to be determined, in northern Idaho. This program would have two Family Medicine residents per year for a total of six RTT residents when the RTT is full. Additionally, KCFMR has started two fellowships in Behavioral Medicine and Rural Medicine. Table Four outlines this growth and timing.

**Table Four:  
Kootenai Clinic Family Medicine Residency Ten Year Strategic  
GME Growth Plan**

#### Expansion/New Program

Name of Institution	Type of Residency Fellowship	Location	Length of Training	Class Size Per Year	Total Residents Fellows FY 18	Class Size FY 23	Total R/F FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	FY 29	FY 30	Total R/F FTE's	
															Class	Total
Kootenai Clinic	Family Medicine	Coeur d' Alene	3	6	18	7	19	1	1						7	21
Kootenai Clinic	Family Medicine	RTT 1 TBD	3	2	0	0	0				2	2	2		2	6
Kootenai Clinic	Behavior Medicine	Coeur d' Alene	1			1	1								1	1
Kootenai Clinic	Rural Medicine	Coeur d' Alene	1			1	1								1	1
					18 R's		19 R's 2 F's								11	29 R's 2 F's

In summary, the KCFMR Family Medicine Residency, RTT, and Behavioral Medicine and Rural Medicine fellows will grow from 18 Family Medicine Residents to 29 Family Medicine residents and 2 fellows over the time period of July 1, 2018 through June 30, 2030, which is a growth of 72%.

### 4. University of Washington (UW) Internal Medicine and Preliminary Medicine

There are three types of programs sponsored by the University of Washington in Boise. The largest and oldest is the Boise Internal Medicine Residency. This program will grow its core program from nine to 12 residents per year during this expansion period. The Preliminary Year Intern program (PYI) is a year-long training program that prepares interns broadly and allows them to be competitive for further GME programs outside of Idaho in such subspecialties as neurology, ophthalmology, and dermatology, to name a few. This program will maintain its current size at 4 PYI's per year. In addition, the UW-Boise Internal Medicine Residency has two Addiction Medicine fellows per year, which will-grow by one over the expansion period.

Additionally, two 4<sup>th</sup> year Internal Medicine chief residents are funded by this plan. Table Five summarizes these positions and their growth.

**Table Five:**  
**UW – Boise Ten Year Strategic GME Growth Plan**

Name of Institution	Type of Residency (Fellowship)	Location	Length of Training	Class Size Per Year	Total Residents / Fellows FY18	Class Size FY 23	Total R/F FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	FY 29	FY 30	Expansion/New Program Total R/F FTE's	
															Class	Total
UW	Internal Medicine	Boise	3	9	25	10	30		1	1	1	1	1	1	12	36
UW	Internal Medicine – Chief Residents	Boise	1	2	2	2	2								2	2
UW	Preliminary Year	Boise	1	4	4	4	4								4	4
UW	Addiction Medicine	Boise	1	2	0	2	2			1					3	3
					31 R's	36 R's 2 F's									21	42 R's 3 F's

In summary, the UW Internal Medicine, Chief Residents, Addiction Medicine Fellows, and Preliminary Year Intern programs will grow from 31 to 42 Internal Medicine Residents, Preliminary Interns and Chief Residents, and three Addiction Medicine Fellows over the time period of July 1, 2018 through June 30, 2030, which is a growth of 45%.

#### **5. University of Washington (UW) – Psychiatry**

The UW Psychiatry residency has completed its expansion to a current class size of four residents per year which now spends all four years in Boise. Additionally, the UW Psychiatry program will increase its class size from four to six residents per class over the next eight years, which will result in 24 psychiatrists per year training in Idaho at full program maturity in FY 2030. Additionally, two child psychiatry fellows are being discussed to be added to the plan. The growth of this program can be seen in Table Six:

**Table Six:**  
**UW Psychiatry Ten Year Strategic GME Growth Plan**

### Expansion/New Program

Name of Institution	Type of Residency Fellowship	Location	Length of Training	Class Size Per Year	Total Residents Fellows FY18	Class Size	Total R/F FY23	FY 24	FY 25	FY 26	FY 27	FY 28	FY 29	FY 30	Total R/F FTE's	
															Class	Total
University of Washington	Psychiatry	Boise	4	4	7	4	16				2	2	2	2	6	24
University of Washington	Child Psychiatry	Boise	2	1						1			1		2	2
					7 R's	16 R's									8	24 R's 2 F's

In summary, the University of Washington Psychiatry Residency will grow from seven to 24 psychiatry residents and two child psychiatry fellows over the time period of July 1, 2018 through June 30, 2030, which is a growth of 271%.

#### 6. Eastern Idaho Regional Medical Center (EIRMC)

EIRMC gained Sponsoring Institution status in May of 2017. Over the last four years EIRMC, through its Sponsoring Institution Hospital Corporation of America (HCA), has gained accreditation for three residencies in Internal Medicine, Family Medicine and most recently in Psychiatry. Table Eight outlines these three programs and their projected growth and timing.

**Table Eight:**  
**Eastern Idaho Regional Medical Center Ten Year Strategic GME Growth Plan—Expansion/New Program**

Name of Institution	Type of Residency Fellowship	Location of Residency	Length of Training	Class Size Per Year	Total Residents / Fellows FY18	Class Size	Total R/F's FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	FY 29	FY 30	Total R/F FTE's	
															Class	Total
EIRMC	Internal Medicine	Idaho Falls	3	10	0	10	30								10	30
EIRMC	Family Medicine	Idaho Falls	3	6	0	6	18								6	18
EIRMC	Psychiatry	Idaho Falls	4	4	0	4	4	4	4	4	4				4	16
					0 R's	52 R's									20	64 R's

In summary, EIRMC will grow from zero residents to 30 Internal Medicine residents, 18 Family Medicine residents, and begin a 4-year Psychiatry residency over the time period of July 1, 2018 through June 30, 2030. It is uncertain at this time if EIRMC has any additional interest in pursuing Emergency Medicine or General Surgery as initially planned.

## 7. University of Utah/ISU Psychiatry Program

The University of Utah, in conjunction with ISU, developed a Psychiatry Resident Track Program for Eastern Idaho. This program has the first two years primarily based in Salt Lake City with rotation time in Pocatello. The last two training years will take place in Pocatello. Table Nine outlines this program. Additionally, discussions have been held about the creation of a child psychiatry fellowship with this program.

