"**There is Power in the Broken.**"

- *Bryan Stevenson*

Taking on complex societal debacles requires hope, changing the narrative, a vision for a preferred future, proximity between decision makers and front line stakeholders, and a willingness to get uncomfortable.

Actualized, Actionable, and Sustainable Solutions for
Primary Care Workforce Development:
Evidence-Based Outcomes of a Fifteen Year Journey of Teaching Health Center Graduate Medical Education Safety-Net Consortiums that Call Us Beyond Constraints of Deeply Entrenched Traditions and Cognitive Biases

Linda Thomas-Hemak, M.D., FAAP, FACP, President and CEO

The Wright Centers for Community Health and Graduate Medical Education

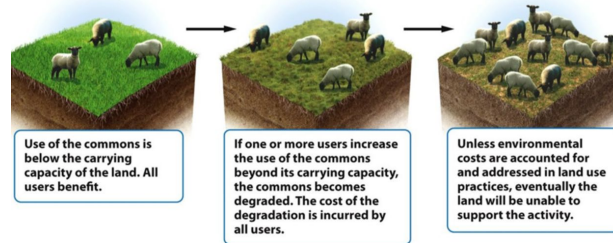The National Academies of Sciences, Engineering, and Medicine: Standing Committee on Primary Care

May 2024 Public Meeting

THE WRIGHT CENTER for COMMUNITY HEALTH | THE WRIGHT CENTER for GRADUATE MEDICAL EDUCATION | THE WRIGHT CENTER for PATIENT & COMMUNITY ENGAGEMENT

"Training the future primary care workforce – long term solutions to grow a robust primary care workforce"

A Collective Impact Solutions Framework for America's Complex Primary Care Workforce Debacle

Garrett Hardin
Tragedy of the Commons 1968

Use of the commons is below the carrying capacity of the land. All users benefit.

If one or more users increase the use of the commons beyond its carrying capacity, the commons becomes degraded. The cost of the degradation is incurred by all users.

Unless environmental costs are accounted for and addressed in land use practices, eventually the land will be unable to support the activity.

Collective Impact Framework

- Common Agenda
- Shared Metrics of Success
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Support

*Progressing through the current **Tragedy of the Commons** to **Common Pool Resource Stewardship** of Primary Care Workforce Development*

Elinor Ostrom
2009 Nobel Prize
Political Economics
Theories of Common Pool
Resource Management

- Boundaries and jurisdictions are clearly defined.
- Rules for appropriation and provision of common resources match local needs and conditions.
- Collective-choice arrangements allow those affected by the rules to participate in decision-making and rule modifying processes (stakeholder inclusivity and shared governance).
- A system, designed and carried out by community members, effectively monitors members' behavior.
- There is a transparent scale of graduated sanctions for violation of "community" rules.
- Conflict and dispute resolution mechanisms are inexpensive and easy to access.
- Self-determination and rule-making rights of the community must be recognized and honored by higher outside authorities.
- Responsibility for governing the common pool resource is nested in tiers from the local community level up to the entire interconnected national system.

THE WRIGHT CENTER for COMMUNITY HEALTH | THE WRIGHT CENTER for GRADUATE MEDICAL EDUCATION | THE WRIGHT CENTER for PATIENT & COMMUNITY ENGAGEMENT

Solutions to complex societal debacles require deliberate, collective impact strategies that are thoughtfully generated with inclusive, empowered stakeholders proximal to the core problems.

Receiving and Answering the Call to Actualize Primary Care Workforce Development System Reform as a THC GME-Safety Net Consortium

Graduate Medical Education
That Meets the Nation's Health Needs
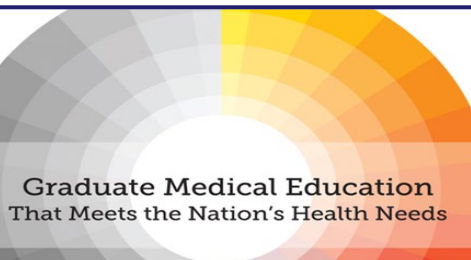
ACADEMIC MEDICINE
Journal of the Association of American Medical Colleges | AAMC

