Identifying and Prioritizing the Evidence that GME is an Asset to the Health Care System - System & GME Leaders’ Perceptions
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INTRODUCTION/BACKGROUND

ALIGNMENT:
- Aligning GME and Sponsoring Institution’s (SI’s) priorities is essential to promote high-value care and high-quality education.
- 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
  - SI 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

LITERATURE
- Limited guidance on how to identify shared GME/SI priorities

PURPOSE
To use a stepwise, key stakeholder-driven evaluation approach to identify GME’s value to the SI and associated evidence for each value

METHODS
1. STRUCTURED INTERVIEWS | DISCUSSIONS:
   SI 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
   a) What do you highlight when advocating for the value of our GME programs?
   b) What do you wish others knew re: GME’s value?
   c) 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
   a) SI leaders’ data and then GME leader teams’ data themes identified
   b) Gaps identified using frequency x theme x stakeholder group
   c) GME leaders’ workgroup and GMECs reviewed the final themes (member check)
   d) Evidence by theme then rated by each project team member (8 program directors; 1 GME manager) for level of impact, feasibility to track long term:
      - 1= Top Priority - Definitively must get this evidence
      - 2> Moderate Priority - Nice but not essential evidence
      - 3= Low - Not a Priority to get this evidence
   e) Results compiled to workshop honed down the evidence based on impact and feasibility seeking ≥3 evidence items x theme

2. EVIDENCE TRACKING FEASIBILITY - PILOT UNDERWAY
   a) Data pilot using Microsoft Teams to facilitate GME leader entry and access to data
   b) Quantitative = Assigned responsibility by who has access to data (eg, GME office, PD)
   c) Qualitative = Program directors complete using polling tool + Excel export

GME VALUE THEMES BY SI’S & GME LCADERS WITH EVIDENCE

| #1: PATHWAY FOR PHYSICIAN RECRUITMENT - THE BUSINESS CASE - ITS VALUE & COST-EFFECTIVENESS |
| SI LEADERS | GMEC |
| RANK | RANK |
| 1 | 2 |

EVIDENCE
- Financial Analysis – Cost Savings of Replacement Recruiting [Est $250K]
- GME Workforce Aligned with System Needs [Pipeline = System Needs]
- Quality of “Internal Recruit” – Short Term [Pre-Screen for “Stars”] and Long Term [Grad Return]

| #2: GME’S CULTURE OF CONTINUOUS LEARNING MOVES US TO HIGH RELIABILITY ORGANIZATION |
| SI LEADERS | GMEC |
| RANK | RANK |
| 2 | 1 |

EVIDENCE
- GME CONTINUOUSLY INNOVATES | PILOTS 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/STATUS – IDENTIFIED AS ORG THAT TRAINS FUTURE PHYSICIANS |
| SI LEADERS | GMEC |
| RANK | RANK |
| 2 | 3 |

EVIDENCE
- 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 |
| SI LEADERS | GMEC |
| RANK | RANK |
| 4 | 5 |

EVIDENCE
- 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 (Highlight with 2-3 Bullet Points)

| #5: EXCELLENT INTEGRATED HEALTH CARE SYSTEM - QUALITY OF CARE WITH AGILE WORKFORCE |
| SI LEADERS | GMEC |
| RANK | RANK |
| 5 | 4 |

EVIDENCE
- 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: TRACKING > METRICS – EXEMPLARS

COLLECT 3 MIN STORIES
By Theme via Microsoft Teams Poll

VALUE #2 CULTURE OF LEARNING EVIDENCE EXAMPLES
- INNOVATION: 2 of our residency clinics just selected to be initial sites for goals of care/advance directives 2021 launch
- LEARNERS TEACH US RE BEST CARE: Resident cited a just released Cochrane Review – it changed the plan for critically ill patients...
- BROADER PURPOSE: 2020 engagement check in results for our MKE teaching clinics are Tier 1! System is Tier 2...

SIGNIFICANCE/IMPLICATIONS
1. Through Systematic Key Stakeholder Driven Evaluation Process
   - Identified what key stakeholders’ value about GME
   - Identified stakeholders’ evidence by theme
   - Piloting evidence collection strategies
2. Themes provide clear, consistent messaging in all communications aligned with stakeholder identified evidence