



Tomorrow's Doctors, Tomorrow's Cures®

A New Administration and New Opportunities for Medical Education

Learn

Serve

Lead

AIAMC Annual Meeting
Amelia Island, FL

Atul Grover, MD PhD
Executive Vice President
March 30, 2017

@AtulGroverMD



Association of
American Medical Colleges

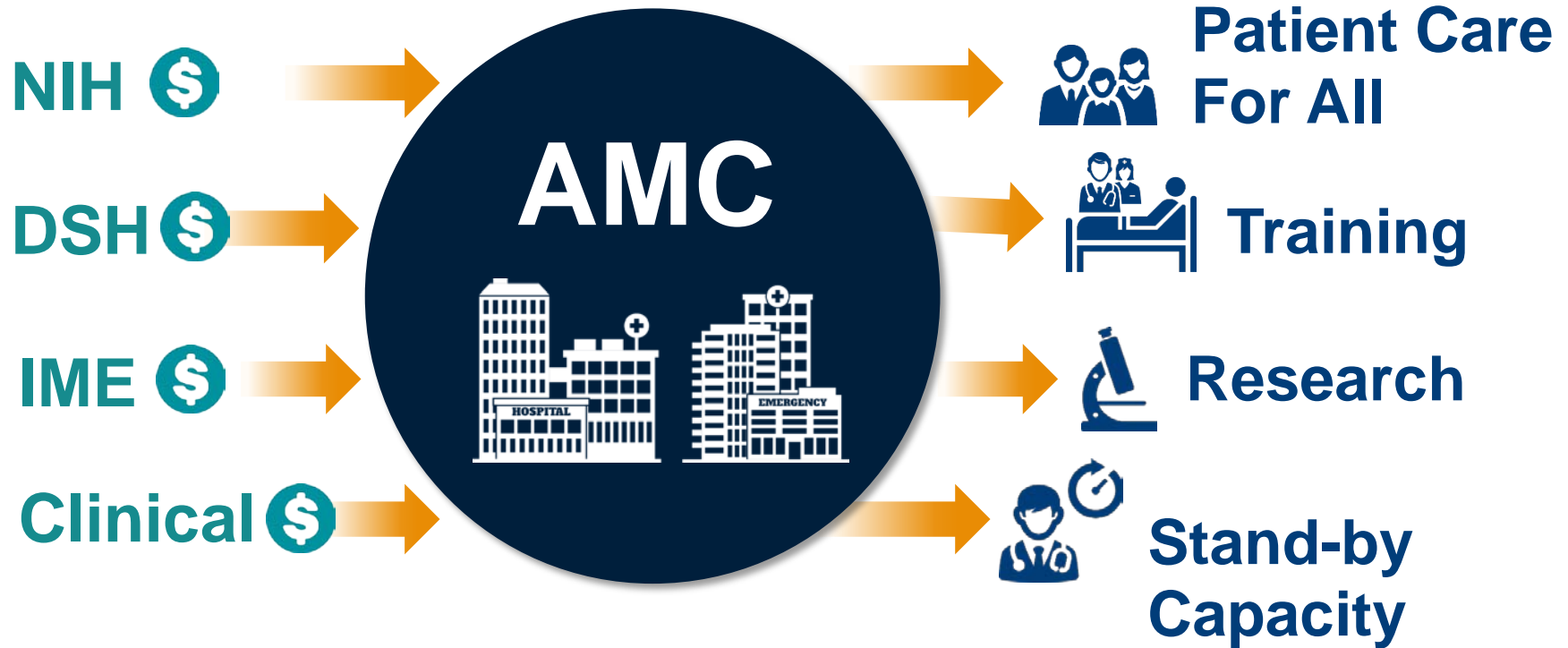
Agenda

- **Burning Issues Inside the Beltway**
- **Current Opportunities in**
 - Medical Education**
 - Clinical Care**
 - Healthcare Research**

Great Challenges:

- **Divided Political Environment,**
- **Extraordinary Policy Debate**

And All AMC Missions Rely on Special Gov't. Payments: **Cut Them, Cut Missions**



To Underscore the Obvious, AMC Financial Viability Could be Seriously Affected by:

- **Change in # of Uninsured Affects Charity Care**
- **Change in Medicaid Policy Affects DSH, Uncompensated Care, Uninsured**



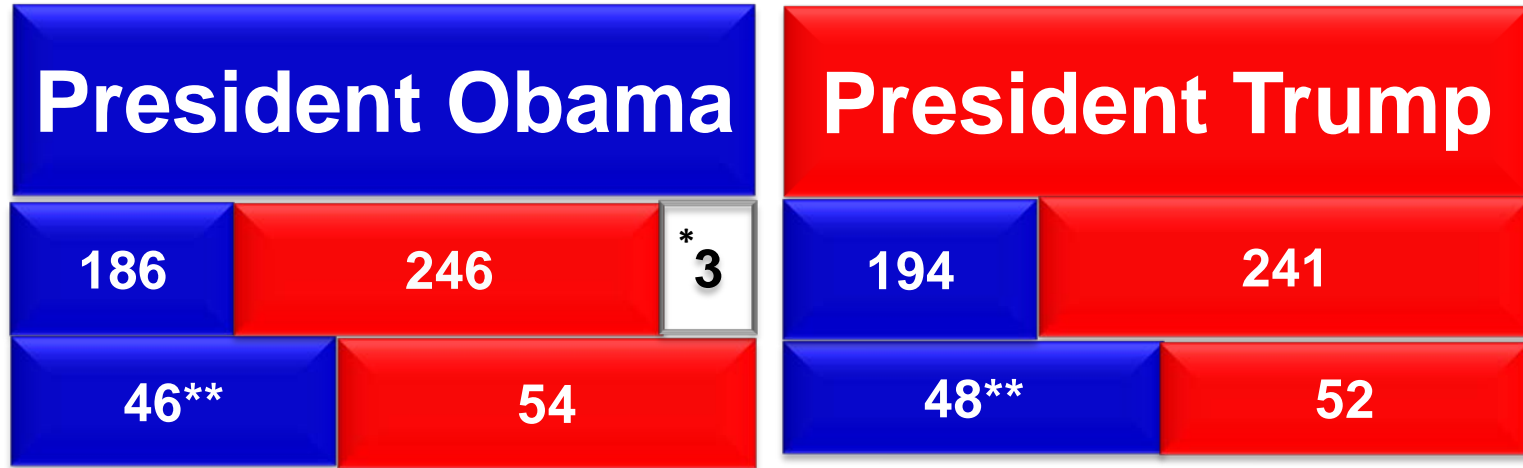
All Policies Are in Play in New Administration, New Congress

- **Change in Medicare Policy Affects GME, Quality Measures**
 - **Changes in NIH, AHRQ, PCORI Affect Research**

1 Party Now Leads House, Senate, and White House: **Complex Picture**

2016

2017



Two Key Points about Complexity:

- Takes 60 Senate votes, not 51, to pass bills – except for “budget reconciliation” = only 51
- 54% of House, 37% of Senate NOT in Congress in 2010

Before Election, President Trump's Health Agenda: **Succinct, Few Details**

Candidate, Campaign Web Page Advocated:

- **Repeal ACA, Replace with:**

Interstate insurance sales, HSAs, High risk pools...