Academic Medicine: A Key Partner in Strengthening the Primary Care Infrastructure Via Teaching Health Centers

Richard E. Rieselbach, MD, Byron J. Crouse, MD, Katherine Neuhausen, MD, Thomas J. Nasca, MD, and John G. Frohna, MD, MPH

Abstract

In the United States, a worsening ... The authors propose that the goals ... facilitate the rapid expansion of

HEALTH POLICY REPORT

Mary Beth Hamel, M.D., M.P.H., *Editor*

Institute of Medicine Report on GME — A Call for Reform
John K. Iglehart

For more than three decades, administrations from that of Republican Ronald Reagan (1981–1989) to Democrat Barack Obama have proposed sharp reductions in the robust support by Medicare of graduate medical education (GME) programs. Teaching hospitals, the major recipients of an annual federal GME investment of more than $15 billion in 2012, have withstood most of ... accountability, strategic direction, and capacity to innovate." Earlier proposals that also favored larger investments in GME innovation were included in the Obama administration's 2015 budget[4] and in a Medicare Payment Advisory Commission (MedPAC) report[5,6] and were outlined by the past two chairs of the federal Council on Graduate Medical Education — Drs. David Good-

Teaching Health Centers: A New Paradigm in Graduate Medical Education
Candice Chen, MD, MPH, Frederick Chen, MD, MPH, and Fitzhugh Mullan, MD

Abstract

The Patient Protection and Affordable Care Act of 2010 created the Teaching Health Center Graduate Medical Education (THCGME) program to provide graduate medical education (GME) funding directly to community-based health centers that expand or establish new primary care residency programs. The THCGME program was the legislation's only new investment ... funding system. It provides payments to ambulatory care centers for both direct and indirect GME expenses, and mandates a level of reporting from recipients that is not required for Medicare GME support. This initial look at the 11 inaugural teaching health centers (THCs) shows that they are training primary care residents in relevant delivery models (e.g., ... initiatives that address primary care practice in underserved areas, and transforming organizational and funding structures to support community-based training. The THCs' plan to evaluate and report resident performance, patient quality of care, and graduate outcomes. The work of the first THCs has implications for primary care training, the GME system, and future policies and legislation aimed at strengthening the

Affordable Care Act Section 5508

H.R. 3590

Patient Protection and Affordable Care Act

SEC. 5508. INCREASING TEACHING CAPACITY.

(a) Teaching Health Centers Training and Enhancement- Part C of title VII of the Public Health Service Act (42 U.S.C. 293k et. seq.), as amended by section 5303, is further amended by inserting after section 749 the following:

HRSA
Health Resources & Services Administration

TCMC THE COMMONWEALTH MEDICAL COLLEGE

2009
"The Teaching Health Center Highway for Keeping Primary Care GME Services Relevant to Community Health"

2012
"Nationally Expanding the Teaching Health Center Highway to Keep Primary Care GME Services Relevant to Community Health"

ATSU SCHOOL OF OSTEOPATHIC MEDICINE

BFA BEYOND FLEXNER ALLIANCE
Social Mission in Health Professions Education

SOCIAL MISSION ALLIANCE
Transforming Health Professions Education

THE WRIGHT CENTER for COMMUNITY HEALTH | THE WRIGHT CENTER for GRADUATE MEDICAL EDUCATION | THE WRIGHT CENTER for PATIENT & COMMUNITY ENGAGEMENT

Together, we strive to alleviate America's primary care workforce shortage, mis-distribution, and related health, healthcare, and healthcare career disparities.

Responds to Community Health Needs

The community-based Graduate Medical Education Safety-Net Consortium (GME-SNC) is inspired by Health Resources and Services Administration's (HRSA) Teaching Health Center program (THCGME). Built on a framework similar to Nasca et al's proposed Community Health-Academic Medical Partnerships (CHAMPS)[2], the GME-SNC immerses trainees in community settings where they're most needed and increases likelihood of graduates working in such settings.[3]

