

**UNIVERSITY OF WYOMING
GRADUATE MEDICAL EDUCATION
ANNUAL INSTITUTIONAL REVIEW
SUMMARY
2018-19**

BACKGROUND

2013 through 2017

Graduate Medical Education (GME) at the University of Wyoming has been challenged due to a lack of consistent expertise and leadership/personnel/financial sources, especially in recent years when the accrediting organization, the Accreditation Council for Graduate Medical Education (ACGME), increased the role and day-to-day responsibilities of the sponsoring institution. Coincidentally, during this same time period, approximately 2013-2018, there has been significant turnover and vacancy of the University of Wyoming Designated Institutional Officer (DIO), the institution's ACGME designated leader for graduate medical education. Five changes in the DIO position had occurred during that time, with three of them being the Dean of the College of Health Sciences serving in the role as interim DIO. In June of 2018, the DIO position was restructured to address this issue. During this time, the programs were faced with meeting the evolving ACGME requirements and demands of graduate medical education and patient care in the increasing complex healthcare world. Turnover in leadership, limited GME expertise, and a clinical education funding structure had a negative effect on the programs. Both the Cheyenne and Casper Family Medicine Residency programs experienced faculty turnover, which resulted in decreased morale and decreased quality of educational experiences. Consequently, the ACGME determined that the University of Wyoming GME programs be cited for a number of program inadequacies. These citations triggered two separate site visits by the ACGME.

2018-2019

Under the supportive leadership of Dr. David Jones, Dean of the College of Health Sciences (CHS), an updated model for the University of Wyoming graduate medical education was adopted in June 2018. The new structure has allowed designated personnel to focus on GME at the University and address areas of non-compliance with ACGME requirements and regulations. In addition, the movement towards improved fiscal flexibility has allowed the promise of increased investment in not just sustaining GME at UW but the growth of GME in Wyoming.

SUMMARY OF THE PAST ACADEMIC YEAR

SPONSORING INSTITUTION (University of Wyoming)

Several steps have been taken to improve the Graduate Medical Education department experience and compliance with requirements.

Development of an integrated Designated Institutional Officer position. In the past, the DIO role, previously the Director of Medical Education position, was in Laramie and funded as a purely administrative role that attracted physicians who were no longer practicing medicine. The new position provides improved compensation to attract mid-career, GME-experienced physicians. It allows the DIO to be located outside of Laramie. With the current model, the DIO is a participating faculty member and practicing clinician. The “on-the-ground” experience and perspective allows the DIO to stay in tune with the experiences and challenges of the programs, faculty, and residents. This helps lay the stage for development of a cohesive GME environment and team. A simple step towards that end has been routine DIO/Program Director meetings. The DIO attended national training opportunities that were specific for the DIO role. To aid the DIO, an Institutional Coordinator position was designated with funding to support the time spent in that role. The University of Wyoming’s sponsoring institution letter of support for GME was updated to meet ACGME requirements. In addition, this Annual Institutional Review (AIR) Summary report serves as the implementation of an annual DIO report to the sponsoring institution’s governing board (the University’s Board of Trustees) as per ACGME requirements.

Development of a Functional and Engaged Graduate Medical Education Committee (GMEC): Over the last several years, the University of Wyoming GMEC had not served its oversight role adequately; this was noted by the ACGME. Therefore, focus has been placed on bringing the GMEC back into compliance, which includes but not limited to the following:

- Routine quarterly meetings as required by ACGME
- Defined and annotated GMEC meeting minutes
- Development of multiple ACGME-required Institutional GME policies, including the policy for Special Review of Underperforming Programs
- Defined GMEC membership per ACGME requirements, including peer-selected residents representing the views and interests of the programs’ trainees
- Defined, rotating agenda for GMEC meetings to ensure all ACGME requirements are addressed
- Defined oversight of program performance

ACGME site visits. A record number of site visits were conducted by the ACGME at Wyoming’s programs and institution from December 2018 through March 2019. Although several of these were routine, two were triggered due to concerns regarding program non-compliance based on resident survey data and annual data submitted to the ACGME. The citations that triggered two site visits had been addressed to a significant extent by the time that the site visits occurred. The five site visits include:

- Sponsoring Institution (triggered) – return site visit Fall 2019
- Cheyenne (triggered)
- Casper-Osteopathic Recognition (routine initial)
- Casper-Geriatrics Fellowship (routine initial)
- Thermopolis Rural Training Track (routine initial) – return site visit Fall 2019

CASPER FAMILY MEDICINE CORE RESIDENCY PROGRAM

Under the leadership of the new Program Director, Dr. Brian Veauthier, efforts were dedicated towards culture of wellness, faculty development, and resident evaluation and feedback. Curriculum development included new curricular areas such as Point-of-Care Ultrasound and Medication Assisted Treatment for opioid addiction as well as efforts to re-invigorate core educational hospital and clinical experiences. Renewed emphasis on training for rural medicine was implemented, as well.

