HUMAN SERVICES
DEPARTMENT

Graduate Medical Education Expansion in New Mexico Five Year Strategic Plan

Updated January 2022

The Mission of the Human Services Department

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

Human Services Department Land Acknowledgment Statement

The New Mexico Human Services Department and the members of the Primary Care Council humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Navajo, and Pueblo past, present, and future. With gratitude we pay our respects to the land, the people and the communities that have contributed to what today is known as the State of New Mexico.

New Mexico Human Services Department
Office of the Secretary
(505) 827-7750
P.O. Box 2348
Santa Fe, NM 87504-2348

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I. Executive Summary

During the COVID-19 pandemic, expansion of the primary care healthcare workforce has never been more important in New Mexico (NM). Since the establishment of the **Graduate Medical Education (GME) Expansion Program**[1] in 2019, the New Mexico Human Services Department (HSD), in collaboration with members of the community-based GME Expansion Review Board & Advisory Group, have worked together to create and expand primary care[2] physician residency programs throughout the state. Since Fiscal Year 2020, the Board has approved GME program development funding for five programs totaling $1,554,811:

Table I: Programs Approved for GME Development Funding

Program	Specialty	Location	Funding	First Year Residents	Residency Start Date
El Centro Family Health	Family Medicine	Española	$190,823	4	2024
Burrell College of Osteopathic Medicine	Family Medicine	Las Cruces	$236,640	4 resident increase	2021
Memorial Medical Center	Gen. Psychiatry	Las Cruces	$546,308	3	2023
CHRISTUS St. Vincent Regional Medical Center	Family Medicine	Santa Fe	$190,875	3-4	2024
Rehoboth McKinley Christian Health Care Services	Gen. Psychiatry	Gallup	$390,165	3-4	2024
Total Funds Provided: $1,554,811					

This update to the 2020 5-year strategic plan outlines a thoughtful, achievable, and bold plan to develop and expand accredited primary care GME programs.

Over a 5-year period, starting in 2019, the strategic plan anticipates GME primary care programs would grow from 8 to 16 (100% increase). Over this same 5-year period the number of residents in training is expected to grow from 142 to 275 (94% increase). Finally, the number of graduates each year would grow from 48 to 84 (starting in 2025), a 75% increase. Assuming physicians remain in NM, expanded workforce would serve an additional 100,000 New Mexicans annually.

1 https://www.nmlegis.gov/Sessions/19 Regular/final/HB0480.pdf

2 There are many definitions of primary care. For the purposes of this strategic plan, primary care includes the following specialties: Family Medicine, General Internal Medicine, General Psychiatry, and General Pediatrics.

Investment in the primary care physician workforce yields significant returns for both local economies and population health. For example, each physician supports $3,166,901 in output, an average of 17.07 jobs, approximately $1.4 million in total wages and benefits, and $126,000 in state and local tax revenues. A primary care physician in a rural area leads to better health outcomes and also a reduction in emergency room visits.[3,4,5]

II. Background and Introduction

House Bill (HB) 480 (Graduate Medical Education Expansion Program Act) charges HSD to establish a GME funding program designed to develop new or expanded GME programs focusing on the specialties of Family Medicine, General Pediatrics, General Internal Medicine and General Psychiatry. The statute also creates a governing body to oversee the program and make funding recommendations to the HSD Secretary. This update to the 5-year strategic plan was developed by the GME Expansion Review Board and Advisory Group. Both the HSD Secretary and Board Chair have approved this plan for publication.

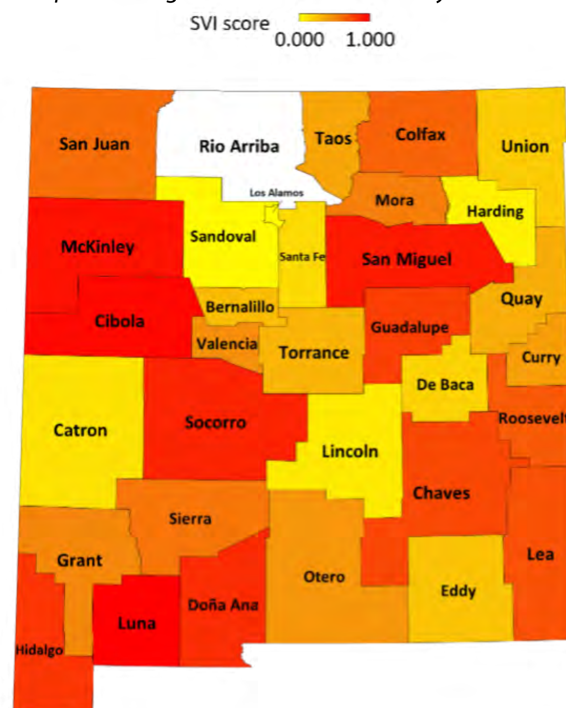
...each physician supports $3,166,901 in output, an average of 17.07 jobs, approximately $1.4 million in total wages and benefits, and $126,000 in state and local tax revenues.

III. New Mexico Overview

Prior to their encounter with the Spanish in 1540, the Pueblo, Navajo, Ute, and Apache communities (including the Fort Sill, Jicarilla and the Mescalero) resided on the land known today as the state of New Mexico.

Today, the New Mexico state population is 2,106,319, with more than 68% identifying as racial or ethnic minorities.[6] Though the State's population centers are in urban areas, New Mexico is a rural and frontier state, with an

Figure I. Social Vulnerability by County. Darker areas correspond to higher areas of vulnerability.



Source: U.S. Centers for Disease Control Social Vulnerability Index, 2018 data. No data available for Rio Arriba County. https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI_documentation_2018.html. February 25, 2021.

3 https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/2018-ama-economic-impact-study.pdf

4 https://jamanetwork.com/journals/jama/article-abstract/378022

5 https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2765245

6 *U.S. Census Bureau. Population Estimates Program (PEP), Vintage 2020. Published 2021. Accessed December 16, 2021.* https://www.census.gov/programs-surveys/popest/technical-documentation/research/evaluation-estimates/2020-evaluation-estimates/2010s-county-detail.html

average population density of 17.5 persons/square mile.[7] Further, the percent of state residents aged 65 or older in 2020 was 18.5% and is projected to reach 26.5% by 2030, making it the third oldest state in the U.S.[8] This older population, low population density combined with long distances make the provision of healthcare particularly challenging. New Mexico has a shortage of healthcare providers across all specialties, including in primary care. This healthcare workforce shortage means healthcare access is challenging as many New Mexicans cannot access timely primary care, especially rural and frontier communities.