Upholds Public Trust

The GME-SNC promotes value-based payment reform strategies that often redirect hospital utilization to more appropriate, affordable community-based venues. Transparency is ensured by standardized reporting methodologies that harness evolving health information and educational technologies to develop and demonstrate workforce competencies, ensure stewardship of public GME funds to meet highest federal reporting standards and to monitor and improve population health outcomes.
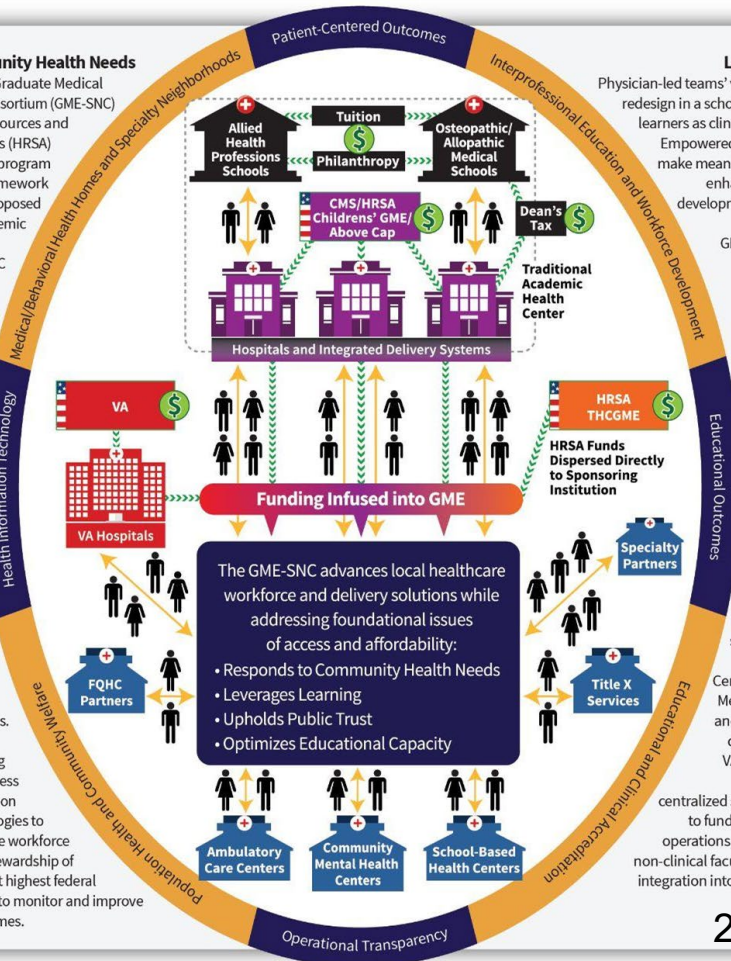
Leverages Learning

Physician-led teams' value-driven workflow redesign in a scholarly culture leverages learners as clinical system improvers. Empowered patients and families make meaningful contributions to enhance care delivery and development of comprehensive workforce skills. The GME-SNC demonstrates administrative and operational efficiency with consortium scheduling and time tracking across cost centers and a robust quality improvement management system stimulating learner-driven improvements.

Optimizes Educational Capacity

GME payment methodologies vary substantially between Veterans Affairs (VA), Centers for Medicare and Medicaid Services (CMS) and HRSA. The GME-SNC deliberately converges VA, CMS and HRSA GME resources within one centralized sponsoring institution to fund cohesive educational operations, clarifying clinical and non-clinical faculty time and trainees' integration into patient care delivery.

Circular diagram labels

- Patient-Centered Outcomes
- Interprofessional Education and Workforce Development
- Educational Outcomes
- Educational and Clinical Accreditation
- Operational Transparency
- Population Health and Community Welfare
- Health Information Technology
- Medical/Behavioral Health Homes and Specialty Neighborhoods

Allied Health Professions Schools
Tuition
Philanthropy
Osteopathic/Allopathic Medical Schools
CMS/HRSA Childrens' GME/Above Cap
Dean's Tax
Traditional Academic Health Center
Hospitals and Integrated Delivery Systems

VA
HRSA THCGME
HRSA Funds Dispersed Directly to Sponsoring Institution

Funding Infused into GME

VA Hospitals
FQHC Partners

The GME-SNC advances local healthcare workforce and delivery solutions while addressing foundational issues of access and affordability:
- Responds to Community Health Needs
- Leverages Learning
- Upholds Public Trust
- Optimizes Educational Capacity