**Table Nine:**  
**University of Utah/ISU Ten Year Strategic GME Growth Plan**  
**Expansion/New Program**

Name of Institution	Type of Residency Fellowship	Location	Length of Training	Class Size Per Year	Total Residents/ Fellows FY18	Class Size	Total R/F FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	FY 29	FY 30	Total R/F FTE's	
															Class	Total
University of Utah School of Medicine	Psychiatry	Salt Lake/ Pocatello	4*	3	3	3	12		1	1	1	1			4	16
University of Utah School of Medicine	Child Psychiatry	Salt Lake/ Pocatello	2	1			0			1			1		2	2
University of Utah School of Medicine	Neurology	Salt Lake/ Pocatello	3	2		2				1	1				2	2
* The first two years of this four-year residency will be in Salt Lake. The subsequent next 2 years will be spent in Eastern Idaho based out of ISU in Pocatello.																
															3 Residents	
															18 R's 2 F's	

In summary, the University of Utah/ISU Psychiatry Program will grow from zero psychiatry residents to a total of 16 new psychiatry residents and two child psychiatry fellows over the time period of July 1, 2018 through June 30, 2030.

## University of Utah Neurology Track

Consideration for a potential Neurology Rural Training Track sponsored by the University of Utah is being developed. This program would have a year or more of Neurology in Utah and the remainder of the training (two years) somewhere in Idaho, site to be determined. This rural Neurology Training Track would potentially have two residents per class with an estimated start date of 2025.

## 8. Mountain States Institute for Graduate Medical Education and Research (MSIGMER)



The Mountain States Institute for Graduate Medical Education and Research (MSIGMER) is a non-profit foundation dedicated to the support of current GME programs and the development of new GME programs. MSIGMER gained Sponsoring Institution status from the ACGME in 2020. Although MSIGMER is an academic partner of the Idaho College of Osteopathic Medicine (ICOM), it is a separate institution wholly responsible for GME development. In the fall of 2022, MSIGMER announced preliminary plans with Saint Alphonsus Health System for the development of three new GME programs: a new Internal Medicine program in Boise, a new Family Medicine program in Nampa, and a Transitional year (TY) program in Boise. The sizes and timelines of the programs are still under discussion, but Table Ten below provides early information for planning purposes.

**Table Ten:**  
**MSIGMER /Saint Alphonsus Ten Year GME Growth Plan**

Name of Institution	Type of Residency Fellowship	Location	Length of Training	Class Size Per Year	Total Residents / Fellows FY23	FY 24	FY 25	FY 26	FY 27	FY 28	FY 29	FY 30	Total R/F FTE's	
													Class	Total
MSI / SA's	Family Medicine	Nampa	3	6-8	0			6-8	6-8	6-8			6-8	18 - 24
MSI / SA's	Internal Medicine	Boise	3	8-10	0			8-10	8-10	8-10			8-10	24 - 30
MSI / SA's	Transitional Year	Boise	1	6-10	0				6-10				6-10	6-10
					0 R's								20-28 R's	48-64 R's

This presents a large expansion of GME in the Treasure Valley, which will help to serve this area's rapidly growing population. The Internal Medicine and Family Medicine programs will offer rural training opportunities to encourage eventual practice in all parts of Idaho. MSIGMER and Saint Alphonsus Health System will work with the Idaho Graduate Medical Education Committee (GMEC) and many of the relevant programs and partners collaboratively, throughout the development period and beyond, to share, preserve, and grow educational resources in these communities.

