

## **Expanding Graduate Medical Education in California: 2019 Summit**

**Oakland, CA  
October 23, 2019**

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## Expanding Graduate Medical Education in California: 2019 Summit Oakland, CA October 23, 2019

### Summary Statement

California is experiencing a physician shortage. Large numbers of physicians are retiring, and the growth in supply of new physicians is too slow to meet the demands of the ever-expanding population. In February 2019, the California Future Health Workforce Commission published a set of recommendations “to close the significant and growing gap between the health workforce that exists in California today and the one that will be required in the near future.” In particular, the commission focused on creative workforce solutions to remediate the shortages in primary care and mental health. One of the commission’s top 10 recommendations was to expand primary care and psychiatry residency programs to train sufficient numbers of these physicians to meet the needs of the people of California.

In response to the commission’s recommendation, the California Health Care Foundation convened a Graduate Medical Education (GME) Summit on October 23, 2019, in Oakland, California, to catalyze collective action on residency expansion in California. Participants were California GME experts from a variety of training hospitals and Teaching Health Centers representing different geographic regions, health systems, disciplines, and medical specialties. Representatives from Colorado, Georgia, and Texas also participated to discuss successful innovative GME expansion efforts in their states.

GME Summit participants reached consensus on the following points:

**California should establish a GME Governance Council to expand graduate medical education to match the needs of California’s growing and diverse population, especially in geographically underserved areas of the state.**

“Graduate medical education is a gift to the future. Delivering care now is good. Investing in workforce to deliver care in the future is an even greater good.”

—GME summit participant

- As recommended by the Future Health Workforce Commission, the GME Governance Council would provide strategic planning, oversight, coordination, advocacy, guidance, and accountability for GME expansion statewide.
- The GME Governance Council should situate within the California state government to establish the legitimacy required for success, as well as strong standards for both accountability and transparency. The governor should appoint council leadership.
- The council should subcontract some portion of its work to a private entity. Such a public-private partnership allows for greater flexibility as GME priorities evolve over time and also allows for additional functions, such as GME advocacy at the federal level.
- An important focus of the GME Governance Council should be on GME expansion into Medicare GME-naïve hospitals in order to maximize the infusion of federal Medicare GME funding into California.
- Examples of specific tasks of the GME Governance Council could include these:

- Engaging with Medicare GME-naive hospitals to gauge interest in and promote GME
- Making small grants to hospitals and community health centers to conduct GME feasibility studies
- Making short-term grants to cover start-up costs for new programs
- Providing technical assistance (e.g., toolkits, white papers, consulting) to hospitals and community health centers to assist with GME expansion
- Coordinating GME expansion efforts across California, particularly with the Song-Brown program, CalMedForce, and the Workforce Education and Training program

**The California Department of Health Care Services should include a Medi-Cal GME expansion program in the 2020 Medicaid CalAim Initiative.**

- This requires immediate action, as the proposal is currently under development and will be submitted to the Centers for Medicare & Medicaid Services (CMS) in spring 2020.
- New federal matching funds should be explicitly targeted to new residency positions in safety-net health care organizations (e.g., community health centers, public hospitals, rural hospitals) that disproportionately serve Medi-Cal members and other underserved populations.

**Next Steps**

The participants of the GME Summit agreed that collective action is required to improve health care access in California by expanding the physician supply to meet the demands of California's growing and increasingly diverse population. Evidence indicates that where physicians complete their residency or fellowship training is the strongest predictor of where they will practice medicine. Several concrete next steps were identified for encouraging GME expansion in both hospitals and community health centers, and include actions such as conducting case studies to determine best practices when launching a new program and encouraging the California Legislative Analyst's Office to study the creation of a governance council within the state government. The California Health Care Foundation is committed to continued support of GME expansion planning efforts, including identifying potential philanthropic funding partners for long-term funding. Likewise, other summit participants agreed to work together to increase awareness and to achieve these common goals.