Specialty Partners
Title X Services

Ambulatory Care Centers
Community Mental Health Centers
School-Based Health Centers

2010

2013-2026

HRSA Health Resources & Services Administration
HealthPoint
THE WRIGHT CENTER for GRADUATE MEDICAL EDUCATION
American Association of Teaching Health Centers
EL RIO HEALTH
UNITY HEALTH CARE — Healthier You. Healthier Communities.
HealthSource of Ohio
ATSU School of Osteopathic Medicine in Arizona
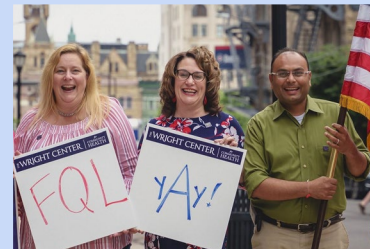NATIONAL ASSOCIATION OF Community Health Centers
PACHC

2019

2020
Hometown SCHOLARS
ADVANCING PENNSYLVANIA'S HEALTH THROUGH EDUCATION
NORTHEAST PA AHEC AREA HEALTH EDUCATION CENTER

Believing "We Can Do More Together," Graduate Medical Education Safety-Net Consortiums have an inclusive, inspiring learning culture that is trauma-competent and engined by unprecedented value-driven cooperation, collaboration, and collective accountability.

Teaching Health Center Program and Our Graduate Medical Education Safety-Net Consortium Outcomes

American Association of Teaching Health Centers

- **86%** of THC graduates remain in primary care practice, compared to **23%** of traditional GME graduates.
- **62%** of THC graduates practice in underserved areas, compared to **26%** of traditional GME graduates.
- **31%** of THC graduates practice in rural America, compared to **5%** of traditional GME graduates.
- **29%** of THC graduates practice in community health centers, compared to **2%** of traditional GME graduates.

The Wright Center for Community Health

- **53%** of Family Medicine and Internal Medicine physicians are graduates.
- **45%** of all faculty (Family Medicine, Internal Medicine, Psychiatry, and Dental) are graduates.
- **47%** of our Nurse Practitioners and Physician Assistants trained with us.

National Family Medicine Residency Outcomes

- **133** graduates
- **99.24%** board pass rate on first attempt
- **55.6%** of graduates practice in MUAs.
- **31.6%** of graduates practice in their FQHC host site.

Unity Health Care

- **54.7%** of NFMR graduates who trained at Unity practice in their FQHC host site.
- **More than 50%** of graduates retained at Unity are involved in GME and public health leadership.
- **1 of every 3 FM** physicians at Unity Health Care are graduates of the NFMR program.

Unprecedented Accountability

Uphold Public Trust

- Traditional Primary Care Exception not authorized in THCGME
- Meticulous FTE Reconciliation: CMS, HRSA THC, and VA GME
- Exemption but voluntary completion of Annual Single Audits

HRSA Health Resources & Services Administration

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES CENTER FOR MEDICARE & MEDICAID INNOVATION

VA U.S. Department of Veterans Affairs

THE WRIGHT CENTER for COMMUNITY HEALTH | THE WRIGHT CENTER for GRADUATE MEDICAL EDUCATION | THE WRIGHT CENTER for PATIENT & COMMUNITY ENGAGEMENT

"**Recruit** from the community and **Return** to the community to **Restore** the community."   Dr. Fred Schwartz
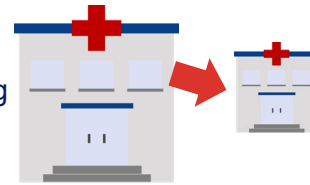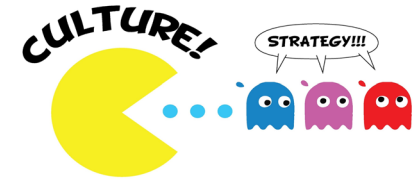
Several Painful, Adverse Accreditation Outcomes and Experiences:

Ownership, Processing, Learning, and Finding Hope in Trauma and Scarcity Science

Necessary and Meaningful Sponsoring Institutional and Programmatic Improvements and Unfortunate Loss of Programs

