

# FOUNDERS' FORUM:

Paving the Way for  
Alaska's GME Council



## The AKGME Council Working Group

Would like to thank our supporters:







**Welcome & Meeting Purpose**  
***From Vision to Action: Beginning Our Shared Journey***  
**Dr. Barb Doty**





# The State of GME: National & Alaska Perspectives



# National & Statewide GME Landscape

Dr. Tonya Caylor – *National challenges in GME*

Dr. Harold Johnston – *Alaska's GME Journey & Physician Needs*

# National Challenges in GME

## 1 Funding Gaps & Strains

- Underfunding from CMS
- Financial strain on sponsoring institutions
- Unrecognized and under-seized opportunities to align state support

## 3 Growth with Fragility

- Number of programs are climbing (13,000)
- So is instability
- 40-50 programs close or sunset each year

## 2 Systemic Complexity & Accreditation Challenges

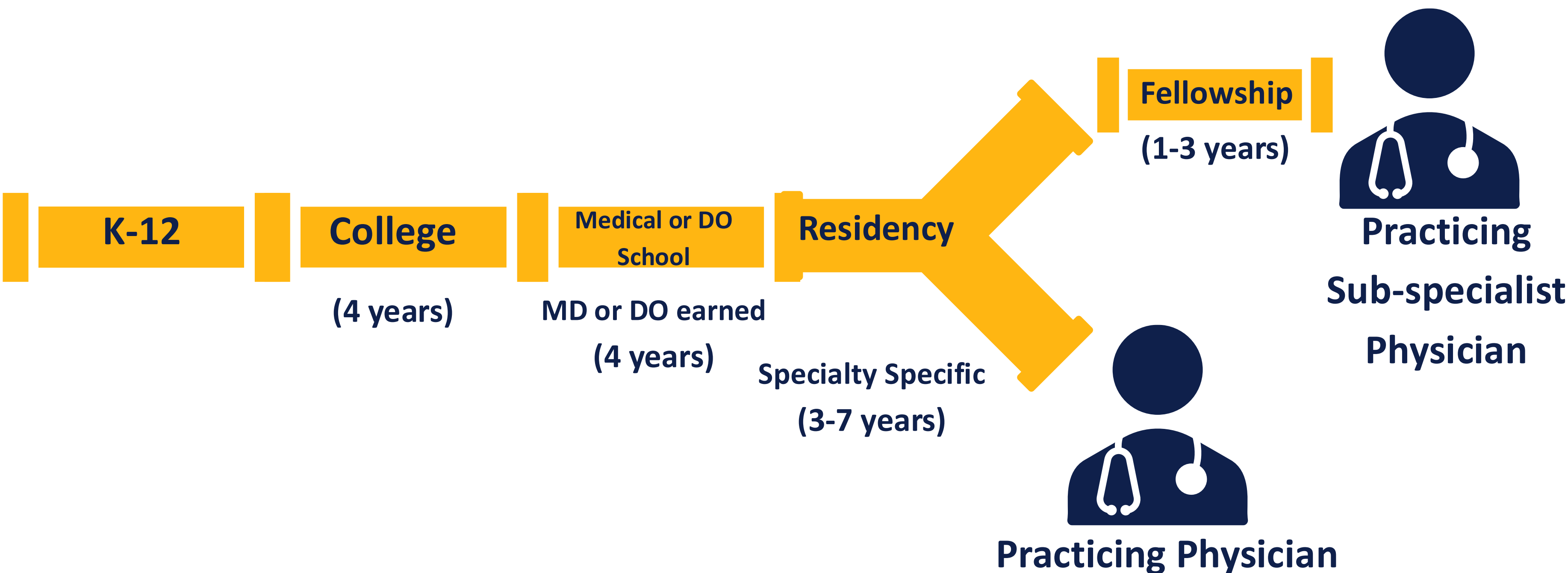
- ACGME, NBME, Hospitals, CHC, & Universities  
Layers of complexity
- Contributing to  
Accreditation risk  
Administrative strain  
Burnout & turnover

## 4 Why it Matters to Alaska

- National stressors foreshadow potential and emerging local challenges.
- The Alaska GME Council is our proactive step to build resilience and meet workforce needs statewide

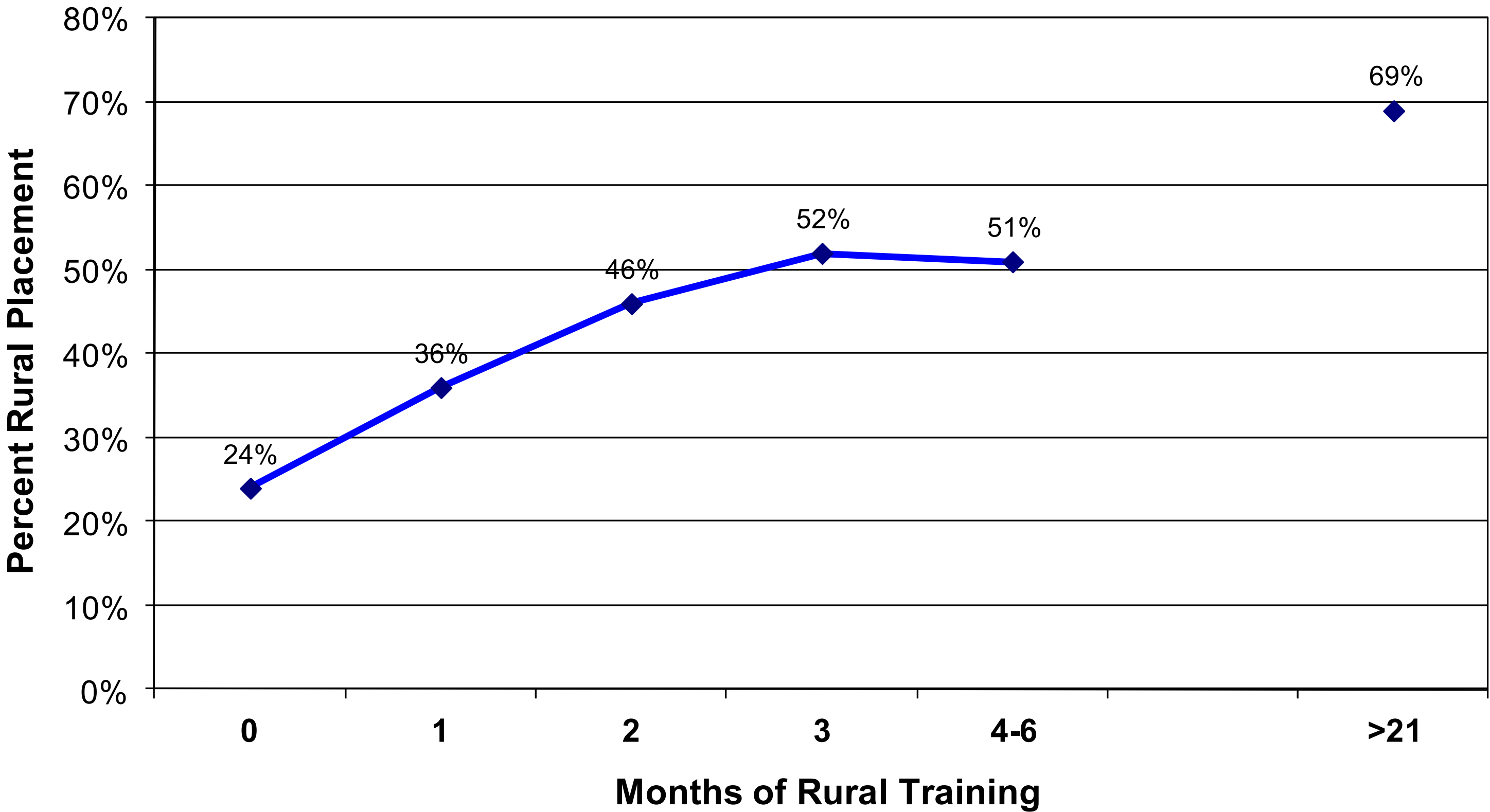
# Statewide GME History, Lessons & Needs