After Election, Transition Web Site Highlighted: in Addition to ACA Repeal:

- **Advance research – more for NIH?**
- **Modernize Medicare – premium support?**
- **Maximize states' flexibility – cap Medicaid \$**
- **Reform FDA – faster approval, lower price**

Since Jan. 1, President Trump Still Succinct, But Not Always Consistent

Before Inauguration Day:

- Move Fast, Has ACA Repeal Plan
- Do Repeal & Replace Soon and Together, Not Separately



On Inauguration Day:

- First Executive Order Is on ACA – but Vague

Since Inauguration Day:

- Talks about Medicaid Block Grants
- Talks about Taking Longer for ACA Repeal – 2018
- Confirmed, HHS Sec. Price Likely to Achieve Focus

AAMC Advocacy on ACA

AAMC CEO Darrell G. Kirch's Letter to President-Elect Trump:

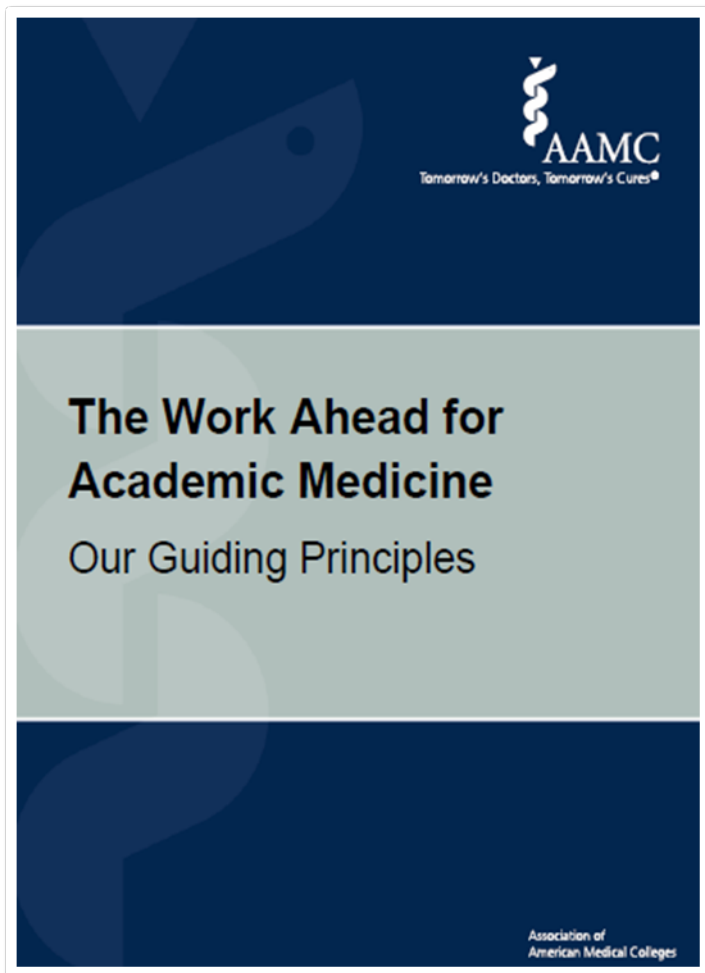


“...(T)o repeal the ACA without simultaneously enacting accompanying legislation specifically guaranteeing similar coverage (to the ACA) would jeopardize the nation’s health care system...**there cannot be repeal without replace.**”

“Congress should protect states, tax payers, and Medicaid beneficiaries by **not repealing the Medicaid expansion**” (made possible by the ACA).

**With all of this uncertainty,
how can we create
opportunity?**

New Administration and 115th Congress: We're Emphasizing Academic Medicine's Principles, Expertise, Positions, Contacts



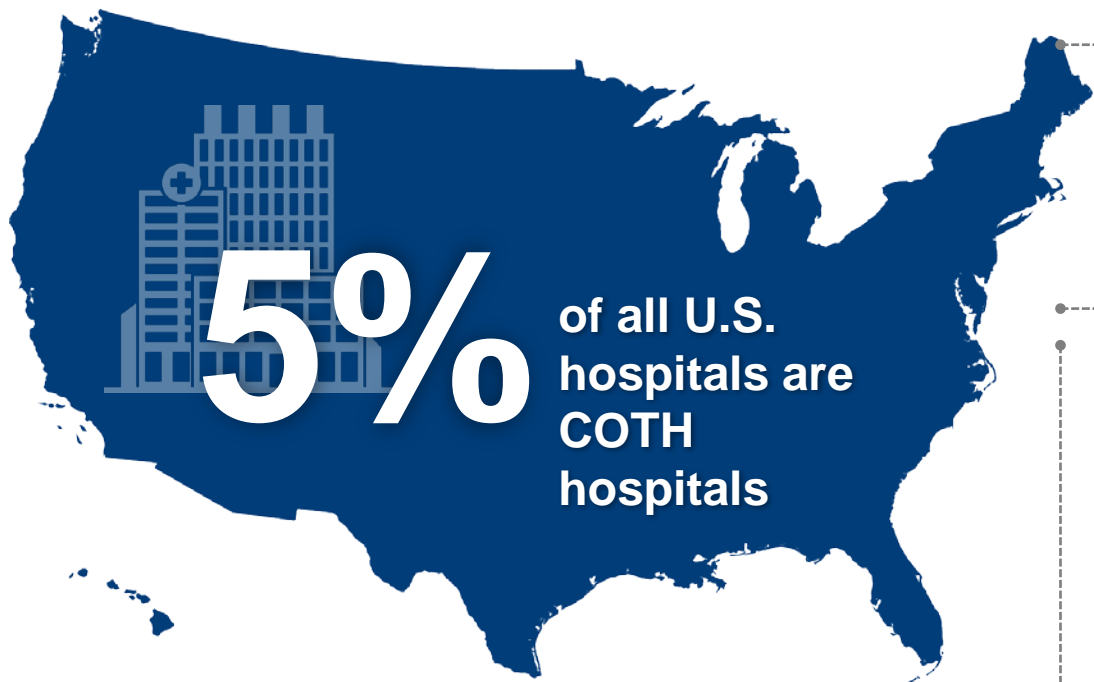
AAMC Transition Binder ↓



← AAMC Principles



Academic Medicine: Disproportionate Provider of Patient Care, Research, Training



These teaching hospitals provide critical services often not available elsewhere.
Teaching hospitals operate:

Teaching hospitals & medical schools receive :

50+%

of NIH Extramural Research Awards

AAMC hospitals provide training to:

74%

of all residents

23% of all hospital care

20% of all Medicare In-patient days

24% of all Medicaid in-patient days

37% of charity care

Medical Education

Embrace competency-based education for our trainees

...We Are Rethinking Medical Education

Learning



Premedical



Medical School

Facts



Residency and Fellowships



Practice

Assessment

...We Are Rethinking Medical Education

Learning



Premedical



Medical School



Residency and Fellowships

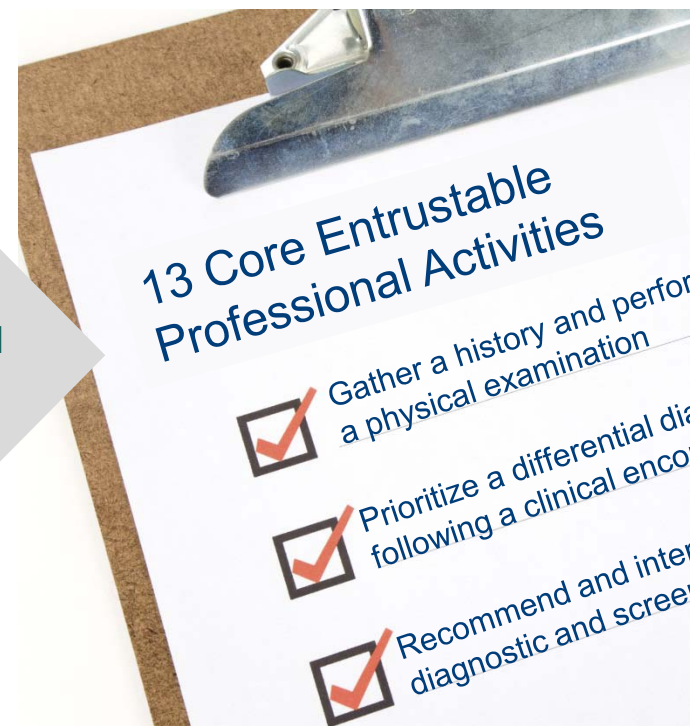
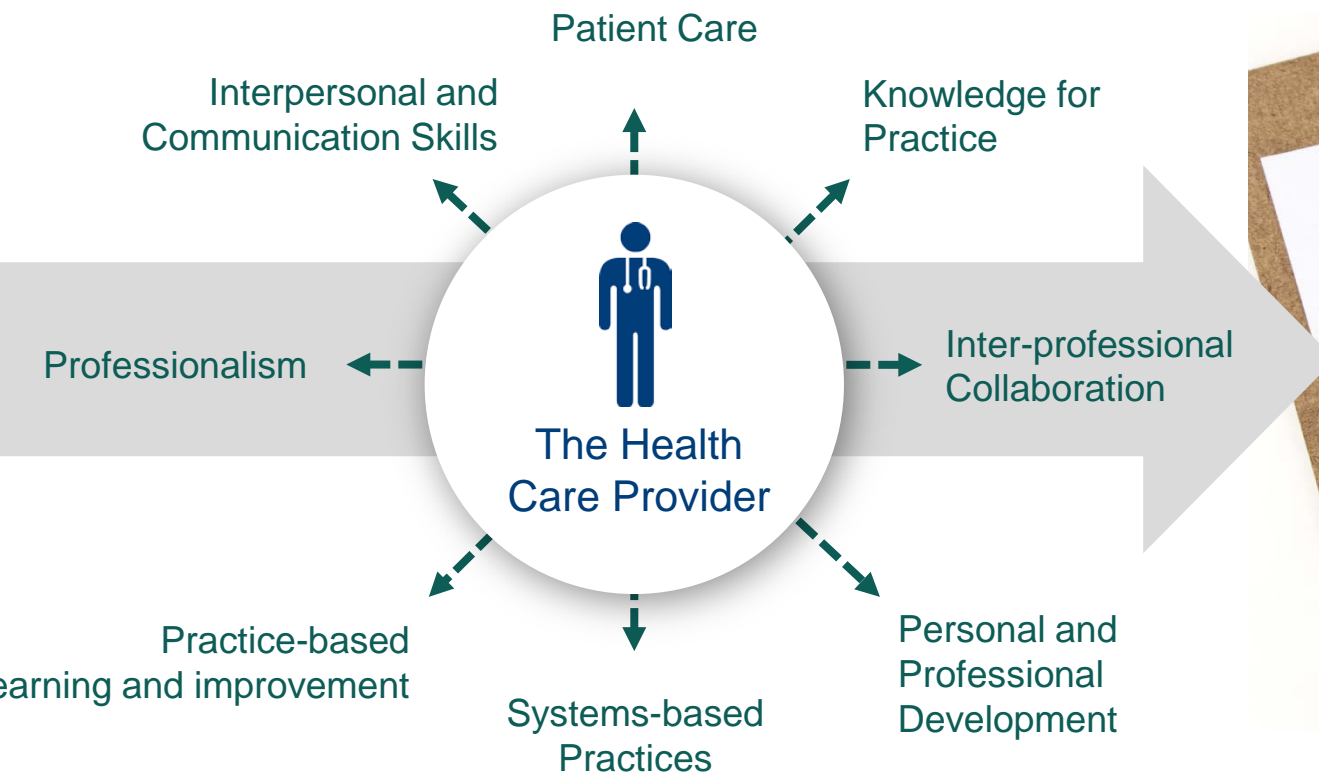


Practice

Competencies

Assessment

Accelerating the Shift to Competency-Based Education



Core Entrustable Professional Activities

a set of **activities** that entering residents should be expected (entrusted) to perform **on day one** of residency **without direct supervision**.

- 1) Gather a history and perform a physical examination
- 2) Prioritize a differential diagnosis following a clinical encounter
- 3) Recommend and interpret common diagnostic and screening tests
- 4) Enter and discuss orders/prescriptions
- 5) Document a clinical encounter in the patient record
- 6) Provide an oral presentation of a clinical encounter
- 7) Form clinical questions and retrieve evidence to advance patient care
- 8) Give or receive a patient handover to transition care responsibility
- 9) Collaborate as a member of an interprofessional team
- 10) Recognize a patient requiring urgent or emergent care, and initiate evaluation and management
- 11) Obtain informed consent for tests and/or procedures
- 12) Perform general procedures of a physician
- 13) Identify system failures and contribute to a culture of safety and improvement

Core Competencies for Interprofessional Collaborative Practice

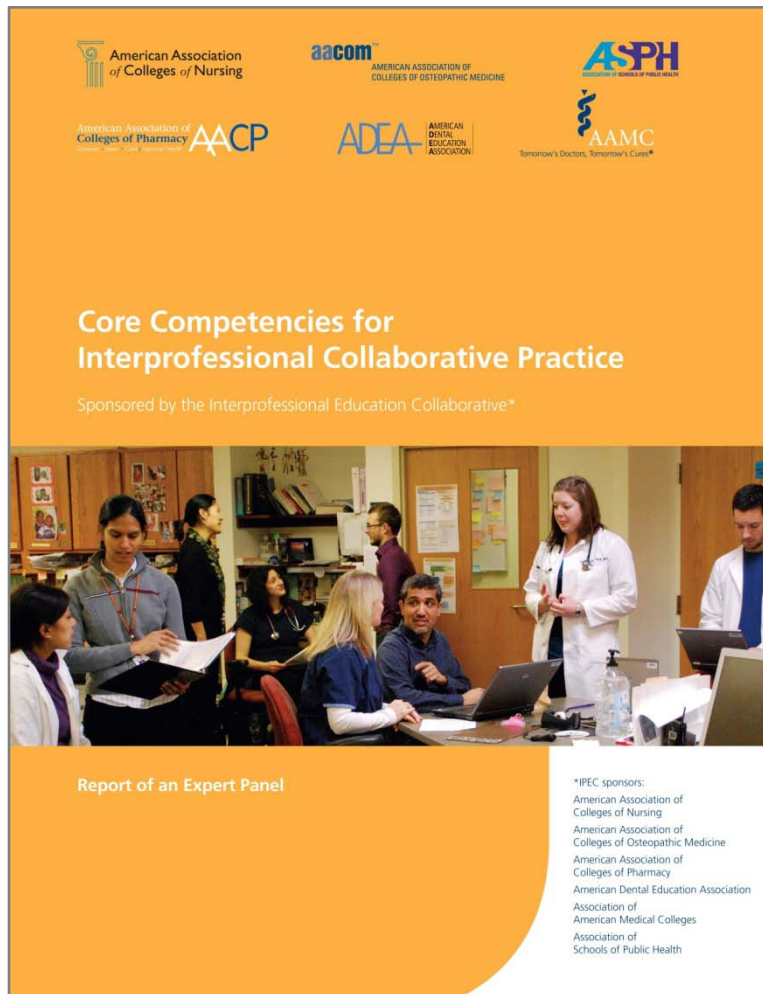
Four competencies with 38 sub-competencies:

Values and ethics

Roles and responsibilities

Interprofessional communications

Teams and teamwork



Ensure a positive learning environment

NAM Action Collaborative on Clinician Well-Being and Resilience

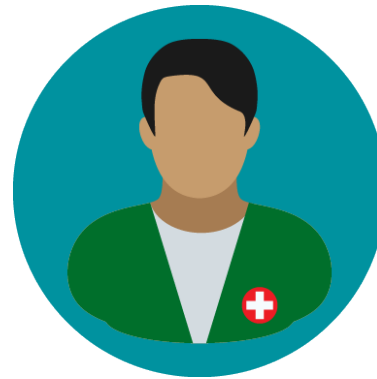
400

physicians
commit suicide
each year, a rate
more than

2X

that of the
general
population

-Andrew & Brenner, 2015



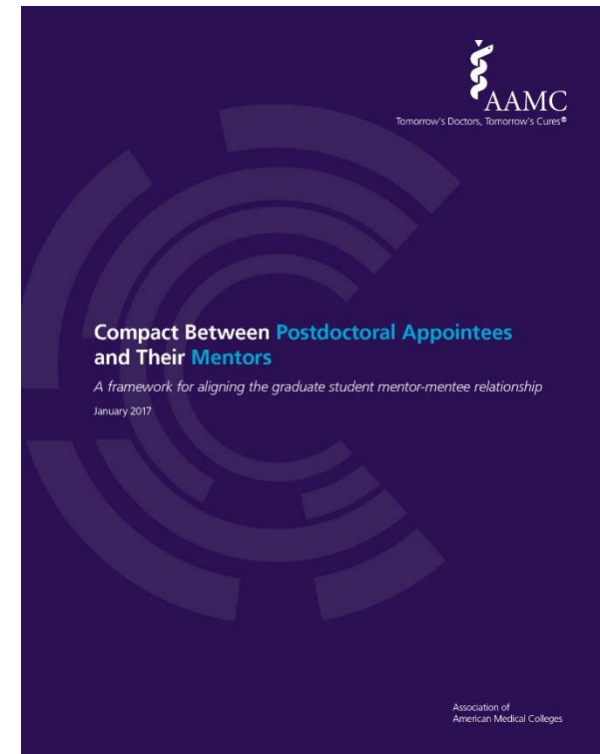
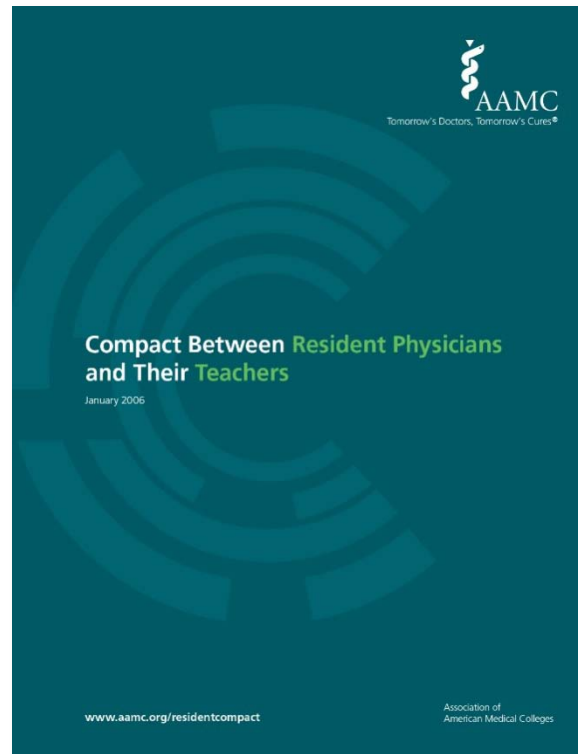
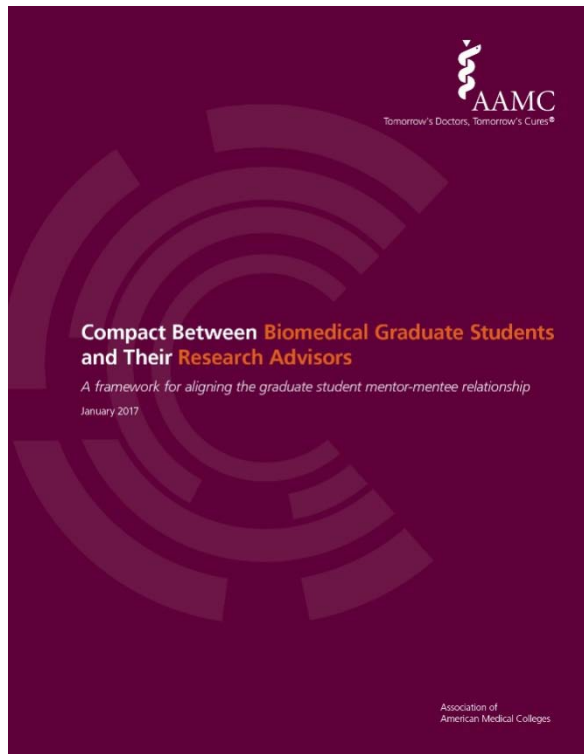
23-31%

Prevalence
of emotional
exhaustion among
primary nurses

Garnez-Urquiza et al, 2016

Learn more at nam.edu/ClinicianWellBeing

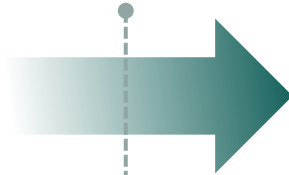
Improving the Learning Environment



Clinical Care

Significant Changes in the Health System...