## Expanding Graduate Medical Education in California: 2019 Summit October 23, 2019

### Agenda

#### Pre-Meeting Dinner

Tuesday, October 22, 2019

Time	Event	Speakers
6:00 PM	Meet and Mingle	All
6:30 PM	Welcome and Intro	Kathryn Phillips, MPH California Health Care Foundation Diane Rittenhouse, MD, MPH University of California, San Francisco (UCSF)
6:40 PM	Dinner	
7:30 PM	Speakers	Shelley Nuss, MD Associate Dean for Graduate Medical Education, Augusta University / University of Georgia Medical Partnership Stacey Silverman, PhD Deputy Assistant Commissioner, Texas Higher Education Coordinating Board
8:30 PM	Wrap-Up	Diane Rittenhouse

#### GME Summit

Wednesday, October 23, 2019

The California

Time	Event	Speakers
8:00 AM	Breakfast	
8:30 AM	Welcome	Sandra Hernández, MD California Health Care Foundation
8:40 AM	Discussion: Establishing a Statewide Effort of GME Expansion into Medicare GME-Naïve Hospitals and Community Health Centers	Diane Rittenhouse, MD, MPH UCSF
10:30 AM	Break	
10:45 AM	Discussion: Exploring Obstacles and Opportunities for a Broad Strategy for Medi-Cal GME	Diane Rittenhouse
11:45 AM	Lightning Round: Example Projects/Opportunities for Collaboration	Tony Albanese, MD VA Northern California Healthcare System Mannat Singh, MPA Director, The GME Initiative Mark Servis, MD UC Davis
Noon	Lunch	
1:00 PM	Discussion: Achieving Consensus on a Model of GME Governance That Would Be Feasible in California	Diane Rittenhouse
2:30 PM	Break	
2:45 PM	Summary and Discussion of Concrete Next Steps	Diane Rittenhouse
3:30 PM	Adjourn	

**Expanding Graduate Medical Education in California: 2019 Summit  
October 23, 2019**

**Attendees**

**Anthony Albanese, MD**

Associate Chief of Staff for Education  
VA Northern California Healthcare System

**Lupe Alonzo-Diaz, MA**

President/CEO  
Physicians for a Healthy California

**Peter Broderick, MD, MEd**

Director of Undergraduate Medical Education,  
Valley Region  
Sutter Health

**J. Craig Collins, MD, MBA**

DIO  
Kaiser Permanente Southern California

**David Connett, DO**

Vice Dean  
Western University of Health Sciences – College of  
Osteopathic Medicine

**James Cruz, MD**

Principal  
Health Management Associates

**Hector Flores, MD**

Codirector, Family Medicine Residency Program  
White Memorial Medical Center

**C. Freeman, MD, MBA**

Founding Program Director, Psychiatry Residency  
Training  
Charles R. Drew University of Medicine and  
Science

**Dean Germano, MHSC**

CEO  
Shasta Community Health Center

**Kevin Grumbach, MD**

Chair, Family and Community Medicine  
University of California, San Francisco

**William Henning, DO**

Chair  
California Healthcare Workforce Policy  
Commission

**Sandra R. Hernández, MD**

President/CEO  
California Health Care Foundation

**Sherry Huang, MD**

Associate Dean of GME and DIO  
University of California, San Diego

**Justin Kerstetter, MD**

Associate Professor  
Loma Linda University

**Robert McCarron, DO**

Vice Chair of Education and Integrated Care,  
Department of Psychiatry and Human Behavior  
University of California, Irvine

**Cathryn Nation, MD**

Associate Vice President, Health Sciences  
University of California Office of the President

**Kiki Nocella, PhD, MHA**

Director  
WIPFLi

**Michelle Nuss, MD**

Campus Associate Dean for GME  
Augusta University / University of Georgia Medical  
Partnership

**Deborah Prothrow-Stith, MD**

Dean, College of Medicine  
Charles R. Drew University of Medicine and  
Science

**Richard Riemer, DO**

Senior Associate Dean  
Touro University California

**Diane Rittenhouse, MD, MPH**

Professor of Family Medicine and Health Policy  
University of California, San Francisco