Harold Johnston, MD



Educational Pipeline to Become a Physician

# Resident Placement in Rural Sites by Months of Rural Training (Bowman 1998)

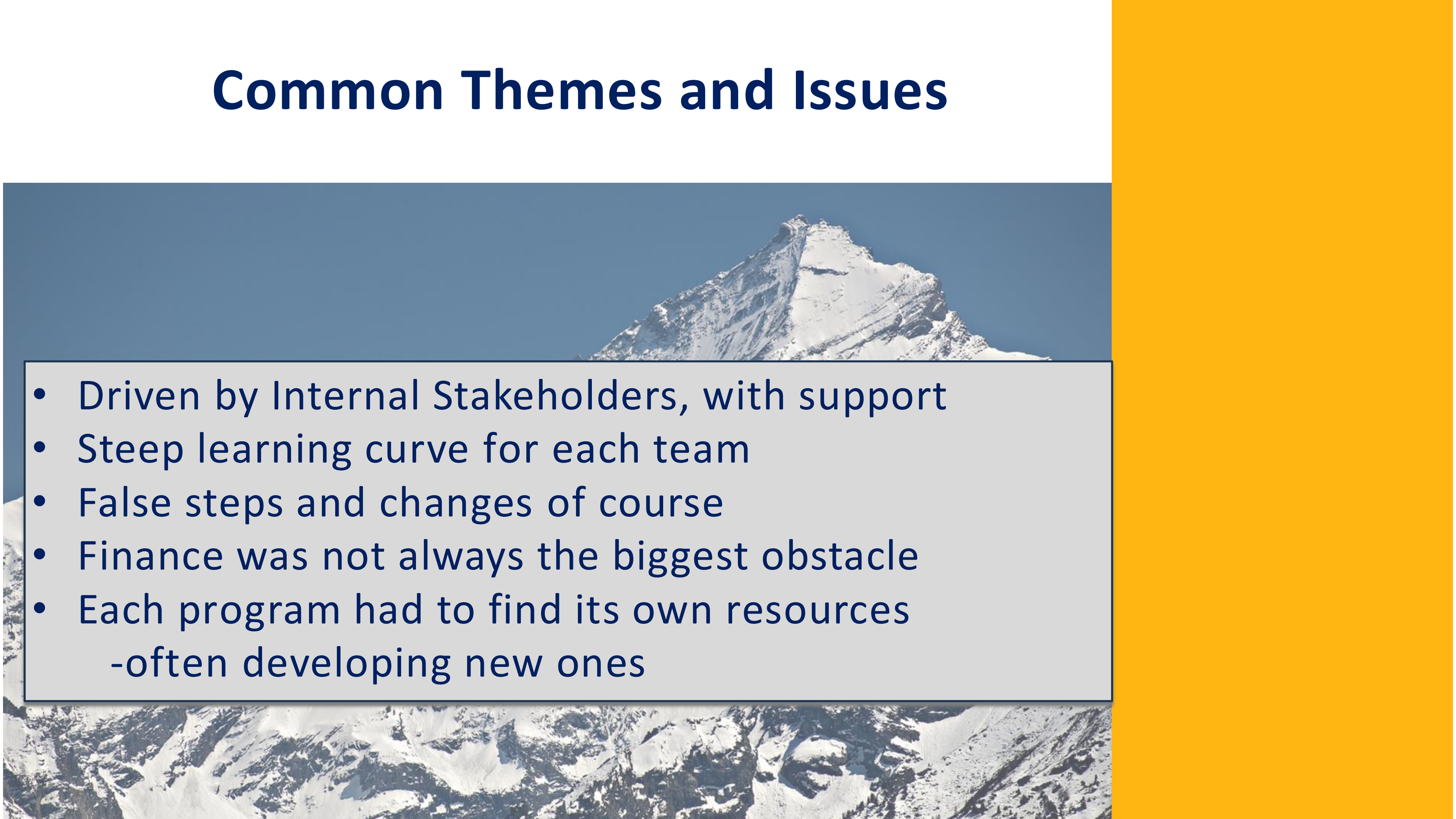




# Alaska's GME Programs: Long and Winding History


- Alaska FMR: 5-6 years
  - Committee; Hospital; State; Clinic; etc.
- Alaska Pediatric Track: 4-5 years
  - UW, goals, design, partners, organization, etc.
- Alaska Internal Medicine Rural Training Program:  
5+ yr
  - Need, Impetus, design, partners, etc.

# Common Themes and Issues

- 
- Driven by Internal Stakeholders, with support
  - Steep learning curve for each team
  - False steps and changes of course
  - Finance was not always the biggest obstacle
  - Each program had to find its own resources
    - often developing new ones



# Physician Shortages

- 
- Adult Primary Care: FM and General IM
  - Psychiatry
  - General Surgery, Anesthesiology
  - Sub-specialties, e.g.: Endo, Pulm, ID, Rheum, Neuro?
  - Others?

# Changing Practice Environment

- Challenges of Private Practice
- Growth of Institutional Providers
- Limitations on Training Opportunities
  - Population, geography, transportations
  - Teacher available
  - Clinical sites
  - Funding

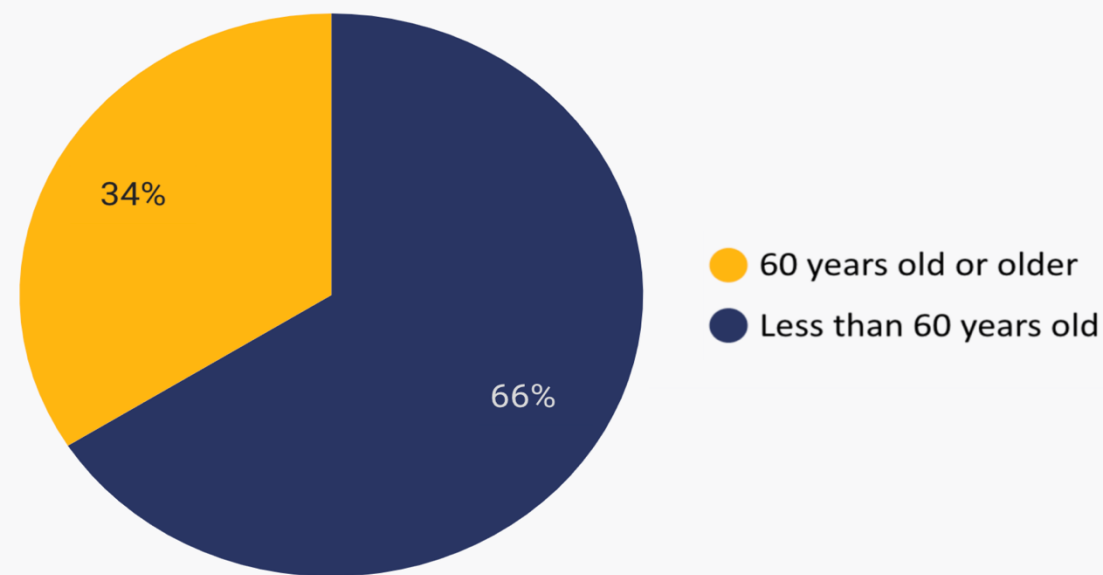


# Why Physicians Matter

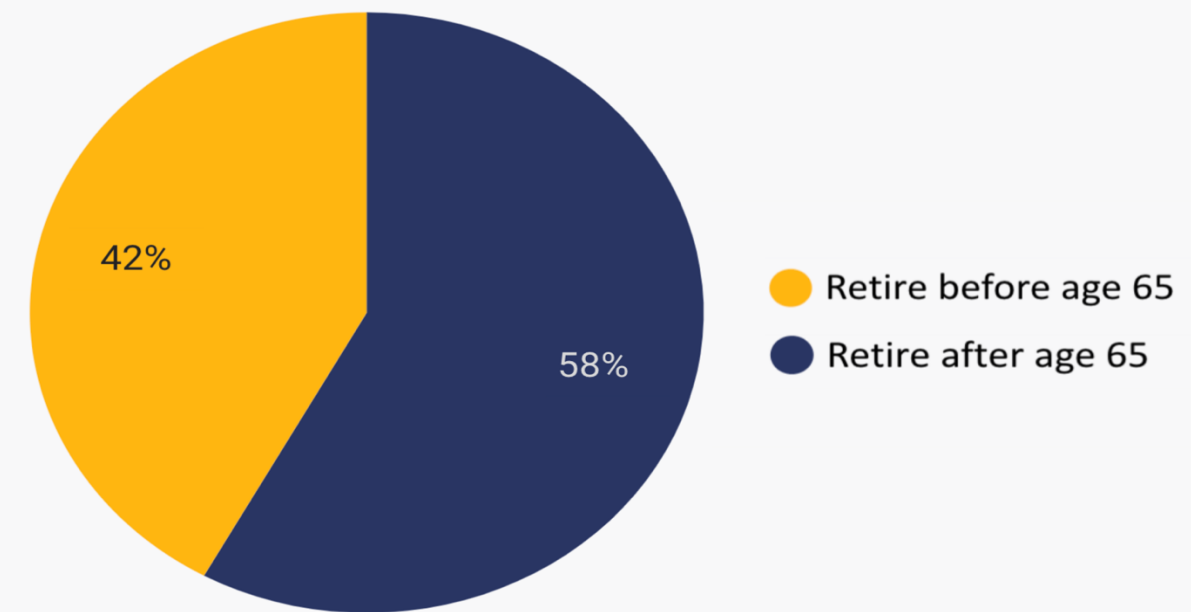
Alexander von Hafften, MD

# Alaska's Physician Workforce Age & Retirement

Age of Alaska's Licensed Practicing Physicians



Retirement Age of Alaska's Licensed Practicing Physicians



Alaska will not be able to recruit enough  
new physicians to replace retiring physicians  
to maintain current physician to population ratios