In many health and socioeconomic indicators, New Mexico fares worse when compared to other states, such as per capita personal income ($46,338, 3rd lowest).[9,10] New Mexico ranks third in U.S. child poverty (24.9%)[11], and first in the U.S. in elder poverty (13.5%).[12] As a result, 948,151 New Mexicans were enrolled in the Medicaid public health insurance program in October 2021, (45% of the State's population).[13] Although NM has lower death rates than the national average for heart disease and cancer, it has much higher death rates for unintentional injuries, specifically overdose, motor vehicle injuries, and falls.

Over a 5-year period, starting in 2019, it is anticipated GME primary care programs will grow from 8 to 16 (100% increase)...the number of residents in training is expected to grow from 142 to 275 (94% increase).

IV. Summary of Graduate Medical Education Expansion in New Mexico

Over a 5-year period, starting in 2019, it is anticipated GME primary care programs will grow from 8 to 16 (100% increase). Over this same 5-year period the number of residents in training is expected to grow from 142 to 275 (94% increase). Finally, the number of graduates each year would grow from 48 to 84 (starting in 2025), a 75% increase.

7 *U.S. Census Bureau. Historical Population Density Data (1910-2020). Published 2021. Accessed December 16, 2021. https://www.census.gov/data/tables/time-series/dec/density-data-text.html*

8 *State Data Center of Iowa: Census Demographics-Population, Housing, Economy, Government Statistics-Projections. Accessed December 16, 2021. https://www.iowadatacenter.org/browse/projections.html*

9 *.S. Bureau of Economic Analysis, FRED FRB of StL. Per Capita Personal Income by State [PCPI]. Published 2021. Accessed December 16, 2021. https://fred.stlouisfed.org/release/tables?rid=110&eid=257197#snid=257229*

10 *FRED FRB of StL. Per Capita Personal Income National Total . Published 2021. Accessed December 16, 2021. https://fred.stlouisfed.org/release/tables?rid=110&eid=257197#snid=257229*

11 *U.S. Census Bureau. Poverty Status in the Past 12 Months (S1701). 2019 American Community Survey 1-year estimates. Published December 1, 2020. Accessed December 16, 2021. https://data.census.gov*

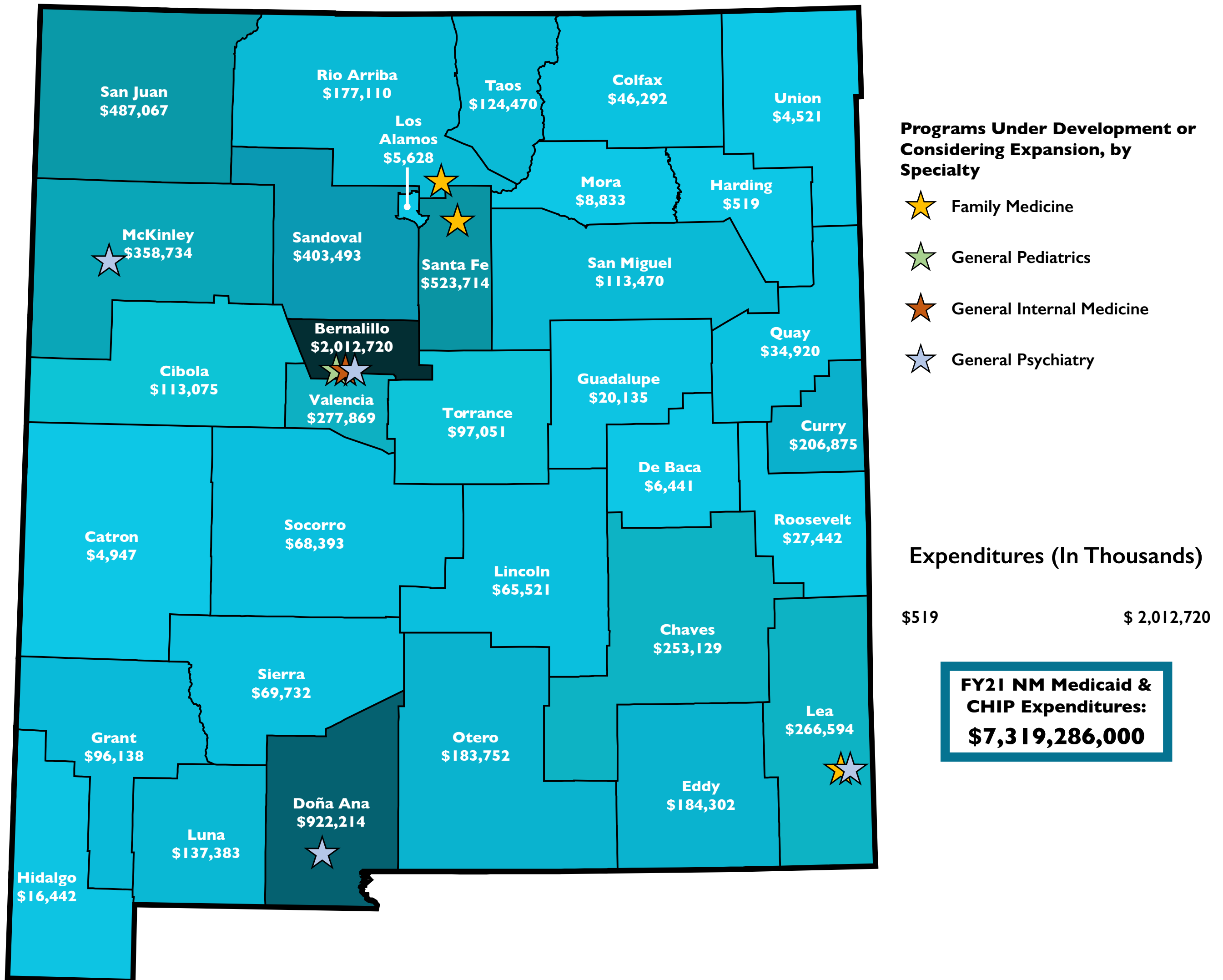
12 *U.S. Census Bureau. 2019 American Community Survey 1-Year Estimates. Published 2020. Accessed December 16, 2021. https://data.census.gov*

13 *New Mexico Medicaid & CHIP Recipients as a Percentage of Population by County as of October 2021. Published online 2021.*

V. Graduate Medical Education Programs Under Development or Considering Expansion in New Mexico

On the following pages are the map (*Figure I*) and table (*Table II*) of residency programs under development or considering expansion as of November 2021.