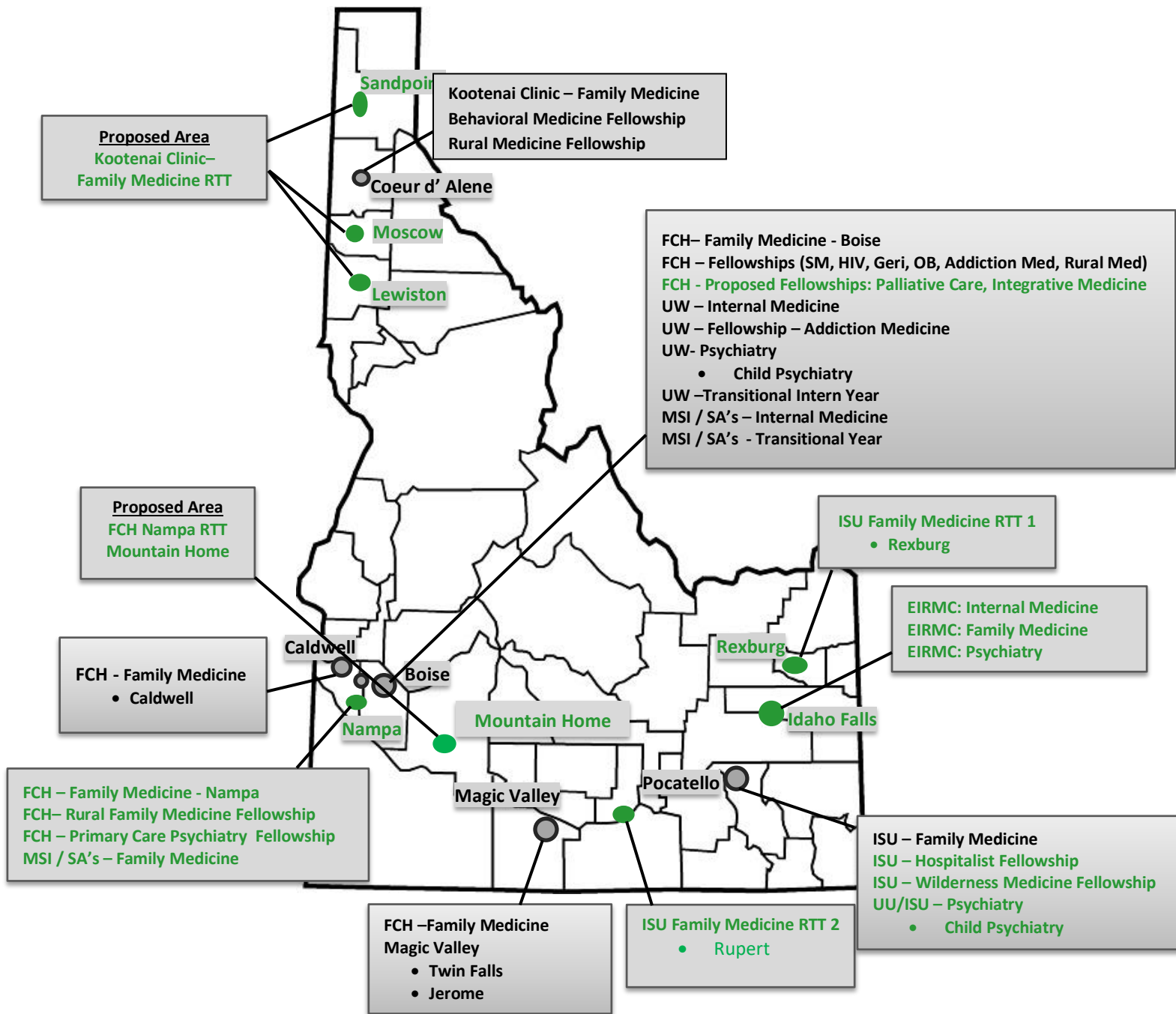
## 9. Bingham Memorial Hospital

On a sad note, Idaho saw the closure of a GME program in Internal Medicine at Bingham Memorial Hospital in Blackfoot. This Internal Medicine program was to have produced 5 Internal Medicine residents per year from its program. This program closed in 2019, and appropriated funding was reverted back to the state of Idaho.

#### **Summary of GME Residency FTE Growth**

When taken in aggregate, this Ten Year GME Strategic Plan will make major strides to address Idaho's critical need for additional healthcare providers. It represents a thoughtful and controlled expansion from 9 programs (2017) to 13 programs (2022) to 21 programs (2030) and growth from 141 residents and fellows (2017) to 243 (2022) in training to 385 residents and fellows in training by 2030. That represents a 158% increase. This will result in the number of graduating residents and fellows moving from 52 per year in Idaho (2017) to 85 (2022) to 147 (2030) per year which represents a 183% increase. Figure Two shows the locations of these programs and fellowships.

**Figure Two – Program and Fellowship Locations (2030)**

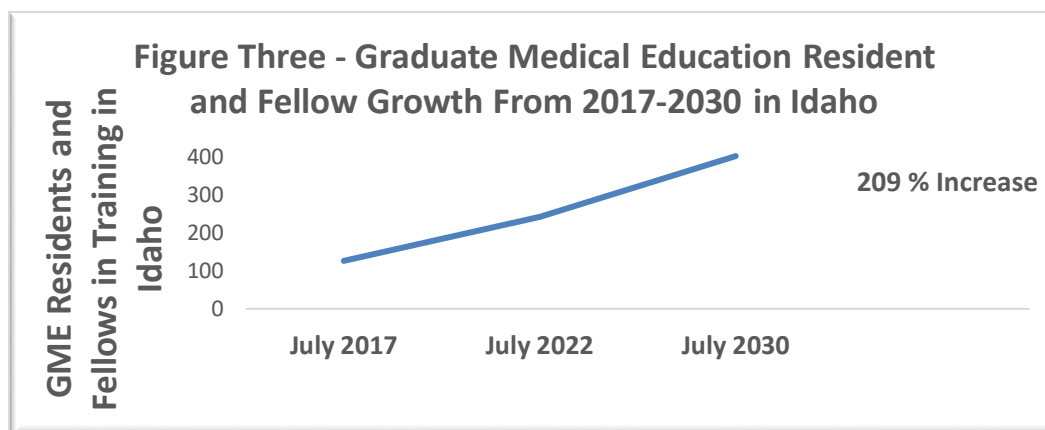


This will help Idaho move from its former rate of 6.7 residents per 100,000 Idaho citizens (49<sup>th</sup> in the United States) to its current 13.8 GME residents per 100,000 (47<sup>th</sup>) in 2022, to approximately 20 GME residents and fellows per 100,000 Idaho citizens (with the assumption that Idaho will grow to two million people by 2030). Despite this impressive growth, this is still below the United States average of 27.4 residents and fellows in training per 100,000

population. However, it is an excellent step in the right direction, especially when considering that 27% of Idaho's active physicians are over age 60 and will be retiring over the next decade. If we do not act now, we will fall further behind in meeting a high quality and competent physician workforce for Idaho. Table 11 summarizes the growth in GME positions over the time period of July 1, 2017 through June 30, 2030.

**Table 11: Ten Year Strategic GME Growth Plan for Idaho**

Institution	Residents/Fellows in Training as of July 1, 2017	Resident / Fellows in Training on July 1, 2022	Residents / Fellows in Training in July 1, 2030	Number of Residents Graduating from All Program classes/year in 2017	Number of Residents / Fellows Graduating from all Program/class/yr in FY 22	Number of Residents Graduating from All program classes/year in 2030
FCH (FM, Peds)	52	77	107	20	28	43
ISU (FM)	21	27	37	7	8	14
Kootenai/CdA (FM)	18	20	31	6	6	11
UW (IM/ Preliminary /Chiefs)	31	38	45	13	16	21
UW Psychiatry	4	16	26	0	4	8
EIRMC (IM, FM, Psychiatry)	0	52	64	0	16	20
UU/ISU (Psychiatry)	0	12	18	0	0	6
UU Neurology	0	0	4	0	0	2
MSI/SA's	0	0	56	0	0	24
	<b>126</b>	<b>242</b>	<b>389</b>	<b>46</b>	<b>78</b>	<b>149</b>
		<b>93% Increase</b>	<b>61% Increase</b>	<b>70% Increase</b>	<b>91% Increase</b>	
		<b>209% Increase</b>		<b>239% Increase</b>		