The Casper program is in good standing with full accreditation. The ACGME resident survey results were extremely positive. The program received only one citation from the ACGME, which focuses on maintaining the work-hour compliance regulation of no more than 80-hours of work per week, averaged over four weeks. This measure is most directly connected to physician burnout and thus the ACGME is setting great emphasis on this rule. All recent graduates who have taken their Family Medicine board exams have passed. Two graduates from the 2019 graduating class will practice in Wyoming.

The program remains down at least one faculty member. This vacancy not only increases the academic and administrative workload of the remaining faculty, but also the clinical workload, including hospital call and coverage 24/7. Family Medicine physician faculty positions are difficult to fill, and even more so in Wyoming. The current faculty position opening has been vacant for three years, which is not unusual for our programs. Dr. Veauthier is speaking with a previous graduate who may be interested in returning to the program as a faculty member. Another faculty position, the behaviorist position, is newly vacant as well.

CHEYENNE FAMILY MEDICINE RESIDENCY PROGRAM

Under the leadership of Program Director, Dr. Evan Norby, Cheyenne had a rebuilding year during 2018. After several years of transitional leadership and challenging cultural influences, the Cheyenne program also focused on building a supportive environment for resident education. Emphasis on improved evaluation and feedback processes allowed for more open communication. Faculty physicians became more integrated into the clinic.

The program received a site visit due to a worrisome downward trend on the 2017 and 2018 ACGME resident surveys. **The site visit went well, and the site visitors were pleased with the improvements made by Dr. Norby and the program. Therefore, the ACGME granted Cheyenne full accreditation with just a few citations to be addressed.** A major concern of the ACGME was the lack of oversight and assistance to better identify and more quickly address the issues that were negatively affecting the Cheyenne program. The GMEC and the UW GME administrative team will continue to address these issues. All the 2019 graduates have passed their Family Medicine Boards and one graduate will be staying to practice in Wyoming. The most recent survey of the Cheyenne residents was significantly improved over previous years.

Entering the 2019-20 academic year, the Cheyenne program will be down two faculty members. As with Casper, the Cheyenne faculty will be faced with an overload of academic, administrative, and clinical faculty duties. Adequate compensation of faculty and staff remains a challenge.

The Cheyenne program remains on Special Review status from the GMEC for underperformance so that the GMEC may supervise and ensure continued improvement.

CASPER-OSTEOPATHIC RECOGNITION

Dr. Caroline Kirsch serves as the Director of the Casper Osteopathic Recognition (OR) Track. The Casper residency program received ACGME accreditation of this track a few years ago in anticipation of the 2020 merger of the osteopathic and allopathic GME bodies into one as part of the ACGME organization. The Casper program has previously been dually accredited under the AOA and ACGME for over fifteen years. The OR Track allows the osteopathic-trained residents to continue to receive training in osteopathic medicine and manipulation. The Casper program has three osteopathic faculty members. The OR Track completed its first ACGME site visit in December and received citations to address several areas, including faculty development and scholarly activity focused on osteopathic medicine, further integration of osteopathic medicine education into all three years of residency and all locations of care, and enhancements to the evaluation of residents' osteopathic knowledge and skills.

CASPER-GERIATRIC FELLOWSHIP

The one-year Geriatric Fellowship was developed a few years ago to help meet the needs of Wyoming's aging population. The Fellowship received ACGME accreditation in 2016, but had difficulty filling its one slot, as did nearly half of the geriatric programs across the country. Dr. Cindy Works, who serves as the interim Fellowship Director, applied to the ACGME and American Board of Family Medicine (ABFM) to convert the program to a part-time/two-year fellowship curriculum. This allowed us to recruit Dr. Tabitha Thrasher, a new Casper faculty member, into the part-time fellow slot. She started the fellowship in October 2018 and this format allows her to perform her faculty duties while completing the requirements of the fellowship. Once she completes the fellowship and becomes board-certified in geriatrics, she will assume the role of the permanent Fellowship Director. The first ACGME site visit was conducted in December 2018 and only a few citations were given. The fellowship faculty, consisting of Casper program faculty members as well as state and regional geriatric specialists, is fine-tuning curriculum over the course of this initial year of instruction.