Figure I. New and Expanding GME Programs as of November 2020; Medicaid and Children's Health Insurance Program (CHIP) Enrollment as a Percentage of Population by County as of October 2020



Source: New Mexico Human Services Department, Income Support Division. Recipients as of October 2020. U.S. Census Bureau, Population Estimates Program (PEP), Vintage 2019, QuickFacts. Retrieved from http://www.census.gov/quickfacts, November 23, 2021

Table II: 6 GME Programs Under Development or Considering Expansion in New Mexico							
SI	**New/ Expansion**	**Partner (Location)**	**Model**	**Specialty**	**Annual Resident Capacity**	**Status**	**Notes**
Rehoboth McKinley Christian Hospital	New	Independent (Gallup)	Teaching Hospital	Psychiatry	3	2022 start	Sponsoring institution approved
NMPCTC	New	El Centro Family Health-Española/ Santa Fe-CSV	Teaching Health Center/	Family Medicine	4	2024 start	Application under development
MMC	New	Las Cruces	RTT	Psychiatry	3	Possible 2022 start	Application under development
UNM	Expansion	Albuquerque	Teaching Hospital	Psychiatry	3	2021	ACGME application under development
Covenant Health Hospital Hobbs	New	Lea County	AMC	Psychiatry	2	2024	ACGME approved
Covenant Health Hospital Hobbs	New	Lea County	RTT	Family Medicine	6	2024	Early Development
Covenant Health Hospital Hobbs	New	Lea County	Teaching Hospital	Family Medicine	6	2024	Early Development

VI. Potential Graduate Medical Education Programs in New Mexico

This strategic plan highlights communities in the state that may have the capacity or willingness to develop new residency programs soon. There may be others interested that were not identified and not all collaborative partnerships can be predicted. Table III outlines communities and/or organizations that may consider primary care residency development.

Table III: Potential Future GME Programs in New Mexico				
Sponsoring Institution	**Location**	**Model**	**Specialty**	**Rationale**
UNM Rural	Unknown	AMC	Psychiatry	NM has significant shortages and limited availability of BH services.
Presbyterian	Unknown	Unknown	FM	Clinical capacity and potential for specialty exposure exists.

VII. Timeline of Graduate Medical Education Expansion in New Mexico

GME expansion will require coordination and planning; new programs typically require 2-5 years for development and existing programs require 1-3 years for expansion. A proposed timeline for GME expansion in NM during the next 5 years is presented below. This timeline has been revised slightly from the original published in January 2020, reflecting updated program activity and status.

The organizations outlined below have consulted with the New Mexico Primary Care Training Consortium (NMPCTC) to begin developing or expanding their programs. Access to necessary resources may impact projected start dates. Table IV (below) is a summary table illustrating the number of new first-year residents by academic year, as well as the annual number of graduating residents at program maturity. Table V (next page) is a more detailed table by program.

Table IV: 5-Year Timeline of New or Expanded Primary Care GME Programs in NM (summary)

Program	Number of New First-Year Residents						Total New Residents	New Graduating Residents per Year
	2020	2021	2022	2023	2024	2025		
Family Medicine	3	13	15	12	16	14	73	16
General Psychiatry	0	0	5	8	13	13	39	13
General Pediatrics	0	5	5	5	0	0	15	5
General Internal Medicine	2	2	2	0	0	0	6	2
Total Residents per Year	***5***	***20***	***27***	***25***	***29***	***27***	***133***	***36***

Table V: 5-Year Timeline of New or Expanded GME Programs in NM (detailed)							
Program	***Number of New First-Year Residents***						***Total New Residents***
	2020	***2021***	***2022***	***2023***	***2024***	***2025***	
Family Medicine (3 Year Program)							
Memorial Medical Center (MMC) & Gerald Champion	3	3	3	-	-	-	9
MMC & La Clínica de Familia	-	4	4	4	-	-	12
UNM & Shiprock	-	-	2	2	2	-	6
Rehoboth McKinley Christian Hospital	-	4	4	4	-	-	12
Presbyterian	-	-	-	-	4	4	8
CHRISTUS St. Vincent	-	2	2	2	-	-	6
CHRISTUS St. Vincent & El Centro	-	-	-	-	4	4	8
Covenant Health Hospital	-	-	-	-	6	6	12
General Psychiatry (4 Year Program)							
UNM (expansion)	-		5	5	5	5	20
UNM Rural	-	-	-	-	3	3	6
Memorial Medical Center	-	-	-	3	3	3	9
Covenant Health Hospital	-	-	-	-	2	2	4
General Pediatrics (3 Year Program)							
UNM (expansion)	-	5	5	5	-	-	15
General Internal Medicine (3 Year Program)							
UNM (expansion)	2	2	2	-	-	-	6
Total Residents per Year	***5***	***20***	***27***	***25***	***29***	***27***	***Total New Residents Trained = 133***

VIII. Graduate Medical Education Expansion Program Act Purpose

Pursuant to **House Bill (HB) 480**, HSD and the GME Expansion Review Board are tasked to award funding that:

- Establishes new GME training programs;
- Expands number of first-year positions within an existing GME program; and,
- Funds existing GME training programs.

The Board and HSD also are tasked to create a 5-year, statewide GME expansion strategic plan that prioritizes the following types of development and expansion efforts:

- New or expanded primary care GME program development;
- Increasing residency positions for medical specialties having shortages within the

state, with preference being given to the primary care specialties of Family Medicine, General Psychiatry, General Pediatrics, and General Internal Medicine; and,
- Increasing primary care residency positions in medically underserved areas.

To accomplish these goals, the HSD Secretary has appointed a Board and an Advisory Group, composed of state officials, GME primary care program administrators and staff, primary care providers, and primary care residents/recent graduates.

IX. Goals of the Graduate Medical Education Expansion Review Board & Advisory Group

Mission: To improve New Mexicans' health and healthcare access by using evidence-based strategies to develop and expand high-quality, accredited primary care and psychiatry GME programs.

Vision: All New Mexicans have timely access to community and team driven, culturally informed primary care and psychiatric services through the growth of high quality Graduate Medical Education programs.