Yesterday



Tomorrow



Fee For Service



Paper Records



Value-Based and Bundled Payments



Electronic Health Records

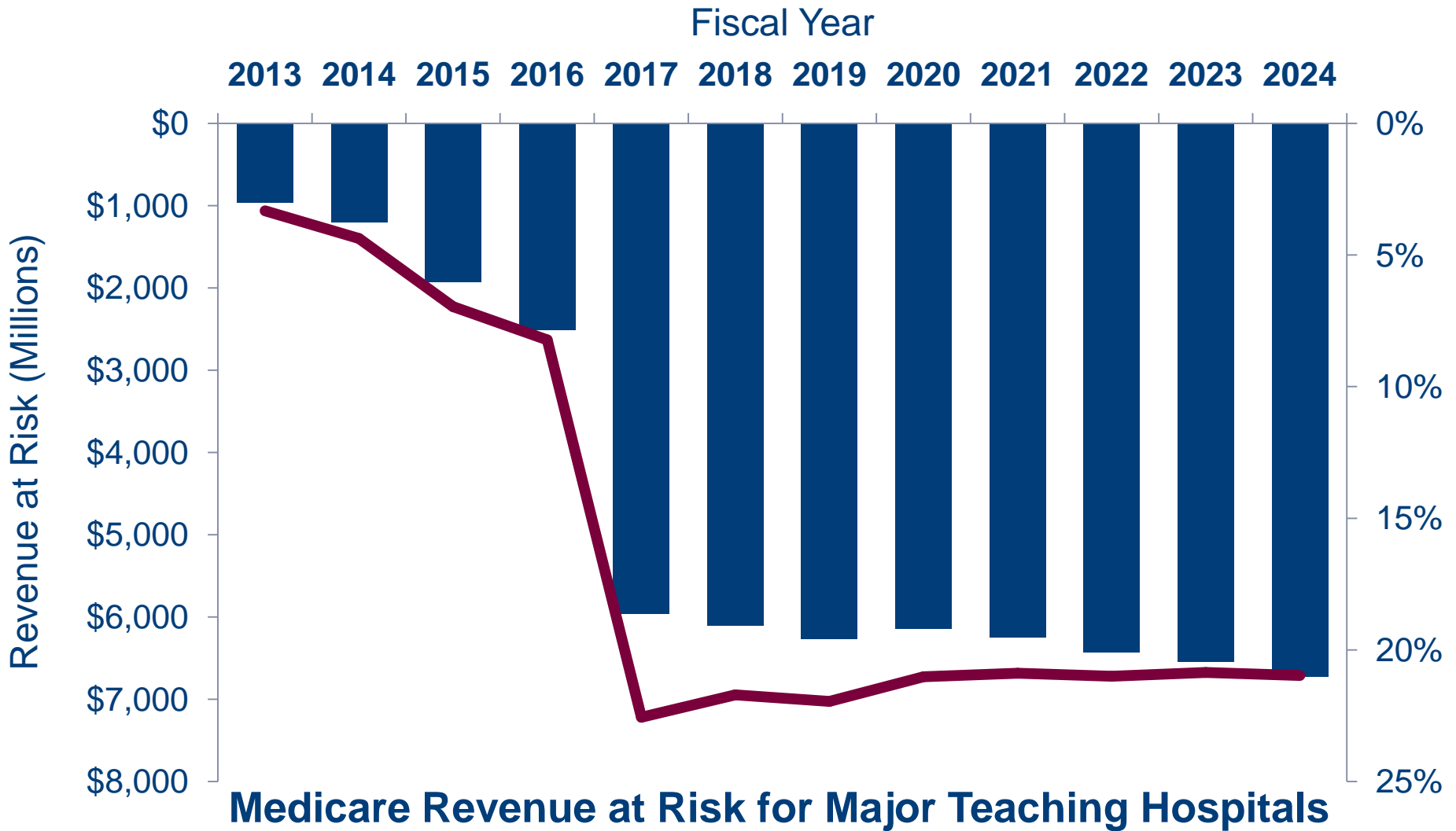


Independent Hospitals and Physician Offices



Large Health Systems with Employed Physicians

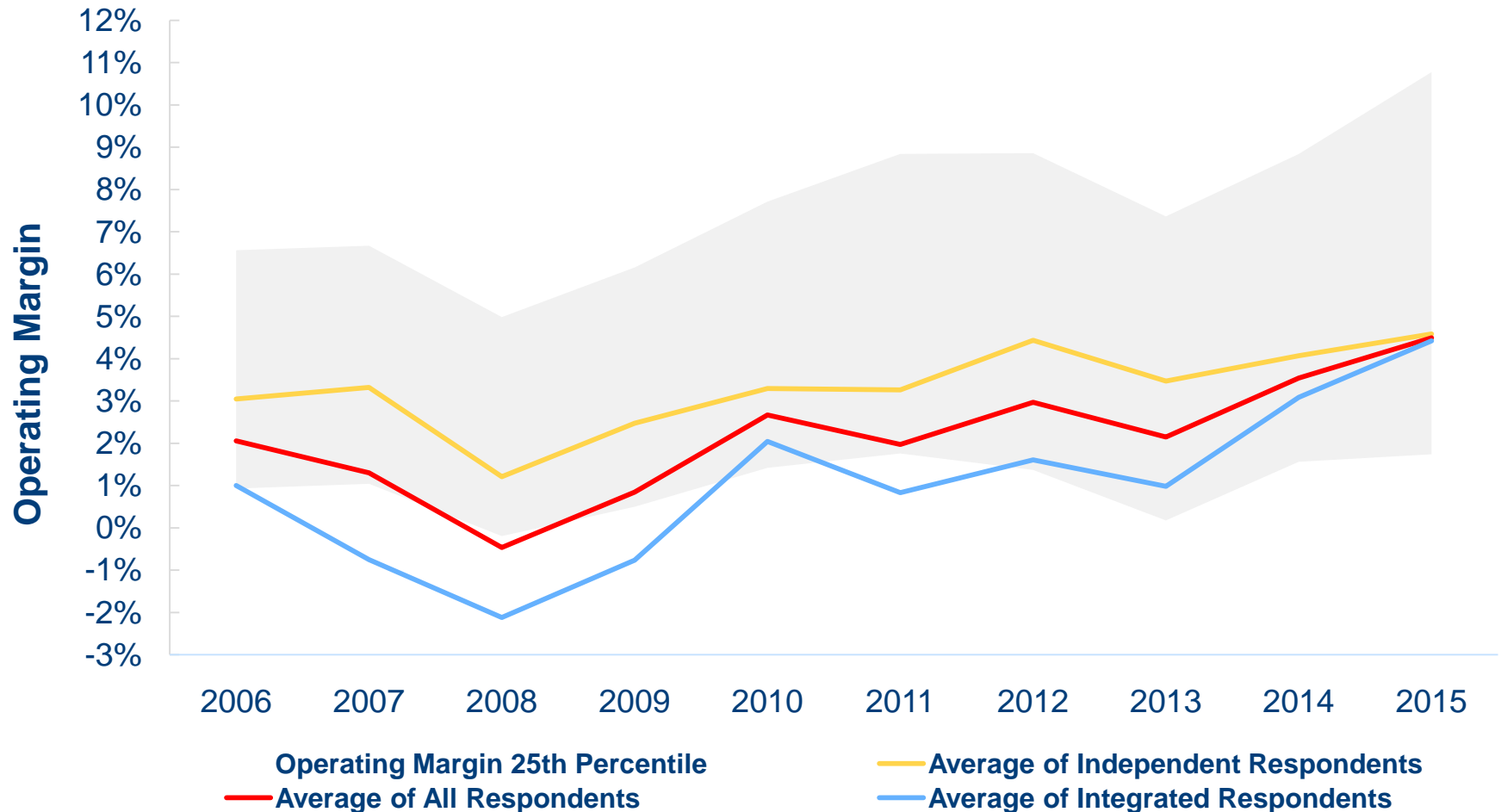
Clinical Revenue At Risk



Source: AAMC Analysis Medicare Final Rule IPPS Impact File, September 2015. Analysis excludes hospitals from Maryland and Puerto Rico.