# Health Profession Shortage Areas (HPSA)

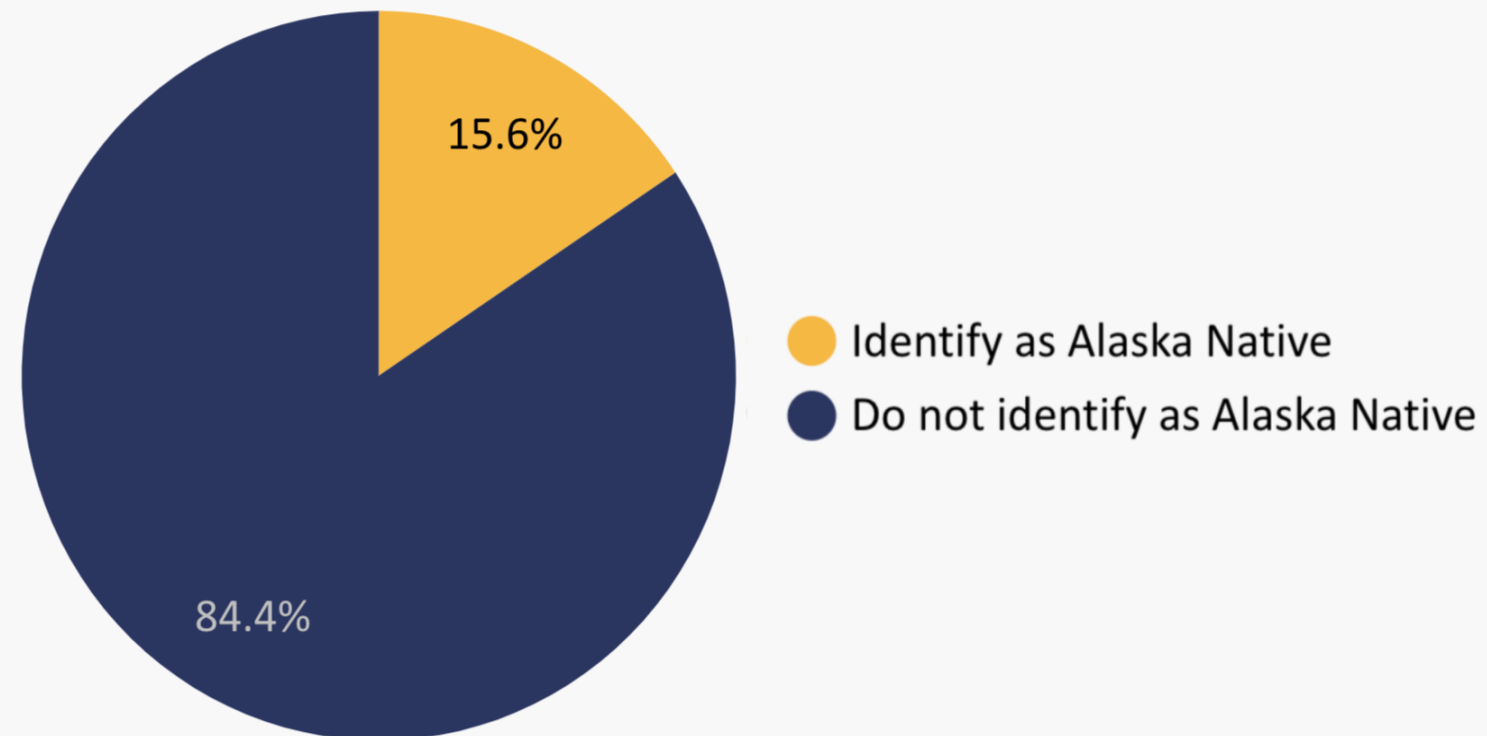
## Health Resources and Services Administration (HRSA)



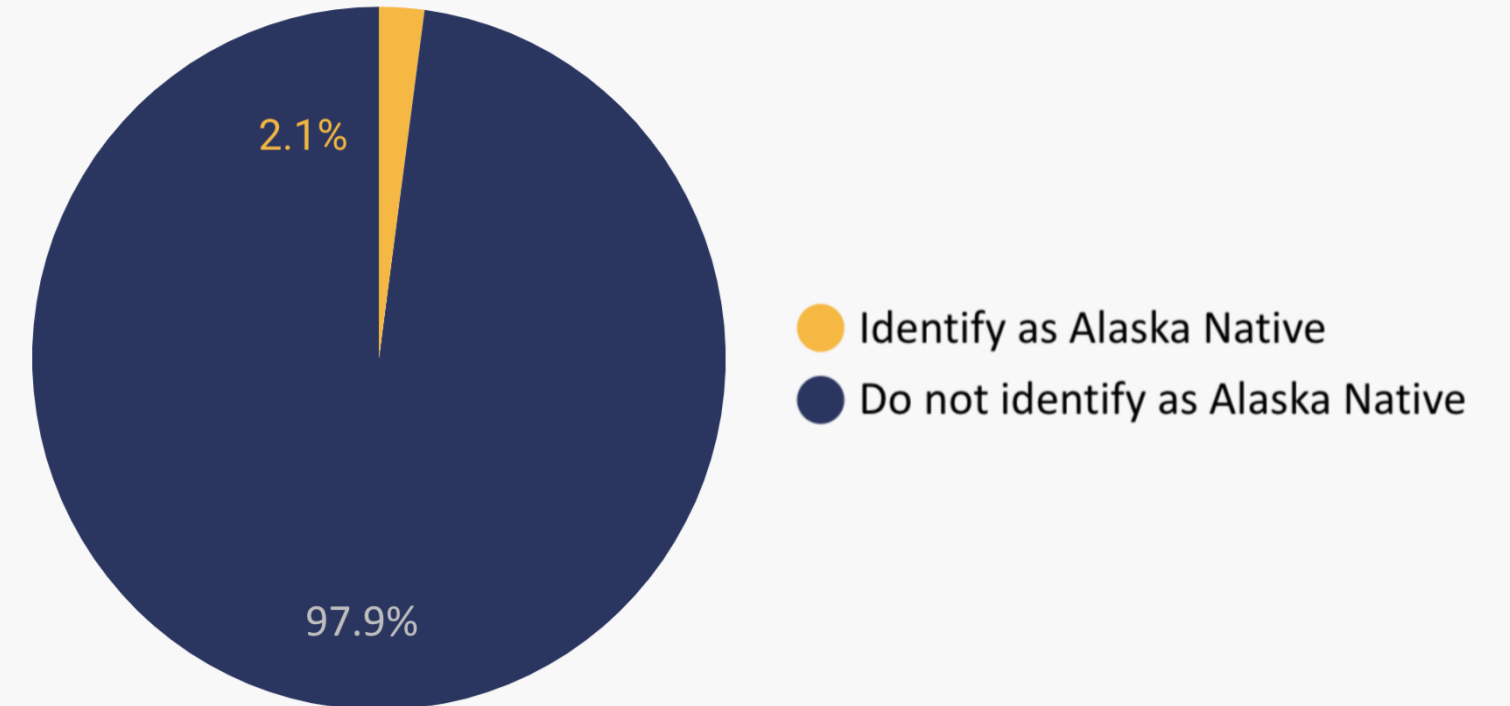
Health Resources & Services Administration Designated Health Professional Shortage Areas Statistics. December 31, 2023.

# Alaska Native Physician Workforce

Alaska's Population



Alaska's Physicians



Association of American Medical Colleges. Alaska Physician Workforce Profile.



# **Physician Recruitment To Alaska**

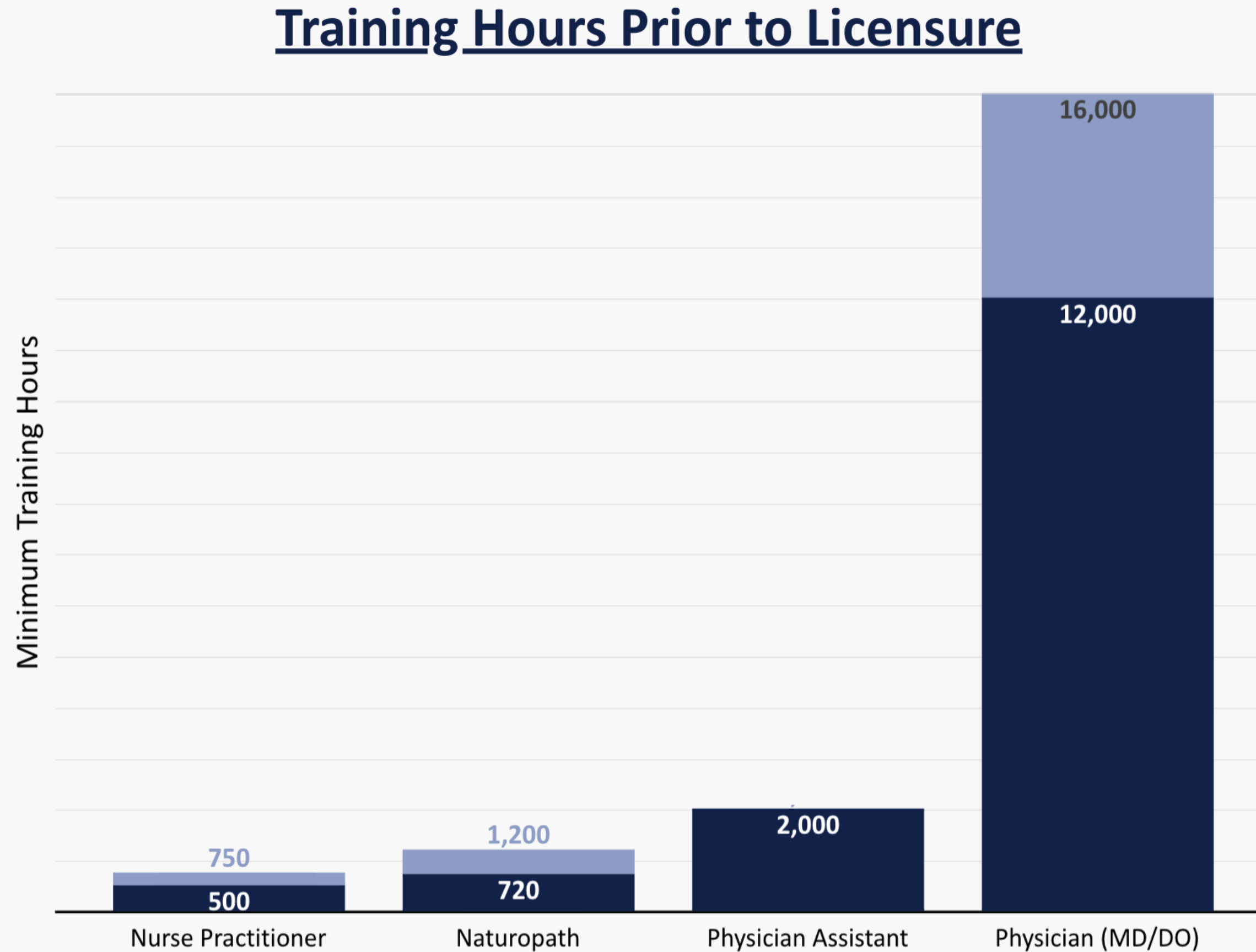
- **National shortage**
- **Vacancy durations - months to year or longer**
- **Recruitment is expensive**
- **Turnover is expensive**



## **Alternatives to Physicians**



# Non-Physician Alternatives - Minimum Training Prior to Licensure



American Medical Association. Scope of Practice: Education Matters.