**Table 12: Current and New Residency Program Growth**

Program Types	2017	2022	2030
<b>Family Medicine</b>	<b>5 Programs</b> <ul style="list-style-type: none"> <li>FCH -Boise</li> <li>FCH – RTT Caldwell</li> <li>FCH – RTT – Magic Valley</li> <li>ISU – Pocatello</li> <li>Kootenai – Coeur d’ Alene</li> </ul>	<b>8 Programs</b> <ul style="list-style-type: none"> <li>FCH Boise</li> <li>FCH Caldwell</li> <li>FCH Magic Valley</li> <li>FCH Nampa</li> <li>ISU Pocatello</li> <li>ISU Pocatello – RTT #1 (Rexburg)</li> <li>Kootenai Coeur d’ Alene</li> <li>EIRMC Idaho Falls</li> </ul>	<b>12 Programs</b> <ul style="list-style-type: none"> <li>FCH Boise</li> <li>FCH Caldwell</li> <li>FCH Magic Valley</li> <li>FCH Nampa</li> <li><b>FCH Nampa RTT</b></li> <li>ISU Pocatello</li> <li>ISU Pocatello – RTT #1 (Rexburg)</li> <li><b>ISU Pocatello RTT #2 (Rupert)</b></li> <li>Kootenai Coeur d’ Alene</li> <li><b>Kootenai Coeur d’Alene – RTT (TBD)</b></li> <li>EIRMC Idaho Falls</li> <li><b>MSI/SA’s Nampa</b></li> </ul>
<b>Internal Medicine</b>	<b>2 Programs</b> <ul style="list-style-type: none"> <li>UW- Boise</li> <li>RVU – Bingham - Blackfoot</li> </ul>	<b>2 Programs</b> <ul style="list-style-type: none"> <li>UW- Boise</li> <li>EIRMC – Idaho Falls</li> </ul>	<b>3 Programs</b> <ul style="list-style-type: none"> <li>UW- Boise</li> <li>EIRMC – Idaho Falls</li> <li><b>MSI / SA’s - Boise</b></li> </ul>
<b>Psychiatry</b>	<b>1 Program</b> <ul style="list-style-type: none"> <li>UW – Boise - Psychiatry</li> </ul>	<b>3 Programs</b> <ul style="list-style-type: none"> <li>UW – Boise– Psychiatry</li> <li>ISU/UU – Pocatello</li> <li><b>EIRMC – Idaho Falls *</b></li> </ul>	<b>3 Programs</b> <ul style="list-style-type: none"> <li>UW – Boise– Psychiatry</li> <li>ISU/UU – Pocatello</li> <li><b>EIRMC – Idaho Falls</b></li> </ul>
<b>Transitional Year Internship</b>	<b>1 Program</b> <ul style="list-style-type: none"> <li>UW- Boise</li> </ul>	<b>1 Program</b> <ul style="list-style-type: none"> <li>UW – Boise</li> </ul>	<b>2 Programs</b> <ul style="list-style-type: none"> <li>UW – Boise</li> <li><b>MSI/SA’s - Boise</b></li> </ul>
<b>Pediatrics</b>			<b>1 Program</b> <ul style="list-style-type: none"> <li>FCH – Pediatrics Residency of Idaho - Boise</li> </ul>
<b>Emergency Medicine</b>			<b>1 Program</b> <ul style="list-style-type: none"> <li><b>TBD</b></li> </ul>
<b>General Surgery</b>			<b>1 Program</b> <ul style="list-style-type: none"> <li><b>TBD</b></li> </ul>
<b>Neurology</b>			<b>1 Program</b> <ul style="list-style-type: none"> <li><b>TBD</b></li> </ul>
<b>Total</b>	<b>9 Programs</b>	<b>13 Programs</b> <b>*EIRMC Psychiatry begins funding in FY 2024</b>	<b>21 Programs</b> (Possibility of 24)

### Timeline

GME expansion will require much coordination and planning. As a general rule of thumb, it takes two to five years to build a new program from scratch, and one to three years to expand existing programs. It will take continued effort by the Governor, the State Board of Education, the Legislature, and Joint Finance-Appropriations Committee to make this plan a reality.

### **Sustainability**

To provide an environment in which these programs can develop and thrive, several key items will need to occur. These consist of:

1. **Revenue Streams:** Funding from the Idaho Legislature, program revenues, federal sources (e.g., Medicare GME and Teaching Health Center GME (THCGME)), and hospitals are all needed to make these programs sustainable. It is critically important to balance all funding sources in order to achieve the necessary funding for these programs. Stabilization of the funding stream from the Idaho Legislature to establish a baseline of \$60,000 per resident will allow our programs the ability to grow, expand, and keep them solvent.
2. **Medicaid GME:** Idaho has requested a State Plan Amendment to its Idaho Medicaid Program in the past that will allow Medicaid GME funding. This represents an opportunity to look at how Idaho can leverage its current funding in a 70/30 match to amplify money that can be used for GME financing. When previously addressed, only one program qualified for Medicaid funding. We need to relook at this from a different methodology.
3. **Physician and Administrative Champions:** Each program must have a physician champion to lead the program and become its director. Similarly, there must be administrative leadership at the hospitals and programs dedicated to making this work.
4. **Dedicated Faculty and Community Physicians:** Each program must have internal faculty dedicated to the teaching mission and community physicians willing to work with residents and fellows to advance their learning.
5. **Faculty Preceptor Payments:** Currently, the UME programs pay preceptors approximately \$250 to \$500/week for helping with clinical training. It may be necessary for GME programs to pay preceptors outside of the core faculty to stay competitive for limited training sites in Idaho's communities. This could become a potential major barrier to ongoing GME programs that do not have the financial margins to pay community preceptors in this model.

6. **Tax Credits:** Another mechanism that has been used by other states (e.g., Georgia) is to enact legislation to allow teaching physicians who precept residents or medical students tax credits on earned income from teaching stipends for this educational work, or a standard deduction if no payment is taken. This needs to be further explored with the IMA/IHA/IAFP/IOPA and the Idaho Legislature.
7. **Loan Repayments:** This represents another important mechanism by which Idaho and its institutions can help residents who graduate from Idaho-based GME programs stay in Idaho to practice. Existing programs such as Rural Physician Incentive Program (RPIP), the State Loan Repayment Program (SLRP), and the Primary Care Initiative (<https://www.theprimarycareinitiative.org/>) can be grown and loan repayment amounts increased to help recruit and retain critical physician workforce specialties such as family medicine, internal medicine, psychiatry, and general surgery in Idaho. Physicians often look to loan repayment options when choosing a location to practice. There must be a sustained investment in these programs.
8. **Medicare GME Advocacy:** In the Balanced Budget Act of 1997, Congress attempted to contain Medicare spending by no longer allowing hospitals to receive increased cost of Medicare GME funds if programs expanded. Hospitals with current GME programs were “capped” at the number of residents qualifying as full-time employees in 1997. Medicare would only reimburse these hospitals for the number of FTE residents in 1997, even if the hospital hired more than that number. This made expanding current programs challenging as no new funding will come from Medicare above the 1997 limit, or “cap” established for these hospitals. Rural hospitals are allowed to increase their cap by 130% of the 1997 number. Hospitals with no GME that start new programs will be capped in five years or the length of the residency program started. This makes adding new residents to existing programs a financial strain on the base institution. There will continue to be ongoing advocacy on a national level to remove or modify these caps especially for rural areas, where the financial challenges related to GME are significant.
9. **Cost of Residency Training:** The cost to train a resident has increased since the original GME Plan was written in 2017. At that time the best data indicated the cost to train a resident or fellow each year was approximately \$180,000/year. This cost has risen to \$210,000/year. Therefore, the state contribution will need to be increased to \$70,000/resident/fellow per year. Please see page 24-25 for further details on this.