**Mark Servis, MD**

Vice Dean for Medical Education  
University of California, Davis

**Stacey Silverman, PhD**

Deputy Assistant Commissioner, Academic Quality  
Texas Higher Education Coordinating Board

**Mannat Singh, MPA**

Director  
The GME Initiative

**Erika Sockaci, MBA, MHA**

Strategic Healthcare Operations and Healthcare  
Executive  
Los Angeles, California

**Lori Winston, MD**

DIO  
Kaweah Delta Health Care District

**Invited, Unable to Attend**

**Theresa Azevedo, MPA**

Associate Institutional Director and DIO  
Kaiser Permanente Northern California

**David Carlisle, MD, PhD**

President/CEO  
Charles R. Drew University of Medicine and  
Science

**Jeremy Fish, MD**

Program Director, Family Medicine Residency  
John Muir Health

**Daniel Giang, MD**

Associate Dean, GME  
Loma Linda University School of Medicine

**Ash Gokli, MD**

Chief Medical Officer  
Sutter Health Valley Area

**C. J. Howard, MA**

Deputy Director, Healthcare Workforce  
Development Division  
Office of Statewide Health Planning and  
Development

**Efrain Talamantes, MD, MBA**

Medical Director  
AltaMed Institute for Health Equity



## GRADUATE MEDICAL EDUCATION FUNDING IN CALIFORNIA

# Medicare GME-Naive Hospitals

**B**ecause Medicare GME-naive hospitals are not subject to the 1997 Medicare GME cap, they can establish new GME programs that, once accredited, will be funded in perpetuity using federal Medicare dollars. Because a hospital's Medicare GME cap is calculated and implemented in the fifth year of the new training program, a hospital can maximize its cap by establishing multiple new residency programs in its first five years.

### Definition of Medicare GME-naive hospitals:

Hospitals that have never been teaching hospitals (i.e., never provided training to any number of residents in any specialty according to a planned and regular schedule, whether or not the hospital is the sponsor of the program, a partner, or incurring the costs of the residents' salaries).

## Policy Challenges

Medicare GME-naive hospitals need to begin with a feasibility study to decide whether to proceed with becoming a teaching hospital. If they choose to proceed, they require start-up funding for two to three years to establish new residency training programs and to become accredited. Experience suggests they need technical assistance and expert guidance throughout the process.

## Policy Opportunities

By identifying and reaching out to Medicare GME-naive hospitals, California has the opportunity to expand GME in shortage specialties, such as primary

### ABOUT THIS SERIES

Graduate medical education (GME) — also known as residency and/or fellowship — is the final training that physicians undergo after graduation from allopathic or osteopathic medical school, domestically or internationally. GME, and how it is funded, determines the number and specialty types of practicing physicians in the workforce.

See the entire *Graduate Medical Education Funding in California* series at [www.chcf.org](http://www.chcf.org).

care and psychiatry. Start-up funds could be leveraged to incentivize hospitals in underserved areas and those serving underserved populations. Programs could be required to partner with community organizations or rural hospitals to increase the diversity of training opportunities for residents and/or to expand GME into remote areas of the state.

The Valley Consortium for Medical Education is an example of a partnership between hospitals and a community health center. Residents are required to train in the hospital for the first year per ACGME rules, but then are able to practice in a community-based setting as they further their training.

## California's Medicare GME-Naive Hospitals

According to the Robert Graham Center, in 2015 there were approximately 260 Medicare-naive hospitals in California, defined as not having received Medicare Direct GME or Indirect Medical Education funding between 1996 and 2015. In Table 1 below, the list is culled and sorted in the following ways:

- Eliminated rehabilitation hospitals, long-term care facilities, and specialty hospitals because they are unlikely to provide the breadth of training necessary for ACGME accreditation.
- Eliminated critical access hospitals (small rural hospitals with no more than 25 inpatient beds). These hospitals are unlikely to provide an adequate number and mix of patients necessary for ACGME accreditation, but can potentially partner with other facilities to establish GME programs.
- Eliminated psychiatric facilities.
- Sorted by county.
- Placed an asterisk next to the 50 hospitals that most closely resemble current teaching hospitals in California, based on a predictive formula created by the Robert Graham Center. The formula includes issues such as hospital ownership and market share, Medicare and Medi-Cal penetration rates, the number of beds, and the number and types of discharges. The formula also takes into consideration local area population and demographics, such as the number of physicians per 100,000 population and median household income.