One citation was directed towards the ACGME-required Program Letters of Agreements (PLA) that are meant to be *informal* agreements between the Geriatric fellowship and partnering organizations, such as hospitals, to provide a positive learning environment. The UW has drafted more formal agreements with these institutions, but this has been

problematic for some of the partner organizations, causing delays in putting these agreements in place. We will continue to work with the UW to find a reasonable compromise for drafting the PLAs.

CASPER-THERMOPOLIS RURAL TRAINING TRACK

After three years of preparation, the Thermopolis Rural Training Track (RTT) received successful initial accreditation from the ACGME in the spring of 2019 after the application was submitted November 2018 with a site visit in January 2019. A rural training track is designed to train the resident physician in the rural setting to provide a broad scope of opportunity and skills. The Thermopolis RTT is a one resident per class track where the first year of training is conducted at the core Casper site and the second and third years in Thermopolis. Dr. Veauthier, in his role as the core Program Director in Casper, also serves as the RTT Program Director, with Dr. Travis Bomengen as the RTT Site Director. An excellent partnership exists between the Casper core program and Dr. Bomengen and the Thermopolis medical community.

The RTT also received a citation regarding the required Program Letters of Agreement.

A return site visit is planned for the fall of 2019. However, the first RTT resident will not be on the ground until the summer of 2020.

An application was submitted for a federal grant to help with RTT development. Our application received a very strong score but missed the cut-off for funding as less than 30 grants were funded nationally. The Casper program and Hot Springs County Hospital (HSCH) are partnered to fund the RTT costs. The funds are comprised of CMS cost-report adjustment funding from the Educational Health Center of Wyoming (EHCW), the clinical site of the residency programs, and the HSCH as a critical access hospital. The Casper program is partnering with the local VA clinic supported by the Sheridan VA system to receive VA GME funds, which is a new initiative to improve access to care for veterans while expanding resident educational experience. Although a small amount of funding, it will help serve as an additional ongoing revenue stream for the Geriatric Fellowship and RTT track. Other grant applications are planned and there are pending GME reform bills at the federal level, which if passed, will greatly help this and other GME programs in Wyoming. Currently, there is no other hospital, state, or university financial commitments to the RTT, although all stake holders support the rural track model of GME for our state and communities.

FINAL COMMENTS

At the University of Wyoming, we are working to rebuild and strengthen Graduate Medical Education. The following summarizes the road ahead

STRENGTHS

- The College of Health Sciences has strong leadership
- UW leadership has an improved understanding and support of GME

- The Wyoming legislative has an improving understanding and support of GME
- UW GME has strong leadership with dedicated Program Directors and improving investment by faculty, staff, and residents
- The clinical leadership structure has been solidified
- Improving fiscal flexibility with clinic revenues
- The DIO is an active faculty member and clinician
- The DIO position is also the EHCW Chief Medical Officer (CMO) position, providing balance between the service and education missions

WEAKNESSES

- As the fiscal-administrative structure of the University and the Educational Health Center of Wyoming (EHCW) is finalized, the need for additional state funding towards Graduate Medical Education may be apparent
- Physician faculty vacancies continue to be a challenge
- There is a need to continue to develop state and university expertise in GME
- Turnover in UW leadership over the previous 5 years
- Only one position is funded for the DIO and CMO roles, limiting the time that can be focused on each role
- Development of full EHCW clinical leadership team is in developmental phase only

OPPORTUNITIES

- In addition to the Geriatric Fellowship program, expansion of GME programs in Wyoming could occur with the Rural Training Track residency
- New funding models and opportunities for the clinical education setting could be considered
- Development of new partnership agreement with EHCW for patient care and resident education
- Expansion of patient care services increases educational opportunities
- New financial model could tie clinical productivity to increased funding to GME
- Exploration of Medicaid GME funding in Wyoming could lead to increased revenue to reinvest in resident education
- Federal GME reform

THREATS

- Using a complex financial system designed for an academic institution in a clinical business setting can be a challenge
- The compensation model for clinical staff and faculty is not competitive with other clinical settings
- Personnel shortages caused by consistent turnover in physician faculty and clinical staff

- University processes do not always allow the program to be nimble with regard to personnel management
- Lack of Medicaid expansion and health insurance options for patients in Wyoming
- The new UW-EHCW agreement – must avoid the scenario that had occurred between the UW and a community clinic in the mid-late 2000s.

Submitted by

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