**Telemedicine  
Increases  
Access to Care**

**Telemedicine  
Is Not Necessarily  
High Quality Care**



**1**

**Technical  
Knowledge & Skill**

**2**

**Systems of Care  
Geography  
Climate**

**3**

**Clinical Judgment  
Situational Judgment**

**Alaska Telemedicine**

**During training in Alaska**





**Residents and Fellows are Doctors  
(GME)**

**Medical Students are not Doctors  
(UME)**



# Residents/Fellows are Doctors

## 1. Essential part of the medical workforce

1 in 7 US physicians is in GME

## 3. Weekends, nights, holidays

May be less expensive than  
non-physician alternatives

## 2. Taking care of patients

20% of hospitalized care  
40% of care for uninsured  
\$8.4 billion in patient care per year

## 4. Attract experienced physicians

Teaching, mentoring, supervising  
High quality of care

Yang J. Total Active Physicians in the US 2023, by State. Statista.

Accreditation Council for Graduate Medical Education. Data Resource Book Academic Year 2022-2023.

American Medical Association. The most powerful prescription? A well-trained physician.

DeMarco DM, Forster R, Gakis T, Finberg RW. Eliminating Residents Increases the Cost of Care. Journal of Graduate Medical Education. 2017 August;9(4):514-517.





# Current Alaska GME Perspectives



# Current & Regional Perspectives

Dr. Kimberly Thomas – *Alaska's GME Programs: Benefits & Barriers*

Dr. Murray Buttner – *Rural & Regional Needs: Stories & Solutions*



# Residency Training Programs in Alaska

with >30% training time in Alaska

Program Year Established	Location	Time Training in Alaska	Trainees / Year Trainees Total	Sponsoring Institution	Retention Rate (last 5 years)
Alaska Family Medicine Residency 1997	Anchorage	100% 36 months	12/year 36 Total	Providence Alaska Medical Center	77% (n=60)
Hospice & Palliative Medicine Fellowship 2009 (AK FM)	Anchorage	100% 12 months	1-2/year 1-2 Total	Providence Alaska Medical Center	60% (n=5)
UW Pediatrics Alaska Track Residency 2012	Anchorage	33% 12 months 4 months/year	4/year 12 Total	University of Washington	33%* (n=20)
Addiction Medicine Fellowship 2023 (AK FM)	Anchorage	100% 12 months	2/year 2 Total	Providence Alaska Medical Center	100% (n=1)
UW AK Internal Medicine Rural Residency 2023	Soldotna	66% 24 months R1 UW, R2 & R3 AK	2/year (to date) 6 Total	University of Washington	TBD

# Alaska Family Medicine Residency (AKFMR)

- Only residency that's in Alaska for all years of training
- Sponsored by Providence Alaska Medical Center and Providence Medical Group Alaska
- Prepare you to practice full-scope family medicine anywhere, particularly in rural Alaska
- Majority of Alaska is served only by family doctors (some say 90%)





# AKFMR Creates the Alaska Family Physician Workforce



- Large number of doctors in these locations are graduates of program
  - Bethel
  - Nome
  - Providence Primary Care and AKFMR (>50%)
  - Anchorage Neighborhood Health Center (>50%)
  - Many other locations around the state





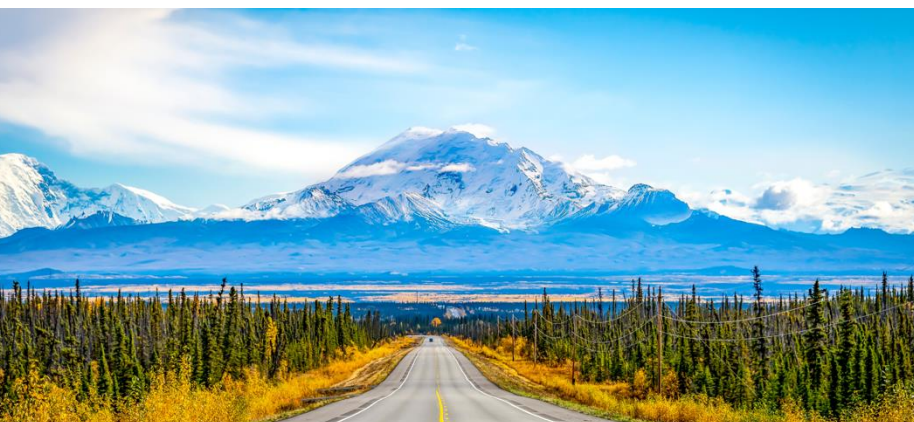
# AKFMR creates the AK family physician workforce

- One of nation's highest in-state retention rates and rural retention rates
- Curriculum structured with Alaska healthcare needs in mind
  - Strong emphasis on inpatient medicine, obstetrics, pediatrics, clinic, transcultural medicine to prepare residents for full-scope practice
  - Larger percentage of grads than national average continue full-scope practice and feel prepared for full-scope practice
  - Larger percentage of grads than national average provide outpatient care
- Rural experience available in all 3 years, required in 2<sup>nd</sup> and 3<sup>rd</sup> years
- Approx 270 grads, with more than 200 working in Alaska after graduation



# AKFMR (and all GME) Impact

- Doctors for Alaska, who understand the unique healthcare environment of Alaska
- Cost savings: residents and fellows are an inexpensive, hard-working workforce
  - Studies show you need to hire 2 APPs to replace the work done by one resident
- Care for vulnerable patients
- Research and community service
- Specialists: opportunity to work with learners attracts specialists to Alaska



# Challenges

- **FINANCES**

- Costs approximately \$300,000 to train a resident, nationally
- Reimbursed \$140,000/resident by CMS in AK for 22 of our 40 learners
- Large gap (\$millions) between current reimbursement and cost
- Sponsoring Institution (Providence) invests \$millions/year in training residents and fellows
- Need other partners

- **LACK OF GME-SPECIFIC REGULATIONS**

- No acknowledgement in Alaska Medicaid rules about how to optimize learner supervision

- **ACCREDITATION**

- Limited ability to adapt national standards to local needs

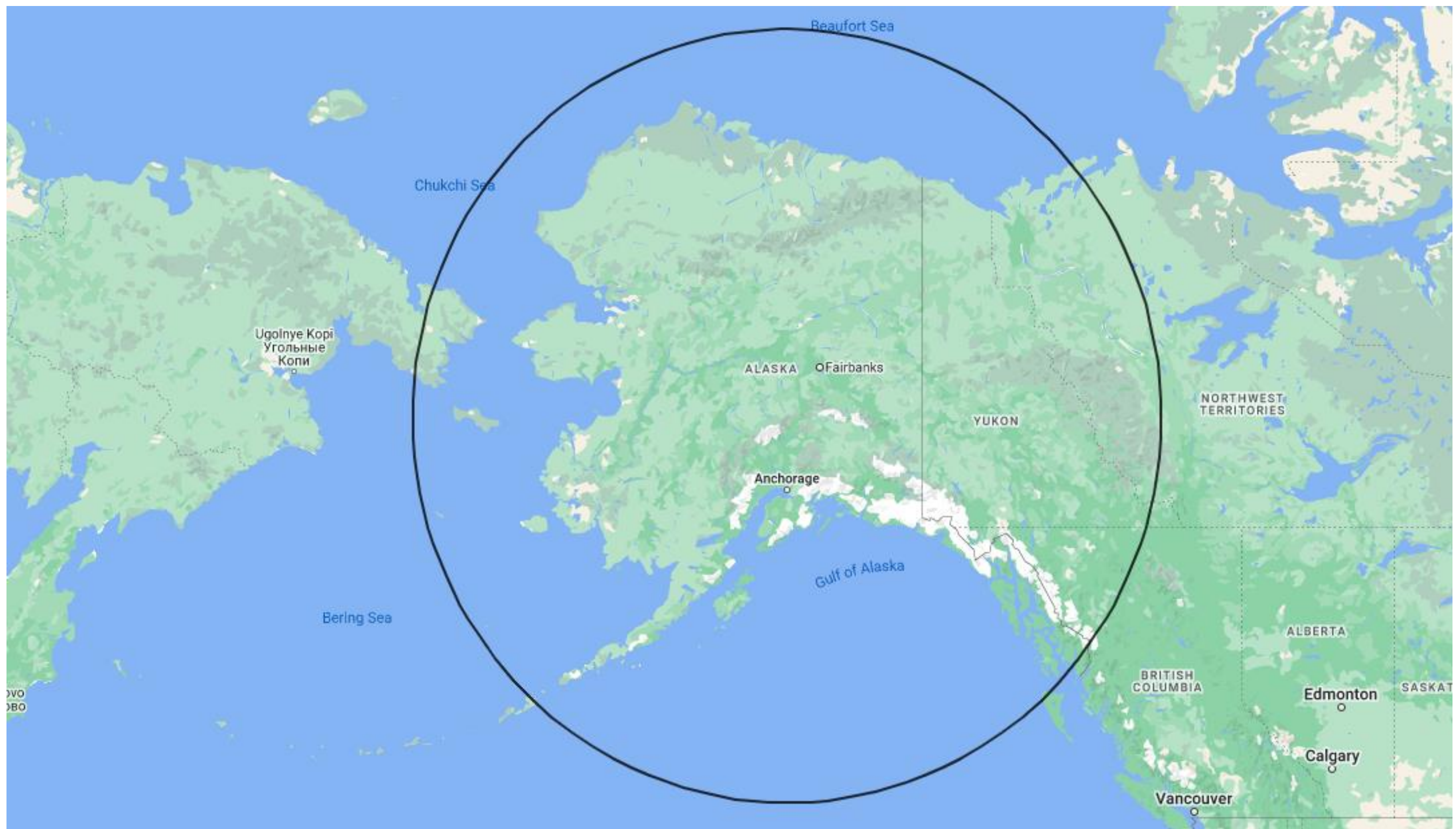
- **LARGE HEALTH CARE NEEDS OF ALASKA**

- Access to healthcare is limited around the state, impacting health of Alaskans
- Future need for doctors in Alaska