Goals
1. Significantly increase the number of primary care and psychiatry physicians training and practicing in New Mexico, meeting the minimum targets outlined in the strategic plan.
2. Implement and monitor an annual process of supporting the development and expansion of primary care and psychiatric residency programs.
3. Ensure financing mechanisms and support programs to sustain primary care and psychiatry GME expansion for long-term stability.

X. GME Academic Sustainability in New Mexico: Accomplishments and Goals

State Fiscal Year 2021 Accomplishments
- Further established support networks between residency programs via NMPCTC Board meetings and collaborative networking between NMPCTC affiliated residency programs.
- Provided financial support for memberships in technical assistance and faculty development support programs.
- Maintained working relationships between Doña Ana County Psychiatric Residency Development Committee, and UNM and Texas Tech University Departments of

Psychiatry to support the academic and teaching aspects of the proposed program in Las Cruces.
- Coordinated faculty development and academic support between UNM and Las Cruces Psychiatry advisory committee.
- Developed the distribution of a monthly GME E-Blast between all New Mexico Primary Care residency programs, state health care organizations, stakeholders and residents.
- Provided ongoing technical support for developing and established programs.
- Obtained federal grants for NM Family Medicine development and federal assistance in GME payment development for New Mexico.
- Began development of Annual Primary Care Faculty Development Conference to further professional development.
- Coordinated with programs to promote faculty development opportunities through professional networks.
- Hosted the first annual Family Medicine Resident Scholarship presentation.

Family medicine residents from across NM presented their research virtually at the first annual Family Medicine Resident Scholarship presentation in May 2021.

State Fiscal Year 2022 Goals
- Expand Primary Care programs beyond Family Medicine and General Psychiatry.
- Interview residents and faculty to learn about rural/frontier workforce development.
- Begin development of Resident Placement Office.
- Coordinate networking efforts related to GME Expansion Review Board, Advisory Group, and statewide academic network.
- Organize faculty development trainings for new faculty and expanding programs.
- Further increase payments to Federally Qualified Health Centers and Rural Health Clinics to acknowledge the positive outcomes in terms of access to primary health care experienced in the federal Teaching Heath Centers program.
- Develop statewide Chief Resident Support Plan that includes annual Chief Resident Workshop to strengthen and align programs.

- Continue to organize and provide operational support to residency program faculty and staff.
- Support the development of a statewide Educational Support Advisory Team.

XI. GME Financial Sustainability in New Mexico: Accomplishments and Goals

Public support of residency development is critical to assuring the financial viability of existing and future residency programs in NM. Residency costs are estimated at $160,000-$180,000 per-resident per-year.[14] HSD is promoting primary care GME sustainability and expansion by addressing key areas in Medicaid GME financing and policy. (For a list of actions taken in Fiscal Year 2021 please see "Table XII: GME Medicaid Financing Accomplishments" on page 27 in the Appendix).

In March 2021, HSD submitted a Medicaid demonstration waiver (§1115) to the U.S. Centers for Medicare and Medicaid Services (CMS) designed to leverage federal funding for program expansion. Further, HSD is modeling the financial impact of expanding payments to free-standing psychiatric hospitals that are partnering with GME programs. Finally, HSD is identifying policy changes needed to permit state Medicaid GME payments for Indian Health Services (IHS) facilities. This important policy change would positively impact the development of a Family Medicine Program with UNM and the Northern Navajo Medical Center in Shiprock, NM.

XII. Graduate Medical Education Expansion in New Mexico Metrics for Success

The success of GME expansion will be measured by ongoing ACGME accreditation, which includes metrics related to faculty retention, first time pass rate of graduating residents, assessment of resident wellness, and academic standards. Measures of success for NM are highlighted in Table VI on the following page:

14 *Regenstein M, Nocella K, Jewers MM, Mullan F. The Cost of Residency Training in Teaching Health Centers. N Engl J Med. 2016 Aug 18;375(7):612-4. doi: 10.1056/NEJMp1607866. Epub 2016 Jun 29. PMID: 27376580.*

Table VI: GME Expansion in NM Metrics for Success			
Metric	***Target***	***Rationale***	***Update***
The number of GME programs training residents in primary care will grow during the next ten years.	Double, growing from 8 to 16 programs.	The process of creating and maintaining residency programs enhances access to care during residency and encourages retention of physicians in the state.	As of the 2021 grant cycle we are on track to reach 16 programs by 2024.
Maintenance of continued accreditation of all new and expanded programs.	100%	ACGME accreditation implies meeting national standards for residency training programs including quality of academic and clinical training program, faculty development and retention, academic standards and first-time pass rate of graduating residents.	All programs remain accredited.
All programs will have fill rates of their program's first year class on July 1 of each academic year.	100%	Filling the program to maximum number of residents creates more physicians trained in NM and allows for greater mentorship in successive years. This will be measured through ongoing check-ins with program leaders.	All programs filled as planned.
All programs will have an improved percentage of graduates remain in NM five years after residency, with a portion of them practicing in rural or underserved areas (as defined by communities of less than 35,000 people or counties defined as Health Professional Shortage Areas or defined by Medicaid Patient ratio.	50% of graduates remaining in NM after graduation; with 40% serving in rural or underserved areas upon graduation.	Currently between 28-35% of primary care and psychiatrists practicing in the state have done their residency training in NM.	Creating an evaluation plan with program coordinators to track resident placement.
Development of a statewide faculty training network that will provide academic development opportunities, particularly in rural areas.	The statewide network will facilitate 75% of programs hosting faculty development sessions that are available to all faculty members.	The success of rural programs relies on academic support from larger institutions.	Several faculty training sessions have been held and an Annual Primary Care Faculty Conference is being planned for 2022.

XIII. Criteria for Consideration for GME Expansion Program Funding

HSD will prioritize applications that emphasize the following: (1) developing new or expanded programs with specialties of General Psychiatry, Family Medicine, General Pediatrics, and General Internal Medicine; (2) increasing positions for medical specialties having shortages within the state; and, (3) increasing positions in medically underserved areas.

Any of the entities below may apply for GME Expansion funding:

- A NM Sponsoring Institution;
- A NM licensed hospital;
- An academic medical education institution;
- A new or proposed freestanding GME program;
- An established or new GME training consortium; or,
- A FQHC or Rural Health Clinic.