**Table 1. California's Medicare GME-Naive Hospitals, Listed by County, 2015**

	CITY	COUNTY
Alameda Hospital	Alameda	Alameda
Eden Medical Center*	Castro Valley	Alameda
Washington Hospital District*	Fremont	Alameda
St. Rose Hospital	Hayward	Alameda
San Leandro Hospital	San Leandro	Alameda
Sutter Amador Hospital	Jackson	Amador
Enloe Medical Center	Chico	Butte
Oroville Hospital	Oroville	Butte
Feather River Hospital	Paradise	Butte
Colusa Regional Medical Center	Colusa	Colusa
Sutter Delta Medical Center*	Antioch	Contra Costa
San Ramon Regional Medical Center	San Ramon	Contra Costa
John Muir Medical Center - Walnut Creek*	Walnut Creek	Contra Costa
Sutter Coast Hospital	Crescent City	Del Norte
Marshall Hospital	Placerville	El Dorado
Barton Memorial Hospital	South Lake Tahoe	El Dorado
Clovis Community Medical Hospital*	Clovis	Fresno
St. Agnes Medical Center*	Fresno	Fresno
Mad River Community Hospital	Arcata	Humboldt
St. Joseph Hospital - Eureka	Eureka	Humboldt
Pioneers Mem. Hospital	Brawley	Imperial
El Centro Regional Medical Center*	El Centro	Imperial
Adventist Health Bakersfield	Bakersfield	Kern
Good Samaritan Hospital - Bakersfield	Bakersfield	Kern
Mercy Hospital	Bakersfield	Kern
Alhambra Hospital*	Alhambra	Los Angeles
Methodist Hospital of Southern California*	Arcadia	Los Angeles



**Table 1. California's Medicare GME-Naive Hospitals, Listed by County, 2015, *continued***

	CITY	COUNTY
Providence St Joseph Medical Center*	Burbank	Los Angeles
Citrus Valley Medical Center*	Covina	Los Angeles
Memorial Hospital of Gardena*	Gardena	Los Angeles
Glendale Memorial Hospital & Health Center*	Glendale	Los Angeles
Foothill Presbyterian Hospital*	Glendora	Los Angeles
Southern California Hospital at Hollywood*	Hollywood	Los Angeles
Community Hospital of Huntington Park	Huntington Park	Los Angeles
Antelope Valley Hospital*	Lancaster	Los Angeles
Community Hospital Long Beach	Long Beach	Los Angeles
East Los Angeles Doctors Hospital	Los Angeles	Los Angeles
Los Angeles Community Hospital*	Los Angeles	Los Angeles
Martin Luther King Community Hospital	Los Angeles	Los Angeles
St. Francis Medical Center*	Lynwood	Los Angeles
Marina Del Rey	Marina Del Rey	Los Angeles
Providence Holy Cross Medical Center*	Mission Hills	Los Angeles
Beverly Community Hospital*	Montebello	Los Angeles
Garfield Medical Center*	Monterey Park	Los Angeles
Monterey Park Hospital*	Monterey Park	Los Angeles
Palmdale Regional Medical Center*	Palmdale	Los Angeles
Mission Community Hospital*	Panorama City	Los Angeles
San Dimas Community Hospital	San Dimas	Los Angeles
St. Johns Hospital*	Santa Monica	Los Angeles
Greater El Monte Community Hospital	South El Monte	Los Angeles
Pacifica Hospital of the Valley	Sun Valley	Los Angeles
Providence Little Co. of Mary Medical Center*	Torrance	Los Angeles
Torrance Memorial Medical Center*	Torrance	Los Angeles
Henry Mayo Newhall Memorial Hospital*	Valencia	Los Angeles
West Hills Hospital*	West Hills	Los Angeles