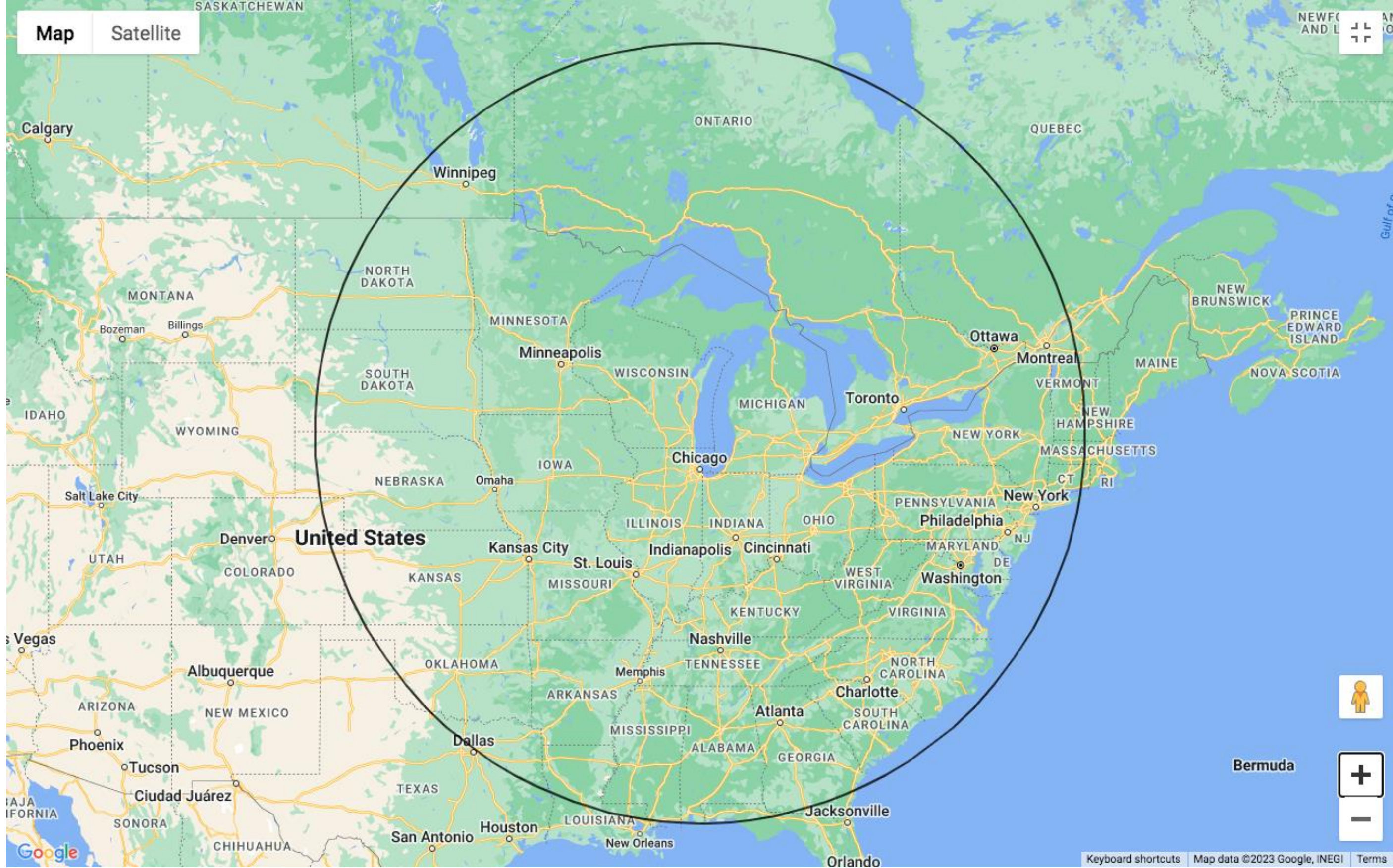


# Rural & Regional Needs: Stories & Solutions

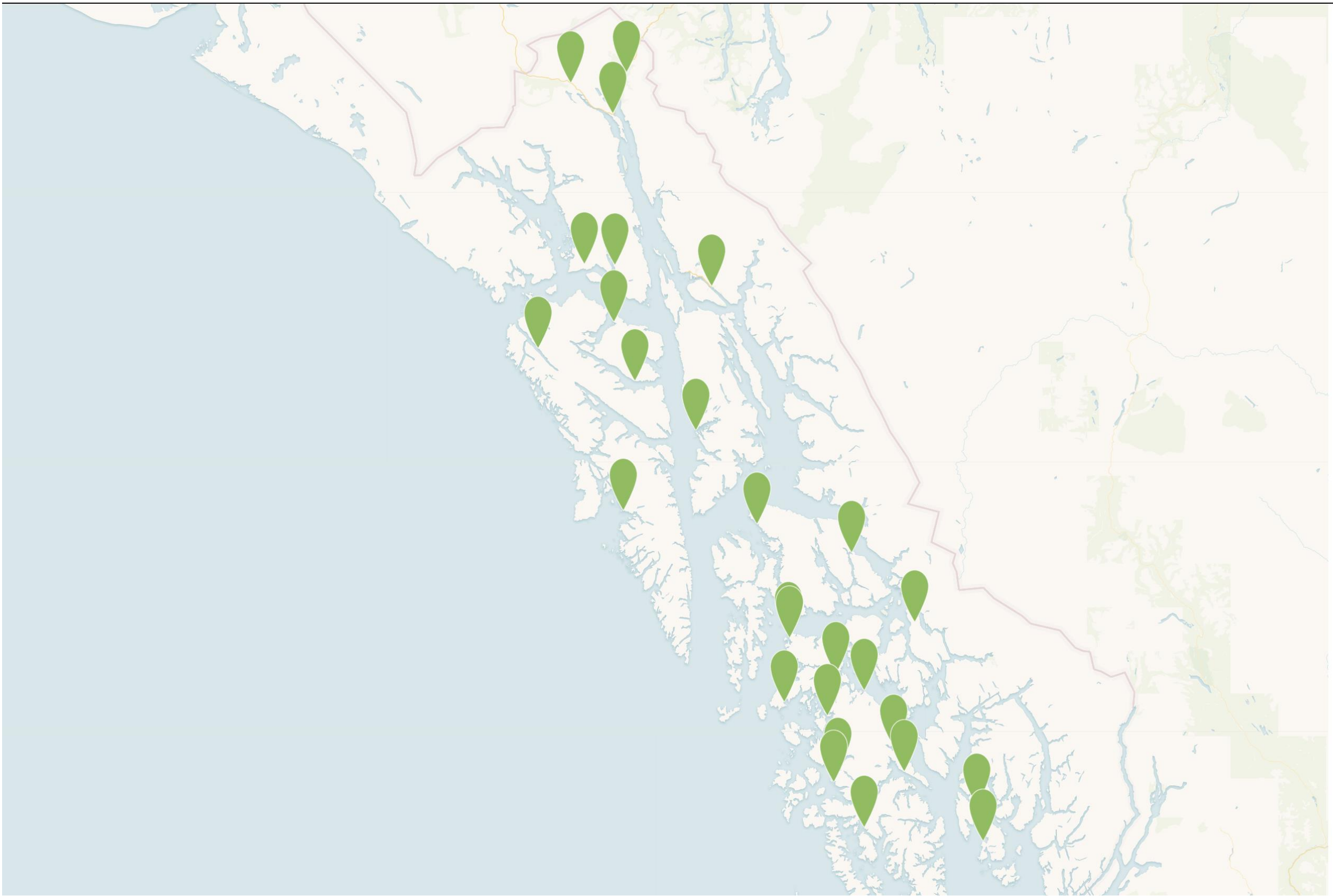
Murray Buttner, MD













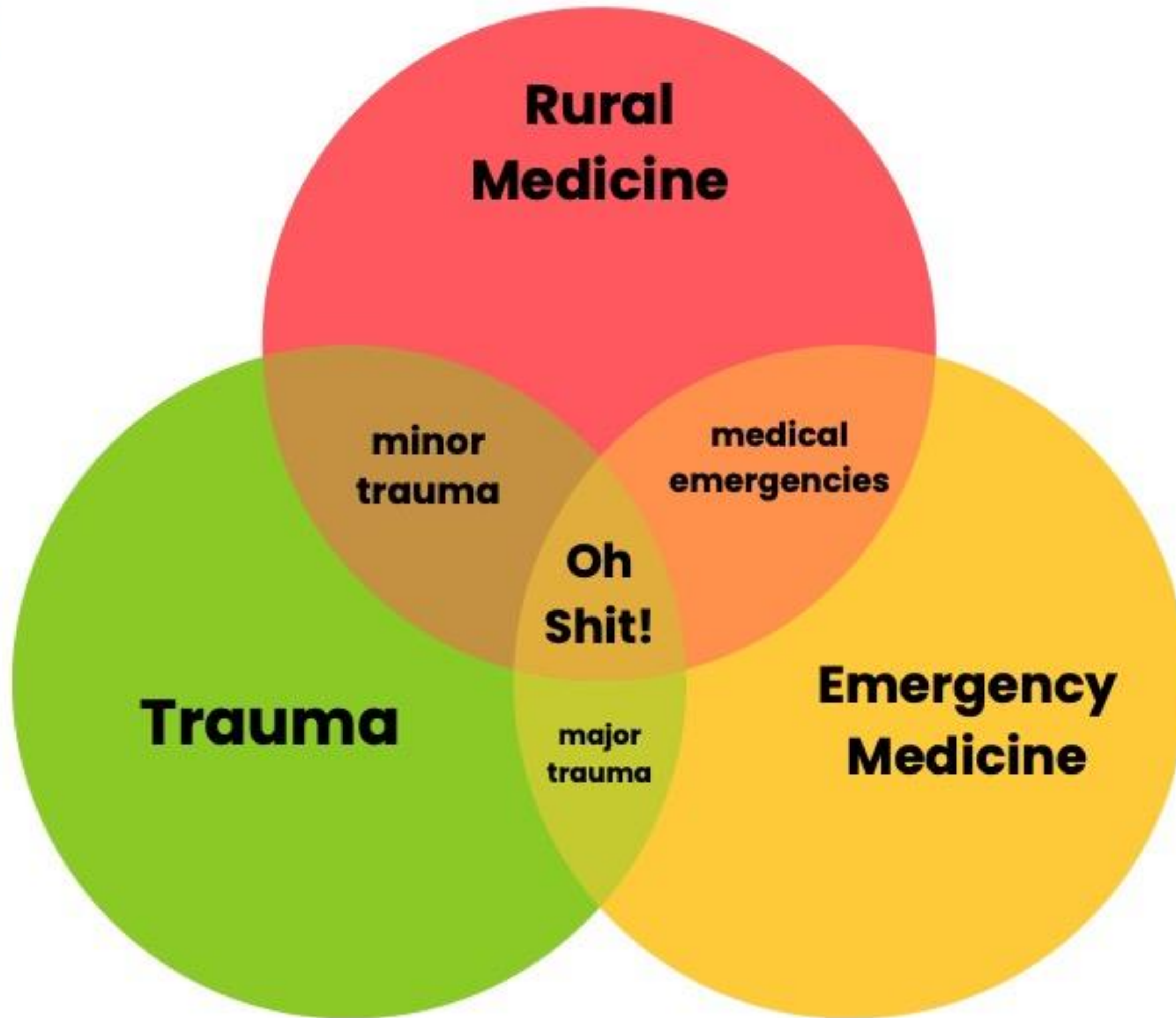


Father Oleska



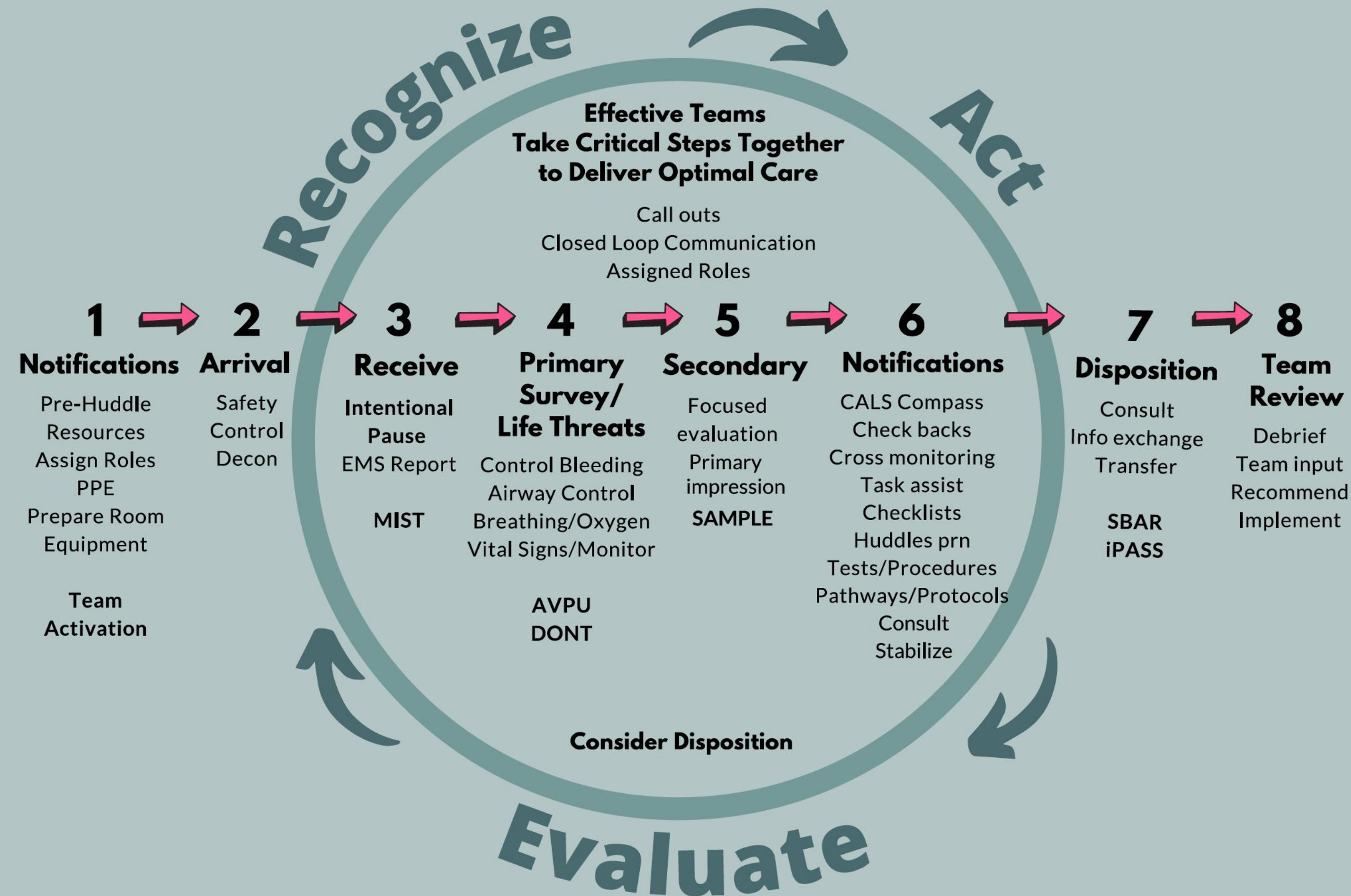
# Worldviews





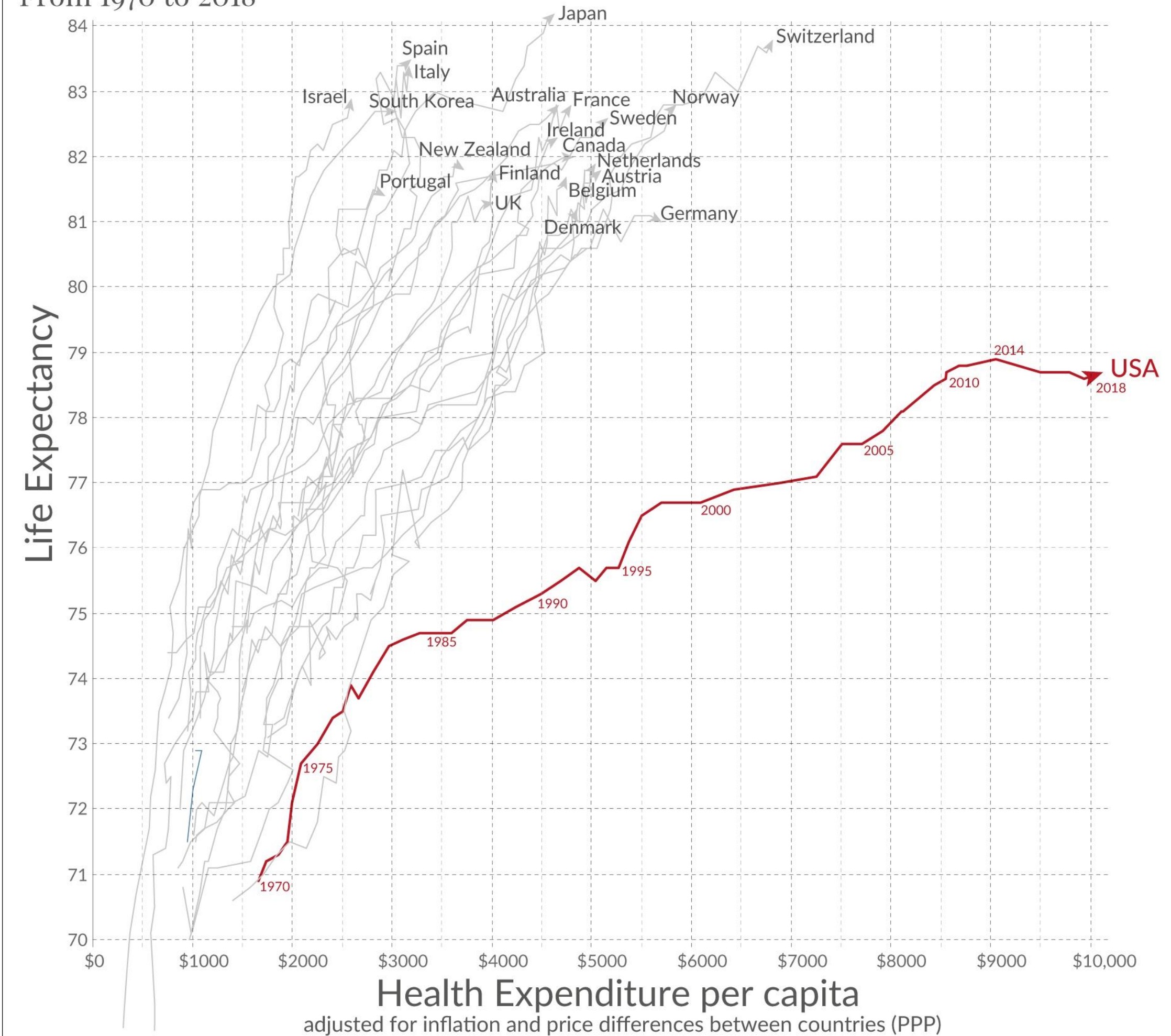


# CALS UNIVERSAL APPROACH



# Life expectancy vs. health expenditure

From 1970 to 2018







3 SMILES

# **Break**

**We will resume promptly at 4:10 pm**  
**With our Keynote speaker**





# Charting a Path Forward: Models & Strategies



# The Success of State GME Councils

Lessons from other states & models

Robert Stenger, MD



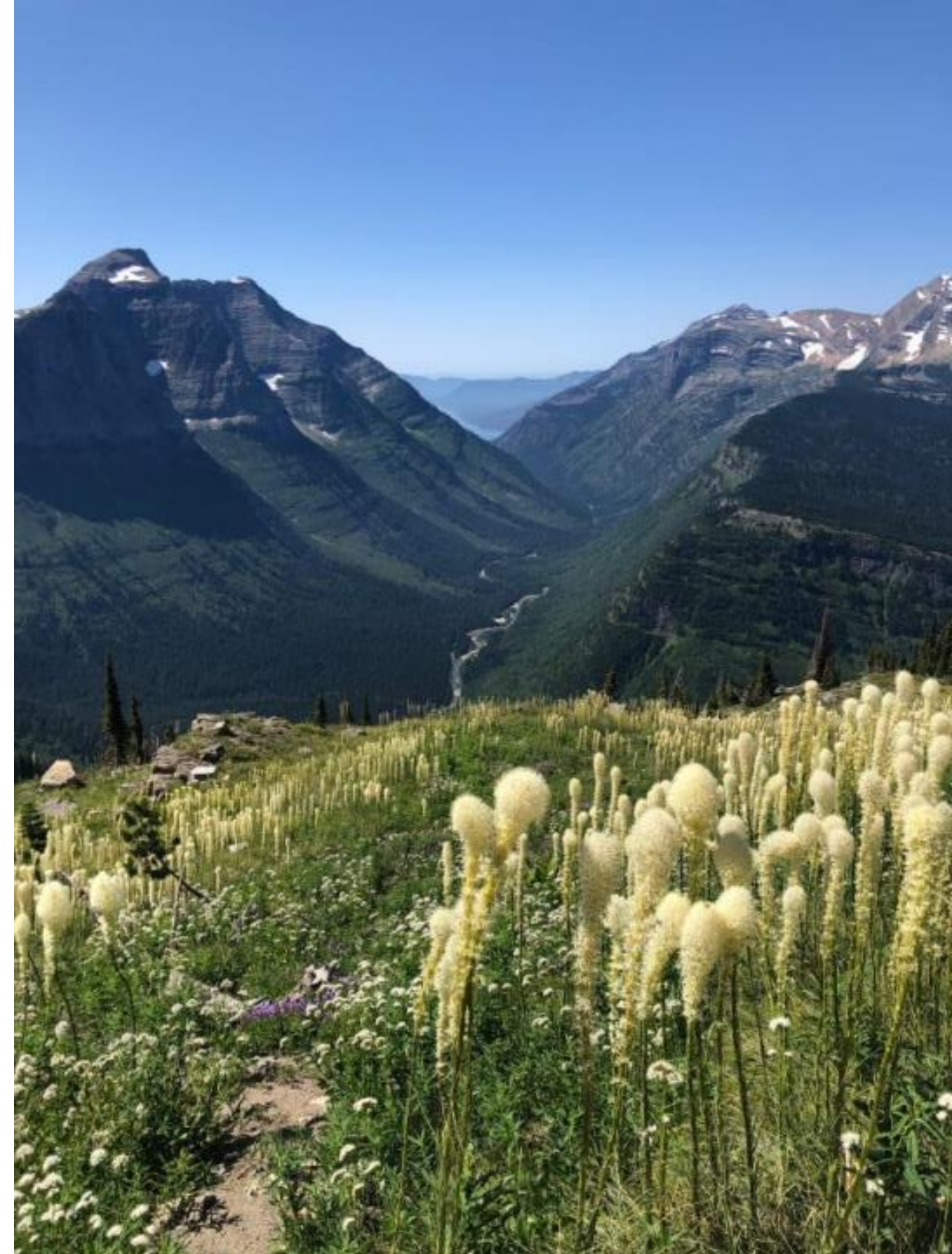
