

NEW PROGRAM DIRECTOR EDUCATION SESSION

July 24, 2017



- Areas of review
 - Finances of GME
 - Accreditation
 - Scholarly activity
 - Evaluations



- Review the basics of CMS payment for trainees and how this relates to
 - ACGME
 - Income to hospitals
 - Rotations
- Review funds flow and amounts (sources and uses) to USF
 - Salary and non-salary
- Review the sources of educational funds and method for setting program levels

GME Payments and Accreditation are in Silos That Rarely Connect



Medical Education to Board Certification Maze...

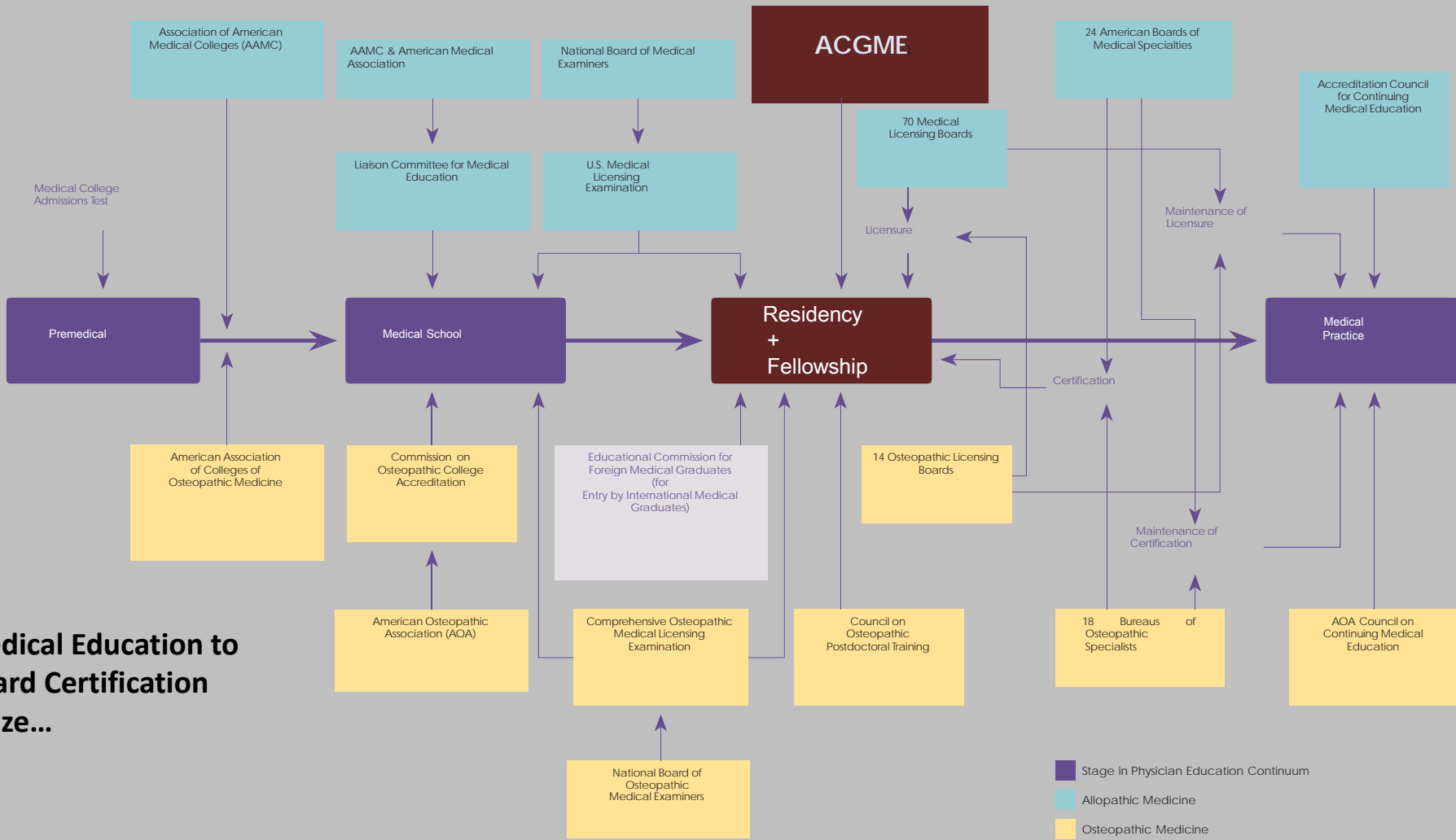


FIGURE S-2 Program accreditation and physician certification and licensure.

FUNDS FLOW

