FOUNDERS' FORUM

Paving the Way for Alaska's GME Council

Thursday, May 15, 2025, 3:00 - 5:30 pm
BP Energy Center

Learn, network and be involved in growing Alaska's physician workforce by enhancing our graduate medical education efforts.
This is an opportunity to shape the future of physician training in Alaska.

Alaska GME Council
907-929-2722
https://alaskagmecouncil.com/

Today's slides will be available at
https://alaskagmecouncil.com/meeting-resources

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AGENDA

Welcome & Opening Remarks

3:00 – 3:10 – Welcome & Meeting Purpose

- Dr. Barb Doty

The State of GME: National & Alaska Perspectives

3:10 – 3:25 – National & Statewide GME Landscape

- Dr. Tonya Caylor – National challenges in GME
- Dr. Harold Johnston – Alaska's GME history, lessons learned, & physician needs

3:25 – 3:35 – Why Physician Training Matters for Alaska

- Dr. Alexander Von Hafften – Workforce Data, Recruitment Realities, Physician Alternatives & Benefits of GME, Alaska-trained physicians

Current & Regional Perspectives

3:35 – 3:45 – Current GME in Alaska: Programs, Impact & Challenges

- Dr. Kimberly Thomas – Overview of programs, mapping, benefits, and barriers

3:45 – 4:00 – Rural & Regional Needs: Stories & Solutions

- Dr. Murray Buttner – Regional workforce and GME gains, gaps, and future needs

4:00 – 4:10 – Break

Charting a Path Forward: Models & Strategies

4:10 – 4:30 – Keynote: The Success of State GME Councils

- Dr. Rob Stenger – Lessons from other states and models

4:30 – 4:50 – Building Alaska's GME Council: Framework & Purpose

- Ms. Nancy Merriman – Draft structure and commitments from those who serve

4:50 – 5:00 – Envisioning the Future of GME in Alaska

- Dr. Harold Johnston – A look ahead at opportunities and impact

Engagement & Next Steps

5:00 – 5:20 – Q&A Panel Discussion

- Moderated by Dr. Tonya Caylor
- Panelists: Working Group Members & Dr. Rob Stenger

5:20 – 5:30 – Wrap-Up & Call to Action

- Ms. Suzanne Tryck

5:30 – Adjourn & Acknowledgments

ABOUT THE WORKING GROUP

This collection of biographical sketches highlights the members of the Working Group for the GME Council—a collective of leaders who have contributed their time, insight, and energy over the past 10 months to lay the foundation for Alaska's GME Council. Their expertise spans clinical care, academic leadership, health policy, workforce development, and rural health.

Today's Speakers

The individuals listed below are featured speakers at the Founders' Forum. Given our tight schedule, brief introductions will be offered—not out of lack of appreciation, but to ensure each speaker has time to share their prepared remarks.

Full bios follow below, beginning with our **Guest Speakers**, then the **Working Group for the GME Council**, with speakers from the Working Group noted by an asterisk (*).

Guest Speakers (in order of appearance)

Dr. Kimberly Thomas
Dr. Murray Buttner
Dr. Rob Stenger

Working Group Members Speaking (in order of appearance)

Dr. Barb Doty
Dr. Tonya Caylor
Dr. Harold Johnston
Dr. Alexander von Hafften
Ms. Nancy Merriman
Ms. Suzanne Tryck

BIOS FOR THE GUEST SPEAKERS

Kimberly Thomas, MD

Dr. Kim Thomas joined the Alaska Family Medicine Residency (AKFMR) as a core faculty member in 2011 and became the Program Director in June 2023. From 2019–2024, she served as DIO (Designated Institutional Official) for Providence Alaska Medical Center as the only DIO in the state. She is a member of the ACGME's Medically Underserved Areas and Populations workgroup.

Kim's interests in medicine are obstetrics and reproductive health care, full scope family medicine, substance use treatment, LGBTQIA+ care, DEI, social justice, and rural health. She's lived in Alaska longer than anywhere else. She grew up in Tennessee; attended college and worked in Washington, DC; completed graduate school in public health and medical school in Colorado; and attended residency and worked in Pennsylvania.