# GME Councils in Montana and Idaho

Structure, history and lessons learned...

*Rob Stenger, MD, MPH*

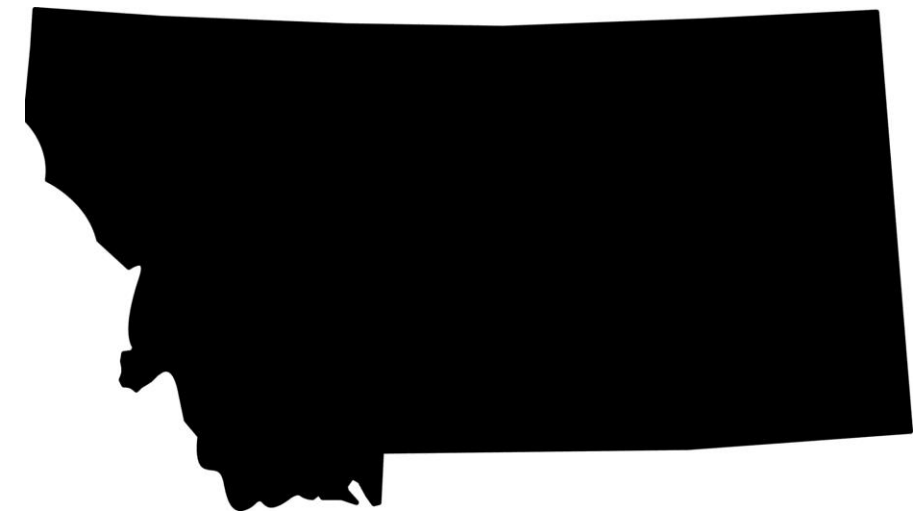
*Chair, Montana GME Council*

*Program Director, Family Medicine Residency of  
Western Montana*





# IDAHO vs MONTANA History



Governor's task force on medical education 2010 & 2016

- GME as a top priority

10-year strategic GME growth plan in 2017

- Collaboration of interested parties, Gov's office and State Board of Education

Formal Council created under Board of Education in 2018 to guide and monitor progress of the strategic plan

Spearheaded by MT WWAMI Dean and State AHEC, established in 2011

Stakeholders included interested parties, Gov's office, DPHHS, Commissioner of Higher Ed.

Informal bylaws and membership