	CITY	COUNTY
Whittier Hospital Medical Center*	Whittier	Los Angeles
Madera Community Hospital	Madera	Madera
Marin General Hospital	Greenbrae	Marin
Novato Community Hospital	Novato	Marin
Ukiah Valley Medical Center	Ukiah	Mendocino
Memorial Hospital - Los Banos	Los Banos	Merced
Mee Memorial Hospital	King City	Monterey
Community Hospital Monterey Peninsula*	Monterey	Monterey
Salinas Valley Memorial Hospital*	Salinas	Monterey
St. Helena Hospital	Deer Park	Napa
Queen of the Valley Medical Center*	Napa	Napa
Sierra Nevada Memorial Hospital	Grass Valley	Nevada
Anaheim Regional Medical Center*	Anaheim	Orange
Western Medical Center Anaheim	Anaheim	Orange
Orange Coast Memorial Medical Center*	Fountain Valley	Orange
St. Jude Medical Center Fullerton*	Fullerton	Orange
Garden Grove Medical Center	Garden Grove	Orange
Huntington Beach Hospital	Huntington Beach	Orange
La Palma Intercommunity Hospital	La Palma	Orange
Los Alamitos Medical Center*	Los Alamitos	Orange
Hoag Memorial Hospital Presbyterian*	Newport Beach	Orange
Chapman Medical Center	Orange	Orange
St. Joseph Hospital of Orange*	Orange	Orange
Placentia Linda Community Hospital	Placentia	Orange
South Coast Global Medical Center	Santa Ana	Orange
Sutter Auburn Faith Hospital	Auburn	Placer
Sutter Roseville Medical Center*	Roseville	Placer
San Geronio Memorial	Banning	Riverside

**Table 1. California's Medicare GME-Naive Hospitals, Listed by County, 2015, *continued***

	CITY	COUNTY
Palo Verde Hospital	Blythe	Riverside
John F. Kennedy Memorial Hospital	Indio	Riverside
Loma Linda University Medical Center Murrieta	Murrieta	Riverside
Parview Community Hospital	Riverside	Riverside
Menifee Valley Medical Center	Sun City	Riverside
Temecula Valley Hospital	Temecula	Riverside
Mercy Hospital of Folsom*	Folsom	Sacramento
Hazel Hawkins Memorial Hospital	Hollister	San Benito
St. Mary Medical Center*	Apple Valley	San Bernardino
Barstow Community Hospital	Barstow	San Bernardino
Hi-Desert Medical Center	Joshua Tree	San Bernardino
Redlands Community Hospital*	Redlands	San Bernardino
San Antonio Regional Hospital	Upland	San Bernardino
Victor Valley Global Medical Center	Victor Valley	San Bernardino
Desert Valley Hospital	Victorville	San Bernardino
Sharp Chula Vista Medical Center*	Chula Vista	San Diego
Sharp Coronado Hospital	Coronado	San Diego
Scripps Memorial Hospital - Encinitas	Encinitas	San Diego
Paradise Valley Hospital*	National City	San Diego
Palomar Medical Center Poway	Poway	San Diego
Alvarado Hospital Medical Center	San Diego	San Diego
Chinese Hospital	San Francisco	San Francisco
Lodi Memorial Hospital	Lodi	San Joaquin
Doctors Hospital of Manteca	Manteca	San Joaquin
Dameron Hospital	Stockton	San Joaquin
Sutter Tracy Community Hospital	Tracy	San Joaquin
French Hospital Medical Center	San Luis Obispo	San Luis Obispo
Sierra Vista Regional Medical Center	San Luis Obispo	San Luis Obispo

	CITY	COUNTY
Twin Cities Community Hospital	Templeton	San Luis Obispo
Mills Peninsula Medical Center*	Burlingame	San Mateo
Sequoia Hospital*	Redwood City	San Mateo
Lompoc Valley Medical Center	Lompoc	Santa Barbara
Goleta Valley Cottage Hospital	Santa Barbara	Santa Barbara
St. Louise Regional Hospital	Gilroy	Santa Clara
El Camino Hospital*	Mountain View	Santa Clara
Dominican Hospital	Santa Cruz	Santa Cruz
Watsonville Community Hospital	Watsonville	Santa Cruz
Shasta Regional Medical Center	Redding	Shasta
Northbay Hospital Group	Fairfield	Solano
Sutter Solano Medical Center	Vallejo	Solano
Petaluma Valley Hospital	Petaluma	Sonoma
Sonoma Valley Health Care District	Sonoma	Sonoma
Oak Valley District Hospital	Oakdale	Stanislaus
Emanuel Medical Center*	Turlock	Stanislaus
St. Elizabeth Community Hospital	Red Bluff	Tehama
Sierra View District Hospital*	Porterville	Tulare
Tulare Regional Medical Center	Tulare	Tulare
Sonora Regional Medical Center	Sonora	Tuolumne
St. Johns Pleasant Valley Hospital	Camarillo	Ventura
St. Johns Regional Medical Center	Camarillo	Ventura
Simi Valley Hospital	Simi Valley	Ventura
Los Robles Hospital and Medical Center	Thousand Oaks	Ventura
Woodland Healthcare	Woodland	Yolo

\*These 50 hospitals most closely resemble current teaching hospitals in California; see page 2 for a detailed explanation.

## About the Foundation

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

For more information, visit [www.chcf.org](http://www.chcf.org).



### GRADUATE MEDICAL EDUCATION FUNDING IN CALIFORNIA

## Community Health Centers

**T**eaching Health Centers provide care to low-income and otherwise underserved populations and are generally located in federally designated Health Professional Shortage Areas. THC graduates are more likely to practice in underserved communities and rural areas and to work in community health centers compared to graduates of traditional residency programs.

### Policy Challenges

Currently, there are no federal dollars available for expanding or establishing new THCs. To begin the process of providing GME, a community health center must determine feasibility and will require start-up funding for two to three years while establishing new residency training programs and becoming accredited. It needs hospital partners, technical assistance, and expert guidance throughout the start-up process.

Because community health centers cannot receive Medicare GME dollars, they require other sources of ongoing support, such as state funding, to subsidize the costs associated with running a teaching program in perpetuity.

**Definition of Teaching Health Center (THC):** A residency teaching site — designated by the federal Health Resources and Services Administration — located in, for example, a Federally Qualified Health Center, Rural Health Clinic, or tribal clinic.

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See the entire *Graduate Medical Education Funding in California* series at [www.chcf.org](http://www.chcf.org).

### Policy Opportunities

By identifying and reaching out to community health centers, California has the opportunity to expand GME in shortage specialties, such as primary care and psychiatry, in underserved areas and for underserved populations.

### California’s Community-Based Residency Programs

California currently has six federally designated THC’s distributed throughout the state. Additionally, four community health clinics (CHCs) have started or are in the process of starting residency programs. Details are in Table 1.

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Table 1. Accredited Community Health Centers

	LOCATION	SPECIALTY	YEAR ESTABLISHED
In the Process of Obtaining ACGME Program Accreditation			
AltaMed Health Services	Los Angeles	Family medicine	N/A
Recently Accredited CHC GME Programs			
Borrego Health	Hemet	Family medicine	2018
Lifelong Medical Care	Berkeley	Family medicine	2019
San Ysidro Health	San Diego	Internal medicine	2019
Established THC GME Programs			
Clinica Sierra Vista	Bakersfield	Family medicine	2014
Family Health Centers of San Diego	San Diego	Family medicine	2014
Valley Health Team	Fresno	Family medicine	2013
Shasta Community Health System	Redding	Family medicine	2012
Social Action Community Health System	San Bernardino	Family medicine, pediatrics, psychiatry	2012
Valley Consortium for Medical Education	Modesto	Family medicine	2011