She enjoys time inside cooking and time outside with her husband (an orthopedic trauma surgeon) and her two children (both in college), especially backpacking, hiking, running, and generally exploring.

Murray Buttner, MD

With over 30 years of experience in the medical field and having dedicated much of his career to serving rural and remote communities in Alaska, Dr. William (Murray) Buttner currently serves as the Medical Director for Primary Care at SEARHC. Murray earned his BA in History from Yale University and his MD from Columbia University. His notable positions include serving as the Medical Director at SEARHC's Alicia Roberts Medical Center in Klawock, AK, and the Assistant Medical Director at SEARHC's Ethel Lund Medical Center in Juneau, AK. In addition, Murray has served as the Medical Director at Ilanka Community Health Center and Cordova Community Medical Center in Cordova, AK, as well as Faculty at the Alaska Family Medicine Residency Program in Anchorage, AK, and Co-medical Director at Iliuliuk Family and Health Services in Unalaska, AK.

Murray appreciates practicing medicine in rural communities, feeling a deep connection to the people he serves and recognizing the reciprocal care they provide to him and his family. Murray's expertise lies in Rural Family Medicine, and he was honored as the 2021 Community Star by the National Organization of State Offices of Rural Health (NOSORH), representing Alaska.

Robert Stenger, MD

Dr. Rob Stenger helps lead the Montana Graduate Medical Education Council and has served as FMRWM Program Director since 2019 and faculty at the program since 2015. Prior to joining FMRWM he worked for Providence Medical Group in Missoula. Rob completed his residency in Family Medicine and Preventive Medicine at Oregon Health and Sciences University and his MD and MPH degrees at Johns Hopkins University.

In addition to being a proud Family Physician and primary care advocate, Rob's professional interests include public health, team-based health care, quality improvement and models for transformation of the health care delivery system, such as the patient-centered medical home and value-based payment. Rob is a member of the Missoula City-County Board of Health and in this role has been actively involved in the county response to the COVID pandemic. Rob is a native of Missoula, MT and is privileged to contribute to training the next generation of physicians in Montana.

BIOS FOR THE WORKING GROUP

Gloria Burnett, MS

Ms. Gloria Burnett currently serves as an Associate Professor in the UAA College of Health Department of Human Services. She is Director of the Alaska Center for Rural Health and Health Workforce as well as Director of the Alaska Area Health Education Centers (AHEC) Program. Prior to her ten years in this position, she served as Dean of Students, Allied Health Program Coordinator and NW Alaska AHEC Director at Ilisagvik College, Alaska's only tribal college located in Utqiagvik, AK. Gloria has a wealth of experience in rural and frontier workforce development, with special attention to indigenous populations. She has spearheaded a variety of projects focused on health career pathways and exploration for youth and adults. She also has experience with health professions training student exposure to rural and frontier communities and continuing education for rural healthcare providers.

Gloria is recipient of the 2018-19 Alaska Association of Career & Technical Educators Community Contribution Award, 2022 Barbara Berger Excellence in Public Health Education and Promotion Award and 2022 Alaska Primary Care Association Sockeye Award for Workforce Development. She is also a 2022 HERS Institute graduate. Gloria holds a Master of Science in the Science of Instruction and Instructional Technology Specialist certification from Drexel University. She holds a Bachelor of Arts in Psychology with a Minor in Human Development and Family Studies from Pennsylvania State University. She is also a certified Adult and Teen Mental Health First Aid Instructor.

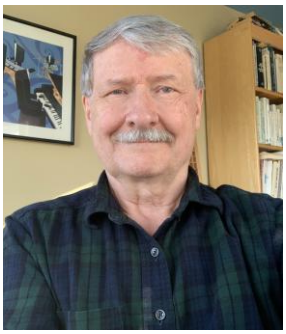
Tonya Caylor, MD*

Dr. Tonya Caylor is a family physician and physician coach based in Anchorage with over 25 years of clinical and academic experience. She serves as Clinical Associate Professor for the University of Washington's WWAMI Network of Family Medicine Residencies and remains active in faculty development through WWAMI/Madigan and Society of Teachers in Family Medicine (STFM) initiatives. She is the founder of Joy in Family Medicine Coaching and co-directs the AMWA Evolve Trainee Leadership Coaching Program. A certified professional coach (ICF-PCC) with a certification in the CHARM Well-being Leadership program, Tonya supports physician well-being and leadership development across the country. She coaches within family medicine residency programs—from resident groups to GME leadership teams—to foster connection, growth, and sustainability in medical education.

Motivated by her commitment to sustainable GME in Alaska, Tonya accepted an invitation to lead the Working Group to form the GME Council, drawing on experience from founding and growing a volunteer-run community health center serving underserved populations, residency learning networks, and inter-institutional collaborations.

Barb Doty, MD*

Dr. Barb Doty is a WWAMI Medical Graduate and 35-year Family Physician in Wasilla, who is currently the Asst. Clinical Dean of the Alaska WWAMI Medical Program, U. of Washington School of Medicine. Barb co-championed the original design and development of the Alaska Family Medicine Residency Program and is actively engaged in starting a second Family Medicine Residency and Teaching Health Center in the Palmer-Wasilla area. Barb has been a medical educator throughout her career, from her days as a Chief Resident in Denver, Colorado to her many years as clinical faculty for the Dept. of Family Medicine at UW. Her area of special expertise is the design of medical education programs for rural and remote practice that allow physicians to thrive, not just survive, in challenging rural and remote settings



Harold Johnston, MD*

Dr. Harold Johnston MD is a family physician and lifelong Alaskan, whose career has been in Graduate Medical Education and the advancement of primary care in Alaska. Harold graduated from the Alaska WAMI (only one W in those days!) program in 1986 and completed residency in family medicine at Swedish Hospital in Seattle in 1989. His first job as a physician was at the Anchorage Neighborhood Health Center (ANHC), where he served as a staff physician and then Medical Director. While there, he joined a workgroup planning a new FM residency for Alaska, and became its program director(PD) when it started in 1997, where he served for 18 years. While PD, Harold was involved in the planning of three additional GME programs in AK: the Hospice and Palliative Medicine fellowship, the Alaska Pediatric Track, and the Internal Medicine Rural Training Track. After leaving the PD position, Harold became CEO of the Providence Medical Group in Alaska, from which he retired in 2018.

In retirement Harold has continued to teach residents and mentor young FM leaders and serves on the Boards of Directors for ANHC and the Alaska Primary Care Association. He enjoys boating, learning to play Jazz piano, philosophy, and fuming about the state of the world.

Nancy Merriman, MPH*

Ms. Nancy has dedicated her career to community health. She believes community well-being is rooted in social, physical, and environmental health, and that people's aspirations are supported by the network of these elements. Nancy joined the Alaska Primary Care Association in 2013. Before coming to the Association she led the work to build community clinics at the Denali Commission, did community health planning & promotion with the Municipality of Anchorage, and delivered community nutrition programs in Kodiak. Her education includes an undergraduate degree in Community Nutrition, a Masters in Public Health, and a Masters in Business Administration. She enjoys spending time with her husband and daughter, cooking, reading, and relaxing at their cabin on Flat Lake.

Ursula McVeigh, MD

Dr. Ursula McVeigh joined the Providence Alaska Medical Group in 2014. She is currently the Designated Institutional Official of the Providence Alaska Graduate Medical Educational Programs and program director of the Providence Alaska Hospice and Palliative Medicine Fellowship. She is a clinical professor of Medicine with the University of Washington School of Medicine and in her past work at Providence served as executive medical director of Providence Hospice and medical director of the Providence Alaska Medical Group Palliative Care Department.

She completed medical school training at Yale in 1999, internal medicine residency training at the University of Vermont Medical Center (UVMMC) in 2002 where she stayed on as teaching faculty in primary care and hospitalist program. She attended the Hospice and Palliative Medicine Fellowship at Massachusetts General Hospital in 2008 and returned to UVMMC to work as the director of palliative care educational programs and medical director of the UVM department and hospice medical director of Hospice of the Chaplain Valley.

Ursula was born in New York and has previously lived in Baltimore, MD, New Haven, CT and Burlington, VT. She was drawn to Alaska for its cultural diversity and to care for both urban and rural populations and the creativity involved in helping people in such different environments. She greatly enjoys the outdoors and spends her time hiking, cross country skiing and exploring Alaska with her family.

Tari O'Connor, MSW

Ms Tari O'Connor is the Chief Program Officer at the Alaska Primary Care Association. She has more than 20 years of leadership experience in state, local, and nonprofit public health and health in Alaska in a wide variety of focus areas that include chronic disease and injury prevention, reproductive health, infectious disease prevention and control, childcare licensing, WIC, school-based health centers, and workforce development. Tari is interested in policy as well as community and organizational systems, and how all of them affect health.

Tari's first career was as a US Naval Officer and defense policy analyst, which included a focus on public health within the military. Tari received her Master's in Social Welfare Management and Planning from the University of California, Berkeley, and her Bachelor of Arts in International Relations and History from the University of Pennsylvania.

Gina Senko

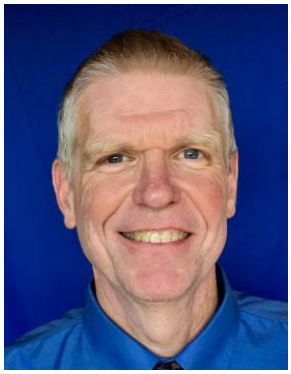
Ms. Gina Senko has enjoyed her supporting roles within the Anchorage medical community for nearly 40 years. Her assistance has spanned from Alaska Regional Hospital to Providence Alaska Medical Center, aiding physicians, executives, family medicine residents, students, and staff at all levels. She found the most satisfying role as Executive Assistant to the Program Director and faculty at Alaska Family Medicine Residency for 19 years.

Beyond these responsibilities, she is a committed wife, mother, grandmother, a community volunteer, and supporter of elderly in need. She enjoys hiking, historical novels, live theater, and watching movies.

Suzanne Tryck*

Ms. Suzanne Tryck has been a steady and influential voice in Alaska's efforts to grow and sustain its physician workforce. With decades of service bridging the University of Alaska and state policymakers, she played a vital role as Director of Alaska Regional Programs, University of Washington-side of the Alaska-WWAMI Partnership Program. Her work has focused on building the pipeline of in-state medical education and postgraduate training opportunities for Alaskans. Suzanne was instrumental in helping establish the Alaska Family Medicine Residency (AKFMR), the state's first in-state residency program, which launched in 1997, and continues to anchor physician retention in Alaska.

In addition to her early GME work, Suzanne was involved in early planning discussions nearly 30 years ago that envisioned a statewide structure for supporting graduate medical education. She also played a key role in shaping the University of Washington's Pediatric Alaska Track, designed to train pediatricians with deep experience in Alaska's rural and urban communities, and the University of Washington Alaska Internal Medicine Rural Residency Program. Alongside her academic and legislative work, she led a healthcare consulting group based in Anchorage, advancing health workforce initiatives across the state. Her contributions across sectors have helped build a more sustainable, locally grounded physician workforce for Alaska.



Alexander von Hafften Jr., MD*

Dr. Alexander ("Lex") von Hafften is a board-certified adult psychiatrist and Distinguished Life Fellow of the American Psychiatric Association who has served the Alaska community for over three decades. His diverse clinical work has included leading roles in community mental health, academic medicine, telepsychiatry, and public service. Lex has been a guiding voice in shaping psychiatric education and policy in the state, including through his long-time teaching role with the Alaska WWAMI School of Medicine and his foundational work with the Alaska Psychiatry Residency Steering Committee.

Beyond clinical care and teaching, he has been a dedicated contributor to statewide systems improvement, serving on numerous committees and advisory bodies including the Alaska State Medical Association Physician Health Committee and the Controlled Substances Advisory Committee. He currently serves on the Alaska Graduate Medical Education Council Workgroup and holds leadership roles with Omni Med's mental health initiatives in Uganda.

Lex holds a Master of Legal Studies from Washington University in St. Louis and graduate degrees in medicine and biological sciences. He brings deep expertise and a collaborative spirit to advancing physician well-being, equitable access to mental health care, and the expansion of Alaska's healthcare workforce.

*Speakers from the Working Group

WHAT IS GME? STATUS OF ALASKA GME

What is Graduate Medical Education (GME)

Graduate medical education (GME) is the structured training of medical school graduates.
Medical residents (GME trainees) provide patient care with supervision by senior physicians.
All states require at least two or three years of GME prior to being eligible for a medical license.

Alaska GME - Current Status

Alaska has only one residency, the Alaska Family Medicine Residency (AFMR).
Alaska has not launched a residency since 1996.
The University of Washington has two Alaska tracks, the Pediatric and Internal Medicine Tracks.
AFMR has two fellowships, Hospice & Palliative Medicine and Addiction Medicine.

Alaska GME - Compared with Other States

Alaska has only one residency, fewer than all other states.
Alaska has the fewest number of medical residents (GME trainees) than all other states.
Alaska has the lowest medical resident to state population ratio compared with all other states.

Alaska GME - Projecting Capacity Using National Data

Alaska has 4.91 GME trainees per 100,000 population (2022).
The national median was 35.42 trainees per 100,000 population (2022).
Using the median GME trainee to population ratio, Alaska would train 258.6 medical residents.

How is GME Funded?

The federal government is the primary funder of GME.
Federal GME support comes through Medicare, Medicaid, Department of Veterans Affairs (VA), Health Resources and Services Administration (HRSA), and the Department of Defense (DOD).
More than 85% of all federal GME funding comes through Medicare and Medicaid.
In 2021, Medicare GME was $13.4 billion.
In 2022, Medicaid GME was $7.3 billion.
Less than 15% of all federal GME funding comes through the VA, HRSA, and DOD.
The VA, HRSA, and DOD fund GME for specific physician workforce priorities.

Alaska GME - The GME Outlier

The federal government is the primary funder of GME.
Medicare GME funding in Alaska is third from lowest per state population.
Medicare GME funding in Alaska is third from lowest per state Medicare population.
Alaska funds GME through Medicaid but at a much lower rate than other states.
The Department of Veterans Affairs (VA), Health Resources and Services Administration (HRSA), and Department of Defense (DOD) do not provide GME in Alaska.

HOW IS GME FUNDED? PROJECTING MEDICARE AND MEDICAID INVESTMENT IN ALASKA GME

How is GME Funded?

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Medicare GME

Medicare is the largest funder of GME.
Since 1965, Medicare has reimbursed hospitals for training physicians to care for Medicare patients.
In 1997, Medicare capped the number of medical residents eligible for Medicare GME reimbursement.
In 1997, Medicare split reimbursement into direct training costs (DGME) and indirect training costs (IME).
DGME and IME payments are calculated using statutory formulas.
Since 2005, there have been attempts to redistribute Medicare GME funding to rural hospitals.
These efforts have not increased GME in Alaska.

Alaska GME - Projecting Medicare Investment Using Medicare Data

In 2021, Alaska had the fewest Medicare enrollees (108,116) and the third from lowest Medicare GME payment per Medicare enrollee ($28.32).
Using the median Medicare GME support per Medicare enrollee ($130.89), Alaska would have received $14 million rather than $3 million.

Medicaid GME

Medicaid is the second largest funder of GME.
Medicaid GME funding comes from states and the federal government.
Individual states use Medicaid GME for state determined goals.
Medicaid GME supports existing GME, expands GME, or trains non-physician health professionals.
In 2022, total Medicaid GME was $7.3 billion.
Six states do not use Medicaid to support GME.
Alaska funds GME through Medicaid but at a much lower rate than other states.

Alaska GME - Projecting Medicaid Investment Using Medicaid Data

In 2023, 266,110 Alaskans were enrolled in Medicaid (26% of the Alaska population).
In 2022, forty-four (44) states used Medicaid to support state GME goals.
The median national Medicaid GME per state resident was $10.38. Using median Medicaid GME support per state resident ($10.38), Alaska would have invested $7.6 million.

ALASKA PHYSICIAN WORKFORCE

Alaska Has a Shortage of Medical Doctors

Alaska has a shortage of medical doctors.
Increasing GME in Alaska has been recommended to address this shortage.

Medical Students Are Not Doctors

Medical students are in undergraduate medical education (UME).
Medical students pay tuition, receive grants, or have post-training service obligations.
Medical students receive a medical doctor (MD) or doctor of osteopathy (DO) degree when graduating.
New medical school graduates are not ready to provide patient care without supervision.
Graduate medical education (GME) is commonly referred to as medical residency or fellowship.
Medical residents take care of patients and are supervised by senior physicians.
All states require two or three years of graduate medical education (GME) prior to medical licensure.

Medical Residents Are Doctors

Approximately one in seven US physicians is in a GME program (14.3%).
Medical residents provide 20% of hospitalized care for patients and 40% of care for patients without insurance.
Medical residents provide $8.4 billion in patient care per year.
Medical residents provide patient care on weekdays, weekends, nights, and holidays.
Medical resident salaries depend on training program and year in training.
Employing medical residents may be less expensive than employing non-physicians.

More GME Increases the Number of Doctors

Medical residents have developed strong community roots by the end of GME training.
Medical residents usually remain in the communities where they train.
57.1% of medical residents remain in the state where they trained.
The Alaska Family Medicine Residency (AFMR) has one of the highest retention rates of any residency. Approximately 70% of AFMR trainees remain in Alaska after training.
AFMR graduates work in clinical settings across Alaska including rural and critical access sites.
More than 27% of Alaska's family medicine physicians completed AFMR training.

Alaska Physician Demographics

In 2020, there were 2,101 active physicians in Alaska.
15.7% of Alaska's population is Alaska Native or Native American but only 2.1% of Alaska's physicians identify as Alaska Native or Native American.
Increasing the number of Alaska Native and Native American physicians requires increasing GME in Alaska.
In 2020, 34.2% of Alaska's physicians were 60 years or older.
12% of physicians retire before age 60 and 42% retire before age 65.
Alaska will not be able to recruit enough new physicians to replace retiring physicians to maintain current physician to population ratios.

Physician Recruitment to Alaska

There is a national shortage of physicians and health care organizations compete to recruit physicians. Physician turnover and recruitment are expensive. Alaska physician vacancy durations are often months to a year or longer.

ALTERNATIVES TO PHYSICIANS

Alaska and Health Professional Shortage Areas (HPSAs)

Alaska has a well-documented shortage of medical doctors.
HRSA tracks Health Professional Shortage Areas (HPSAs) by geographic area, population group, and health care facility.
HRSA reported that nationally only 47.55% primary medical, only 32.36% dental, and only 27.11% mental health needs were being met.
Alaska ranked 48th for primary medical needs being met (21.85%), 22nd for dental needs being met (34.98%), and 48th for mental health needs being met (11.90%).

Percent Needs Being Met	United States	Alaska
Primary Care	47.55%	21.85%
Dental	32.36%	34.98%
Mental Health	27.11%	11.90%

Alaska and Non-Physician Alternatives

Physician assistants, nurse practitioners, naturopaths, pharmacists, and other non-physician health care professionals each bring something unique and valuable to patient care.
Some advocate for expanding the scope of practice of non-physicians to solve Alaska's shortage of physicians.
Physician and non-physician training are different – different knowledge base, different skill mastery, and different clinical judgement.
Only physicians are required to complete structured clinical training after graduate school.

- A physician has 7-11 years of training with 12,000-16,000 hours of supervised patient care prior to independent practice.
- A physician assistant has 2-3 years of training with 2,000 hours of supervised patient care prior to licensure eligibility.
- A nurse practitioner has 2-4 years of training with 500-750 hours of supervised patient care prior to independent practice.
- A naturopath has 4 years of training with 720-1,200 hours of supervised clinical care prior to licensure eligibility.

How could trainees with 12,000, 2,000, 1,200, or 750 hours of supervised patient care experience have the same knowledge, skill, and judgement when transitioning to independent practice?

Profession	Length of graduate-level education	Years of residency/fellowship training	Total patient care hours required during training
Physician	4 years	3-7 years	12,000-16,000 hours
Physician Assistant	2-3 years	Not required	2,000 hours
Nurse Practitioner	2-4 years	Not required	500-750 hours
Naturopath	4 years	Not required	1,200 hours

AMA Scope of Practice: Education Matters. https://www.ama-assn.org/practice-management/scope-practice/scope-practice-education-matters

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Telemedicine

Telemedicine has been used in Alaska by health care organizations long before the COVID pandemic.
Telemedicine became a necessity during the pandemic.
Now, some Alaska health care organizations rely on telemedicine by physicians and non-physicians who have no first-hand knowledge or experience with Alaska's geography, cultures, climate, or systems of care.
Telemedicine is more than increasing access to care.
Poor quality telemedicine care is poor quality medical care.
Alaska has a history of well-intended out of state physicians and non-physicians who increase access to care but who do not provide follow up care, continuity of care, or coordination of care with patients' Alaska physicians and non-physicians.
Continuity and coordination of care are part of quality of care.
The ideal way to train high quality telemedicine care for Alaskans is during training in Alaska.

VISIONING EXERCISE – ORGANIZED MEDICINE

If the Alaska GME Council is wildly successful, what will change in 5-10 years?

1. Sustainable funding will be adequate to stabilize and increase in-state GME training spots improving retention of physicians in the state.
    a. Increasing recruitment and retention of physicians in the state
2. State government officials will understand and embrace the purpose and need for the Council and interact regularly for bidirectional information, non-partisan influence, and support
3. The Alaska GME Council will be the connector of forming, new and existing programs to appropriate technical support and resources.
4. Buy-in and support from the communities and healthcare organizations and physicians to support resident training in state.
    a. Leading to Alaskan-trained physicians with intimate understanding of Alaska's complex health care system, improved cultural safety and optimize success in providing seamless high quality and satisfactory care to future patients
    b. Lower recruitment costs
    c. Lower cost with less reliance on locum physicians
    d. Better well-being for trainees by being closer to their built-in support networks
5. The Alaska GME Council will have a strategic plan for developing the needed residency training programs and tracks to meet Alaska's primary care needs and broadly-focused specialty care needs.
6. The Alaska GME Council will be the centralized place for information about GME opportunities, points of contact, and Alaska's physician workforce.
    a. Health related agencies will have better knowledge, skills, tools and resources
    b. Improved inter-agency coordination and synergy
7. The Alaska GME Council will advocate for WWAMI and other relevant undergraduate medical education to support Alaskans returning to Alaska.
    a. More opportunities for residency options for Alaska within the state for Alaskans.
    b. More opportunity to nurture relationships with Alaska referral network
    c. Easier to explore opportunities locally while in training
8. The Alaska GME Council will advocate for pipelines to assist Alaska's children and youth to become medical professionals.
9. More opportunities for resident physicians and faculty to interact with medical school, pre-med, and pre-collegiate students, more mentorship opportunities.
10. CHCs will have have more access to recruit and retain Alaskan trained physicians
11. Alaska gains a reputation as a leader in innovative, place-based training programs that emphasize rural health, cultural competency, and interdisciplinary collaboration. This attracts high-quality applicants from across the nation.
12. Intra-state residency learning networks create collaborate spaces for faculty development, scholarly activity, well-being practices, lead resident training, mentorship, policy advocacy, etc. which will further enhance cross-specialty and cross-geography connections.