#### **Process for New GME and UME Program Applications**

Developing a state physician workforce to meet the needs of its citizens is vital to the health and vitality of Idaho. Training future Idaho physicians requires legislative budgetary support for

sustainability. Currently, there isn't a single, coordinated process for UME and GME programs to submit new legislative budget requests. This allows for competing requests to be made and may have unintended consequences for the future growth and development of UME and GME in Idaho if budgetary requests are not considered in a coordinated and integrated manner. To address this, we propose the following:

Prior to a legislative budget request being made, an application would be submitted to the Office of the State Board of Education (OSBE) GME Committee 1-2 years prior to recruiting an entering class.

The application includes the following required information:

**Application for State Legislative Budget Request through the Idaho GME Committee**

1. Why is this program needed?
2. How will this program benefit your community / region?
3. Name of program:
4. Program Director's name:
5. Who will be the Sponsoring Institution?
6. Who will be the Designated Institutional Official?
7. Date of ACGME approval or pending approval:
8. How many faculty are you in need of? How will you get them?
9. Description of program infrastructure:
10. Description of financial plan for sustainability:
11. Description of space:
12. Please provide a timeline for development:



### **Synchronization with Undergraduate Medical Education (UME)**

Growing the GME workforce in Idaho will not only train and retain more doctors in Idaho but will provide a resource to help train the UW, UU, PNWU, WSU and ICOM medical students in Idaho. Table 13 summarizes the medical schools in our region and the number of students per class.

**Table 13:**  
**Number of Medical Students in Medical Schools with Close Connections to Idaho**

<b><u>Name of School</u></b>	<b><u>Year of First Class</u></b>	<b><u>Medical School Class Size</u></b>	<b><u>Guaranteed Idaho Positions</u></b>
University of Washington School of Medicine	1946	270/year	40
University of Utah School of Medicine	1935	125/year	10
Pacific Northwest University of Osteopathic Medicine	2008	135/year	0
Washington State University Elson Floyd College of Medicine	2017	80/year	0
Idaho College of Osteopathic Medicine	2018	160/year	Preferred status for admission
		<b>750/year</b>	

For the medical students doing clinical training in Idaho, the paired training model of having medical students work alongside residents will strengthen the teaching of medical students in multiple hospitals and clinics throughout the state. This is a win-win-win as it allows the students to learn from the residents and the residents to learn even more by teaching. It also allows the teaching faculty preceptors to share the work of teaching, reducing burn out and improving job satisfaction. By growing GME, we will expand the ability to teach a good proportion of our medical students in a high-quality manner. This paired resident-student relationship is synergistic to high quality medical education.

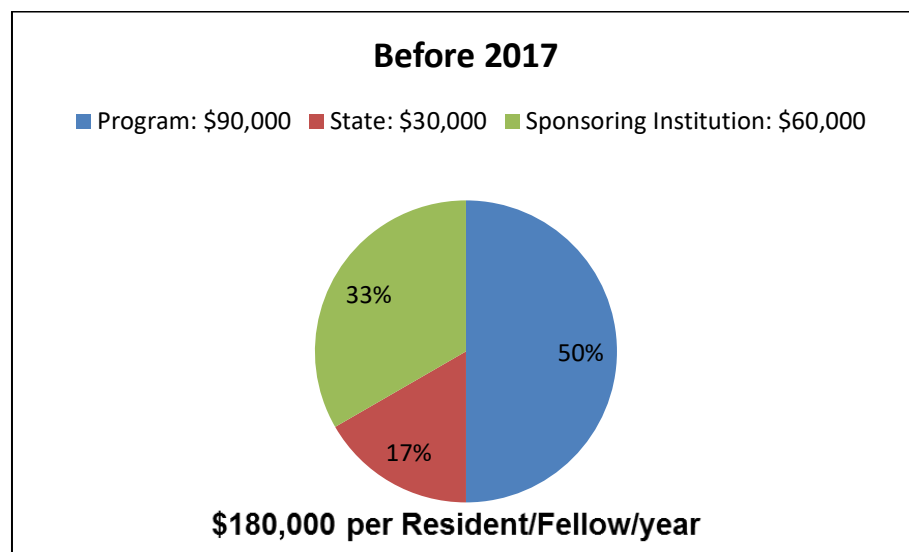
There is also a natural partnership between GME and UME in that UME institutions produce the medical students needed to fill the expanded GME programs' residency positions. Medical students utilize these rotations to evaluate and audition for residency programs. The two can be synergistic as long as they stay in balance. If UME expansion utilizes all of the precepting resources, then GME cannot expand due to lack of preceptors for the GME positions. This dynamic must be monitored closely.