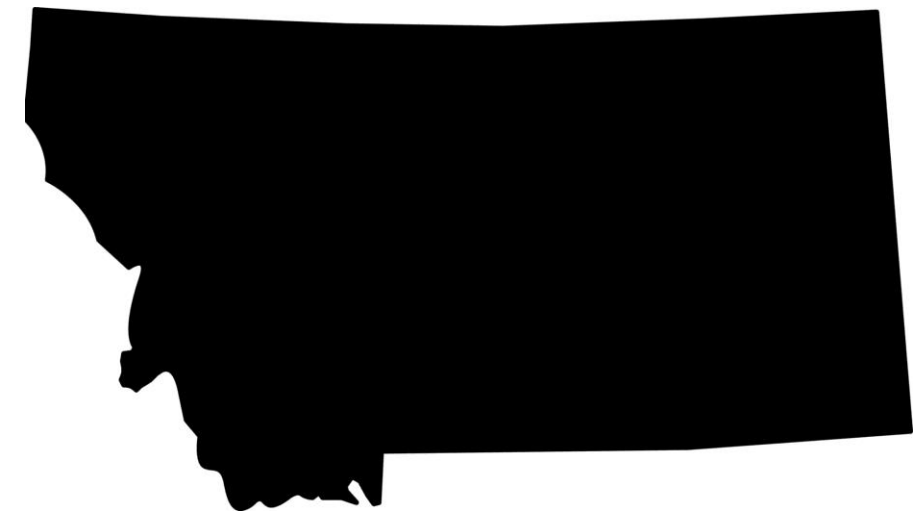
Council initially grant funded, became self-funded around 2018





# IDAHO vs MONTANA

## Council Structure



33 members

- Program Directors
- Sponsoring Institution Representative, DIO, C-Suite
- Idaho Medical Association (IMA)
- Idaho Hospital Association (IHA)
- Idaho State Board of Education (SBOE) - Executive Director, CFO
- Medical Schools – UW, UU, ICOM

Quarterly Meetings

Executive Committee – Chair, Vice-Chair, GME Coordinator, SBOE Exec. Director

Regular reports to State Board of Education

Members Include:

- **5 Teaching Hospitals**
- **4 Residency Programs**
- **3 Medical Schools**
- **Professional Societies**
- Governmental Agencies
- Other Interested Parties

