

# Graduate Medical Education in Idaho:

## A Ten Year Strategic Plan

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## Graduate Medical Education in Idaho: 10-year Strategic Plan

### Executive Summary

Idaho faces a significant challenge with producing and retaining a well-trained physician workforce for the future. Our state currently ranks 49<sup>th</sup> in the United States for active physicians per 100,000 citizens, 46<sup>th</sup> in the U.S for primary care physicians per 100,000 citizens and 49<sup>th</sup> in the U.S. for the number of resident physicians per 100,000 with only 6.7 resident physicians per 100,000 people (1). This low ratio of resident physicians to state population places Idaho at 419% below the national median of 28.1 resident physicians per 100,000. Additionally 27% of Idaho's physicians are over age 60 and will be retiring in the next decade (1).

Graduate Medical Education (GME) is the physician training period after medical school and before independent practice. Where physicians do their residency training is highly correlated with where they will stay and practice medicine. Studies have shown that 50-75% of residents will stay within 100 miles of their residency training location. Therefore, the development and expansion of GME programs must become a priority for Idaho **NOW** to address Idaho's understaffed and aging physician workforce. The enclosed Ten Year Graduate Medical Education Strategic Plan for Idaho lays out a thoughtful, achievable, and bold plan to expand existing programs and to create new GME programs. This plan builds a sustainable foundation for existing programs and creates the infrastructure for new GME programs using a consistent methodology that has programs, their sponsoring institutions and the State of Idaho as partners in this effort.

The Ten Year Plan will grow GME programs in Idaho from 9 to 21 programs (222% increase). The plan will increase the residents and fellows in training from 141 currently to 356 (252% increase) and the number of graduates each year from Idaho's GME programs from 52 to 124 (237% increase).

The price tag to Idaho will be \$5,239,000 in additional funding for FY2019, with smaller increases over the next nine years of the plan. By the end of the plan, annual spending will have increased by \$16,349,000 compared to FY2018 state funding levels. Average annual funding increase requests over the ten years of the plan will be \$1.63 million per year. The plan will enable 1,480 additional physicians to be trained in Idaho over the next ten years, bringing the ten year total to 2000 physicians who will be residency-trained in Idaho over this time period. This GME expansion will increase the number of resident per 100,000 citizens from 6.7 to 17.7 (bringing Idaho closer to the national average of 28.1). State funds (covering one third of the total cost of the effort) will be matched by sponsoring organizations and program revenues which will cover two-thirds of the cost of the plan. The plan, when implemented, is expected to have a positive economic impact of \$1.3 billion dollars and will generate 10,000 new jobs throughout Idaho. (2)

(1) Association of American Medical Colleges Physician State Data Book, November 2017

(2) The Economic Impact of Physicians in Idaho; American Medical Association Report, March 2014

The Ten Year Plan details the programs, the timed roll out and the budget for this plan. The plan also develops a GME Council within the State Board of Education for implementation and sustainability of the plan as well as additional healthcare programs in psychology and pharmacy. The State of Idaho will become responsible for only one-third of these programs developmental and sustainment costs.

The plan addresses the sustainability of current and future GME programs and their sponsoring institutions which will incur 67% of the costs. Additionally the plan develops six metrics to ensure that the programs produce high quality, well-trained physicians with 50% or greater staying in Idaho and 30% of those being in rural and underserved Idaho. The projected economic impact of \$1.3 billion and an ROI of 10.9 to 1 in revenues/expenses are based on a 50% in-state retention of trained residents after completion of their GME programs.

Finally, this plan has been discussed in detail with all GME programs in the State as well as the medical schools that serve Idaho. This plan harmonizes the medical education pipeline from medical school, to residency, to practice to help achieve the skilled medical workforce that Idaho's citizens need and deserve.

## **Introduction**

The provision of high-quality medical care to the citizens of Idaho is of major importance to both the Governor and the Idaho Legislature. Just as with high quality education programs the provision of high-quality medical care provides the opportunity for Idahoans to be maximally successful in achieving their potential for a happy and healthy life.

Governor Otter has propelled Idaho down the path of transforming our healthcare system through the creation of his first Healthcare Council in 2007. From this initiative came activities such as his Executive Order to establish the Idaho Patient Centered Medical Home Collaborative, the Governor's Healthcare Workforce Commission and the Idaho Healthcare Collaborative which successfully garnered a \$40 Million Centers for Medicaid and Medicare Innovation Initiative (CMMI) State Innovation Model (SIM) grant to transform healthcare in Idaho.

At the same time Governor Otter and the Idaho Legislature along with the State Board of Education have been very supportive of growing and expanding medical education in Idaho. The expansion of undergraduate medical education in WWAMI from 20 to 40 medical student positions and from 8 to 10 medical student positions at the University of Utah has been very important for more Idaho citizens having the opportunity to go to medical school. Additionally, Governor Otter has been instrumental in bringing Idaho's first medical school to fruition. In Meridian, the proposed Idaho College of Osteopathic Medicine is anticipating matriculating 150 medical students per year starting in 2018, pending accreditation, with Idaho residents having preferential admission status.

On the Graduate Medical Education (GME) side of the equation, the Governor has created two Medical Education Committee Taskforces through the State Board of Education to address the growth and expansion of medical education in Idaho. The first of these two was 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 was to continue to grow the number of accredited GME residency programs for Idaho. The reason for this recommendation is the realization that to grow a physician workforce for Idaho you must have GME programs in the state for physicians newly graduated from medical schools to complete their medical residency training. By having these programs in Idaho, the retention of these physicians in Idaho is greatly enhanced. There is a direct correlation that increasing the number of graduate medical education residency positions will help increase the workforce of physicians in the state.

Graduate Medical Education is extremely important to the physician workforce in Idaho. Physicians who do residency training in Idaho have a high likelihood of staying to practice in Idaho after residency training. Studies have shown that selected types of programs in geographic regions have retention rates of 50-75% of resident physicians choosing to practice within 100 miles of their

training program (3). Idaho performs very well ranking 10<sup>th</sup> in the U.S. in the percentage of physicians retained from GME programs in the state they train in (4). Hence, it is important to have multiple residency programs in Idaho to help train the future workforce and to retain physicians in the state.

Idaho currently ranks 49<sup>th</sup> in the United States for the number of resident physicians per capita with only 6.7 resident physicians per 100,000 people. This low ratio of resident physicians to state population places Idaho 419% below the national median of 28.1 resident physicians per 100,000 (5). This means that Idaho does not have enough training positions within the state necessary to generate the workforce for a rapidly growing state. Idaho ranks 49<sup>th</sup> for active physicians per 100,000 population and 50<sup>th</sup> according to the United Health Foundation's 2015 America's Health Ranking. Idaho has an 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 (6). Additionally, 27% of Idaho physicians are over age 60 and will be retiring in the next decade (7). Idaho has an increased number of medical school graduates. The Idaho Legislature has recently increased the number of Idaho medical students to 40/year in the Idaho WWAMI program and 10/year at the University of Utah. The Idaho College of Osteopathic Medicine is in its final accreditation phase and if accredited will graduate 150 medical students per year starting in 2022. This creates a situation in which Idaho will become a net exporter of medical school graduates and will lose these graduates to residency training programs elsewhere unless Idaho builds the infrastructure for more GME programs **now**. It is thus imperative that Idaho **expand future GME infrastructure now** to provide enough training opportunities not only to retain many of these students in state, but to attract other top notch medical school graduates. This is particularly important for a state like Idaho that is predominantly rural and frontier where physician recruitment is challenging.

In an era of lower Medicare rates, capped GME positions for many hospitals, and declining federal grant funding for GME (e.g. Affordable Care Act created Teaching Health Center, Primary Care Residency Expansion, Title VII), existing residencies face significant barriers to expansion and to creation. In order to expand, residencies must not only replace lost external funding sources, they 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 may not.

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

(4) Association of American Medical Colleges State Physician Workforce Data Book, November 2017

(5) Association of American Medical Colleges State Physician Workforce Data Book, November 2017

(6) Graham Center Data, 2013

(7) Association of American Medical Colleges State Physician Data Workforce Book, November 2017



In order to create new residency programs, you must have 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 Governor's, Idaho Legislature's and the State Board of Education's efforts, 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 this Ten Year Graduate Medical Education Strategic Plan in Idaho is a collaborative effort from Governor Otter, the Idaho Legislature, the State Board of Education, the GME programs in Idaho, the UME programs engaged with Idaho, the Idaho Medical Association, the Idaho Hospital Association, the Idaho Department of Health and Welfare and other engaged stakeholders to help create a vision that can be transformed into a realistic and actionable plan that will help Idaho grow a high quality physician workforce that will help in promoting 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 that stays in Idaho to practice adds approximately 10 jobs per physician and over \$1,300,000 of economic impact in their communities <sup>(8)</sup>.

### **Background**

Graduate Medical Education is the formal education period where physicians enter into their specialty training program to become the type of doctor they choose to be. This education time typically lasts from three to seven years in length and is known as "residency training" in a particular specialty (e.g. family medicine, internal medicine, psychiatry, general surgery, etc.). The program they are in for this "residency training" is called a residency program and the successful passing of that specialty's Board Certification exam leads to a physician becoming "board certified" in their specialty. This period of time is crucial to the development of a fully skilled, prepared physician to provide safe and effective patient care to the citizens and the communities in which they live. While in residency training the individuals in these programs are called residents. The first year of a 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 that precedes residency training 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.

Currently, there are eight residency programs in Idaho with Accreditation Council for Graduate Medical Education (ACGME) accreditation. There is also one American Osteopathic Association (AOA) accredited residency program in Idaho. These programs have five different sponsoring institutions and are located in six communities across the State.

<sup>(8)</sup> *The Economic Impact of Physicians in Idaho; American Medical Association Report, March 2014*

All residency programs accredited by the ACGME (which will accredit all residency and fellowship programs after 2020) must have a sponsoring institution, frequently a hospital system, academic institution, or a medical school. The Family Medicine Residency of Idaho (FMRI) is headquartered in Boise and sponsors three family medicine residency programs. The largest of these programs is located in Boise with the other two being Rural Training Tracks (RTTs). These RTTs have residents train their first year in Boise and their latter two years spent in Caldwell or in the Magic Valley (Twin Falls/Jerome). Idaho State University (ISU) has a family medicine residency in Pocatello, and Kootenai Medical Center sponsors a family medicine residency program in Coeur d'Alene. The University of Washington (UW) sponsors an internal medicine residency program in Boise and a psychiatry residency track where residents train for two years in Seattle and two years in Boise. The UW internal medicine residency program also trains four preliminary year interns that leave the state after their one year internship to pursue training in other specialty areas (e.g. ophthalmology, neurology, dermatology). Additionally, there is an American Osteopathic Association (AOA) internal medicine residency that does not receive State Board of Education (SBOE) support in Blackfoot, Idaho.

There are currently four fellowship programs in Idaho. All four are located in Boise and sponsored by FMRI. The fellowships consist of Sports Medicine, HIV/Viral Hepatitis, Geriatrics, and Obstetrics. These programs are each one year in length.

### **Purpose**

This document represents a collaborative effort of all Graduate Medical Education (GME) and Undergraduate Medical Education (UME) medical school programs in Idaho to provide a blue print for a comprehensive and cohesive plan to move forward with the much needed expansion of GME in the state of Idaho. This blueprint creates a ten year plan to expand existing programs and the plans for development of new programs necessary to sustain the patient centered medical home in Idaho and to produce the physician workforce needed to achieve an integrated healthcare system that produces excellent health outcomes for Idaho's citizens. This workforce production will have a positive impact on job creation and beneficial economic impact for Idaho. This paper will produce both a ten year timeline to roll these programs out and a budget necessary to enact and sustain them. It will also tie together how GME and UME can work synergistically.

## **Goals**

There are seven goals to achieve over the next ten years for Idaho in regards to Graduate Medical Education.

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 ten year period.
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 partnering with the Governor and Idaho Legislature as well as the Idaho State Board of Education (SBOE), Idaho Medical Association (IMA), Idaho Hospital Association (IHA) and other important stakeholders.
5. Accomplish this expansion in harmony 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, the newly created Washington State University Elson S. Floyd College of Medicine and the Idaho College of Osteopathic Medicine.
6. Develop a Graduate Medical Education Council (GMEC) to oversee the implementation and the sustainability of this plan.
7. Develop metrics of success that the GMEC will oversee to ensure program accountability for quality workforce production and appropriate distribution to all parts of Idaho.

## **Current GME in Idaho**

Idaho currently has eight Accreditation Council for Graduate Medical Education (ACGME) accredited programs, one American Osteopathic Association (AOA) accredited program, and four fellowships sponsored by five institutions as noted previously. These programs are the:

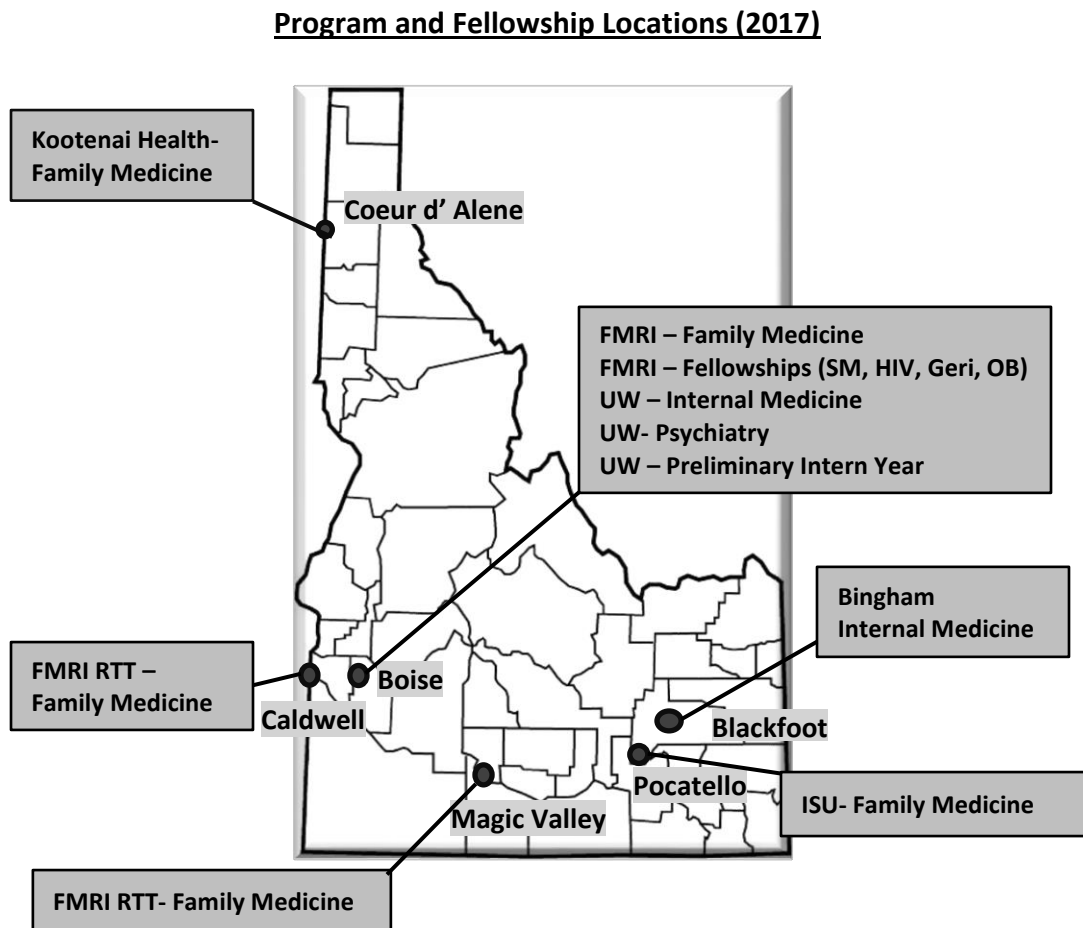
- Family Medicine Residency of Idaho (FMRI) with three family medicine residency programs located in Boise, Caldwell, and Twin Falls/Jerome.
- University of Washington (UW) with three residency programs in internal medicine, psychiatry and a one year preliminary year program and all three are located in Boise.
- Idaho State University (ISU) with one family medicine residency program located in Pocatello.

- Kootenai Health Family Medicine Coeur d’Alene Residency with one family medicine residency program located in Coeur d’Alene.
- Bingham Internal Medicine Residency with one internal medicine residency program located in Blackfoot.

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

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

**Figure One** – Programs Specialties and locations in Idaho.



**Table 1:  
Residency and Fellowship Programs in Idaho**

<b>Types</b>	<b>Specialty</b>	<b>Location</b>	<b>Sponsoring Institution</b>	<b>Year Established</b>	<b>Total Number of Residents/Fellow</b>	<b>Residents/Fellows Per Year</b>
Residency	Family Medicine	Boise	FMRI	1974	33	11-11-11
Residency	Family Medicine	Caldwell	FMRI	1995	9	3-3-3
Residency	Family Medicine	Magic Valley	FMRI	2009	6	2-2-2
Residency	Family Medicine	Pocatello	ISU	1992	21	7-7-7
Residency	Family Medicine	Coeur d'Alene	KHFMR	2014	18	6-6-6
Residency	Internal Medicine	Boise	UW	2011 (1977 R2 Track)	25	9-8-8
Residency	Internal Medicine	Blackfoot	RVU	2014	11 (class of 12 not full)	4-4-4
Residency	Psychiatry	Boise	UW	2006	7	0-0-4-3
Internship	Preliminary Internship	Boise	UW	1977	4	4
Fellowship	Sports Medicine	Boise	FMRI	1995	1	1
Fellowship	HIV/Viral Hepatitis	Boise	FMRI	2006	1	1
Fellowship	Geriatrics	Boise	FMRI	2013	1	1
Fellowship	Obstetrics	Boise	FMRI	2015	1	1

**GME Expansion Plan in Idaho**

To achieve Idaho moving from 6.4 GME positions per 100K to 17.7 positions per 100K, the following growth will need to occur generally at each of Idaho's existing and proposed GME programs.

**1. Family Medicine Residency of Idaho**

A. FMRI will grow from 16 residency positions per year to 30 positions per year over the next ten years. Table 2 provides where the expansion will occur and at what time.

**Table 2:  
FMRI Ten Year Strategic Graduate Medical Education (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	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	FY 29	Total R/F FTE's	
																	Class	Total
Family Medicine Residency Of Idaho	Family Medicine	Boise	3	11	33			1	1	1	1	1	1	1	1	1*	14	42
FMRI	Family Medicine	Caldwell	3	3	9				1	1	1						4	12
FMRI	Family Medicine	Magic Valley	3	2	6		2	2	2								4	12
FMRI	Family Medicine	Nampa	3	6	0		6	6	6								6	18
FMRI	Family Medicine and Psychiatry	Nampa	5	2	0					2	2	2	2	2			2	10
FMRI	Family Medicine	RTT #1	3	2	0					2	2	2					2	6
FMRI	Sports Med	Boise	1	1	1												1	1
FMRI	HIV/Viral Hepatitis	Boise	1	1	1	1											2	2
FMRI	Geriatrics	Boise	1	1	1												1	1
FMRI	Obstetrics	Boise	1	1	1												1	1
FMRI	Palliative Care	Boise	1	1	0		1										1	1
FMRI	Addiction Medicine	Boise	1	1	0			1									1	1
FMRI	Integrative Medicine	Boise	1	1	0					1							1	1
FMRI	Rural FM	Nampa	1	1	0						1						1	1
					<b>48 R's 4 F's</b>												<b>41</b>	<b>100 R's* 9 F's</b>

\* The final Family Medicine Resident will be added after the Ten Year Plan in FY29

**In short the following is what will occur:**

- i. FMRI Boise will grow from 11 to 14 residents/year in FY 2021, 2024 and 2027
  - ii. Caldwell RTT will grow from 3 to 4 residents/year in FY 2022
  - iii. Magic Valley RTT will grow from 2 to 4 residents/year in FY 2020 and 2021
  - iv. A new Family Medicine Residency (Nampa) will grow from 0 to 6 residents/year, with the first class starting in 2019 (FY20). This buildout will continue with 6/year in FY 2021 and 2022.
  - v. A combined Family Medicine/Psychiatry Program will add two residents per year to the Nampa Family Medicine Residency starting in FY 2023. This combined program will be five years in length
  - vi. A new RTT #1 will grow from 0 to 2 residents/year off of the Nampa Program starting in FY 2023-2025
- B. Fellowships at the FMRI will grow from 4 per year to 9 per year with the development of four new fellowships and the expansion of one.
- i. Sports Medicine will continue to have 1 fellow/year
  - ii. HIV/Viral Hepatitis will grow from 1 to 2 fellows/year with expansion in FY 2019
  - iii. Geriatrics will continue to have 1 fellow/year
  - iv. Obstetrics will continue to have 1 fellow/year
  - v. Palliative Care (New) will grow from 0 to 1 fellow/year in FY 2020
  - vi. Addiction Medicine (New) will grow from 0 to 1 fellow/year in FY 2021
  - vii. Integrative Medicine (New) will grow from 0 to 1 fellow/year in FY 2023
  - viii. Rural Family Medicine (New) will grow from 0 to 1 fellow/year in FY 2024

In summary the growth of the Family Medicine Residency of Idaho (FMRI) over the time period of July 1, 2018 through June 30, 2028 will be from 48 Family Medicine Residents to 100\* Family Medicine Residents which is a growth of 225%. The FMRI Fellowships in this same time period will go from 4 Fellows to 9 Fellows for a growth of 180%. In aggregate the expansion will be from 52 residents and fellows in July 2017 to 108 residents and fellows by July 1, 2028 which is a 206% expansion in GME positions.

## 2. Idaho State University

The Idaho State University of Family Medicine Program plans to grow its core program in Pocatello by two family medicine residents in each year over this expansion period. Additionally, it plans to start one to two Rural Training Tracks (RTTs) in Eastern Idaho locations with 2 residents per class. RTT #1 will be in Rexburg, Idaho. Groundwork for this RTT has been laid over the past few months and an ACGME accreditation application is in process. The Madison Memorial Hospital Board of Trustees approved their support of the RTT at their September 28, 2017 meeting. The ISU program also plans to start a fellowship program in Hospitalist Medicine in this time period. Please see Table 3 for the tentative roll out of these programs.

**Table 3:  
ISU Ten Year Strategic Graduate Medical Education (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	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	Total R/F FTE's		
																Class	Total	
Idaho State University	Family Medicine	Pocatello	3	7	21					2	2	2					9	27
(ISU)	Family Medicine	RTT 1	3	2	0		2	2	2								2	6
(ISU)	Family Medicine	RTT 2	3	2	0								2	2	2		2	6
(ISU)	Hospitalist	Pocatello	1	1	0	1											1	1
					<b>21 R's 0 F</b>											<b>14</b>	<b>39 R's 1 F</b>	

In summary the growth of the Idaho State University (ISU) over the time period of July 1, 2018 through June 30, 2028 will be from 21 Family Medicine Residents to 39 Family Medicine Residents and 1 Fellow which is a growth of 90%.

## 3. Kootenai Health Family Medicine Coeur d'Alene Residency

The Kootenai Health Family Medicine Coeur d'Alene Residency was newly created in 2014 and has just graduated its first class of residents. It plans to grow its core class size by one resident from 6 to 7 family medicine residents per year over the next decade. The potentially big expansion for Kootenai Health Family Medicine Residency comes in its creation of a Rural Training Track (RTT) somewhere in northern Idaho. This program would be at 2 Family Residents per year for a total of 6 RTT residents when the RTT is full. Table 4 outlines this growth and timing.



**Table 4:  
Kootenai Health Family Medicine Coeur d' Alene Residency Ten Year Strategic  
Graduate Medical Education (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	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	Total R/F FTE's	
																Class	Total
Kootenai Health	Family Medicine	Coeur d' Alene	3	6	18								1	1	1	7	21
Kootenai Health	Family Medicine	RTT 1	3	2	0				2	2	2					2	6
					18 R's											9	27 R's

In summary the growth of the Kootenai Health Family Medicine Coeur d'Alene Residency (KHFMR) over the time period of July 1, 2018 through June 30, 2028 will be from 18 Family Medicine Residents to 27 Family Medicine Residents which is a growth of 50%.

**4. UW Internal and Preliminary Medicine**

There are three types of programs sponsored by the University of Washington and located at the Boise Veterans Administration Hospital. The largest and oldest is the Internal Medicine Residency Program. This program will grow its core program from 9 to 12 residents per year during this expansion period. The Preliminary Year Intern program (PYI) is a year in length training program that prepares these interns broadly and allows them to be competitive for further GME programs outside of Idaho in such subspecialties as neurology, ophthalmology and dermatology. This program plans to stay stable at 4 PYI's/ year. In addition the Boise Internal Medicine Residency program has 2 Chief Resident Positions per year (fourth year positions) which will-grow by 1 over the expansion period in FY 21. Table 5 summarizes these positions and their growth.

**Table 5:  
UW – IM/Preliminary/Chief Residents Ten Year Strategic  
Graduate Medical Education (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	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	Total R/F FTE's	
																Class	Total
University of Washington	Internal Medicine	Boise	3	9	25	4*	4*	3								12	36
UW	Internal Medicine – Chief Residents	Boise	1	2	2			1								3	3
UW	Preliminary Year	Boise	1	4	4											4	4
* The growth of resident per class in FY 19, FY 20 and FY 21 completes a class expansion from 8 to 12 in all 3 years that had started in FY 18 with the R-1 class going from 8 to 9																	
					31 R's											19	43 R's

In summary the growth of the University of Washington Internal Medicine, Chief Resident and Preliminary Year Intern program over the time period of July 1, 2018 through June 30, 2028 will be from 31 Internal Medicine, Preliminary and Chief Residents to 43 Internal Medicine Residents, Preliminary Interns and Chief Residents, which is a growth of 39%.

**5. UW – Psychiatry**

The UW Psychiatry residency plans to expand its current class size of 4 residents per year which is currently split between Seattle and Boise, to all four years being in Boise. Additionally the UW Psychiatry program will increase its class size from 4 residents per class to 6 residents per class, which will represent 24 psychiatrists training in Idaho through the program at a time. The growth of this program can be seen in Table 6.

**Table 6:  
UW Psychiatry Ten Year Strategic Graduate Medical Education (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	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	Total R/F FTE's		
																Class	Total	
University of Washington	Psychiatry	Seattle/ Boise	4	4*	7 (8 when full)			4	4			2	2	2	2	6	24	
<i>* Currently the first 2 years of this residency are in Seattle and years 3 and 4 are in Boise.</i>																		
																<b>7 R's</b>	<b>6</b>	<b>24 R's</b>

In summary the growth of the University of Washington Psychiatry Residency over the time period of July 1, 2018 through June 30, 2028 will be from 7 Psychiatry Residents to 24 psychiatry residents training in Idaho, which is a growth of 243%.

**6. Bingham Internal Medicine Residency**

This program was the first American Osteopathic Association (AOA) accredited residency program in Idaho. The program just graduated its first class. The program has not been part of the SBOE funding formulas in the past. It will need to transition under the single Accreditation system to an Accreditation Council for Graduate Medical Education (ACGME) accredited residency by 2020. In doing so, it will need to grow its class size to 5 residents per class as a minimum.

Table 7 outlines this program coming into the GME community and being included under the State Board of Education.

**Table 7:  
Bingham Internal Medicine Ten Year Strategic Graduate Medical Education (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	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	Total R/F FTE's		
																Class	Total	
Rocky Vista University College of Osteopathic Medicine	Internal Medicine	Blackfoot	3	4	11	1	1	1	1								5	15 R's
					11 R's											5	15 R's	

In summary the growth of the Bingham Internal Medicine Residency over the time period of July 1, 2018 through June 30, 2028 will be from 11 Internal Medicine Residents to 15 Internal Medicine Residents. This program will represent a new program requesting state funding and will eventually add 15 new GME state funded positions. This represents a growth of 36%.

**3. Eastern Idaho Regional Medical Center**

The Eastern Idaho Regional Medical Center gained sponsoring institution status in May of 2017. With this ACGME sponsoring institution status it can now start creating residency programs that will need ACGME accreditation and seems to be well on the way of achieving this vision. They are contemplating four residency programs as this time. The internal medicine residency program has gained ACGME accreditation and is in the process of interviewing applicants to start July 1, 2018. Table 8 outlines these four programs and their projected growth and timing.

**Table 8:  
Eastern Idaho Regional Medical Center Ten Year Strategic Graduate Medical Education  
(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	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY2 8	Total R/F FTE's		
																Class	Total	
Eastern Idaho Regional Medical Center	Internal Medicine	Idaho Falls	3	10	0	10	10	10									10	30
EIRMC	Family Medicine	Idaho Falls	3	6	0		6	6	6								6	18
EIRMC	Emergency Medicine	Idaho Falls	3	8	0			8	8	8							8	24
EIRMC	General Surgery	Idaho Falls	5	3	0			3	3	3	3	3					3	15
																<b>27</b>	<b>87 R's</b>	

**These four programs are:**

**A. Internal Medicine**

The first of two programs to begin taking residents during FY 2019 will be an internal medicine residency program with 10 residents per class.

**B. Family Medicine**

EIRMC plans to start a Family Medicine Residency Program with 6 residents per class in FY 2020.

**C. Emergency Medicine**

EIRMC plans to start an Emergency Medicine Residency Program with 8 residents per class for FY2021.

**D. General Surgery**

EIRMC plans to start a General Surgery Residency Program with 3 residents per class for FY2021.

In summary the growth of the Eastern Idaho Regional Medical Center over the time period of July 1, 2018 through June 30, 2028 will be from no current residents to 30 Internal Medicine residents, 18 Family Medicine residents, 24 Emergency Medicine residents and 15 General Surgery residents for a total of 87 new residents.

**4. University of Utah/ISU Psychiatry Program**

The University of Utah, in conjunction with ISU, is in the process of developing a Psychiatry Resident Track Program for Eastern Idaho. This would have the first year in Salt Lake City with rotation time in Pocatello in the first year. All three of the subsequent years will be in Idaho. Table 9 outlines the expansion and timing.

**Table 9:  
University of Utah/ISU Ten Year Strategic Graduate Medical Education (GME) Growth Plan**

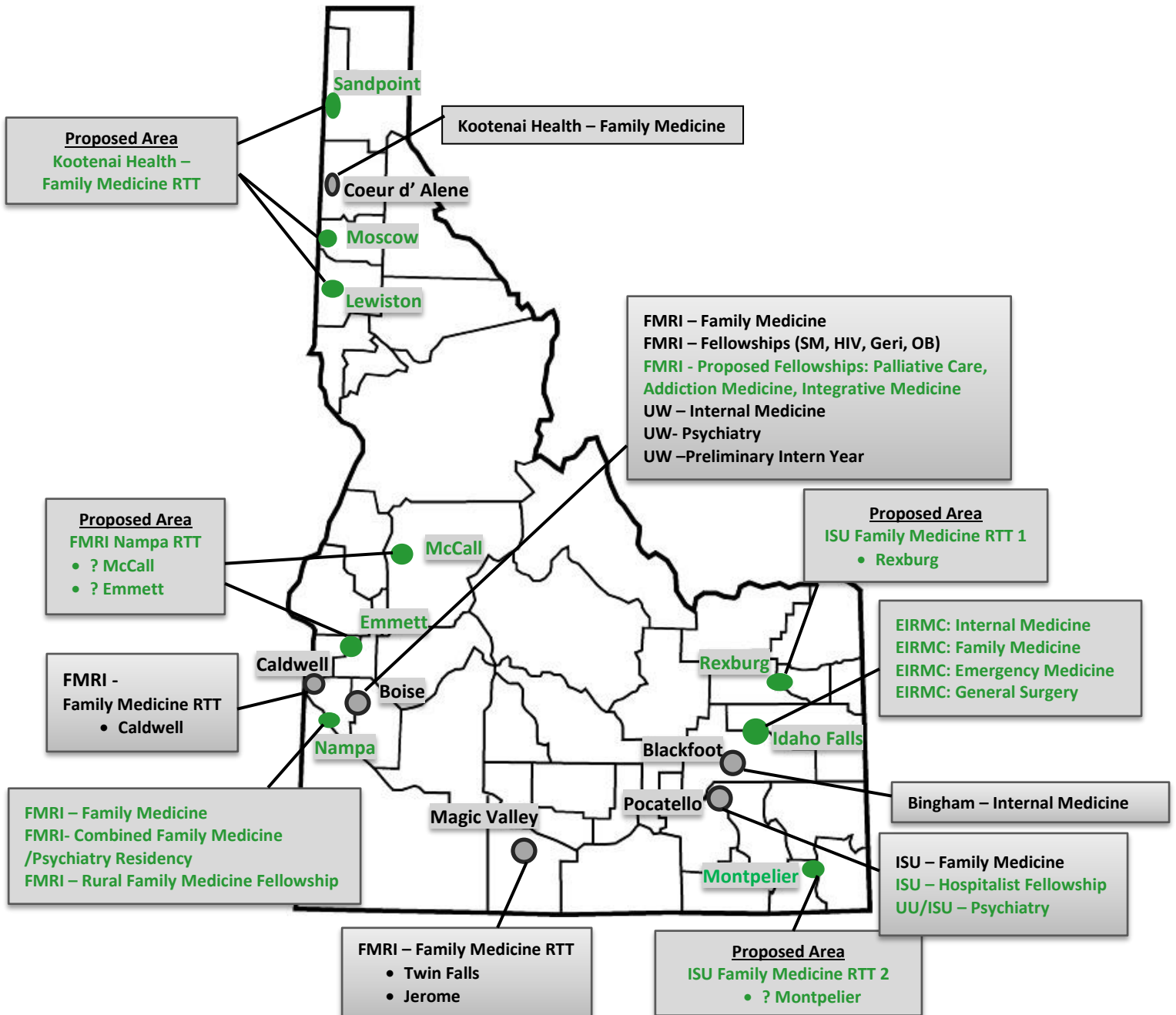
<b>Expansion/New Program</b>																		
Name of Institution	Type of Residency Fellowship	Location	Length of Training	Class Size Per Year	Total Residents/ Fellows FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25	FY26	FY27	FY28	Total R/F FTE's		
																Class	Total	
University of Utah School of Medicine	Psychiatry	Salt Lake/ Pocatello	4*	3	0		3	3	3	3							3	12
<i>* The first year of this four year residency will be in Salt Lake. The subsequent next 3 years will be spent in Eastern Idaho based out of ISU in Pocatello.</i>																		
																<b>3 Residents</b>		<b>12 R's</b>

In summary the growth of the University of Utah/ISU Psychiatry Program over the time period of July 1, 2018 through June 30, 2028 will be from 0 Psychiatry Residents to a total of 12 new psychiatry residents.