National, Regional and Local Industry Challenges

- Commoditization, corporatization, commercialization
- Hospital closures and shrinking services
- Limited, vulnerable, and sometimes tenuous educational capacity of medically underserved communities
- Fundamental THCGME funding inadequacies and uncertainties
- Perceived absence of crucial conversations and mutually reinforcing action strategies between federal funding and accreditation agencies
  - Shared Metrics of Success: Process vs. Outcomes
  - Possible necessity to modify traditional rules to match current needs and conditions in community-based training models
  - Discordant perspectives of the Primary Care Exception
  - Geographic variability of costs and resident salaries

Professional Identity Challenges

- Moral injury, direct and vicarious trauma exposure
- Professionalism, public service, and physician autonomy
- Participatory citizenship & productive voice
- Disorienting dilemmas
- Collective disturbances

Resources

Responsibilities

CULTURE!

STRATEGY!!!

It's OK to feel how you're feelin

Feel the Burnout

The Rescuer
The Persecutor
Drama Triangle
The Victim

Dear ACGME,
……………
……………

"Loss is nothing else but change, and change is nature's delight."   -Marcus Aurelius
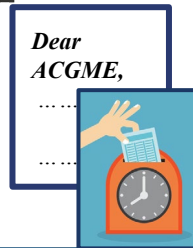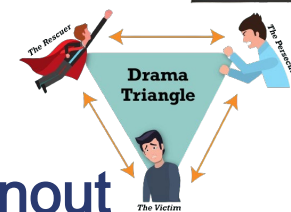
Promoting a Trauma Competent Growth Mindset and Applying Lessons Learned

THE WRIGHT WAY TO
WHOLE-PERSON WELLNESS

Trauma Theory | S.E.L.F. | Seven Commitments | Tools

Growth & Change • Nonviolence • Emotional Intelligence • Social Learning • Open Communication • Social Responsibility • Democracy

Andrus **sanctuary INSTITUTE**

SANCTUARY MODEL® IMPLEMENTING ORGANIZATION

"Sponsoring Institution 2025"

https://www.orchardplace.org;
https://www.thesanctuaryinstitute.org/

From Crisis to Growth: A Guiding, Pragmatic Model During a Global Pandemic

Woodson Scott Jones, MD
Ingrid Philibert, PhD, MA, MBA
Lyuba Konopasek, MD
Frederic W. Hafferty, PhD

There is nothing as practical as a good theory.
—Kurt Lewin[1]

is applicable to a range of crises SIs and their leaders might confront.

The COVID-19 pandemic has changed individuals and health care institutions and is testing the graduate medical education (GME) community's collective adaptability and potential for growth under adversity and uncertainty.[2,3]
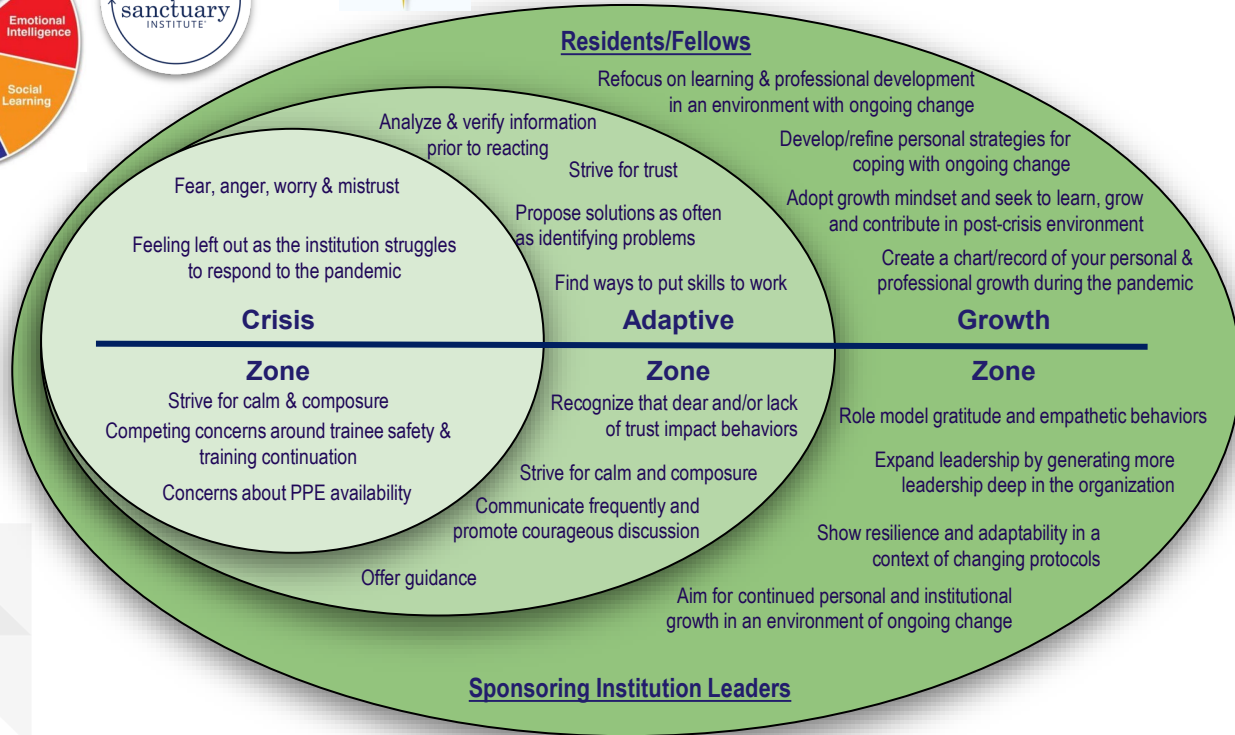
The Crisis Zone