### **Budget/Financing for Graduate Medical Education**

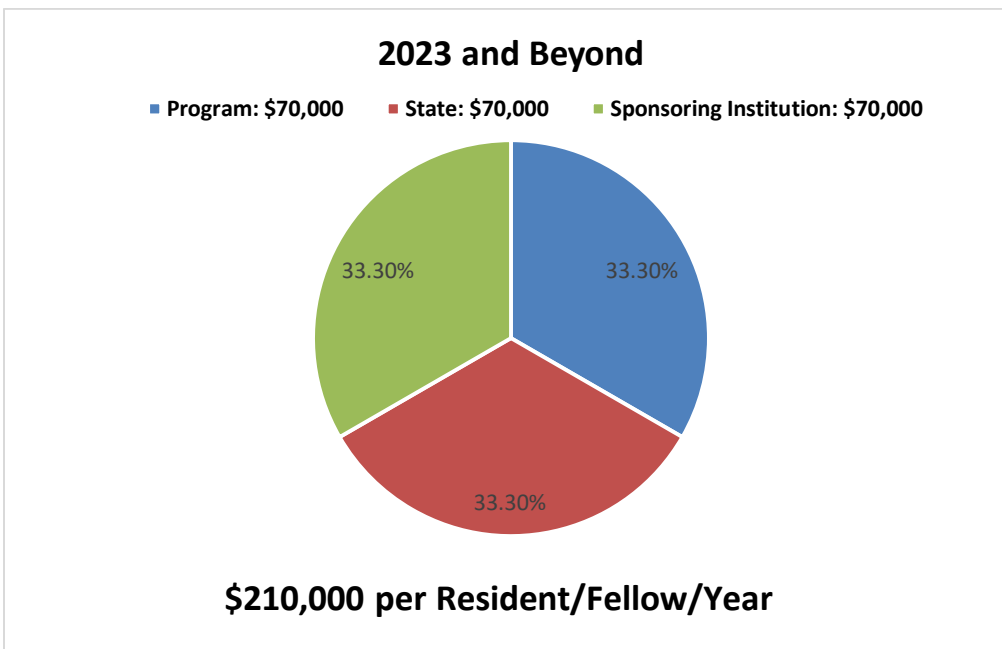
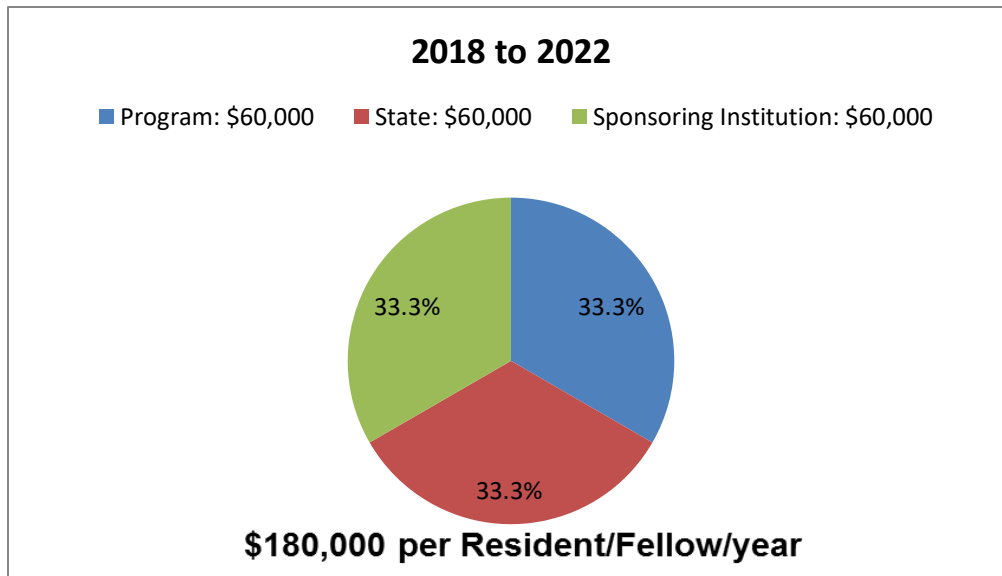
In order to bring consistency of methodology to the budgeting process, two strategies will be consistently employed across all programs:

1. The first is that programs, sponsoring institutions, hospitals, and the state need to partner around the concept of “thirds.” First, the program needs to be responsible for about a third of the training costs of a resident, another third needs to come from the institutions/hospitals hosting the residents, and the final third from the state of Idaho. By doing this, all of the key stakeholders will be engaged and have “skin in the game” and accountability for each program’s success and financial stability.
2. The cost of training a resident varies across the nation by specialty and has gone up significantly over the last five years. The cost at the time of the original Ten Year Plan ranged from \$150,000 to \$227,000 per resident <sup>(9)</sup>. The data from Idaho’s largest GME program (i.e., FCH) reveals that it costs \$194,000 annually to train a resident. Therefore, a reasonable estimate of the average cost to train a resident per year was \$180,000 in 2017/2018. Using the approach that about a third of the cost of training a resident be borne by the state of Idaho, the amount the state would contribute was estimated to be \$60,000 per resident. This per resident amount (PRA) for the state’s contribution was to enable and encourage residents to train in Idaho, provide physicians to care for Idaho’s citizens, and to generate jobs and revenue in Idaho’s communities as the eventual outcome. By creating a per resident share of \$60,000, a consistent, standard methodology was developed to invest in the future of Idaho’s physician workforce.

**Figure Four – Resident Funding Per Year by Institution**



*(9) New England Journal of Medicine August 2016*



With the cost of inflation and the marked increases in cost of living across Idaho including housing, transportation, gas, food, and nearly everything else, it is not of surprise that the cost to train a resident or fellow has also increased. Detailed cost analysis from Health Resources and Services Administration (HRSA) and the Teaching Health Center GME (THCGME) programs place this per resident amount (PRA) at approximately \$210,000 per year. Detailed cost accounting from Idaho's own Full Circle Health, which is the largest GME program in the state with five residencies and six fellowships, places this cost to train a resident/fellow closer to \$240,000 per year. The range across Full Circle Health's programs is from \$237,000 to \$265,000

per year. Because of this the Idaho GMEC will be recommending an increase in state funding from \$60,000 per year to \$70,000 per year.

### **Length of the Ten Year Plan**

With the slowdown of the planned funding as initially outlined in the Ten Year Plan to less than \$60,000 PRA in many years, the Governor's cap on funding for agencies and the COVID-19 Pandemic, the Ten Year Plan is running behind on Idaho state funding (with not all programs funded at \$60,000 per resident), which has subsequently slowed the Plan's development down. For these reasons, there has been an extension of the Ten Year Plan from 2018-2028 to 2018-2030. This extension will add flexibility in funding and implementation of the plan in a rapidly changing environment.

### **Idaho Graduate Medical Education Committee**

This plan created the Idaho Graduate Medical Education Committee (Idaho – GMEC) that will oversee the implementation of this Ten Year Plan. The Committee was set up on July 1, 2018 (FY 2019) so that continuity of effort and momentum of this plan was not lost. The Committee is comprised of key stakeholders in Idaho which include residency program directors, medical school leaders, hospital senior leaders, the office of the State Board of Education and representatives from the IMA, and IHA.

One of the first tasks of the Committee was to develop a charter to codify its vision, mission, role, purpose, membership, and authority. There may additionally be a role to play, if deemed appropriate, to help in orchestrating and coordinating other health and healthcare workforce issues that involve other healthcare professions (e.g., psychologists, pharmacists, nurse practitioners and physician assistants) as part of a strategic plan for Idaho that will maximally serve Idaho's citizens.

The GME Council is staffed through the OSBE. The Idaho GMEC meets quarterly and consists of approximately 25 members, all approved by the SBOE. The council is chaired by Dr. Melissa "Moe" Hagman, Program Director of the UW-Boise Internal Medicine Program and co-chaired by Dr. Mary Barinaga, Assistant Dean at the University of Washington – WWAMI-Idaho medical school program. The GME Coordinator for the OSBE is Dr. Ted Epperly, President and CEO of Full Circle Health.

### **Additional items to grow Idaho's Health Care Workforce**

#### **1. Western Interstate Commission for Higher Education (WICHE) Mental Health Psychology Internships**

Every one of Idaho's 44 counties is considered a Mental Health Professionals Shortage Area (HPSA). The Western Interstate Commission for Higher Education (WICHE) has helped other western states build American Psychological Association (APA) accredited psychology

internship programs. The original funding of \$125,000 helped establish accreditation of five institutions to train clinical psychologists in a single-year intern program.

## **2. Pharmacy Residencies**

Pharmacy faculty and residents are integral to the training of resident physicians in all disciplines. Interdisciplinary training with pharmacy faculty and residents enhances research opportunities, clinical pharmacology teaching, psychopharmacology, evidence-based care, health care quality improvement and team-based care in the patient-centered medical home model. The Ten Year GME plan contained a provision for training pharmacy residents in a single year post-doctoral pharmacy “Residency Program” at \$30,000 per year. Two programs were set up, one at ISU in Pocatello and the other at Full Circle Health in Boise. These programs have been successful in training excellent clinical PharmD’s.

### **Ten Year GME Physician Growth and Budget**

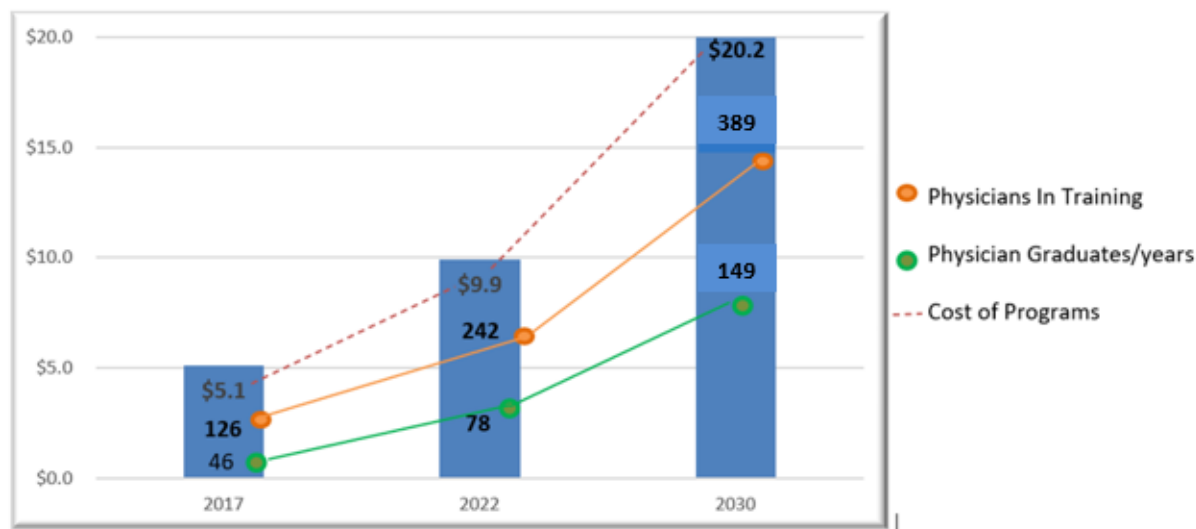
Figure 5 below shows that at the start of the Ten Year GME Plan in FY 2018, the baseline GME funding for Idaho’s nine GME programs was \$5.1 Million. At that time, we were training 126 residents and fellows in Idaho.

With budgetary caps and the impact of the COVID-19 pandemic, the growth of budgetary support has slowed disproportionately greater than the plan called for, reaching \$9.9M/year despite Idaho’s GME community growing to 14 programs and 242 residents and fellows being trained. For the Ten Year GME Plan to succeed moving forward and given the increased costs of training residents over time, we will need continued and sustained commitment of the Per Resident Amount (PRA) through an increase from \$60,000 per resident to \$70,000 per resident. This maintains the equal contributions of the programs, the institutions/hospitals, and the state. Figure Five demonstrates the growth in physicians trained in Idaho and the budgetary cost over time.

This plan will allow approximately 1,200 new physicians to graduate from Idaho’s GME programs compared to approximately 500 over this same time period if our expansion efforts had not occurred. The graduation of approximately 150 physicians from Idaho’s GME programs per year will allow Idaho’s physician workforce to keep pace with the population growth rate in Idaho and the retirement rate of Idaho physicians.

*(9) New England Journal of Medicine August 2016*

### **Figure Five: Ten Year GME Growth and Additional Providers Trained**



**Figure Five** demonstrates the additional physicians trained over this 12-year period and compares it to the cumulative budget increase. This 12-year plan will produce 1,480 additional physicians (2,000 in total) over this 12-year period. The blue bars show the proposed annual appropriation increases for the plan.

### **Barriers**

The barriers that exist in Idaho to expand and grow the GME workforce are considerable but can be overcome. They consist of:

1. **Finances** – Without the financial resources to partially offset the costs of GME training, GME expansion and development will not happen.
2. **Leadership** – All programs must have effective, capable, and passionate leadership (both physicians and administrators) or the proposed new programs will not get started, sustained, and will not succeed. This point cannot be emphasized enough.
3. **Vision**– A lack of understanding the reasons and vision for GME expansion, and why we need to implement this plan now to prepare for future growth will delay the proposed timeline.
4. **Recruitment** – These programs must be viable to recruit high-quality candidates to their programs.

5. **Competition** – If existing and new GME and UME programs compete for limited resources (both financial and clinical resources) instead of working together in an integrated, coordinated, and collaborative manner, then Idaho will not develop the synergy needed to help make all of the programs successful.
6. **Partnerships** – Getting the right chemistry and cultures at these programs is absolutely essential to growing, nurturing, and sustaining these programs.

