

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^{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
 - 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**³ 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 GMCEC meetings) identified perceived GME value and associated evidence in response to 3 questions

- 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

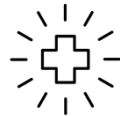
- SI leaders' data and then GME leader teams' data themes identified
- Gaps identified using frequency x theme x stakeholder group
- GME leaders' workgroup and GMCECs reviewed the final themes (member check)
- Evidence by theme then rated by each project team member (8 program directors; 1 GME manager) for level of impact, feasibility to track long term:
 - 1= Top Priority – 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

2. EVIDENCE TRACKING FEASIBILITY – PILOT UNDERWAY

- Data pilot using Microsoft Teams to facilitate GME leader entry and access to data
- Quantitative - Assigned responsibility by who has access to data (eg, GME office, PD)
- Qualitative – Program directors complete using polling tool → Excel export

REFERENCES

- ACGME Common Program Requirements. Effective July 1, 2019. Accessed 9/29/2020. <https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPREvidence2019.pdf>
- 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):1289-92.
- 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.
- CEC. Program Evaluation for Public Health Programs: A Self-Study Guide. 2012. <https://www.cdc.gov/eval/guide/step1/index.htm>



GME VALUE THEMES BY SI'S & GMCEC LEADERS WITH EVIDENCE

	SI LEADERS RANK	GMCEC 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 [Pipeline = 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 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/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 (Highlight with 2-3 Bullet Points) 		
#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: TRACKING > METRICS – EXEMPLARS

COLLECT 1 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