

Defining the Value Equation for GME

What Leaders' Value and the Evidence of GME's ROI for Our System

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INTRODUCTION

COMMUNICATING THE VALUE OF GME TO SPONSORING ORGANIZATION

- Communicating GME's value to key system leaders is vital if we are to successfully advocate for resources
- Yet demonstrating that value with data is hard - unless you know what leaders perceive to be GME's value and the associated evidence they will respect

ALIGNMENT

- Aligning GME and sponsoring organization's priorities is essential to promote high-value care and high-quality education^{1,2}
- Sponsoring GME programs requires a significant investment among leaders across the organization from Board of Directors and C-Suite, to Finance, Legal & HR, PDs
- Imperative for GME to identify alignments and supporting evidence
 - Sponsoring organization is a top 10 not-for-profit U.S. health care system
 - Sponsor > 650 residents & fellows in our 43 (18 WI, 25 IL) accredited programs

PURPOSE

To identify what system leaders value regarding our GME programs, compare that to what GME leaders' value, and identify associated evidence to demonstrate the return on investment to the system

METHODS

1. STRUCTURED INTERVIEWS | DISCUSSIONS:

- Sponsoring organization's leaders (1-on-1 with field notes) and GME leaders (attendees at GMEC meetings) identified perceived GME value and associated evidence in response to 3 questions^{3,4}
- What do you highlight when advocating for the value of our GME programs?
 - What do you wish others knew re: GME's value?
 - What evidence supports GME's value?

2. DATA ANALYSIS:

- Interviewer field notes and GME leader responses were analyzed iteratively to identify value themes using standard qualitative methodology to identify unique and cross-cutting themes x stakeholder
- SI leaders' data and then GME leader teams' data themes identified
 - Gaps identified using frequency x theme x stakeholder group
 - GME leaders' workgroup and GMECs reviewed the final themes (member check)
 - Evidence by theme then rated by each evidence workgroup team member (8 program directors; 1 GME manager) for level of impact, feasibility to track long term:
 - 1= Top Priority - Definitely must get this evidence
 - 2= Moderate Priority - Nice but not essential evidence
 - 3=Low - Not a Priority to get this evidence
 - Results compiled → workgroup honed down the evidence based on impact and feasibility seeking ≤3 evidence items x theme

REFERENCES
1. ACGME Common Program Requirements. Effective July 1, 2019. Accessed 9/29/2020. <https://www.acgme.org/Portals/0/PDFAssets/ProgramRequirements/CPREsidency2019.pdf>
2. Gupta R, Sehgal N, Arora VM. Aligning delivery system and training missions in academic medical centers to promote high-value care. Academic Medicine. 2019 Sep 1;94(9):1289-302.
3. Simpson D, Riddle JM, Hamel DL, Balmer DL. Blueprinting Program Evaluation Evidence Through the Lens of Key Stakeholders. J Grad Med Educ. 2020;12(5):629-630.
4. CEC. Program Evaluation for Public Health Programs: A Self-Study Guide. 2012. <https://www.cdc.gov/eval/guide/steps1/index.htm>



GME VALUE THEMES BY SI & GMEC LEADERS WITH EVIDENCE

	SI LEADERS RANK	GMEC RANK
#1: PATHWAY FOR PHYSICIAN RECRUITMENT - THE BUSINESS CASE - ITS VALUE & COST-EFFECTIVENESS	1	2
EVIDENCE		
<ul style="list-style-type: none"> Financial Analysis – Cost Savings of Replacement Recruiting [Est \$250K] GME Workforce Aligned with System Needs [Pathways = System Needs] Quality of “Internal Recruit” – Short Term [Pre-Screen for “Stars”] and Long Term [# Grads Return] 		
#2: GME'S CULTURE OF CONTINUOUS LEARNING MOVES US TO HIGH RELIABILITY ORGANIZATION	2	1
EVIDENCE		
<ul style="list-style-type: none"> GME CONTINUOUSLY INNOVATES PILOT INITIATIVES within the System [> Med Ed] through Collaborations & Spread LEARNERS “TEACH” US: “Disseminators” of New Info; New Eyes/Ears; Speak Up as We are All Learners; #/Type QI Projects with Impact BROADER PURPOSE: Opportunities to “Learn & Teach” – Extending Patient Care by Educating the Next Generation with ↑ Engagement Faculty Retention and Job Satisfaction Hub for Leadership Development [#GME Leaders → Organizational Roles] 		
#3: PRESTIGE/REPUTATION/STATURE – IDENTIFIED AS ORG THAT TRAINS FUTURE PHYSICIANS	2	3
EVIDENCE		
<ul style="list-style-type: none"> REGIONAL-NATIONAL RANKINGS of GME vs Non GME Sites (eg, Top 100 Hospitals) & Faculty (Best Doctors) ACGME SURVEY DATA with Benchmarks [Overall & by Program] SCHOLARLY ACTIVITY: Benchmark # x Type – Impact (Externally) with Emphasis on its Value to Patient Care 		
#4: COMMUNITY & PROFESSIONAL EXPECTATIONS TO EDUCATE FUTURE DOCTORS AND PROVIDE CARE	4	5
EVIDENCE		
<ul style="list-style-type: none"> DIVERSITY: Who We Employ as Faculty/Staff in Medical Education, GME Matriculates and Graduates, & Patients ALIGNMENT OF GME ACTIVITY = COMMUNITY NEEDS Assessment through resident/faculty projects 		
#5: EXCELLENCE INTEGRATED HEALTH CARE SYSTEM - QUALITY OF CARE WITH AGILE WORKFORCE	5	4
EVIDENCE		
<ul style="list-style-type: none"> ACCESS/WORKFORCE: Actual Numbers (Residents) COST BENEFIT ANALYSIS: Residents/Fellows Compared to Other Clinicians (eg, attendings, hospitalists, NPs) SYSTEM QUALITY METRICS: Patient Experience; Clinical Metrics 		

RESULTS:

RESPONSE RATES

- 94% (29/31) of System Leaders completed 15-20 minute 1-on-1 structured interview with a project team member [June-Oct 2019]
- 22 GME programs and additional Administrative Leaders broke into dyads/triads at Wisconsin and Illinois GMEC meetings to answer 3 interview questions using a worksheet [Feb 2020]

FIVE MAJOR THEMES EMERGED [Depicted with Evidence Above]

SIGNIFICANCE/IMPLICATIONS

1. ALIGNMENT: SPONSORING ORGANIZATION & GME LEADERS

- Identified what key leaders value about GME
- Identified evidence by value theme
- Piloting evidence collection strategies

2. COMMUNICATION:

- Value themes x evidence provide all GME(ers) with consistent language to use in all leader communications