#### **GME Program Outcome Metrics for Success**

As the state of Idaho is making a significant investment to grow GME programs in order to enhance the Idaho physician workforce, there must be corresponding outcome metrics to determine the return on investment and success of this effort. The following metrics of success will be applied to all programs that receive state funding and will be collected on an annual basis by the Graduate Medical Education Council of the State Board of Education:

1. All programs will have 100% fill rates of their program’s first year class on July 1 of each academic year once they have started.
2. All residency and fellowship programs will maintain ongoing accreditation with the ACGME (as applicable).
3. All Sponsoring Institutions will maintain ongoing accreditation by the ACGME.
4. All residency/fellowship programs will have appropriate retention of their graduates in Idaho as measured by a rolling 5-year average(see Table 14 below).
5. All residency/fellowship programs will have at least 30% of their graduates remain in Idaho to serve in rural or underserved areas as defined as counties of less than 20,000 people or counties defined as Health Professional Shortage Areas (HPSAs).
6. All programs will maintain an 80% Board Certification pass rate for their graduates as measured on a rolling 5-year average.

**Table 14: Idaho GME Program Dashboard and Metrics**

### Report to SBOE from GME Committee – Dashboard – 7/18/2022

Program	First Graduating Class	100% Fill Rate Intern Class	ACGME Accreditation	Graduates Practicing in Idaho as Measured by Rolling 5-year Average ≥50% - Fam Med ≥40% - Int Med ≥30% - Psych ≥30% - Emerg Med ≥30% - Surgery	Graduates in continued fellowship training outside of Idaho	≥30% of Graduates in Idaho Serve in Rural or Underserved Areas by Rolling 5-year Average		≥80% Board Certification Pass Rate for Graduates as Measured by Rolling 5-year Average
						Rural	Urban Underserved	
Full Circle – Boise	1976	100%	Yes	31 of 56 / 55%		5 of 31 / 16%	20 of 31 / 65%	45 of 45 / 100%
Full Circle – Fellowships	1999	100%	Yes	12 of 19 / 63%		1 of 12 / 8%	9 of 12 / 75%	19 of 19 / 100%
Full Circle – Caldwell RTT	1998	100%	Yes	10 of 14 / 71%		3 of 9 / 33%	5 of 9 / 56%	14 of 14 / 100%
Full Circle – Magic Valley RTT	2012	100%	Yes	7 of 10 / 70%		3 of 6 / 50%	3 of 6 / 50%	10 of 10 / 100%
Full Circle – Nampa	2022	100%	Yes	5 of 6 / 83% (1 year of data)		2 of 6 / 33% (1 year of data)	2 of 6 / 33% (1 year of data)	6 of 6 / 100% (1 year of data)
ISU – Pocatello	1994	100%	Yes	19 of 35 / 54%		8 of 19 / 42%	9 of 19 / 47%	35 of 35 / 100%
ISU – Rexburg RTT	2022	100%	Yes	1 of 1 / 100% (1 year of data)		0 of 1 / 100% (1 year of data)	1 of 1 / 0% (1 year of data)	1 of 1 / 100% (1 year of data)
Kootenai Family Medicine	2017	100%	Yes	23 of 30 / 77%		5 of 23 / 22%	11 of 23 / 48%	30 of 30 / 100%
Boise Internal Medicine/Fellowship	2014	100%	Yes	23 of 41 / 52%		1 of 23 / 4%	5 of 23 / 15%	31 of 38 / 82%
Western Idaho Psychiatry	2010	100%	Yes	14 of 18 / 77%		0 of 18 / 0%	14 of 14 / 100%	14 of 15 / 93%
EIRMC Internal Medicine	2021	100%	Yes	6 of 19 / 32% (2 years of data)		1 of 6 / 17% (2 years of data)	1 of 6 / 17% (2 years of data)	5 of 7 / 71% (1 year of data)
EIRMC Family Medicine	2023	100%	Yes	NA		NA	NA	NA
EIRMC Psychiatry	2026	100%	Yes / Initial	NA		NA	NA	NA
U of U/ISU Psychiatry	2024	100%	Yes	NA		NA	NA	NA

Key: **Green** – measure met      **Yellow** – measure nearly met      **Red** – not meeting measure

### Summary and Impact

This comprehensive 12-year Plan to expand and develop GME in Idaho will create a strategic blueprint in which to develop, grow, implement, and sustain the physician workforce needed to meet the needs of Idaho's citizens for decades to come. This Plan will increase the number of GME programs in Idaho from nine to 21 (and possibly 24), and the number of residents and fellows training in Idaho from 126 per year to 385 per year, which is a 205% increase. The class size graduating in Idaho each year from Idaho's 21 programs will increase from 46 to 147 new physicians, which represents a 220% increase. This Ten Year Plan will graduate 1,200 resident



trained physicians, of which over 700 will be new physicians produced by this expansion plan. The total cost of the 12-year GME Plan will be \$20.2 Million when fully mature and built out. The remaining amount of over \$40 million per year will be generated by the programs themselves, through clinical services payments, institutional and hospital support and potential Medicare and Medicaid GME payments.

**Table 15** summarizes the growth in programs and fellowships as well as the number of residents and fellows in training for 2017 to 2028 with this plan.

**Table 15: 12-Year Growth in GME Programs, Residents and Fellows, and Cost to State of Idaho**

	<b>2017</b>	<b>2022</b>	<b>2030</b>
<b>GME Residency Programs</b>	9	13	21 (Possibly 24)
<b>GME Fellowship Programs</b>	4	10	16
<b>Residents and Fellows Training in Idaho/year</b>	126	242	389
<b>Number of Graduates Each Year from Idaho's GME Programs</b>	46	78	149
<b>GME Residents per 100,000 citizens in Idaho</b>	6.7 (National Average is 28.1)	13.8	20.0 (Assuming Idaho's Population grows to 2 million People by 2030)
<b>Cost of GME and Additional Healthcare Programs in Idaho</b>	\$5,138,700 per year	\$11,157,000 per year	\$20,200,000 per year

The state's investment in additional healthcare providers is matched 2-to-1 by the programs and sponsors. The return on investment (ROI) of keeping just half of these newly trained resident physicians in Idaho is 7.8 to 1, with respect to Idaho annual revenues gained versus expenses for training. This important investment will return \$1.14 billion dollars to the state in economic impact, create 7,200 new jobs and provide quality healthcare for citizens throughout Idaho for years to come.

Idaho is currently last in the nation in the supply of physicians per 100,000 population. With the state's population predicted to increase to 2 million by 2030, and more than 30% of Idaho's current physicians predicted to retire in the next ten years, the outlook for Idaho's physician workforce is grim.

There is, however, a proactive solution, which we have outlined in detail in the Idaho Ten Year GME Strategic Plan presented here. Idaho already demonstrates an excellent retention rate for its current GME programs. Increasing the size, number, and variety of programs will build the high-quality physician workforce needed to help Idahoans live a healthy, productive life for generations to come.