An eligible GME program must meet the criteria below. The program must:

- Be an existing, new or planned, nationally accredited non-military residency (post-medical school GME) program;
- Be a Sponsoring Institution;
- Have, or intend to have, first-year residency positions; and,
- Intend to create new first-year positions through expansion of an existing program or establishment of a new GME program.

Preferences for funding include:

- Federally Qualified Health Center (FQHC) applicants;
- Applicants providing services in rural or frontier communities;
- Applicants providing services in underserved populations (e.g. disparate access to primary care, poor health status, addressing health disparities, and other locally-determined concerns);
- Programs demonstrating commitment to recruit diverse New Mexican residents;
- Programs demonstrating commitment to retain residents in New Mexico post-residency; and,
- Programs demonstrating a commitment to providing integrated primary and behavioral health to increase access to behavioral health in a primary care setting.

XIV. Additional Considerations

COVID-19 Pandemic

The COVID-19 pandemic has affected the way residency programs recruit applicants in residencies. Instead of attending an annual recruitment conference in Missouri, programs promote themselves via the internet and virtual conferencing as well as telecommunications-based platforms for interviewing. Preliminary feedback on COVID-19 impacts to residency programs indicate a shift to telehealth and virtual patient appointments. The pandemic also has impacted the ability to ensure necessary clinical rotations. At this time, COVID-19 has not deterred expansion and development efforts. It has shifted collaborations to online portals. For example, one program in development is utilizing bi-weekly zoom calls between multiple partners to develop block-schedules, recruit faculty and configure an accurate financial model for the program. Plans remain on schedule for program development in Las Cruces, Shiprock, Santa Fe, and Gallup at the time of writing.

Federal Graduate Medical Education Changes

On December 27, 2020, Congress enacted the **Consolidated Appropriations Act of 2021**. There are three sections in the Act that support changes to the Medicare GME payment system.

- Section 126 adds 200 resident positions per year for 5 years with a focus on rural, over resident CAP hospitals, states with new medical schools or program in a Health Professional Shortage Area (HPSA).
- Section 127 eliminates the need for separate accreditation of Rural Training Track (RTT) programs and allows for programs that maintain more than 50% of training in rural areas to receive additional Medicare support.
- Section 131 resets the PRA and/or FTE resident cap for certain hospitals with a small number of residents.

The NM Human Services Department provided comments to the federal government in the summer of 2021 during the proposed new regulations comment period in order to maximize the potential resources for GME development consistent with this State Strategic Plan for GME expansion. Final regulations have not been published as of this writing (December 2021).

General Pediatrics Expansion

UNM currently operates the only Pediatrics program in the state. Since 2019, they have expanded their first year cohort from 16 to 21.

General Internal Medicine Expansion
UNM and MountainView Hospital (Las Cruces) operate Internal Medicine programs in NM. Since 2019, UNM Internal Medicine has increased its cohort size from 28 to 30. At MountainView, the Internal Medicine residency program graduated its first class in 2020.

New Mexico Primary Care Council
House Bill (HB) 67 enacted during the 2021 legislative session established the New Mexico Primary Care Council to "Increase access to primary care, improve the quality of primary care services, lower the cost of primary care delivery, address the shortage of primary care providers and reduce overall health care costs" statewide. The Council consists of 9 voting members representing state agencies, FQHCs, and providers, as well as 13 non-voting advisory members representing healthcare and other stakeholders. The Council will coordinate efforts with the GME Expansion Review Board and Advisory Group to devise a plan that addresses primary care workforce shortages in New Mexico.

XV. Graduate Medical Education: Return on Investment in New Mexico

57.1% of the individuals who completed residency training from 2011 through 2020 are practicing in the state where they did their training.[15] More primary care residents stay and

15 Association of American Medical Colleges. (2021). Report on Residents. Retrieved from https://www.aamc.org/data-reports/students-residents/interactive-data/report-residents/2021/table-c4-physician-retention-state-residency-training-last-completed-gme

practice in the state where they trained compared to non-primary care residents.[16] In Family Medicine, nationally, 68% of residency graduates practice within the state they trained.[17] In NM, 56.2% of all Family Medicine residents remain in the state after residency.[18] Increasing retention is critical, because investments in primary care GME yields significant returns for physicians-in-training, local economies, and population health; and, is compounded by increases in retention.

Return on Investment: Residents & GME Programs

For residents, the impact of GME programs goes well beyond the biomedical knowledge and experience imparted through residency curriculum. GME programs disproportionately serve underserved communities, therefore, GME programs are a primary opportunity to instill in health professionals a social conscience and dedication to healthcare.

More primary care residents stay and practice in the state where they trained compared to non-primary care residents ... In NM, 56.2% of all Family Medicine residents remain in the state after residency.

Institutions that pursue GME programs realize several other advantages. GME residency programs create a culture of learning and an environment of inquiry, promote resident retention in the community, increase productivity in care delivery (a precepting physician can supervise up to 4 residents), and provide vital financial reimbursement that support the teaching mission.

In addition to providing patient care, residents often are the catalyst for the adoption of new technology and practices in healthcare and medicine. For example, UNM residents have pushed to move decentralized training from the teaching hospital out into community settings where they are taught through a lens of the social determinants of health by community health workers and other professionals who have lived experiences. This effort to change the health system from an urban learning environment to a focus on social determinants of health in the more rural parts of the state allows residents to gain mentorship from a wide range of health professionals in a community-oriented context.

16 Koehler, T. J., Goodfellow, J., Davis, A. T., Spybrook, J., vanSchagen, J. E., & Schuh, L. (2017). Predicting In-State Workforce Retention After Graduate Medical Education Training. Journal of graduate medical education, 9(1), 73–78. https://doi.org/10.4300/JGME-D-16-00278.1

17 Association of American Medical Colleges. (2021). Report on Residents. Retrieved from https://www.aamc.org/data-reports/students-residents/interactive-data/report-residents/2021/table-c4-physician-retention-state-residency-training-last-completed-gme

18 Fagan EB, Gibbons C, Finnegan SC, Petterson S, Peterson KE, Phillips RL, Bazemore AW. Family Medicine Graduate Proximity to Their Site of Training: Policy Options for Improving the Distribution of Primary Care Access. Fam Med 2015;47(2):124-130. Retrieved from https://www.stfm.org/FamilyMedicine/Vol47Issue2/Fagan124

Return on Investment: Local Economies

The economic value of increasing the primary care workforce can be considered in several ways. For example, the direct and indirect economic impact of physicians can be estimated across medical revenues generated during patient care (output), jobs, wages and benefits, and state and local tax revenue. The direct impact is calculated from physician activity, the indirect economic impact from the industries supported by physicians. On average each physician supports $3,166,901 in output, an average of 17.07 jobs, approximately $1.4 million in total wages and benefits, and $126,000 in state and local tax revenues.[19]

The cost of supporting a primary care clinic is likely to be more than offset by the revenues generated from the use of hospital and referral services by patients who receive care in primary care settings. A study of the economic impact of a family practice clinic illustrated that for every $1 billed for ambulatory primary care, there was $6.40 billed elsewhere in the healthcare system. Each full-time equivalent family physician generated a calculated sum of $784,752 in direct, billed charges for local hospitals and $241,276 in professional fees for other specialists.[20] Finally, a full accounting of the benefits of GME programs also include contributions made by the residents' spouses, partners, and other family members.