Medicare pays Hospitals in the form of DME and IME payments. Medicaid funds hospitals in increased DRG payments. Florida payments for a new ACGME trainee is currently a one time \$100K plus an ongoing 20K on average per year.

GRADUATE MEDICAL EDUCATION

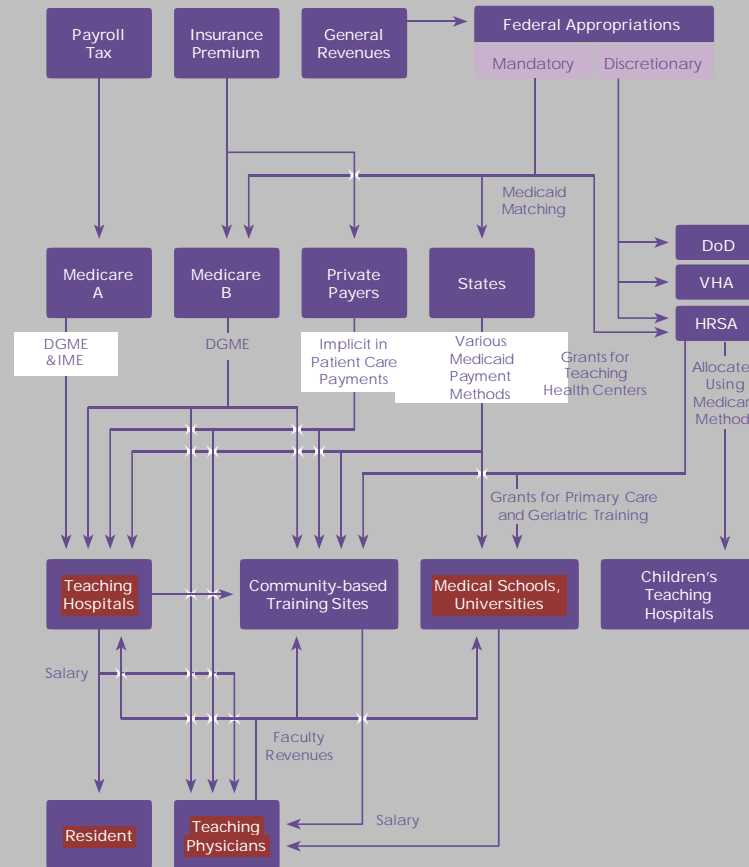


FIGURE S-1 Current flow of GME funds.

NOTE: DGME = direct graduate medical education; DoD = Department of Defense; HRSA = Health Resources and Services Administration; IME = indirect medical education.

SOURCE: Adapted from Wynn, 2012 (Committee of Interns and Residents Policy and Education Initiative White Paper, "Implementing the 2009 Institute of Medicine recommendations on resident physician work hours, supervision, and safety").



THE BIG PICTURE SOURCES OF FUNDING 2012

Source	Amount
Medicare DME	\$2.6 Billion
Medicare IME	\$6.8 Billion
Medicaid	\$3.9 Billion
VA	\$1.4 Billion
Children's Hospitals	\$251 Million
HRSE HC Centers	\$46 Million

- Monthly rotations and assignment scheduler
- Asking for an increase in positions
- Being able to speak the same language as hospital leadership

- **DME Payment**

- Based on each hospital's cost in *the initial year* of the Hospital having a residency program (PRA)
- Covers direct costs including resident salaries and benefits, faculty salaries and benefits, allocated overhead costs
- Residents must be in accredited programs
- Cap is set at year 5 and locked at 1996 level - Cap is different than PRA

- **Indirect Payment (IME)**

- Pays for higher patient care costs due to presence of residents and perceived inefficiencies
- Paid through inpatient DRG payments



RESIDENT TIME CLAIMABLE FOR DME AND IME

DME

Within Hospital Walls	Non Hospital Owned Clinic
Trainee in Patient Care	Trainee in Patient Care
Vacation/Sick	Vacation/Sick
Didactic	<i>Didactic (since 2009+)</i>
Patient-related Research	NO Research

Note: Text in *italics* indicates language in the ACA

IME

Within Hospital Walls	Non Hospital Owned Clinic
Trainee in Patient Care	Trainee in Patient Care
Vacation/Sick	Vacation/Sick
<i>Didactic (since 1983+)</i>	NO Didactic
NO Research (after 2001+)*	NO Research

* The ACA clarifies that IME research time does not count after October 1, 2001

When is DME/IME paid?

- Research in Morsani
- Research in TGH
- TGH Inpatient Care
- Didactics in STC
- Didactics in Moffitt
- Moonlighting

- Internal Allocation of Funds
 - State E/G funds
 - Deans fund
- Funds Outside the Daily rate payments from Affiliates
 - Funds paid in addition to cover program Director salaries
 - Funds paid in addition for educational expenses of programs
- Funds included in the daily rate payments
 - Covers resident salary, benefits, Malpractice, GME central staff, orientation stipends



PROGRAM DIRECTOR SUPPORT

- Only Program Directors and RRC required Associate/Assistant PDs qualify for GME funding
- Funding is only to the state side of salary support not to UMSA
- The PD is paid directly from the GME fund/account
- Method is (ACGME RRC required amount) X (AAMC Table 15 program specialty at assoc 25% salary)+ Max funding level X (Available % funding)=funding provided.
- $(25\% \times 200,000) = 50,000 \times 89\% = \$44,500$
- When no RRC directive we provide 5-20% based on the number of trainees.
- Funding is reduced in some cases by a reduction in effort (VA)



SALARY SUPPORT

Salary Payment	TGH	MCC	Fund Admin	E/G	Credentialing	Dean	Total
Program Director	2,530,259	252,954					2,783,213
Coordinator	834,813						834,813
Central GME Faculty	85,928		530,551	147,836			764,315
Central GME Staff			648,276	173,534	30,101	19,845	871,756
Total/Fund	3,451,000	252,954	1,178,827	321,370	30,101	19,845	5,254,097

From affiliates not in resident contract

In Resident contract with affiliates

Internally allocated funds



EDUCATIONAL FUNDS SOURCES

• Tampa General Hospital	\$4,547
• Moffitt Cancer Center	\$3,700
• James A Haley Veterans Hospital	\$0
• Morton Plant	\$5,000
• John Hopkins All Children's (Peds)	\$1,800



EDUCATIONAL FUNDS

Expense Payment	Fund Totals
Central GME	\$474,666
CAMLS	\$465,182
<u>Programs</u>	<u>\$1,456,392</u>
Total/Fund	\$2,396,240



EDUCATIONAL FUNDS EXAMPLE

Example	FY18 Slots		Affiliate per FTE	FY18 Revenue
BPVA	1.50			
MCC	1.00	X	3,700 =	3,700
JAHVA	5.00			
TGH	<u>10.50</u>	X	<u>4,547 =</u>	<u>47,742</u>
Total	18.00			\$ 51,442



ADDITIONAL \$ SUPPORT

- Participation on GMEC subcommittees
- Part of Special Assessment
- ACGME annual meeting