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Average Operating Margin of Participating Hospitals, FY2006-FY2015



Note: The number of participating hospitals varies by year. All hospitals with missing values are excluded. In some years, the average of all respondents correctly appears close to the 25th percentile of all respondents due to skewed data.

Source: COTH Annual Survey of Hospital Operations and Financial Performance, FY2006-FY2015

A Spectrum of New Possibilities

**Management
Agreement**

**Service Line
Affiliation**

**Enterprise
Joint
Venture**

**Joint
Operating
Agreement**

**Merger/
Affiliation**

**Asset
Acquisition**



**Level of Integration
Capital Commitment
Change in Governance/Control**

Why Collaborate?

More Coordinated

Right site of service

Geographic coverage, cover access gaps

Build education/training pipeline

Expand research, care advances




Reduce inappropriate variation

“There is no single right answer to determining the ideal size for fulfilling an institution’s mission for health professional education. However, one clearly wrong answer is to fail to address this question”

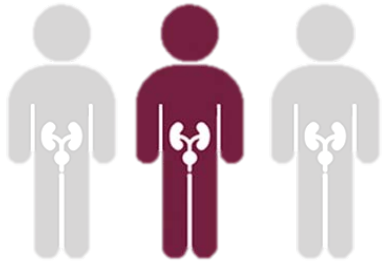
The Blue Ridge Academic Health Group, Winter 2016

**Be bold in forging care models
that meet patients' needs**

Advancing New Practice Models

<p>Pilot Programs</p>		<p>Project CORE Coordinating Optimal Referral Experiences</p>
<p>Resources and Tools</p>		<p>Bundled Payments for Care Initiative including workshops</p> <p>Price Transparency in Teaching Hospitals resources and case studies</p>
<p>Expert Analysis</p>		<p>Advisory Panel on Health Care examining Mergers and Acquisitions</p> <p>Future of the Academic Health System Roundtable with consulting firms</p>

Referrals to Subspecialty Medical Services are Rising Rapidly



1 in 3 patients
are referred to a
specialist each year



1 in 2 Medicare patients
are referred to a
specialist each year

Current Challenges at the Interface of Primary Care & Specialty Care



Poor access to
specialty care for
patients

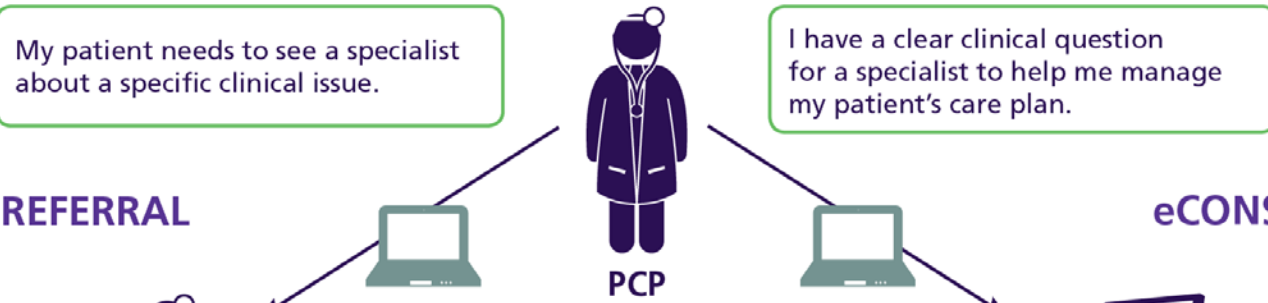


Poor communication
& coordination
between PCPs &
specialist colleagues



Wide variations
in care

The CORE Model: Implementing Enhanced Referrals & eConsults in the EMR



My patient needs to see a specialist about a specific clinical issue.

I have a clear clinical question for a specialist to help me manage my patient's care plan.

ENHANCED REFERRAL

PCP

eCONSULT

I appreciate having a clear clinical question and relevant data in the EMR to help make the most out of this in-person visit.



Specialist



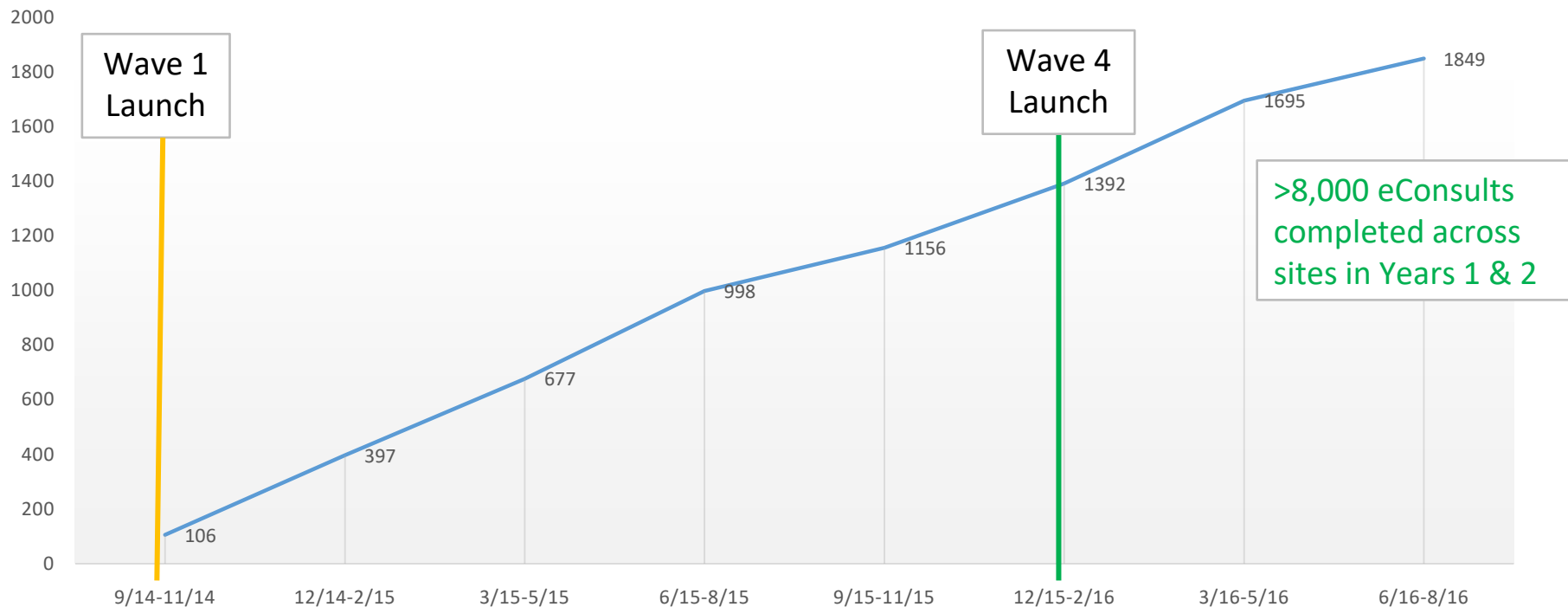
Specialist

I reply to the PCP with my recommendation and next steps for the patient so that the PCP can continue managing the patient's care.