I learned that courage was not the absence of fear, but the triumph over it.
—Nelson Mandela[9]

Ingrid Philibert, PhD, MA, MBA

Educator, Evaluator, Researcher, Writer and Editor

Residents/Fellows

Refocus on learning & professional development in an environment with ongoing change

Develop/refine personal strategies for coping with ongoing change

Adopt growth mindset and seek to learn, grow and contribute in post-crisis environment

Create a chart/record of your personal & professional growth during the pandemic

Analyze & verify information prior to reacting

Strive for trust

Propose solutions as often as identifying problems

Find ways to put skills to work

Fear, anger, worry & mistrust

Feeling left out as the institution struggles to respond to the pandemic

Crisis | **Adaptive** | **Growth**

Zone | **Zone** | **Zone**

Strive for calm & composure

Competing concerns around trainee safety & training continuation

Concerns about PPE availability

Recognize that dear and/or lack of trust impact behaviors

Strive for calm and composure

Communicate frequently and promote courageous discussion

Offer guidance

Role model gratitude and empathetic behaviors

Expand leadership by generating more leadership deep in the organization

Show resilience and adaptability in a context of changing protocols

Aim for continued personal and institutional growth in an environment of ongoing change

Sponsoring Institution Leaders

THE WRIGHT CENTER for COMMUNITY HEALTH | THE WRIGHT CENTER for GRADUATE MEDICAL EDUCATION | THE WRIGHT CENTER for PATIENT & COMMUNITY ENGAGEMENT

A Trauma-Competent Growth Mindset includes ownership, reflection, demonstration of gratitude, openness to change, appreciation of suggestions, and welcoming mistakes as improvement opportunities.

Challenge: Intentionally Designing and Actualizing A National Collective Impact Strategy to Solve America's Primary Care Workforce Crisis

Collective Impact Strategy

- Common Agenda
- Shared Metrics of Success
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Support

- Boundaries and jurisdictions are clearly defined.
- Rules for appropriation and provision of common resources match local needs and conditions.
- Collective-choice arrangements allow those affected by the rules to participate in decision-making and rule modifying processes (stakeholder inclusivity and shared governance).
- A system, designed and carried out by community members, effectively monitors members' behavior.
- There is a transparent scale of graduated sanctions for violation of "community" rules.
- Conflict and dispute resolution mechanisms are inexpensive and easy to access.
- Self-determination and rule-making rights of the community must be recognized and honored by higher outside authorities.
- Responsibility for governing the common pool resource is nested in tiers from the local community level up to the entire interconnected national system.

Discovering and celebrating the ultimate beneficial impact of collective genius on a national scale can take longer than a century to unfold.