13. High quality comprehensive primary care and quality specialty medical care will be available for all Alaskans (this will positively impact all Alaskans – from more densely populated areas, to remote rural areas; from indigenous populations to immigrant populations, of all ages, from medical and surgical to behavioral care)
    a. More access closer to their communities,
    b. More timely – shorter wait times,
    c. More continuity,
    d. Less gaps of care
    e. Less health disparities
    f. Less delay in care and earlier diagnosis and intervention for less advanced disease,
    g. Reduction in ED visits and hospitalizations

    All resulting in:
    h. Better health outcomes
    i. Lower cost of care (impacting finances for Healthcare Organizations, Governmental costs, insurance companies, healthcare premiums and individual Alaskans.
14. That cost savings will be an economic engine for the state as federal funding will flow into the state and health care dollars will be retained
15. All healthcare professionals will practice within the scope of their training.
16. Alaska will be well on the way to meeting the council's strategic plan that includes
    a. Rural regions increase the number and length of resident rotators with 50% ROI of the investment returning to the community
    b. Improved rural rotation coordination from out of state residency programs to optimize recruitment, retention, and be best stewards of funding.

Measurable Outcomes

1. Have enough primary care physicians to ensure universal access to primary care teams.
2. Have enough medical specialists to guarantee timely access to specialized care when needed.
3. Decrease the reliance on locum physicians and telemedicine from individuals and organizations that do not fully understand the unique aspects of rural Alaska.
4. Decreased need, costs, inconvenience, and risks associated with patients traveling out of state for standard primary and specialty care.
5. Alaska healthcare organizations will be incentivized to retain Alaska-trained healthcare professionals.
6. Healthy Alaskan 2030 indicators

Process Measures

1. Financial transparency – Where do funds come from and where do they go?
    a. Revenues
    b. Expenses
2. Funding adequacy
3. Data transparency – Where do trainees come from and where do they go?
    a. Number and medical school of applicants
    b. Number of applicants matched
    c. Number at each stage of GME training

d. Number who complete GME training
    - In the usual timeline
    - In an extended timeline
e. Post-training job placement
    - First post-training job
    - 5-years post training
    - 10-years post training
f. Clinical faculty retention
g. Administrative staff retention

Outcome Measures

1. Retention of existing and new physicians
    a. Retention of GME program graduates
    b. 5-years post training
    c. 10-years post training
2. Retention of clinical faculty
3. Retention of administrative staff
4. Clinical site retention of physicians (and other clinicians)

Model of Care

1. Physicians will lead teams of dedicated healthcare professionals including but not limited to MD/DOs, PAs, NPs, CHAs, MAs, and CMHSWs (certified mental health social workers).
2. Team-based care and/or consultation will be available in a timely manner depending on the urgency and complexity (24/7 when required).

GME Council Participation & Contribution Interest Form

Thank you for your interest in Alaska's Graduate Medical Education (GME) Council. We're building a collaborative, statewide effort to strengthen physician training and retention in Alaska.

If you indicate interest in **serving on the Council** and submit this form by **June 1**, we will send you a formal application link in early June. The **application deadline is July 1**. If you express interest

in **contributing in another way**, one of our working group members will follow up with you personally. Submit your interest in one of two ways: via this form or electronically.

Fill out this form:

https://docs.google.com/forms/d/e/1FAIpQLSdo4KiQvzDsSR5_a0RQ9ObO9ROaodpqpsy06Ije_wL7xajjA/viewform?usp=share_link

OR – Scan this QR code and electronically submit requested information:

Thank you for your interest and support. We'll be in touch soon based on your indicated interest.