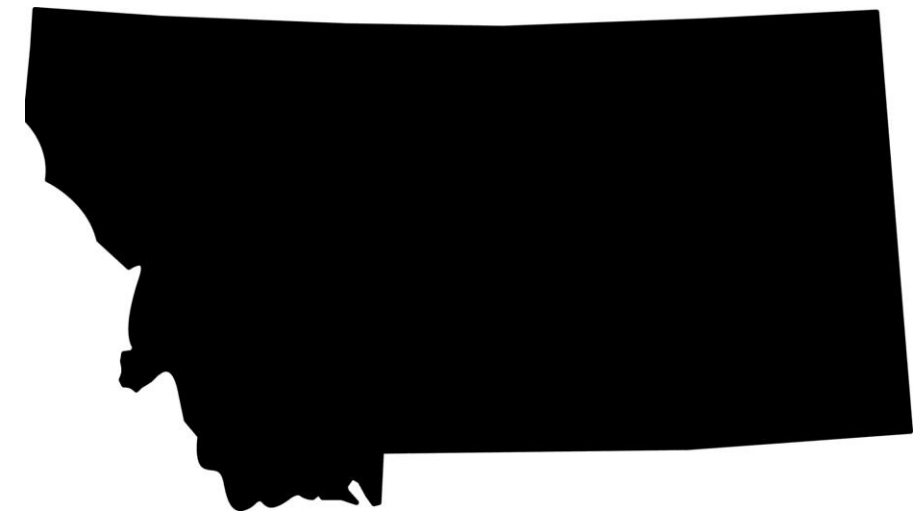
Monthly zoom call, annual in-person meeting

Executive Committee - Chair, Vice Chair, Treasurer, Staff



# IDAHO vs MONTANA

## Outcomes



2017-present

- Growth in Residency Positions  
134 to 248 residents  
*Anticipated 389 by 2030*
- Growth in Programs  
9 to 16
- New Residency Specialties  
Additional IM, FM & Psych slots  
New Peds program  
New Fellowships  
Future EM, Gen Surg, Neuro

2011-present

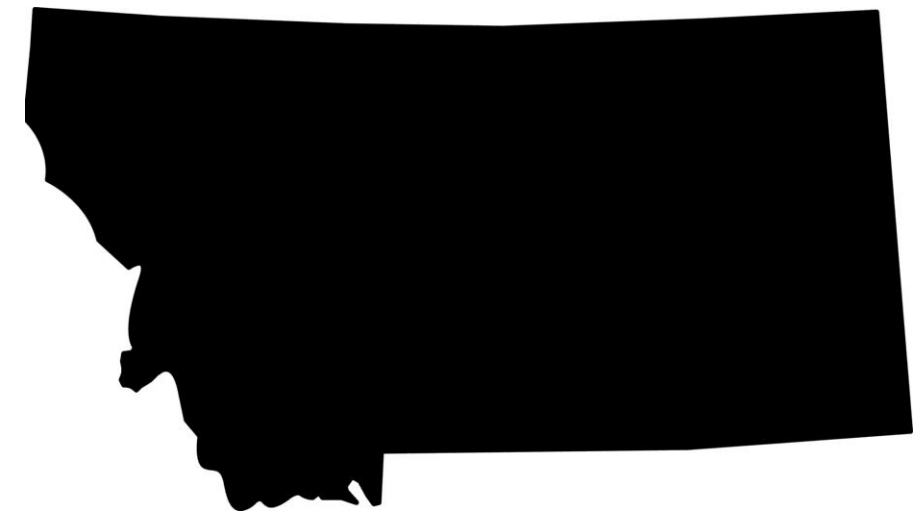
- Growth in Residency Positions  
18 to 97 residents  
*Anticipated 130 by 2030*
- Growth in Programs  
1 to 4
- New Residency Specialties  
Additional FM slots  
New IM, Psych programs  
New General Surgery tracks





# IDAHO vs MONTANA

## GME Funding



State funding directly to programs

Appropriation requests from GME Council to legislature through BoE Annually

No Medicaid GME

State funding of \$40,000 – 60,000 per resident, goal of \$70,000

State funding, matched by Medicaid

Funding administered/distributed by DPHHS to sponsoring hospitals

Ad-hoc increases to support anticipated growth (2013, 2019 and 2025)

State funding of \$10,000 per resident. Medicaid match results in about \$60,000 per resident.



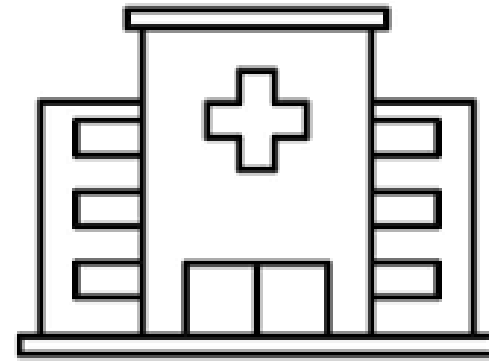
# COMMON ELEMENTS OF GME COUNCIL SUCCESS

- Focus on state workforce needs
- Good stories of past GME success
- Sustained effort to educate policymakers
- Bipartisan support
- GME Community “speaking with one voice”
- Collaboration above institutional self-interest
- Figure out a plan to support growth and startup costs





# Major lessons learned....



**FAMILY MEDICINE  
RESIDENCY NETWORK**  
WASHINGTON • WYOMING • ALASKA • MONTANA • IDAHO



**RuralGME.org**

1

Hospitals, clinics and local leaders/champions create and grow programs

2

Funding is critical

3

Other organizations are available to help

# What is the most important work for Alaska's GME council?

- Vision and Strategic Planning
- Education of policymakers
- Building a community of stakeholders
- Securing GME funding
- Developing institutional capacity to start programs
- Support new/developing programs
- Public Accountability

# What are the biggest barriers you're likely to face?

- Legislative/Political
- Institutional
- Turf wars
- Lack of physician engagement



# What other advocacy might support GME growth in Alaska?

Preceptor payments or Tax Credits?

Loan repayment or other incentives for new graduates?

Advocacy for Federal GME Policy (Rural Workforce Production Act)

Expansion of Medical School Spots for Alaska Students





# Building Alaska's GME Council: Framework & Purpose

From Exploratory Working Group to Council Formation

- Draft Charter
- Draft Structure
- Council Members

Nancy Merriman, MPH



# Alaska GME Council Working Group – an Exploration

Gloria Burnett

Tonya Caylor, MD

Barb Doty, MD

Harold Johnston, MD

Suzanne Tryck

Ursula McVeigh, MD

Nancy Merriman

Tari O'Connor

Gina Senko

Alexander von  
Hafften, MD



# Alaska GME Council Draft Concepts



## To Form an Impactful Alaska GME Council:

- Philosophic Tone
  - Balanced, collaborative
- Approach to Learning
  - Other State GME Councils
  - Analyze and Create Alaska Options
- Timeline
  - Form the Alaska Council: Fall 2025
- Decision-Making
  - Working Group → Transitional → Council
- Create Communications Plan



# Alaska GME Council Role



## **Alaska GME Council Purpose:**

*To improve access to quality healthcare for all Alaskans by increasing the recruitment and retention of well-trained physicians via stabilizing and increasing the programs and opportunities for training physicians in post-graduate education within the state.*

## **About the Alaska GME Council:**

- \* Alaska GME Stakeholders
- \* Statewide Scope
- \* Measure & Track Alaska GME



- Access
- Excellence
- Collaboration
- Action-orientation
- Service

# Values of the Alaska GME Council





# GME Council Draft Structure



1

## Council Members

- Voting
- Advisory

2

## Meetings

- At least Quarterly
- Open to the Public

3

## Powers

- Advisory
- Educational
- Raise & Spend \$
- Commission Studies
- Publish Papers
- Provide Information to Policy Makers
- Communicate & Collaborate

# Are YOU a Future Alaska GME Council Member or Contributor?

Alaska Needs YOU!

1. Express Your Interest
2. Complete the Application
3. Serve






# A Look Ahead at Opportunities & Impact

Harold Johnston, MD

# Impact of a GME Council

- 
- Address challenges with statewide, systematic, comprehensive approach
  - Support for nascent programs, of any type
  - Central source of information, data, guidance
  - Liaison with outside and Alaska institutions and practices



# A Healthier Alaska

## Vision for GME Council Success

### Youth & Pipeline Development

- Increased K-12 to GME pathways
- Increased mentorship through stages
- Increased local healthcare system recruitment

### Community & Economic Impact

- Care provided and received closer to home
- Decreased healthcare costs
- Decreased ED visits
- Decreased insurance premiums
- Reinvested healthcare dollar savings
- Healthcare local and state economies

### Statewide Infrastructure

- GME Council is the Hub Connector
- Multi-agency collaboration strengthens funding
- Residency Learning Networks



### Physician Workforce

- Increased training specifically for Alaska
- Enhanced recruitment & retention of GME grads
- Reduced reliance on locums and out of state care
- Improved access to primary and specialty care
- Best use of healthcare teams
- Improved patient care outcomes

### Cultural Relevance & Innovation

- Increased community participation
- Increased community “ownership”
- Increased culturally competent care
- Increased rural training
- Increased rural care
- Recognized nationally for innovation

### Meaningful Data Systems

- Funding and budgeting are transparent
- Outcome data is transparent
- Outcomes aligned with **Healthy Alaskans 2030**





# Engagement & Next Steps



# Questions & Answers

Speakers & Working Group

# Call to Action: Turning Momentum into Meaningful Steps

Suzanne Tryck



# Want to Be Involved? Act Now



Indicate Your Interest

Meeting packet:

QR code / Link to Online Form  
or fill out Blue Paper Form

**TODAY (Due before June 1)**

- **Indicate** your Interest **by June 1**  
QR code / Link to Online Form or  
fill out Blue Paper Form
- **Watch** for the application email early June  
(if applicable)
- **Submit** the application by July 1  
(for Council Roles)
- **Connect** in other ways  
(A Working Group member will reach out for other roles)
- **Stay** in the Loop  
(We will share updates and opportunities as the Council  
takes shape)





# Thank You for Attending

With appreciation to our speakers, participants, and supporters for helping shape the future of GME in Alaska.



# FOUNDERS' FORUM:

Paving the Way for  
Alaska's GME Council



## The AKGME Council Working Group

Would like to thank our supporters:

