

GRADUATE MEDICAL EDUCATION REFORM INCENTIVE POOL

Program Summary - 2008 (Academic Year July 1, 2007 - June 30, 2008)

The following provides information on the criteria, weights and objectives used for calculating distributions for the GME Reform Incentive Pool in 2008. Refer to the “Instructions for Completing the Survey” for definitions and additional requirements on submitting information to qualify for funding from this program.

QUALIFICATION CRITERIA

In order to be eligible to receive a distribution from the GME Reform Incentive Pool, teaching hospitals that receive funding from the Professional Education Pool must have at least 95 percent of the total number of residents in accredited programs in the rate period. In addition, if your facility received a distribution in any of the previous years you must complete and submit the “Use of Funds” questionnaire posted on the GME website.

POOL WEIGHTS AND OBJECTIVES

The following are the objective weights for calculating distributions for the GME Reform Incentive Pool in 2008:

Objective	Weight
1. <i>Reduce the number of non-DPP residents and training programs.</i>	.15
2. <i>Increase the proportion of residents training in:</i>	
a) <i>Ambulatory Care Sites</i>	.10
b) <i>Underserved Areas/Populations</i>	.20
3. <i>Increase the proportion of :</i>	
a) <i>Underrepresented Minorities</i>	.15
b) <i>Minority Faculty</i>	.075
c) <i>Linkages with Pipeline Programs</i>	.075
4. <i>Cultural Competence Training</i>	.10
Total	.85
5. <i>Empire Clinical Research Investigator Program</i>	<i>Portion of regional funding</i>

1. Reducing the Number of Non-DPP Residents and Training Programs

Facilities will be rewarded based on a sliding scale that measures non-DPP (FTE) downsizing between 2 and 6 percent (net reductions rewarded in 1997 – 2007) and recognizes the elimination of non-DPP residency training programs that are comprised of at least 5 residents. In addition, please be aware of the following:

- If the number of residents in DPPs *decrease* from the base period to the rate period because a previously designated residency program was disapproved in the rate period, the Department will hold the percentage of total residents in DPPs constant from the base period to the rate period.
- If the number of residents in DPPs *increase* from the base period to the rate period because a residency program was designated, or because the Department approved increases in the number of residents in an approved program, the Department will recognize proportional increases from the base period to the rate period in the percentage of total residents that are in DPPs.
- No weight will be applied for this objective if: (1) the total number of residents is greater in the rate period than in the base period; or (2) the total number of residents increases from the last year the hospital or consortium qualified for an award under this program.

The maximum weight for this objective 0.15.

2. Increasing the Proportion of Residents Training in Ambulatory Care Sites / Underserved Areas/Populations

This objective rewards facilities for training that takes place in ambulatory care sites and provides an additional weight for such training taking place in an underserved area/population. The base period for this objective is the 1999-2000 academic year. Facilities will be rewarded, based on a scale that measures the percentage of time --on an FTE basis--that **all** residents (including residents in specialty programs) spend training at ambulatory care sites. This scale will reward facilities for training:

- at least 20 percent of their residents in ambulatory care sites in the rate period **and** increasing this percentage--measured from the base period to the rate period--by at least 5 percentage points, the weight is .05; or
- between 31 and 50 percent of their residents in ambulatory care sites in the rate period (regardless of the change in this percentage from the base period) the weight will be .10 multiplied by (.05 for 31% + .05 for every 1% above 31%) for a maximum weight of .10.

The definition of "ambulatory care site" used in the Incentive Pool is any: (1) Article 28 hospital-based ambulatory care facility (excluding emergency departments); (2) Article 28 freestanding ambulatory care facility; and (3) private physician practice.

An additional component of this objective will include an incentive for facilities training residents at ambulatory care sites that are also located in underserved areas or serving certain population groups. Underserved areas/populations are defined as, Regents – Designated Physician Shortage Areas in NYS, with the exception of the listing of hospitals eligible for primary care and non-primary care shortage area designation.