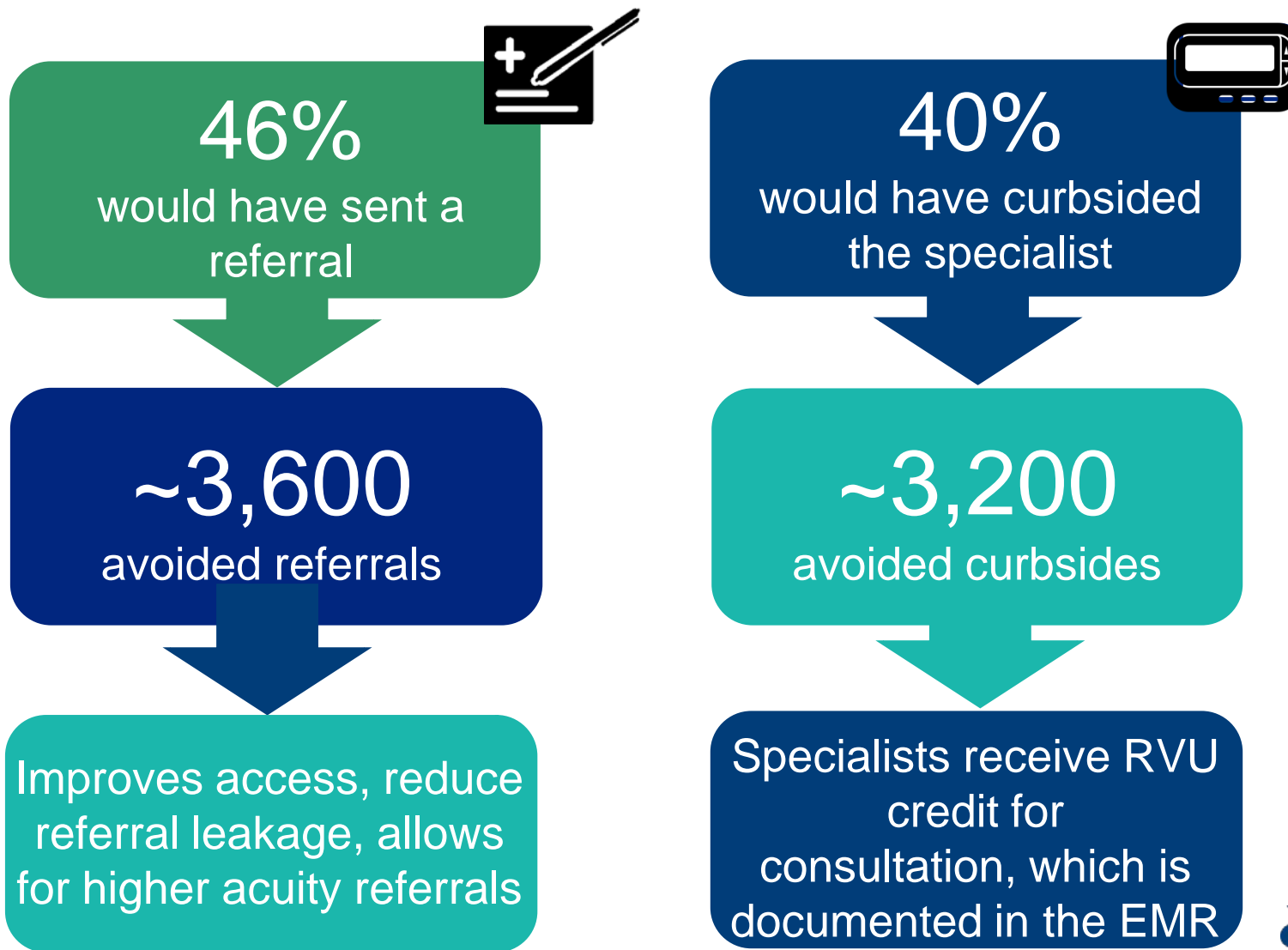
>8,000 eConsults Completed in the first 18 Months at the 5 pilot AMCs

(with successive waves of specialties going live over ~15 months)

Total eConsults Completed by Quarter
Sept 2014 - Aug 2016



Impact of the first 8,000 econsults at the 5 Pilot AMCs



Committed to further scaling this innovation & improving the quality of ambulatory care, the AAMC is working to:



Identify next cohort of AMCs

To create an “innovation implementation” collaborative



AAMC work with CMS

On reimbursement and a sustainable payment model



Broaden model to inpatient care

To facilitate transition of care to community-based care team



Expansion at current AMCs

To include children’s hospitals and external, community PCPs

Healthcare Research

AAMC HHS Priorities FY 2017 Funding

Programs	FY 2016 Enacted	FY 2017 Senate Comm.	FY 2017 House Comm.	AAMC FY17 Recommendation
National Institutes of Health	\$32.1 billion	\$34.1 billion	\$33.3 billion	\$34.1 billion
Title VII Health Professions	\$262.4 million	\$297.3 million	\$294.2 million	\$262.4 million
Title VIII Nursing	\$229.4 million	\$229.4 million	\$229.4 million	\$229.4 million
National Health Service Corps (NHSC) (not appropriated)	\$310 million	\$0 (NHSC is mandatory funding)	\$0 (NHSC is mandatory funding)	N/A
Children's Hospitals Graduate Medical Education Payment Program (CHGME)	\$295 million	\$300 million	\$300 million	\$300 million
Agency for Healthcare Research and Quality (AHRQ)	\$334 million	\$324 million	\$280 million	\$334 million
Centers for Disease Control and Prevention (CDC)	\$7.23 billion	\$7.12 billion	\$7.84 billion	N/A

Encourage Innovation Beyond The Bench



Comparative clinical effectiveness research



Community and population research



Health professions education research



Health care delivery research



Implementation and Dissemination Research

AAMC Applauds 21st Century Cures Act

AAMC NEWS Topics Search AAMCNews

PRESS RELEASES

Saturday, November 26, 2016

AAMC Applauds Updated 21st Century Cures Act

NIH Innovation Account and SES Provisions Will Improve Patient Health

AAMC (Association of American Medical Colleges) President and CEO Darrell G. Kirch, MD, issued a statement after release of the revised 21st Century Cures Act:

"The AAMC congratulates congressional leaders and authors of the 21st Century Cures Act for the importance of funding and regulatory relief for medical innovation, and addressing the role of status—SES—in the Medicare hospital readmission program.

The legislation establishes a 10-year NIH Innovation Account that will allow appropriators dedicated to invest in specific long-term research projects, such as precision medicine and cancer research. With timely enactment of the annual spending bills, this targeted funding will be an important part of the yearly NIH base budget increases that are essential to ensure stable and efficient progress across a spectrum of diseases. Indeed, the ultimate success of this landmark legislation will depend on growth in the base NIH budget by the beginning of each fiscal year. Toward that end, we urge Congress to pass the full FY 2017 NIH appropriations of \$341 billion before January and avoid the delays that further continuing resolutions would impose on life-saving research and other public health programs. The bill also takes important steps to address administrative burdens that detract from research progress.

We are grateful that the package includes several other AAMC-supported provisions that will improve the care of the nation's medical schools and teaching hospitals to deliver the highest quality care to all patients. Specifically, accounting for SES in the Medicare readmissions reduction program is a critical step to support those teaching hospitals who treat the most vulnerable patients. We also are gratified to see that the bill will support teaching hospital outpatient departments, or HOPDs, already under development will continue to receive Medicare outpatient payment rates rather than the payment cuts imposed on new outpatient facilities.

While we will be reviewing the bill more closely in the coming days, we appreciate the unremitting effort and commitment of lawmakers to advance this important legislation and the health of America.

The Association of American Medical Colleges is a not-for-profit association dedicated to train and advance the care through innovative medical education, cutting-edge patient care, and groundbreaking research. Its members comprise all 147 accredited U.S. and 17 accredited Canadian medical schools; more than 100 teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the nation's medical schools and teaching hospitals and their nearly 160,000 faculty members, students, and 115,000 resident physicians. Additional information about the AAMC and its members is available at www.aamc.org.



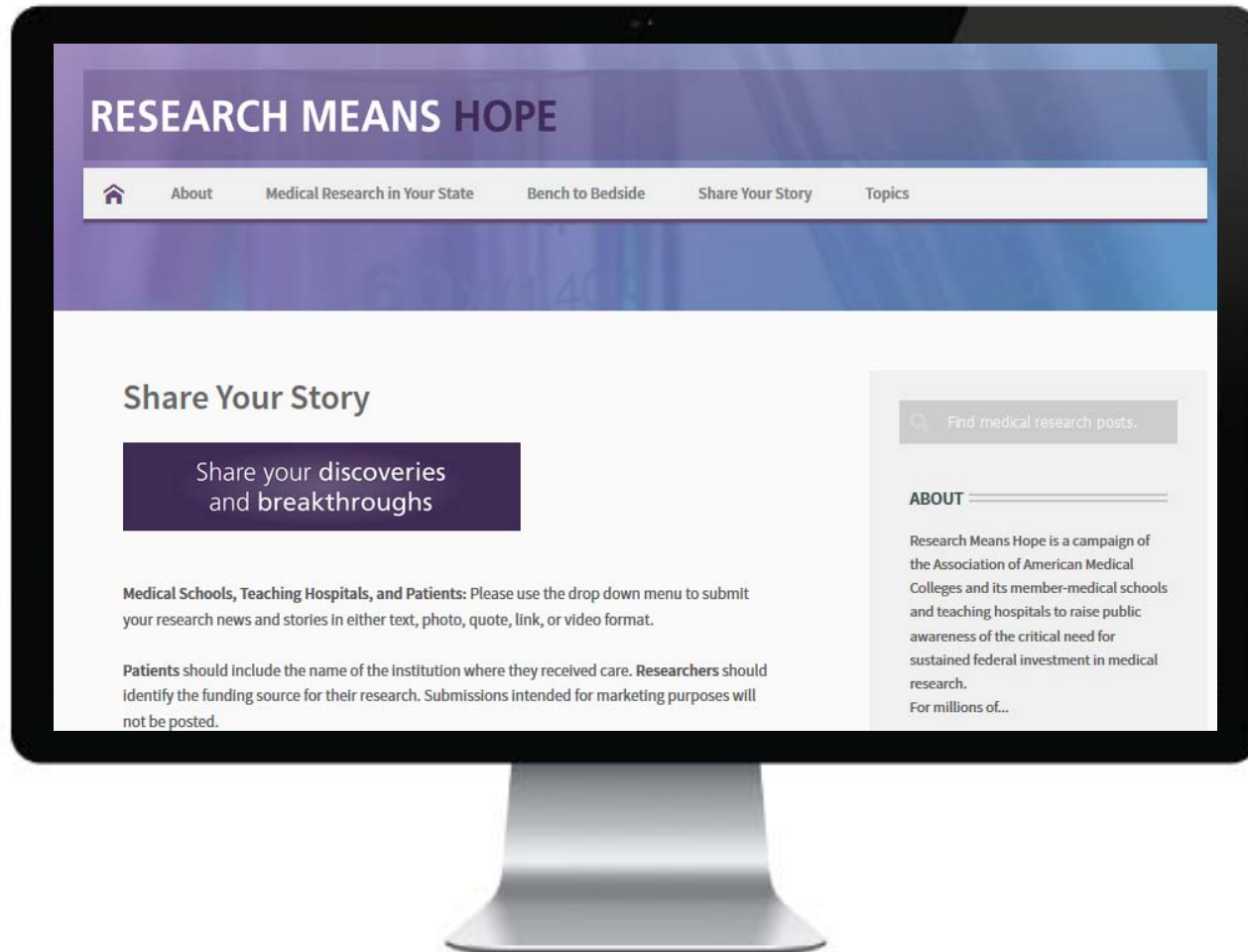
FY 2017 Funding: AAMC Urges Completing the Move to Boost NIH by \$2 Billion

260 patient, medical, scientific, academic, and research groups signed letter coordinated by the Ad Hoc Group for Medical Research



to President Trump and Congressional leadership, urging the completion of an FY 2017 spending package that includes \$2 billion increase for NIH.

Demonstrating the Power of Research



medresearch.tumblr.com

**Foster resilience in ourselves
and those around us**

We Are More Resilient Than We Realize

“ [Resilience is] the glue that holds groups together, provides a purpose larger than the solitary self, and allows entire groups to rise in challenges.”

Martin Seligman, Ph.D.
Flourish

“Leadership is not a special gift or power held by a select few. Instead, it is a relationship established among committed people.”

Darrell G. Kirch, MD
AAMC President and CEO

AAMC Advocates For Sustainable Support For Academic Medicine!



When the **worst happens, we are at our **best**.**

The nation's teaching hospitals and their medical school physicians do more than just train the next generation of doctors and health care workers—they lead in times of crisis. For example, when Ebola came to our shores, their highly trained teams successfully treated patients and established protocols to prevent the spread of the disease. And in the wake of the 2013 Boston Marathon bombing, the eight teaching hospitals and their local EMS teams treated saved hundreds of patients.

Whether it's an emergency, a serious illness requiring complex care, or keeping communities healthy, you can count on America's teaching hospitals.

The only question is, can we count on the funding that helps us do what we do best?

Congress:
Don't cut funding for America's teaching hospitals.



The AAMC logo is positioned above a photograph of a yellow helicopter on a tarmac with medical personnel. The AAMC logo consists of a stylized blue 'S' shape above the text 'AAMC' and the tagline 'Teaching's Edge. Today's Care.'



THE AMERICAN DOCTOR SHORTAGE

IT'S COMING. IT MATTERS. IT'S TIME TO ACT.

The graphic features a stylized illustration of a female doctor with a stethoscope on the left and a silhouette of the United States Capitol building on the right. The text is overlaid in white and yellow.





Tomorrow's Doctors, Tomorrow's Cures®

Learn

Serve

Lead

Association of
American Medical Colleges