**Summary of GME Residency FTE Growth**

When taken in aggregate this ten year GME strategic plan makes major strides to address Idaho’s critical need for additional healthcare providers. It represents a thoughtful and controlled expansion from 9 programs to 21 programs and growth from 141 current residents and fellows in training to 356 residents and fellows in training 10 years later. That represents a 252% increase. This will result in the number of graduating residents and fellows moving from 52 per year in Idaho to 124 per year which represents a 236% increase. Figure 2 shows the locations of these programs and fellowships.

**Figure Two – Program and Fellowship Locations (2028)**



This will help Idaho move from its current rate of 6.4 residents per year 100,000 Idaho citizens (49<sup>th</sup> in the United States) to approximately 17.7 residents and fellows per 100,000 Idaho citizens with the assumption that Idaho will grow to two million people by 2028. This is still below the United States average of 27.4 residents and fellows in training but 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 do this now we will fall further behind in meeting a high quality and competent physician workforce for Idaho.

Table 10 summarizes the growth in GME positions over the time period of July 1, 2017 through June 30, 2028.

**Table 10: Ten Year Strategic Graduate Medical Education (GME Growth Plan for Idaho)**

Institution	Residents/Fellows in Training as of July 1, 2017	Residents / Fellows in Training in July 1, 2028	Number of Residents Graduating from All Program classes/year in 2017	Number of Residents Graduating from All program classes/year in 2028
FMRI (FM)	52	109	20	41
ISU (FM)	21	40	7	14
Kootenai/CdA (FM)	18	27	6	9
UW (IM /Psychiatry/Preliminary/Chiefs)	39	67	19	25
Bingham (IM)	11	15	0	5
EIRMC (IM, FM, ER, Surgery)	0	87	0	27
UU/ISU (Psychiatry)	0	12	0	3
	<b>141</b>	<b>356</b>	<b>52</b>	<b>124</b>
		<b>252% Increase</b>		<b>238% Increase</b>

**Table 11: Current and New Program Growth**

<b>Program Types</b>	<b>2017</b>	<b>2028</b>
<b>Family Medicine</b>	<b>Five Programs</b> <ul style="list-style-type: none"> <li>• FMRI-Boise</li> <li>• FMRI – RTT Caldwell</li> <li>• FMRI – RTT – Magic Valley</li> <li>• ISU – Pocatello</li> <li>• Kootenai – Coeur d’ Alene</li> </ul>	<b>Twelve Programs</b> <ul style="list-style-type: none"> <li>• FMRI Boise</li> <li>• FMRI RTT Caldwell</li> <li>• FMRI Magic Valley</li> <li>• <b>FMRI Nampa</b></li> <li>• <b>FMRI Nampa RTT</b></li> <li>• <b>FMRI Nampa Combined Family Medicine and Psychiatry *</b></li> <li>• ISU Pocatello</li> <li>• <b>ISU Pocatello – RTT #1 (Rexburg)</b></li> <li>• <b>ISU Pocatello RTT #2 (Montpellier)</b></li> <li>• Kootenai Coeur d’ Alene</li> <li>• <b>Kootenai Coeur d’Alene – RTT (Sandpoint, Moscow or Lewiston)</b></li> <li>• <b>EIRMC Idaho Falls</b></li> </ul>
<b>Internal Medicine</b>	<b>Two Programs</b> <ul style="list-style-type: none"> <li>• UW- Boise</li> <li>• RVU – Bingham - Blackfoot</li> </ul>	<b>Three Programs</b> <ul style="list-style-type: none"> <li>• UW- Boise</li> <li>• RVU – Bingham – Blackfoot</li> <li>• <b>EIRMC – Idaho Falls</b></li> </ul>
<b>Psychiatry</b>	<b>One Program</b> <ul style="list-style-type: none"> <li>• UW – Boise -Psychiatry</li> </ul>	<b>Three Programs</b> <ul style="list-style-type: none"> <li>• UW – Boise– Psychiatry</li> <li>• <b>ISU/UU – Pocatello</b></li> <li>• <b>FMRI Nampa – Combined Family Medicine/Psychiatry *</b></li> </ul>
<b>Preliminary Year Internship</b>	<b>One Program</b> <ul style="list-style-type: none"> <li>• UW- Boise</li> </ul>	<b>One Program</b> <ul style="list-style-type: none"> <li>• UW – Boise</li> </ul>
<b>Emergency Medicine</b>		<b>One Program</b> <ul style="list-style-type: none"> <li>• <b>EIRMC – Idaho Falls</b></li> </ul>
<b>General Surgery</b>		<b>One Program</b> <ul style="list-style-type: none"> <li>• <b>EIRMC – Idaho Falls</b></li> </ul>
<b>Total</b>	<b>Nine Programs</b>	<b>Twenty One Programs *</b> <b>* (The Nampa combined family medicine/psychiatry residency will produce Board certified physicians in both Family Medicine and Psychiatry)</b>

**Timeline**

GME expansion will require much coordination and planning. As a general rule of thumb, it will take two to five years to build a new program from scratch. It will take one to three years to expand existing programs. A conceptual framework and strategic plan for the next ten years as is summarized in the attached time table.

**Table 12: Ten Year Timeline of NEW GME Program Resident/Fellow FTE Development and Expansion**

Program	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	Total New FTE'S
<b>Family Medicine Residency of Idaho</b>												
• Boise				1	1	1	1	1	1	1	1	8
• Caldwell					1	1	1					3
• Magic Valley			2	2	2							6
• Nampa			6	6	6							18
• Nampa FM/Psychiatry						2	2	2	2	2		10
• Nampa RTT #1						2	2	2				6
• HIV/Viral Hepatitis		1										1
• Palliative Care			1									1
• Addiction Medicine				1								1
• Integrative Medicine						1						1
• Rural FM							1					1
<b>Idaho State University</b>												
• Pocatello						2	2	2				6
• RTT #1			2	2	2							6
• RTT #2									2	2	2	6
• Hospitalist		1										1
<b>Kootenai</b>												
• Coeur d'Alene									1	1	1	3
• RTT #1					2	2	2					6
<b>University of Washington</b>												
• Internal Medicine – Boise	1	4	4	3								12
• Chief Resident				1								1
<b>University of Washington</b>												
• Psychiatry				4	4			2	2	2	2	16
<b>Bingham</b>												
• Internal Medicine - Blackfoot		1	1	1	1							4
<b>Eastern Idaho Regional Medical Center</b>												
• Internal Medicine –Idaho Falls		10	10	10								30
• Family Medicine - Idaho Falls			6	6	6							18
• Emergency Medicine– Idaho Falls				8	8	8						24
• General Surgery - Idaho Falls				3	3	3	3	3				15
<b>University of Utah / ISU</b>												
• Pocatello			3	3	3	3						12
<b>216 New FTE Resident/Fellow Positions</b>												



## **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, Medicare GME, and hospitals will all be needed to make these programs sustainable. This is an important and delicate balance to have stable funding for these programs. Stabilization of the funding streams to the programs from the Idaho Legislature from \$30,000 to \$60,000 per resident is necessary to allow the programs the ability to grow and expand.
2. **Medicaid GME:** Currently Idaho has requested a State Plan Amendment to its Idaho Medicaid Program 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.
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 medical student 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 can 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 around teaching stipends for this activity or a standard deduction if no payment is taken. This will 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 and State Loan Repayment Program (SLRP) can be grown and 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 investment in this program.
  
8. **Medicare GME Advocacy:** In the Balanced Budget Act of 1997, the 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” for these hospitals. Rural hospitals are allowed to increase their cap by 130% of the 1997 number. Hospitals with no GME will be capped in three 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.

### **Criteria for GME Program Selection for Idaho State Funding**

In 2015, a set of six criteria was developed by the Idaho Medical Association (IMA) Medical Education Affairs Committee and approved by the IMA Board of Trustees. These criteria were adopted to maintain focus on quality and to gain support of the IMA for recommendation to the state of Idaho for consideration of state funding support. These six criteria are as follows:

1. Eligibility for Liaison Committee on Medical Education (LCME) or Commission on Osteopathic College Accreditation (COCA) accreditation (applies to Medical Schools and not germane to this GME Plan).
2. Provides affordable access to medical education for qualified Idaho students.
3. Focus on the goal of continued expansion of Idaho medical school graduates.
4. Integrate with, and support expansion of, Accreditation Council for Graduate Medical Education (ACGME) accredited residency programs.
5. Education and training of specialties based on physician workforce numbers and needs in Idaho.
6. Focus on recruitment and retention of program graduates.

## **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	60/year	0
Idaho College of Osteopathic Medicine	2018	150/year	Preferred status for admission
		<b>740/year</b>	

For the Medical students doing clinical training in Idaho, the paired training model of having the medical students work alongside the residents will help with 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 and the residents to learn even more by teaching. It also allows the teaching faculty preceptors to share the work of teaching. By growing GME we will expand the ability to teach a good proportion of the 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 the UME institutions producing the medical students that will need 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 because of the lack of preceptors for the GME positions. This dynamic must be monitored closely.

## **Budget**

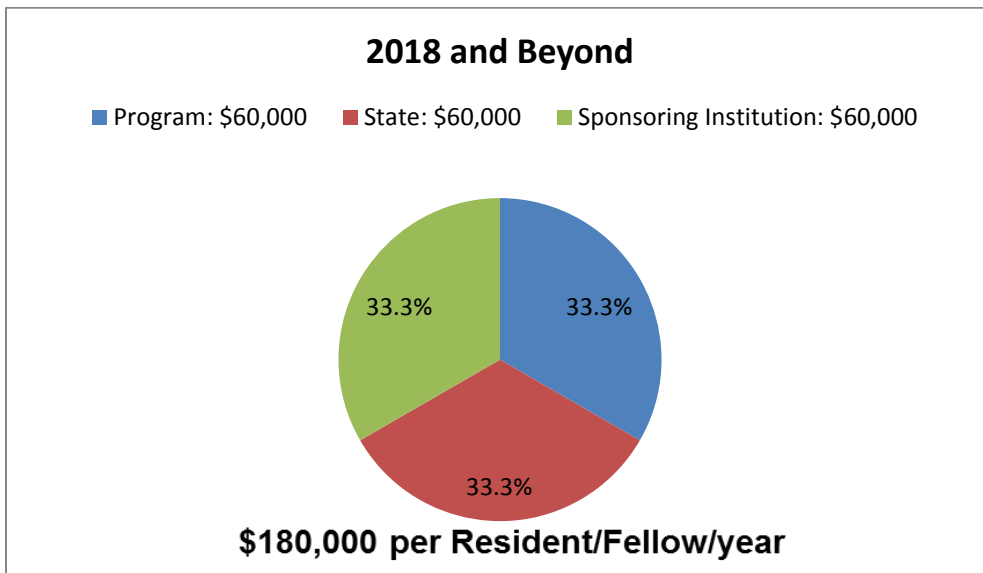
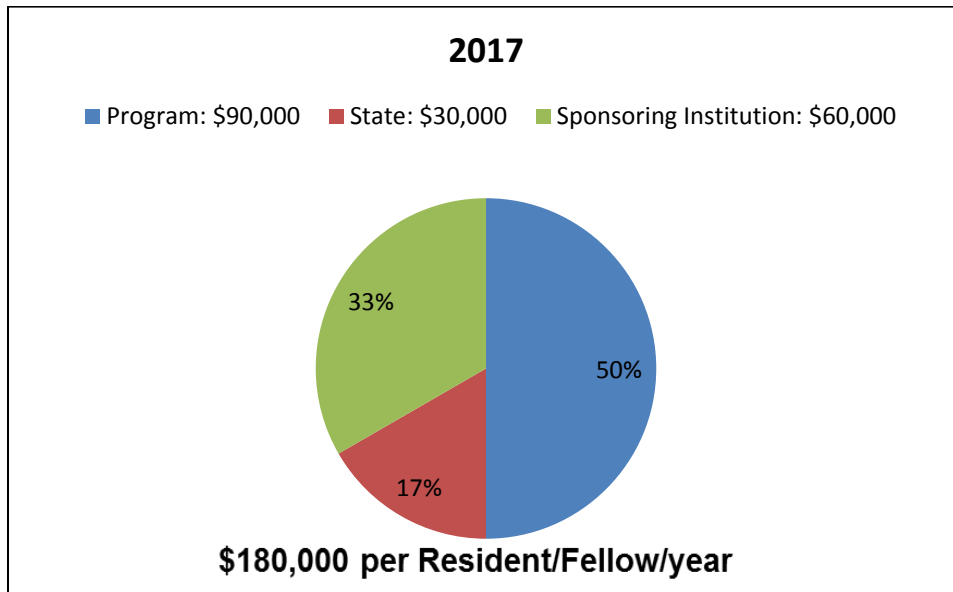
In order to bring consistency of methodology to the budgeting process, four strategies will be consistently employed across all programs.

1. The first is that programs, institutions, hospitals and the state need to partner around the concept that 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 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 the program's success and stability.

2. The cost of training a resident varies across the nation and by specialty. The most recent data shows the typical range being from \$150,000 to \$227,000 per resident <sup>(9)</sup>. The data from Idaho's largest GME program (i.e. FMRI) reveals that it annual costs \$194,000/year to train a resident. Therefore a reasonable estimate of the average cost to train a resident per year is \$180,000. 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 is \$60,000 per resident. This per resident amount (PRA) for the state's contribution will enable and encourage residents to train in Idaho and will provide physicians to care for Idaho's citizens and 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 can be applied to the specialty of physician and the numbers of physicians in training.
3. Similarly, each program must have a capable Program Director and Administrative Residency Coordinator. To help new programs, funding for the Program Director and Administrative Residency Coordinator has been included in the plan. A base salary for a Program Director is estimated to be \$240,000/year and for an Administrative Residency Coordinator is estimated to be \$75,000/year. Using the one-third amount for the state's contribution, this would be approximately \$80,000 for the Program Director and \$25,000 for the Residency Coordinator.
4. Sustainability and maintenance of current operations (MCO) funding must also be considered for existing programs that are already training residents and fellows in Idaho. All of the existing programs are facing challenges to sustain their programs as they balance the education mission they have in training the future workforce and the operational side of their mission in seeing enough patients (e.g. Medicaid, Medicare, uninsured, under-insured, veterans, refugees and others) to help keep their program doors open. These costs have increased substantially since the SBOE set the state matching amount at \$30,000/resident years ago. Costs and expenses have significantly increased around faculty salaries and benefits, liability insurance, accreditation fees, staff expenses, facilities, EMRs, resident salaries and benefits, to name just a few. Therefore \$60,000 per resident is an appropriate state share payment as an ongoing maintenance of current operations to ensure that our programs don't close or reduce class size because of financial pressures at a time when there is an urgent need for more physicians. Figure 3 details this important change in funding from the existing \$30,000 per resident per year to the needed \$60,000 per resident per year amount. This represents the state assuming one-third of the cost of resident training (i.e. \$60,000 per resident, per year) from its current one-sixth amount of \$30,000 per resident per year.

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

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



Using this methodology for FY 2019, all existing programs in place at this time will need an ongoing re-leveling to help maintain program sustainability and viability. Therefore the requested increase from approximately \$30,000 to \$60,000 per resident represents a \$30,000 increase in base funding per resident. This will be added as a separate line item in each of the programs who are already training residents in the state of Idaho. The reason this is important is that healthy existing programs will be the main producers of these future physicians. They are the programs with

experience and knowledge about GME. They are the programs on which growth and expansion will be built. We must build on stable GME Programs.

With this overall methodology in mind, a thoughtful and measured budgeting formula can be applied to all of the existing GME programs and their residents as well as all new programs and existing program expansion. Each program will thus be budgeted over the next 10 years for new funding from the Idaho Legislature through the State Board of Education for the state’s one-third contribution to sustain, grow and create new programs. The budget to grow and expand GME in Idaho is detailed by programs and activities within the program in the tables that follow.

**Table 14:  
FMRI Growth and State Budget Request**

<b>Program</b>	<b>Current Class July 1, 2017</b>	<b>Class FY 28</b>	<b>Change Per Class</b>	<b>Total Residents/ Fellows FY 18</b>	<b>Total R/F FY28</b>	<b>Expansion Per Program</b>	<b>Cost to Idaho \$60K/Resident/Year</b>	<b>Time of Expansion</b>
• Boise Core Program	11	14	3	33	42	8	\$480,000	FY21, FY24, FY28
• Caldwell RTT	3	4	1	9	12	3	\$180,000	FY22 – FY24
• Magic Valley RTT	2	4	2	6	12	6	\$360,000	FY20 - FY21
• Nampa Family Medicine	0	6	6	0	18	18	\$1,080,000	FY20 – FY22
Program Director							\$80,000	
Residency Coordinator							\$25,000	
• Nampa FM/Psychiatry	0	2	2	0	10	10	\$600,000	FY23 - FY27
Program Director							\$80,000	
Residency Coordinator							\$25,000	
• New RTT	0	2	2	0	6	6	\$360,000	FY24 – Y26
Program Director							\$80,000	
Residency Coordinator							\$25,000	
• HIV/Viral Hepatitis Fellowship	1	2	1	1	2	1	\$60,000	FY19
• Palliative Care Fellowship	0	1	1	0	1	1	\$60,000	FY20
• Addiction Medicine Fellowship	0	1	1	0	1	1	\$60,000	FY21
• Integrative Medicine Fellowship	0	1	1	0	1	1	\$60,000	FY23
• Rural Family Medicine Fellowship	0	1	1	0	1	1	\$60,000	FY25
• Fellowships in Sports Medicine, Geriatrics, OB, HIV/Viral Hepatitis (Funded by ISBOE in FY18 – See below ).	4	5	0	4	5	0	\$250,000	FY18
• Maintenance of Current Operations (MCO)	48 Residents @ \$30k/Resident/Year * (33 Residents – Boise, 9 Residents – Caldwell, 6 residents – Magic Valley) * This amount goes from the existing state amount \$30k to \$60k so net \$30K						\$1,440,000	FY19
<b>Deductions</b>							<b>Grand Total</b>	<b>\$5,365,000</b>
• Nampa Family Medicine Start Up								<b>-\$1,000,000</b>
• 4 Fellowships (Sports Med, Geriatrics, OB, HIV noted above)								<b>-\$250,000</b>
• New RTT								<b>-\$250,000</b>
<b>Grand Total</b>								<b>\$3,865,000</b>

**Table 15:  
ISU FMR Growth and State Budget Request**

Program	Current Class July 1, 2017	Class FY 28	Change Per Class	Total Residents Fellows FY 18	Total R/F FY27	Expansion Per Program	Cost to Idaho \$60K/Resident/Y ear	Time of Expansion
• Pocatello Core Program	7	9	2	21	27	6	\$360,000	FY23 - 25
New RTT #1	0	2	2	0	6	6	\$360,000	FY20 - 22
• Program Director							\$80,000	
• Residency Coordinator							\$25,000	
New RTT #2	0	2	2	0	6	6	\$360,000	FY26 -28
• Program Director							\$80,000	
• Residency Coordinator							\$25,000	
• Hospitalist Fellowship	0	1	1	0	1	1	\$60,000	FY19
• Maintenance of Current Operations (MCO)	21 residents @ \$25k/Resident/Year * * This amount uses the existing methodology of the state increase from \$30k to \$60k. Because ISU funding was already at \$35K/Resident the amount of increase will be 21 residents @ \$25k/Resident/Year						\$525,000	FY19
<b>Grand Total ISU</b>							<b>\$1,875,000</b>	
<b>Deductions</b> (Funded in FY18)								
• RTT 1							<b>-\$250,000</b>	
• RTT Faculty Site Coordinator							<b>-\$125,000</b>	
<b>Grand Total</b>							<b>\$1,500,000</b>	

**Table 16:  
KHFMR Growth and State Budget Request**

Program	Current Class July 1, 2017	Class FY 28	Change Per Class	Total Residents/ Fellows FY 18	Total R/F FY27	Expansion Per Program	Cost to Idaho \$60K/Resident/Year	Time of Expansion
• Coeur d'Alene Core Program	6	7	1	18	21	3	\$180,000	FY26
• New RTT	0	2	2	0	6	6	\$360,000	FY22
• Program Director							\$80,000	
• Residency Coordinator							\$25,000	
• Maintenance of Current Operations (MCO)	18 residents @ 30k/Resident/Year* * This amount goes from the existing state amount \$30k to \$60k so net \$30K						\$540,000	FY19
<b>Grand Total</b>							<b>\$1,185,000</b>	

**Table 17:  
UW Internal Medicine/Preliminary Year/Chief Residents Budget Request**

Program	Current Class July 1, 2017	Class FY 28	Change Per Class	Total Residents/ Fellows FY 18	Total R/F FY27	Expansion Per Program	Cost to Idaho \$60K/Resident/Year	Time of Expansion
• Core IM Expansion	9 9 in R-1 Class (8 in R -2 & R-3 Class)	12	3	25	36	11	\$660,000	FY19-21
• Chief Resident	2	3	1	2	3	1	\$60,000	FY21
• Maintenance of Current Operations (MCO)	31 Residents @ \$15k/Resident/Year * (25 IM, 4TY, 2 Chiefs) @\$15K each <i>*UW Boise IM is only asking for half of the \$30K maintenance funding since half of its program is funded by the VA</i>						\$465,000	FY19
<b>UW/VA Internal Medicine/Preliminary/Chief Residents</b>							<b>\$1,185,000</b>	
<b>Deductions</b> (Funded in FY18)							<b>\$300,000</b>	
<b>Grand Total</b>							<b>\$885,000</b>	

**Table 18:  
UW Psychiatry Budget Request**

Program	Current Class July 1, 2017	Class FY 28	Change Per Class	Total Residents/ Fellows FY 18	Total R/F FY27	Expansion Per Program	Cost to Idaho \$60K/Resident/Year	Time of Expansion
• Core Psychiatry Expansion – All 4 years in Idaho		4/yr. x 1 <sup>st</sup> & 2 <sup>nd</sup> Year Class				8	\$480,000	FY21
• Core Program Expansion- Class from 4 to 6 per year	4	6	2	16	24	8	\$480,000	FY25
• Maintenance of Current Operations (MCO)	8 residents @ \$30k/Resident/Year* <i>* This amount goes from the existing state amount \$30k to \$60k so net \$30K</i>						\$240,000	FY19
<b>Grand Total</b>							<b>\$1,200,000</b>	

**Table 19:  
Bingham Internal Medicine Budget Request**

Program	Current Class July 1, 2017	Class FY 28	Change Per Class	Total Residents/ Fellows FY 18	Total R/F FY 27	Expansion Per Program	Cost to Idaho \$60K/Resident/Year	Time of Expansion
• All 12 Residents brought into Idaho System			1	12	15	15	\$900,000	FY19
• Program Director							\$80,000	FY19
• Residency Coordinator							\$25,000	FY19
• No MOC Funding as all residents are being brought under SBOE for funding								
<b>Grand Total</b>							<b>\$1,005,000</b>	



**Table 20:  
Eastern Idaho Regional Medical Center Budget Request**

<b>Program</b>	<b>Current Class July 1, 2017</b>	<b>Class FY 28</b>	<b>Change Per Class</b>	<b>Total Residents/ Fellows FY 18</b>	<b>Total R/F FY27</b>	<b>Expansion Per Program</b>	<b>Cost to Idaho \$60K/Resident/Year</b>	<b>Time of Expansion</b>
<b><u>Internal Medicine</u></b>	0	10	10	0	30	30	\$1,800,000	FY19
IM Program Director							\$80,000	
IM Residency Coordinator							\$25,000	
<b><u>Family Medicine</u></b>	0	6	6	0	18	18	\$1,080,000	FY19
FM Program Director							\$80,000	
FM Residency Coordinator							\$25,000	
<b><u>Emergency Medicine</u></b>	0	8	8	0	24	24	\$1,440,000	FY20
EM Program Director							\$80,000	
EM Residency Coordinator							\$25,000	
<b><u>General Surgery</u></b>	0	3	3	0	15	15	\$900,000	FY20
GS Program Director							\$80,000	
GS Residency Coordinator							\$25,000	
<b>Maintenance of Current Operations (MCO)</b>								
<ul style="list-style-type: none"> <li>No MOC Funding as these are all new positions</li> </ul>								
<b>Grand Total</b>								<b>\$5,640,000</b>

**Table 21:  
University of Utah / ISU Psychiatry Budget Request**

<b>Program</b>	<b>Current Class July 1, 2017</b>	<b>Class FY 28</b>	<b>Change Per Class</b>	<b>Total Residents/ Fellows FY 18</b>	<b>Total R/F FY27</b>	<b>Expansion Per Program</b>	<b>Cost to Idaho \$60K/Resident/Year</b>	<b>Time of Expansion</b>
<b>UU/ISU Psychiatry</b>	0	3	3	0	12	12	\$720,000	FY20
<ul style="list-style-type: none"> <li>Psychiatry Residency Coordinator</li> </ul>							\$25,000	
<ul style="list-style-type: none"> <li>Psychiatry Program Director</li> </ul>							\$80,000	
<ul style="list-style-type: none"> <li>Psychology Asst. Professor</li> </ul>							\$30,000	
<ul style="list-style-type: none"> <li>UU/ ISU Psychiatry Rotations (First Year Residents)</li> </ul>							\$25,000	
<b>Grand Total UU/ISU Psychiatry</b>							<b>\$880,000</b>	
<b>Deductions</b> (FY18 Psychiatry Funding)							<b>-\$250,000</b>	
<b>Grand Total</b>							<b>\$630,000</b>	

### **Total Graduate Medical Education Expansion Over Ten Years**

The cumulative total cost of this ten year GME buildout can be seen by each program as noted below.

<b>Family Medicine Residency of Idaho</b>	\$3,865,000
<b>ISU Family Medicine Residency</b>	\$1,500,000
<b>Kootenai Health Family Medicine Coeur d' Alene Residency</b>	\$1,185,000
<b>UW Internal Medicine / Preliminary Year/Chief Residents</b>	\$885,000
<b>UW Psychiatry Residency</b>	\$1,200,000
<b>Bingham Internal Medicine Residency</b>	\$1,005,000
<b>Eastern Idaho Regional Medical Center</b>	\$5,640,000
<b>University of Utah/ISU Psychiatry Residency</b>	\$630,000

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### **Total GME Maintenance and Expansion Over 10 Years: \$15,910,000/ Year\***

*\* This will be a cumulative cost reached at the end of the 10 year buildout.*

### **Graduate Medical Education Council**

This plan envisions the creation of a Graduate Medical Education Council that will oversee the implementation of this ten year plan. The Council will be set up to begin on July 1, 2018 (FY 2019) so that continuity of effort and momentum of this plan will not be lost. The council will be comprised of key stakeholders in Idaho to include residency program directors, medical school leaders, hospital senior leaders, the State Board of Education as well as representatives from the IMA, IHA, IAFP, IDHW, IOPA, Idaho's Universities, Governor's office and the Legislature.

One of the first tasks of the Council will be to develop a charter to codify its vision, mission, role, purpose, membership and authority. The Council will additionally consider its scope of effort to potentially help oversee and advise on the entire medical education pipeline to include Undergraduate Medical Education (medical schools) as well as Graduate Medical Education (residencies). 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 physicians assistants) as part of a strategic plan for Idaho that will maximally serve Idaho's citizens.

The GME Council would be staffed through the Idaho State Board of Education with an appropriate budget as follows:

<u>0.4 FTE GME Physician Coordinator and Support</u>	
<b>Total GME Council Budget</b>	<b>\$114,000/Year</b>

**Additional items to grow Idaho’s Health Workforce**

**1. 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 funding of \$125,000 will help establish this accreditation to multiple institutions to distribute across Idaho to help develop these programs.

<b>WICHE Mental Health Program Psychology Internships</b>	<b>\$125,000</b>
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**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.

**Family Medicine Residency of Idaho:** FMRI will be starting up a Pharmacy Residency Program to help create more Residency Trained Pharmacists for Idaho.

Pharmacy Program Director	\$30,000
Pharmacy Admin Coordinator	\$10,000
<u>One Pharmacy Resident</u>	<u>\$30,000</u>
<b>Total FY 2019 FMRI Pharmacy Request</b>	<b>\$70,000</b>

**Idaho State University Family Medicine Residency:** There is an existing Pharmacy Residency Program in the Department of Family Medicine at Idaho State University. This program has recently expanded from two to three pharmacy residents per year in Pocatello. Funding for this program has been from ISU FMR clinical revenues and non-state appropriated College of Pharmacy Funds. The College of Pharmacy is unable to sustain their current level of support.

With the proposed expansion of the ISU FMR and advent of the Eastern Idaho Psychiatry Residency, the educational, clinical and research demands on pharmacy faculty and residents will significantly increase.

Pharmacy Program Director	\$30,000
Pharmacy Admin Coordinator	\$10,000
<u>Three Pharmacy Residents</u>	<u>\$90,000</u>
<b>Total FY 2019 FMRI Pharmacy Request</b>	<b>\$130,000</b>

### 3. **Capital Requests**

No line item capital requests are included in this 10 year strategic plan. However, in order for Idaho State University to accomplish their 10-year GME strategic plan objectives, ISU administration is submitting a capital budget proposal through the Division of Public Works (DPW) and the Governor-appointed Permanent Building Fund Advisory Council (PBFAC) for a new 'ISU Health and Wellness Center'.

This facility will:

- Address current overcrowding and inadequate clinical space for the Department of Family Medicine.
- Provide clinical, administrative, teaching and research space for the planned expansion of the ISU Family Medicine Residency.
- Provide adjacent clinical, administrative and teaching space for the proposed Eastern Idaho Psychiatry Residency.
- Create an interdisciplinary clinical training facility that will promote mutual referral, collaborative health care, research and shared teaching experiences throughout the Division of Health Sciences.

### 4. **Idaho College of Osteopathic Medicine**

The proposed Idaho College of Osteopathic Medicine (ICOM) is in the accrediting process and anticipates accepting 150 students in August of 2018. ICOM is committed to growing GME programs in Idaho and having preferred status for Idaho students for admission. ICOM will give a one-time payment up to \$250,000/program in seed money (for up to 5 programs) for its Idaho hospital partners expanding GME for up to a grand total of \$5 Million over its first 10 years of operation.

## Ten Year Budget Request – Summary

### 1. Expansion of GME

A. FMRI	\$2,425,000
B. ISU	\$975,000
C. KHFMR	\$645,000
D. UW (IM, PYI, CR's)	\$420,000
E. UW/Psychiatry	\$960,000
F. Bingham	\$1,005,000
G. EIRMC	\$5,640,000
H. <u>UU/ISU</u>	<u>\$630,000</u>
<b>Total</b>	<b>\$12,700,000 / year</b>

### 2. Maintenance and Stabilization of Current Operations (MCO) Funding

A. FMRI (Boise, Caldwell, MV)	\$1,440,000
B. ISU	\$525,000
C. KHFMR	\$540,000
D. UW (IM, PYI, CR's)	\$465,000
E. UW Psychiatry	\$240,000
F. Bingham	\$0.00
G. EIRMC	\$0.00
H. <u>UU/ISU</u>	<u>\$0.00</u>
<b>Total</b>	<b>\$3,210,000 / year</b>

### 3. Graduate Medical Education Council

A. 0.4 FTE GME Physician Coordinator and support

**Total \$114,000 / year**

4. **Additional Items to Grow Idaho’s Health Workforce**

A. WICHE Mental Health Psychology	\$125,000
B. <u>Pharmacy Residencies</u>	<u>\$200,000</u>
<b>Total</b>	<b>\$325,000 / year</b>

**Total 10 Year GME Request**

Expansion of GME	\$12,700,000
Maintenance and Sustainability of Current Operations	\$3,210,000
Graduate Medical Education Council	\$114,000
<u>Additional Healthcare Programs</u>	<u>\$325,000</u>
<b>Total</b>	<b>\$16,349,000 / year</b>

**Total Cost of GME, GME Council and Additional Healthcare Programs: \$16,349,000\* / year**

*\* This will be a cumulative cost reached at the end of the 10 year buildout.*

**Table 22** shows the budget request by each program over this ten year period. This table also demonstrates each programs total amount and the cost summed at the bottom for each fiscal year.