This scale will reward facilities for training:

- at least 20 percent of their residents in ambulatory care sites that are located in underserved areas in the rate period **and** increasing this percentage--measured from the base period to the rate period--by at least 5 percentage points, the weight is .10; or
- between 5 and 100 percent of their residents in ambulatory care sites that are located in underserved areas in the rate period (regardless of the change in this percentage from the base period), the weight will be .20 multiplied by (.05 for 5% + .05 for each additional 5% above 5%) for a maximum weight of .20.

3. Increasing the Proportion of Underrepresented Minorities in Training Programs

This objective includes three components to provide incentives to facilities to expand training opportunities for minorities.

The **first** component will utilize a methodology in which facilities will be rewarded, based on a scale that measures the percentage of total residents that are URMs in the base and rate periods. This scale will reward facilities that have:

- a rate period URM percentage of at least 5 percent **and** increase this percentage -- measured from the base period to the rate period-- at least 3 percentage points (net of increases rewarded in 1999 - 2007), the weight is .075; or
- a rate period URM percentage of between 9 and 20 percent (regardless of the change in this percentage from the base period), the weight will be .15 multiplied by (.10 for 9% + .08 for every 1% above 9%) for a maximum weight of .15.

The **second** component will be based on an increase in the percentage of URM faculty who maintain a faculty appointment at a medical school and are employed or contracted for employment by the hospital or paid through its affiliated faculty practice plan. The base period for this objective is 2000-2001. This scale will reward facilities if:

- at least 3 percent of the faculty are URMs in the rate period **and** increase this percentage--measured from the base period to the rate period--by at least 2 percentage points, the weight is .05; or
- the percent of faculty that are URMs is between 6 and 15 percent. The weight will be .10 multiplied by (.075 for 6% + .075 for every 1% above 6%) for a maximum weight of .075.

The **third** component will provide incentives to facilities for linkages with programs that target URM students along the academic pipeline. Facilities will be rewarded for any linkages with programs they sponsor or substantially support that are targeted for URM students (Black, African American, American Indian, Alaskan Native or Hispanic). These programs should: (a) encourage students to participate in medicine or the health professions; or (b) provide academic support in science or mathematics. Programs can be for students anywhere along the academic pipeline, from grade school through medical residency. **Programs must enroll at least eight students and at least 35 percent of the students must be URMs.** This component will provide incentives for facilities in the rate period. Facilities will be rewarded based on the following scale:

- 1 pipeline program, the weight is .025;
- 2 or more pipeline programs or 1 program with at least 16 students, the weight is .05; or
- 3 or more pipeline programs or all programs with a total of at least 24 students, the weight is .075.

4. Cultural Competence Training

This objective rewards facilities for training residents in cultural competence. The requirements for this objective are as follows:

- Teaching hospitals and GME consortia shall develop a curriculum for the training of residents in cultural competence. The training should seek to achieve favorable communication outcomes for patients, colleagues and other providers. The curriculum should: (a) address attitudes, knowledge and skills; and (b) be interactive and occur in more than one format, e.g. grand rounds, small group discussion, presentations, site visits, etc.
- All residency training programs in the institution shall comply with guidelines developed for primary care and specialty care providers on the use of residents in the Medicaid Managed Care Program, Child Health Plus and Family Health Plus to be eligible for this objective (see Guidelines for Medical Residents as Primary and Specialty Care Providers).
- Training should include faculty as trainees and trainers. It is recommended, but not required, that non-physician staff be included in such training.

The following weights will be used in 2007:

- 0.10 (a) develop a curriculum and training plan; and
- (b) 80 percent or more of residents receive at least 8 hours of cultural competence training each year, provided this training is addition to time spent in patient care settings.

5. Empire Clinical Research Investigator Program (ECRIP)

This program is established to train physicians as clinical researchers to advance biomedical research in New York's academic health centers. Beginning in 2001, facilities that establish new research positions for resident physicians as clinical researchers may be funded. Funds from each of the regional pools are available for research positions. Any regional funding that is not awarded for this objective will be applied to the previous objectives. (See ECRIP - Summary of Program Requirements for complete details on this objective)

Questions concerning this program should be directed to:
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