Return on Investment: Population Health

The availability of a primary care physician in a rural area has been shown to lead to better health outcomes such as those relating to all-cause mortality (including cancer), and heart disease. Furthermore, an increase in one primary care physician per 10,000 individuals results in: 1) an 11% decrease in emergency room visits; 2) 6% decrease in hospital inpatient admissions; and, 3) 7% decrease in surgery utilization.[21,22] These improvements persist after controlling for sociodemographic characteristics. Ultimately, people who identify a primary care physician as their primary source of care are healthier, regardless of health status or demographics.

Further, a 2020 study reviewed Medicare billing claims data and compared health care use, costs and where beneficiaries received care after the loss of the primary care relationship.[23]

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19 https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/2018-ama-economic-impact-study.pdf

20 https://jamanetwork.com/journals/jama/article-abstract/378022

21 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/

22 https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2765245

23 https://pubmed.ncbi.nlm.nih.gov/33196767/

After losing a primary care physician, there was a significant shift in care to specialty physicians. In the first year after losing a primary care physician the study found:

- A 18.4% decrease in primary care visits and a 6.2% increase in specialty care visits;
- A decrease in preventive health services including influenza vaccines;
- 17.8% more urgent care visits and 3.1% more emergency department visits; and,
- $189 increase in medical costs per patient.

XVI. Current Graduate Medical Education Program Models in New Mexico

Because residencies are post-medical school programs, they may or may not be directly affiliated with a medical school. The UNM School of Medicine is the State's Academic Medical Center and serves as the primary GME Sponsoring Institution (SI) in NM. Other GME program models include Teaching Hospitals, Rural Training Tracks (RTTs), and Teaching Health Centers. Figure 3 outlines the distribution of first-year primary care resident by GME program model type over the 2019-20 and 2020-21 academic years. Notably, Figure III (below) illustrates a 38% increase in community-based programs since the 2019 academic year.

Figure III. NM Distribution of First-Year Primary Care Residents by Specialty, 2019-2022 Academic Years (%)

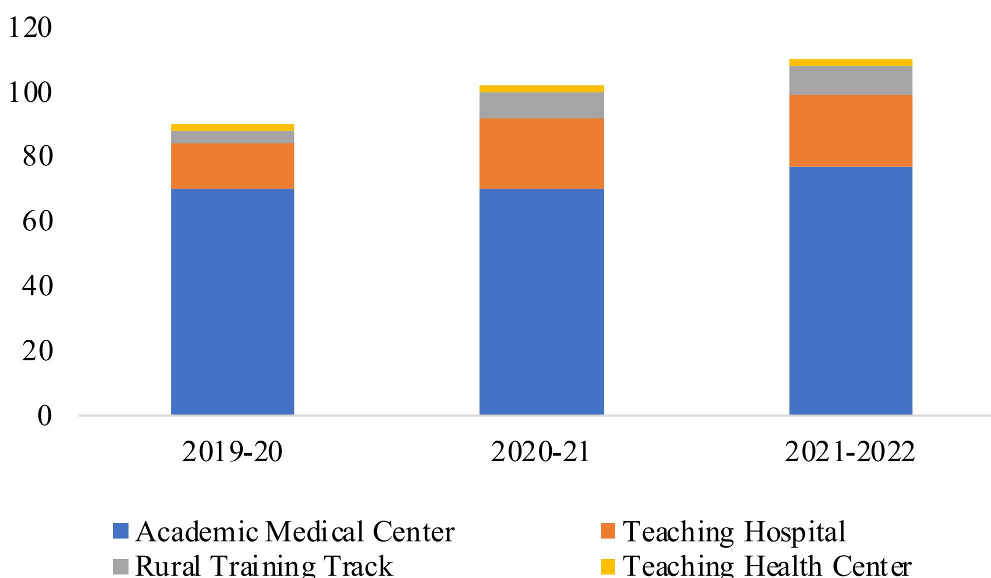
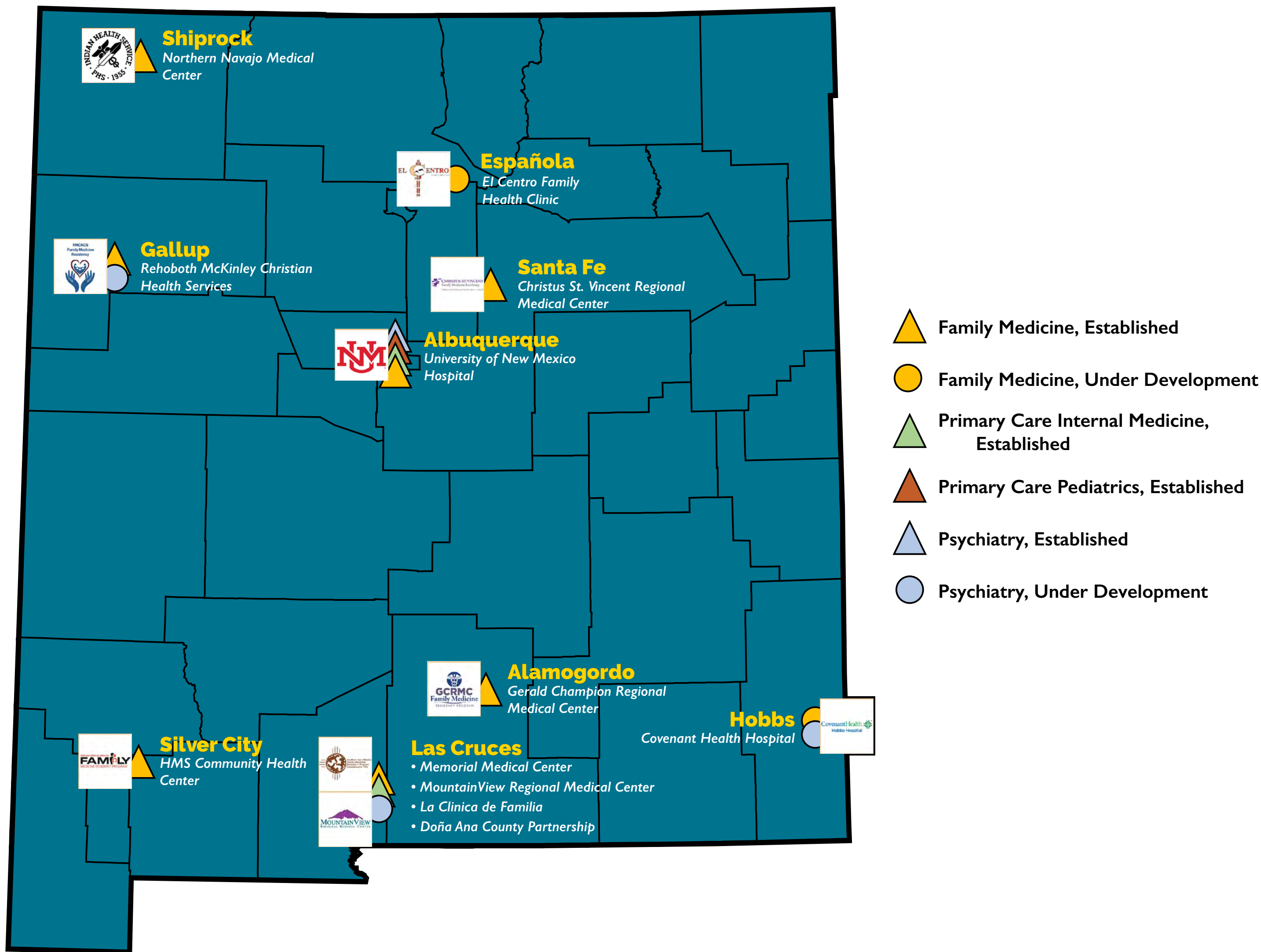


Figure IV (next page) outlines the 11 current primary care GME programs in NM. Together, these programs currently provide training to 110 first-year primary care residents.

Figure IV. NM GME Primary Care Programs, 2021



Academic Medical Center

An Academic Medical Center (AMC) consists of three related elements: 1) a medical school that trains physicians; 2) research activities; and 3) a system for delivering healthcare services. According to the Association of American Medical Colleges (AAMC), there are 154 AMCs in the US.[24] UNM Hospital is the only AMC in NM.

Table VII: GME Training Model: Academic Medical Center

UNM Primary Care Specialty	Number of First-Year Residents (2021-22)	Residents Entering Primary Care (%)	Notes
Family Medicine	14	95%	-
Internal Medicine	30	~20%	A primary care track is available (average of 6 residents per-year select). The cohort size has expanded from 28 to 30 since 2019.
General Pediatrics	21	40%	~40% of pediatric residents select primary care upon completion of residency. The cohort size has increased from 16 to 21 since 2019.
General Psychiatry	12	Unknown	Psychiatrists provide primary care services often as consultants and via telehealth. Those who do fellowships in geriatric, child, or addiction psychiatry may also provide primary care services.

Teaching Hospitals

A Teaching Hospital operates one or more Accreditation Council for Graduate Medical Education (ACGME) residency programs. The Teaching Hospital also is traditionally considered the SI for all residency programs within the hospital. It may have formal or informal relationships with medical schools but it is not required to be owned by (or affiliated with) a medical school. Most GME residency programs are based in Teaching Hospitals.

Table VIII: GME Training Model: Teaching Hospitals

Program	Primary Care Specialty	Number of First-Year Residents (2021-22)	Residents Entering Primary Care (%)	Notes
MountainView Medical Center	Internal Medicine	8	Unknown	First cohort of residents graduated June 30, 2020.
Memorial Medical Center	Family Medicine	10	95%	Expanded program in Las Cruces with La Clínica de Familia (4 FTE). The first expansion class started in July of 2021.
Rehoboth McKinley Christian Healthcare Services	Family Medicine	4	Unknown	New program. First cohort of graduates expected 2024.

24 *The Association of American Medical Colleges. (2019). Averting Physician Shortage Now Depends on More Slots for Residency Training. Retrieved from* https://www.aamc.org/news-insights/press-releases/us-medical-school-enrollment-surpasses-expansion-goal

Rural Training Track

Originally, Rural Training Tracks (RTTs) were programs within a Teaching Hospital or AMC structured to allow residents to train in an urban setting for a portion of residency to ensure training in subspecialty care. The remaining years of residency were performed in a rural or off-site setting with approval of the urban SI. Today, RTTs have evolved so that nearly all years of residency can be performed in a rural area, with necessary rotations in urban areas to ensure compliance with ACGME accreditation standards.

Table IX: GME Training Model: Rural Training Track

Program	*Primary Care Specialty*	*Number of First-Year Residents (2021-22)*	*Residents Entering Primary Care (%)*	*Notes*
Memorial Medical Center & Gerald Champion Regional Medical Services	Family Medicine	3	Unknown	New program. First cohort of graduates expected 2023.
UNM & CHRISTUS Saint Vincent	Family Medicine	6	70%	UNM is the sponsoring institution.
UNM & Shiprock	Family Medicine	0	Unknown	UNM is the Sponsoring Institution. **First class of 2 residents to start July of 2022.

Teaching Health Centers

The Teaching Health Center (THC) Graduate Medical Education program provides federal grant funding and technical assistance to new and expanded primary care medical and dental residency programs in community-based primary care settings, such as Federally Qualified Health Centers (FQHCs), rural health clinics, and tribal health centers.

Table X: GME Training Model: Teaching Health Center

Program	*Primary Care Specialty*	*Number of First-Year Residents (2021-22)*	*Residents Entering PC (%)*	*Notes*
Hidalgo Medical Services	Family Medicine	2	100%	Also a RTT with Memorial Medical Center.

XVII. Acknowledgments

HSD wishes to thank the members of the GME Expansion Review Board & Advisory Group for their contributions to this report, and their commitment to train primary care physician leaders in NM.

GME Expansion Review Board	
Name	**Title & Affiliation**
David Scrase, MD	Secretary, Department of Human Services
Mark Chisolm	Higher Education Department
Oliver Hayes, DO	Assoc. Dean of Graduate Medical Education, Burrell College of Osteopathic Medicine
John Andazola, MD	Director, Southern New Mexico Family Medicine Residency
Val Wangler, MD	CMO & Residency Program Director, RMCHCS (Gallup)
Alex Cvijanovich, MD	President, NM Pediatrics Society
Mauricio Tohen, MD	Chair, Psychiatry & Behavioral Sciences, UNM School of Medicine
LaWanda Jim, MD	Chair, Internal Medicine Department, Northern Navajo Medical Center
Alisha Parada, MD	Division Chief, General Internal Medicine and Geriatrics, UNM School of Medicine

GME Expansion Advisory Group	
Name	**Title & Affiliation**
Darrick Nelson, MD	Residency Program Director, DIO, CMO, Hidalgo Medical Services
Eileen Goode, BSN RN	CEO, NM Primary Care Association
Sarah Friedberg, MD	Graduate, UNM School of Medicine
Jamie Michael	Director, Health and Human Services, Doña Ana County
Joanna Fair, MD	Assoc. Dean of Graduate Medical Education, UNM School of Medicine
Mac Bowen, MD	Program Director, NNM Family Medicine Residency Program
Jose Canaca, MD	Dept. of Psychiatry, UNM School of Medicine
Elizabeth Romero, MD	Dept. of Psychiatry, UNM School of Medicine
Sabrina Gill, MD	Community Physician, Casa de Salud
Pamela Blackwell	Director of Policy & Member Services, NM Hospital Assoc.
Darra Kingsley, MD	Associate Chief of Staff for Education, NM VA Health Care
Neal Bowen, PhD	Director, Behavioral Health Services Division, HSD
Anjali Taneja, MD, MPH	Executive Director, Casa de Salud
Felisha Rohan-Minjares, MD	Professor and Chair of Family and Community Medicine, UNM School of Medicine
Molly McClain, MD	Associate Professor of Family and Community Medicine, UNM School of Medicine
Dan Waldman, MD	Associate Professor of Family and Community Medicine, UNM School of Medicine

Report writers and contributors include:

Name	***Title & Affiliation***
Bonnie Lochner	GME Program Specialist, New Mexico Primary Care Training Consortium
Nicole Mandall	GME Program Specialist, New Mexico Primary Care Training Consortium
Holley Hudgins	Executive Director, New Mexico Primary Care Training Consortium; Executive Director, Center for Health Innovation
Charlie Alfero	Executive Advisor, New Mexico Primary Care Training Consortium; Executive Advisor, Center for Health Innovation
Mario Dozal	Communications Specialist, New Mexico Primary Care Training Consortium
Erica Archuleta	Bureau Chief, Financial Management, New Mexico Human Services Department
Alex Castillo Smith	Strategic Planning and Special Projects Manager, New Mexico Human Services Department

APPENDIX

In 2019, there were eight primary care residency programs in New Mexico. As of 2021, three more programs have been established for a total of 11. Currently, as of 2021, there are five more programs in development and one program considering expansion. Please see Table XI for an outline of original, new, developing and expanding programs.

Table XI: Primary Care Residency Programs in New Mexico as of 2021

Program	Primary Care Specialty	Description	Date Established
UNM	Family Medicine	Original	1972
UNM	Internal Medicine	Original	1968
UNM	Pediatrics	Original	1957
UNM	Psychiatry	Original	1966
Memorial Medical Center	Family Medicine	Original	1996
Christus Saint Vincent (UNM)	Family Medicine	Original	1996
MountainView Regional Medical Center	Internal Medicine	Original	2017
Hidalgo Medical Services	Family Medicine	Original	2012
Gerald Champion (MMC)	Family Medicine	New	2019
Rehoboth McKinley Christian Hospital	Family Medicine	New	2021
Shiprock (UNM)*	Family Medicine	New	2021
Memorial Medical Center	Psychiatry	Developing	2024
El Centro Family Health	Family Medicine	Developing	2024
Covenant Health Hospital Hobbs	Family Medicine	Developing	2024
Covenant Health Hospital Hobbs	Psychiatry	Developing	2024
Rehoboth McKinley Christian Hospital	Psychiatry	Developing	~2024
UNM	Psychiatry	Expanding	~2022

Program accredited; first class starts 2022

Table XII: GME Medicaid Financing Accomplishments			
Topic	***Former State***	***Relevance***	***Status***
1. Raise state annual payment limit to reflect full amount needed for existing and anticipated expansion.	Current state Medicaid rules place an annual limit of $19.5 million.	Each resident position receives less than its allocated amount (~$34,000), which serves as a disincentive for expansion.	CMS-approved State Plan Amendment removes the annual limit.
2. Address FTE limit to reflect full amount needed for existing and anticipated expansion; and, do so in a way that incentivizes primary care growth.	Current state Medicaid rules place a FTE cap of 450 for funding.	449 positions filled as June 2020. Strategic plan anticipates new graduating residents (and does not include other programs that may develop).	CMS-approved State Plan Amendment removes FTE cap.
3. Increase payment structure to incentivize new Primary Care resident position growth.	Current state Medicaid rules support a Primary Care resident position at $41,000 while specialist FTEs are funded at $50,000.	New programs cite financial concerns and sustainability as primary barriers to expanding or starting new programs.	CMS-approved State Plan Amendment funds new Primary Care resident FTEs at $100,000. All other new resident FTEs funded at $50,000.
4. Make payments for existing resident FTE positions equitable.	Current state Medicaid rules fund specialties at different rates: • Primary care: $41,000 • Other: $50,000 • Rural: $52,000	New programs cite financial concerns and sustainability as primary barriers to expanding or starting new programs.	CMS-approved State Plan Amendment funds all existing resident FTE (regardless of specialty) equally at $50,000.
5. Amend provider types eligible for Medicaid payments.	Current state Medicaid rules permit only NM licensed hospitals with accredited residency programs.	Non-hospital programs (which account for a significant portion of anticipated expansion) are ineligible for payment, limiting potential for training programs in rural communities.	CMS-approved State Plan Amendment expands Direct GME payment eligibility to FQHCs and RHCs.

For additional NM Human Services Department
GME Expansion Program information and resources, visit
https://www.hsd.state.nm.us/gme-expansion/