Program	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	Total Budget
<b>Family Medicine Residency of Idaho</b>												
Family Medicine Boise		\$990,000		\$60,000	\$60,000	\$60,000	\$60,000	\$60,000	\$60,000	\$60,000	\$60,000	\$1,470,000
Family Medicine Caldwell		\$270,000			\$60,000	\$60,000	\$60,000					\$450,000
Family Medicine MV		\$180,000	\$120,000	\$120,000	\$120,000							\$540,000
Family Medicine Nampa	\$1,000,000		\$465,000	\$360,000	\$360,000							\$1,185,000
Funding began FY 18 for above program			\$465,000	\$360,000	\$175,000							\$1,000,000
Family Medicine / Psychiatry Nampa						\$225,000	\$120,000	\$120,000	\$120,000	\$120,000		\$705,000
Family Medicine Nampa RTT	\$250,000					\$225,000	\$120,000	\$120,000				\$465,000
Funding began FY18 for above program						\$225,000	\$25,000					\$250,000
FMRI Fellowships (SM, OB, GER, HIV)	\$250,00											\$250,000
Funding began FY18 for above programs	\$250,000											\$250,000
HIV/Viral Hepatitis - Boise		\$60,000										\$60,000
Palliative Care - Boise			\$60,000									\$60,000
Addiction Medicine - Boise				\$60,000								\$60,000
Integrative Medicine Boise						\$60,000						\$60,000
Rural Family Medicine - Nampa							\$60,000					\$60,000
<b>Annual Budget Increase</b>	<b>\$1,500,000</b>	<b>\$1,500,000</b>	<b>\$180,000</b>	<b>\$240,000</b>	<b>\$425,000</b>	<b>\$405,000</b>	<b>\$395,000</b>	<b>\$300,000</b>	<b>\$180,000</b>	<b>\$180,000</b>	<b>\$60,000</b>	<b>\$3,865,000</b>
<b>Cumulative FY 18 Budget Increase</b>		<b>\$1,500,000</b>	<b>\$1,680,000</b>	<b>\$1,920,000</b>	<b>\$2,345,000</b>	<b>\$2,750,000</b>	<b>\$3,145,000</b>	<b>\$3,445,000</b>	<b>\$3,625,000</b>	<b>\$3,805,000</b>	<b>\$3,865,000</b>	<b>\$28,080,000</b>
<b>Total Budget</b>	<b>\$3,030,000</b>	<b>\$4,530,000</b>	<b>\$4,710,000</b>	<b>\$4,950,000</b>	<b>\$5,375,000</b>	<b>\$5,780,000</b>	<b>\$6,175,000</b>	<b>\$6,475,000</b>	<b>\$6,655,000</b>	<b>\$6,835,000</b>	<b>\$6,895,000</b>	
<b>Total Residents/Fellows</b>	<b>52</b>	<b>53</b>	<b>62</b>	<b>72</b>	<b>82</b>	<b>89</b>	<b>96</b>	<b>101</b>	<b>104</b>	<b>107</b>	<b>108</b>	
<b>Cumulative (FY18) Additional FTEs Trained</b>		<b>1</b>	<b>10</b>	<b>20</b>	<b>30</b>	<b>37</b>	<b>44</b>	<b>49</b>	<b>52</b>	<b>55</b>	<b>56</b>	<b>354</b>

**Table 22 (Continued)**

Program	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	Total Budget
<b>Idaho State University</b>												
Family Medicine Pocatello		\$525,000				\$120,000	\$120,000	\$120,000				\$885,000
Family Medicine RTT #1	\$375,000		\$225,000	\$120,000	\$120,000							\$465,000
Funding began FY18 for above program (RTT/RTT Faculty Site Coordinator)												
			\$225,000	\$120,000	\$30,000							\$375,000
Family Medicine RTT #2									\$225,000	\$120,000	\$120,000	\$465,000
Hospitalist		\$60,000										\$60,000
<b>Annual Budget Increase - ISU</b>	\$375,000	\$585,000			\$90,000	\$120,000	\$120,000	\$120,000	\$225,000	\$120,000	\$120,000	<b>\$1,500,000</b>
<b>Cumulative Budget Increase (FY 18) - ISU</b>		\$585,000	\$585,000	\$585,000	\$675,000	\$795,000	\$915,000	\$1,035,000	\$1,260,000	\$1,380,000	\$1,500,000	<b>\$9,315,000</b>
<b>Total Budget - ISU</b>	\$1,459,900	\$2,044,900	\$2,044,900	\$2,044,900	\$2,134,900	\$2,254,900	\$2,374,900	\$2,494,900	\$2,719,900	\$2,839,900	\$2,959,900	
<b>Total Residents/Fellows</b>	21	22	24	26	28	30	32	34	36	38	40	
<b>Cumulative FY 18 Additional FTEs Trained</b>		1	3	5	7	9	11	13	15	17	19	100
<b>Program</b>	<b>FY 18</b>	<b>FY 19</b>	<b>FY 20</b>	<b>FY 21</b>	<b>FY 22</b>	<b>FY 23</b>	<b>FY 24</b>	<b>FY 25</b>	<b>FY 26</b>	<b>FY 27</b>	<b>FY 28</b>	<b>Total Budget</b>
<b>Kootenai Health Family Medicine Coeur d' Alene</b>												
Coeur d'Alene		\$540,000							\$60,000	\$60,000	\$60,000	\$720,000
RTT #1					\$225,000	\$120,000	\$120,000					\$465,000
<b>Annual Budget Increase -</b>		\$540,000			\$225,000	\$120,000	\$120,000		\$60,000			<b>\$1,185,000</b>
<b>Cumulative (FY18) Budget Increase</b>		\$540,000	\$540,000	\$540,000	\$765,000	\$885,000	\$1,005,000	\$1,005,000	\$1,065,000	\$1,125,000	\$1,185,000	<b>\$8,655,000</b>
<b>Total Budget</b>	\$560,000	\$1,100,000	\$1,100,000	\$1,100,000	\$1,325,000	\$1,445,000	\$1,565,000	\$1,565,000	\$1,625,000	\$1,685,000	\$1,745,000	
<b>Total Residents/Fellows</b>	18	18	18	18	20	22	24	24	25	26	27	
<b>Cumulative Additional FTEs Trained (FY18)</b>					2	4	6	6	7	8	9	42



**Table 22 (Continued)**

Program	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	Total Budget
<b>University of Washington/Internal Medicine</b>												
Internal Medicine – Boise	\$300,000	\$705,000	\$240,000	\$180,000								\$1,125,000
Funding began FY18 for above program		\$300,000										\$300,000
* Preliminary Year Internship – No expansion												
* Chief Residents – 4 <sup>th</sup> Year				\$60,000								\$60,000
<b>Annual Budget Increase - UW - Internal Med</b>	\$300,000	\$405,000	\$240,000	\$240,000								<b>\$885,000</b>
<b>Cumulative FY 18 Budget Increase</b>		\$405,000	\$645,000	\$885,000	\$885,000	\$885,000	\$885,000	\$885,000	\$885,000	\$885,000	\$885,000	<b>\$8,130,000</b>
<b>Total Budget -</b>	\$540,000	\$945,000	\$1,185,000	\$1,425,000	\$1,425,000	\$1,425,000	\$1,425,000	\$1,425,000	\$1,425,000	\$1,425,000	\$1,425,000	
<b>Total Residents/Fellows</b>	31	35	39	43	43	43	43	43	43	43	43	
<b>Cumulative FY18 Additional FTEs Trained</b>		4	8	12	12	12	12	12	12	12	12	108
<b>Program</b>	<b>FY 18</b>	<b>FY 19</b>	<b>FY 20</b>	<b>FY 21</b>	<b>FY 22</b>	<b>FY 23</b>	<b>FY 24</b>	<b>FY 25</b>	<b>FY 26</b>	<b>FY 27</b>	<b>FY 28</b>	<b>Total Budget</b>
<b>University of Washington - Psychiatry</b>												
Psychiatry Boise		\$240,000		\$240,000	\$240,000			\$120,000	\$120,000	\$120,000	\$120,000	\$1,200,000
<b>Annual Budget Increase</b>		\$240,000		\$240,000	\$240,000			\$120,000	\$120,000	\$120,000	\$120,000	<b>\$1,200,000</b>
<b>Cumulative Budget Increase From FY18</b>		\$240,000	\$240,000	\$480,000	\$720,000	\$720,000	\$720,000	\$840,000	\$960,000	\$1,080,000	\$1,200,000	<b>\$7,200,000</b>
<b>Total Budget - UW - Psychiatry</b>	\$157,800	\$397,800	\$397,800	\$637,800	\$877,800	\$877,800	\$877,800	\$997,800	\$1,117,800	\$1,237,800	\$1,357,800	
<b>Total Residents/Fellows</b>	8	8	8	12	16	16	16	18	20	22	24	
<b>Cumulative (FY18) Additional FTEs Trained</b>				4	8	8	8	10	12	14	16	80

**Table 22 (Continued)**

Program	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	Total Budget
<b>RVU – Bingham Internal Medicine</b>												
Internal Medicine - Blackfoot		\$825,000	\$60,000	\$60,000	\$60,000							\$1,005,000
<b>Annual Budget Increase - RVU - Bingham</b>		\$825,000	\$60,000	\$60,000	\$60,000							<b>\$1,005,000</b>
<b>Cumulative Budget Increase (FY18) - RVU - Bingham</b>		\$825,000	\$885,000	\$945,000	\$1,005,000	\$1,005,000	\$1,005,000	\$1,005,000	\$1,005,000	\$1,005,000	\$1,005,000	<b>\$9,690,000</b>
<b>Total Budget - RVU Bingham</b>		\$825,000	\$885,000	\$945,000	\$1,005,000	\$1,005,000	\$1,005,000	\$1,005,000	\$1,005,000	\$1,005,000	\$1,005,000	
<b>Total Residents/Fellows</b>	11	12	13	14	15	15	15	15	15	15	15	
<b>Cumulative FY18 Additional FTEs Trained</b>		1	2	3	4	4	4	4	4	4	4	34
Program	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	Total Budget
<b>Eastern Idaho Regional Medical Center</b>												
Internal Medicine – Idaho Falls		\$705,000	\$600,000	\$600,000								\$1,905,000
Family Medicine - Idaho Falls			\$465,000	\$360,000	\$360,000							\$1,185,000
Emergency Medicine– Idaho Falls				\$585,000	\$480,000	\$480,000						\$1,545,000
General Surgery - Idaho Falls				\$285,000	\$180,000	\$180,000	\$180,000	\$180,000				\$1,005,000
<b>Annual Budget Increase</b>		\$705,000	\$1,065,000	\$1,830,000	\$1,020,000	\$660,000	\$180,000	\$180,000				<b>\$5,640,000</b>
<b>Cumulative (FY18) Budget Increase</b>		\$705,000	\$1,770,000	\$3,600,000	\$4,620,000	\$5,280,000	\$5,640,000	\$5,640,000	\$5,640,000	\$5,640,000	\$5,640,000	<b>\$43,995,000</b>
<b>Total Budget</b>		\$705,000	\$1,770,000	\$3,600,000	\$4,620,000	\$5,280,000	\$5,640,000	\$5,640,000	\$5,640,000	\$5,640,000	\$5,640,000	
<b>Total Residents/Fellows</b>		10	26	53	70	81	84	87	87	87	87	
<b>Cumulative FY18 Additional FTEs Trained</b>		10	26	53	70	81	84	87	87	87	87	672

**Table 22 (Continued)**

Program	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	Total Budget
<b>University of Utah/ ISU Psychiatry</b>												
Psychiatry Pocatello	\$250,000		\$340,000	\$180,000	\$180,000	\$180,000						\$880,000
Funding began FY18 for above program			\$250,000									\$250,000
Annual Budget Increase -	\$250,000		\$90,000	\$180,000	\$180,000	\$180,000						\$630,000
Cumulative Budget Increase (From FY18)			\$90,000	\$270,000	\$450,000	\$630,000	\$630,000	\$630,000	\$630,000	\$630,000	\$630,000	\$4,590,000
Total Budget	\$250,000	\$250,000	\$340,000	\$520,000	\$700,000	\$880,000	\$880,000	\$880,000	\$880,000	\$880,000	\$880,000	
Total Residents/Fellows			3	6	9	12	12	12	12	12	12	
Cumulative FY18 Additional FTEs Trained			3	6	9	12	12	12	12	12	12	90
	FY 19	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	Total Budget
<b>Miscellaneous</b>												
GME Council Coordinator / Support		\$114,000										\$114,000
WICHE Mental Health Psychology Interns		\$125,000										\$125,000
Pharmacy Residencies		\$200,000										\$200,000
Annual Budget Increase – Misc.		\$439,000										\$439,000
Cumulative Budget Increase (From FY18) –Misc.		\$439,000	\$439,000	\$439,000	\$439,000	\$439,000	\$439,000	\$439,000	\$439,000	\$439,000	\$439,000	\$4,390,000
Total Budget – Misc.		\$439,000	\$439,000	\$439,000	\$439,000	\$439,000	\$439,000	\$439,000	\$439,000	\$439,000	\$439,000	

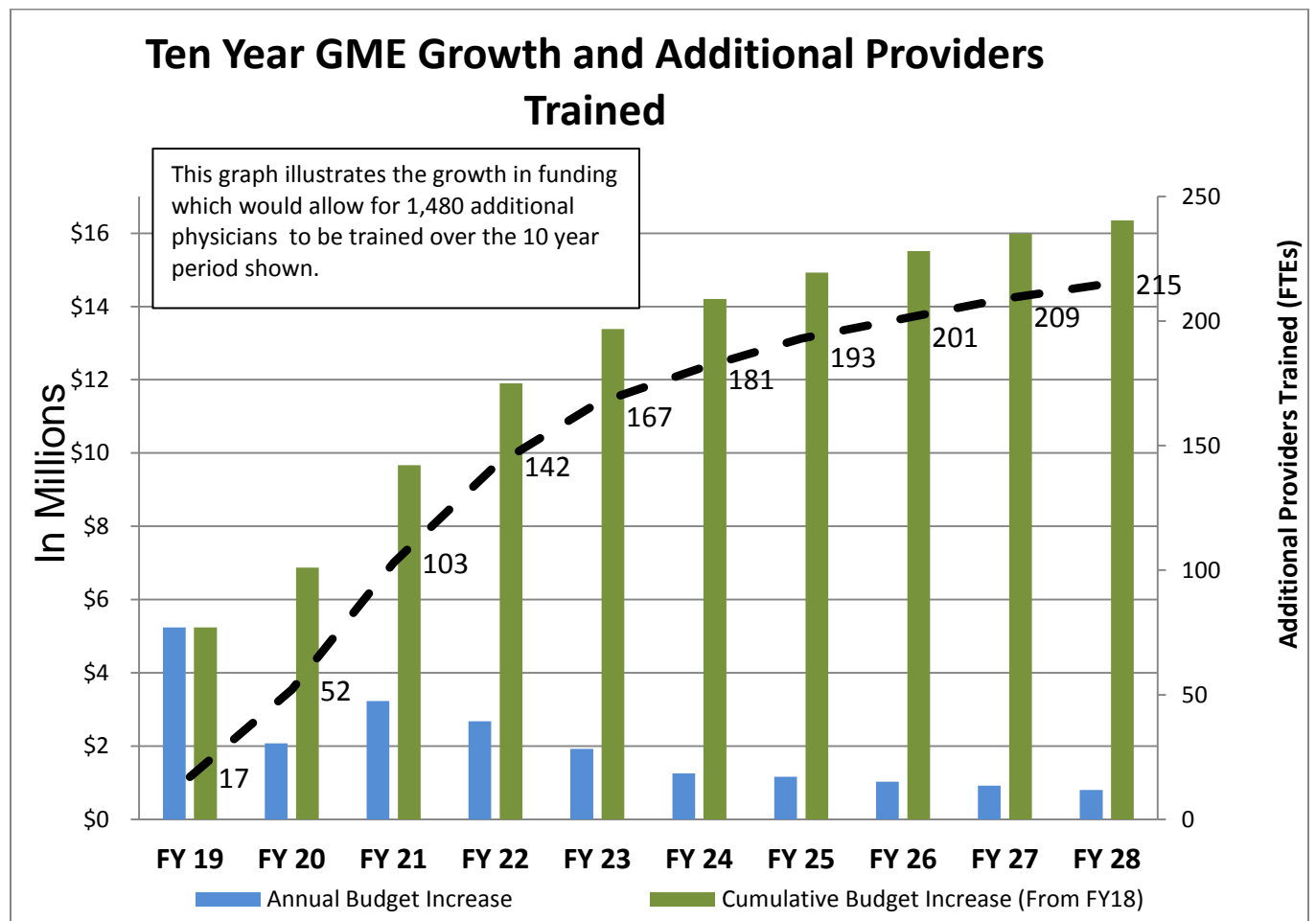
**Table 22: Summary**

**Total Cumulative Budget, Total Resident/Fellows and Cumulative Additional Physicians Trained**

Program	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25	FY 26	FY 27	FY 28	Total FY19-FY28
Annual Budget Increase - Total	\$2,425,000	\$5,239,000	\$1,635,000	\$2,790,000	\$2,240,000	\$1,485,000	\$815,000	\$720,000	\$585,000	\$480,000	\$360,000	\$16,349,000
Cumulative Budget Increase FY18) - Total		\$5,239,000	\$6,874,000	\$9,664,000	\$11,904,000	\$13,389,000	\$14,204,000	\$14,924,000	\$15,509,000	\$15,989,000	\$16,349,000	\$124,045,000
Total Budget	\$5,997,700	\$11,236,700	\$12,871,700	\$15,661,700	\$17,901,700	\$19,386,700	\$20,201,700	\$20,921,700	\$21,506,700	\$21,986,700	\$22,346,700	
Total Residents/Fellows	141	158	193	244	283	308	322	334	342	350	356	
Cumulative FY18 Additional FTEs Trained	-	17	52	103	142	167	181	193	201	209	215	1,480

**Figure 4** demonstrates the additional physicians trained over this ten year period and compares it to the cumulative budget increase. This ten year plan will produce 1,480 additional physicians (2000 in total) over this ten year period at a ten year cumulative cost of \$124,045,000 and \$16,349,000/year when fully mature. The blue bars show the proposed annual appropriation increases for the plan over the next year, with a \$5.239 million request in FY2019, and smaller increases over the life of the plan

**Figure 4:**  
**10 Year GME Growth and Additional Providers Trained**



## **Barriers**

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

1. **Finances** – Without the financial resources to partially offset the costs of GME training this expansion and development will not happen.
2. **Leadership** – All of these programs must have effective, capable, and passionate leadership (both physicians and administrators) or the proposed new programs will not get started and will not succeed. This point cannot be emphasized enough.
3. **Attitudinal** – Not seeing the reason and vision of needing this now 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 obtain the synergy that can develop 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**

Since 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 programs 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 ACGME (as applicable).

3. All sponsoring institutions will maintain ongoing accreditation by the ACGME for Sponsoring Institution requirements.
4. All residency/fellowship programs will have 50% of their graduates remain in Idaho as measured by a rolling 5 year average.
5. All residency/fellowship programs will have at least 30% of their graduates that remain in Idaho serve in rural or underserved areas as defined as communities of less than 35,000 people or counties defined as Health Professional Shortage Areas (HPSAs).
6. All programs will maintain a 90% Board Certification pass rate for their graduates as measured on a rolling 5 year average.

### **Summary and Impact**

This comprehensive ten 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 twenty-one, and the number of residents and fellows training in Idaho from 141/year to 356/year, which is a 252% increase. The class size graduating in Idaho each year from Idaho's twenty-one programs will increase from 52 to 124 new physicians, which will represent a 237% increase. This ten year plan will graduate 2,000 resident trained physicians of which 1,480 will be new physicians produced by this expansion plan. **The budget request for FY2019 will be for \$5.239 million in new funding**, with smaller increases in the subsequent nine years of the plan, eventually building up to a \$16,349,000 increase in annual state funding by FY2028, compared to FY2018. Over the course of the ten year plan, the state will have invested \$124,045,000 to sustain and expand GME residency programs. The remaining amount of over \$32 million/per year (over \$360 million over ten years) will be generated by the programs themselves, through clinical services payments, institutional and hospital support and potential Medicare and Medicaid GME payments. The return on investment (ROI) of keeping just half of these newly trained resident physicians in Idaho will return \$1.3 billion dollars to the state in economic impact, create 10,000 new jobs and provide a ROI of 10.9 to 1 in respects to Idaho annual revenues gained versus expenses for training.

**Table 23** 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 23:**  
**Ten Year Growth in Graduate Medical Education (GME)**  
**Programs, Residents and Fellows, and Cost to Idaho’s Legislature**

	2017	2028	% Increase
<b>GME Residency Programs</b>	9	21*	233%
<b>GME Fellowship Programs</b>	4	9	225%
<b>Residents and Fellows Training in Idaho/year</b>	141	356	252%
<b>Number of Graduates Each Year from Idaho’s GME Programs</b>	52	124	237%
<b>GME Residents per 100,000 citizens in Idaho</b>	6.7 (National Average is 28.1)	17.7 (Assuming Idaho’s Population grows to 2 Million People by 2028)	276%
<b>State’s Investment in GME and Additional Healthcare Programs</b>	\$5,138,700 / year	\$16,349,000 / year	318%

\* *The Nampa combined Family Medicine/Psychiatry program is being counted as both a family medicine and psychiatry program as it is producing physicians that will be Board Certified in Family Medicine and Psychiatry.*

The state’s investment in additional healthcare providers is matched 2-to-1 by the programs and sponsors. Each physician will generate \$1.3M per year in economic impact—total impact to Idaho will be \$1.3 Billion and 10,000 new jobs—and quality healthcare for citizens throughout Idaho.