COTH eNews

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In This Issue

COTH Meets April 13—We Need to Hear From You

COTH meets next month and we want to hear from you. As AACPM's teaching hospital members, COTH serves as your voice to the AACPM board and other councils as well as outside organizations such as CPME, ACFAS, ACFAOM, ABPM, ABFAS, APMSA, ASPS, and APMA. COTH also provides administrative oversight of the CASPR and CRIP programs. Finally, COTH serves to promote ideas and practices which are most effective in post-graduate podiatric medical education and to provide for the education in the area of residency faculty development.

If you have suggestions, comments, criticisms, or challenges, take a moment and let your COTH representative know about them. You will find your representative and contact information on the last page of this newsletter.

Won't You Join Us? COTH Regional Vacancies

Effective July 1, COTH will have two vacancies for regional representatives. Dr. Dei completes two terms and 8 years of service for Region 3 (AL, IL, IN, KY,LA, MS, TN, WI) and Dr. Davies winds up two and half terms and ten years of service for Region 8 (NY).

If you are a program director or faculty from either of these two regions and are interested in serving on COTH, please reach out to either Dr. Dei or Dr. Davies for more information about the position. A request for volunteers will be made in May with elections shortly thereafter.

Are You a Mentor?

You can help build interest in careers in podiatric medicine by becoming a mentor with the DPM Mentors Network. Mentoring is a simple, easy way to become involved in career awareness in your community. Every practicing podiatric physician is needed to mentor; however, podiatric physicians with practices within 100 miles of a college or university are especially in demand. You may register as a mentor **here** and if you have any questions, contact **mnau@aacpm.org.**

DPM Mentors Network

2019 Residency Directors Forum

On February 13, in conjunction with the ACFAS Scientific Meeting, COTH and ACFAS collaborated to produce the 2019 Residency Directors Forum (RDF). It was the best and most well-attended forums yet! This year's RDF focused on best practices in resident education. You can learn more about the sessions and download the presentations **here**.

Kaiser Opens New Medical School & Offers Free Tuition

Kaiser Permanente won approval to open a new medical school in California and will offer free tuition to its first five graduating classes. This follows a decision last year by NYU's medical school to offer free tuition to all its students. Kaiser's hope is that by reducing the financial burden, future doctors will elect to go into primary care and other lower-paying specialties, where major shortages are predicted in coming years. Students, however, are under no obligation to go into primary care or to work at Kaiser-Permanente. Kaiser, one of the few medical schools in the country not affiliated with a university, is also taking a different slant on medical education. First year students will spend a half day each week in a primary care setting, working one-on-one with a physician.

Despite NYU's free tuition announcement meeting with some criticism, it is doubling down. It recently announced the opening of a new medical school on Long Island that will also be tuition-free. That school will offer a three-year program focused on training primary care physicians. NYU believes that to encourage students to go into primary care, medical schools need to expose them to the field and free tuition is a way to do that. Both NYU and Kaiser also stress that medical colleges must work to change attitudes toward primary care, noting that it doesn't help when students work with doctors in major teaching hospitals that tell students they are "too smart" to become primary care doctors.

Will other medical schools follow suit? Some say yes but others are not so sure. Not everyone is on board with making medical school tuition-free for those who can afford it, nor do they think it will accomplish the goal of increasing primary care physicians. A Graham Center study found students with no debt and those with debt over $250,000 were both less likely to choose primary care. So other medical colleges may go other directions such as offering merit-based scholarships, getting more creative on addressing student debt, and linking programs to shortages in the profession.

Free tuition does seem to be increasing the number of applicants from diverse backgrounds. Inside Higher Ed said NYU's offer of free tuition bumped NYU's medical school applications 47% for next year with applications from minority students doubling.

End of an Era—AOA Match Concludes

The American Osteopathic Association (AOA) just concluded its last match. The 2019 match marked the end of an osteopathic residency placement system that began in the 1950s. In 2020, most DO students looking for U.S. residency programs will join MD students in the National Resident Matching Program (NRMP) Main Residency Match. NRMP places residents in programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

AMERICAN OSTEOPATHIC ASSOCIATION

The AOA also reported on progress to the conversion to a single ACGME accreditation program. Their Feb. 4 news release stated that, "80 percent of all osteopathic training positions have transitioned to ACGME accreditation, with additional positions expected over the next 17 months."

News from the Colleges

The Provost for Western University announced V. Kathleen Satterfield, DPM as his selection for Dean of the College of Podiatric Medicine. She is currently Associate Dean, Pre-Clinical Curriculum & Outcomes Assessment and Professor of Podiatric Medicine, Surgery & Biomechanics at Western. Dr. Satterfield will take over effective May 1, 2019, upon the retirement of Interim Dean Lester Jones, DPM.

AMA Wants to Reinvent Residency Training

The American Medical Association (AMA) wants to see big changes in graduate medical education and is willing to spend $15 million over five years to make it happen. In November 2018, the AMA announced it is looking for up to eight health systems and residency programs to lead the charge in aligning residency training with the daily realities of today's healthcare. "Applying what we've learned through our successful initiative to create the medical schools of the future, we're embarking on a new effort to reinvent residency training to ensure our future physicians are able to make a seamless transition into residency and ensure they're prepared for practice—while supporting their well-being and improving patient safety," said AMA CEO & Executive Vice President James L. Madara, M.D.

Despite vast changes in healthcare delivery, the AMA believes the overall structure of residency training remains predominantly unchanged. In AMA's estimation, it requires more than clinical expertise to deliver effective patient care and physicians must learn new competencies not currently taught in residency training. AMA has dubbed its initiative "Reimagining Residency" and will fund up to eight projects targeted at making systemic changes in graduate medical education. Promising modifications of curricula in the following areas will be supported: providing a meaningful and safe transition from medical school to residency that preserves continuity in professional development; establishing new curricular content and experiences that promote readiness for practice; and optimizing the learning environment to support well-being among trainees, mentors, and staff.

Letters of intent were due February 1 and 252 letters of intent were received from 302 institutions involved U.S. graduate medical education when taking collaborative projects into account. Nearly 60% of them related to the development of skills during residency that increase readiness for practice. Two other areas of focus composed 20% of the remaining proposals--modifying the learning environment to support well-being in training and preparation for the transition to residency from medical school.

Other interesting details about the applicants:

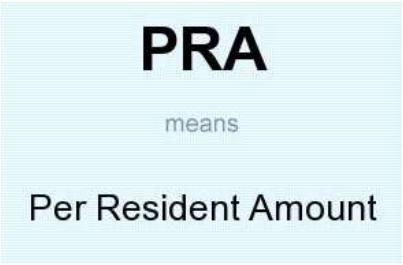
- More than 130 medical schools submitted proposals, including 94% of the medical colleges in the AMA's Accelerating Change in Medical Education consortium, an initiative launched in 2013 focusing on transforming undergraduate medical education.
- More than 170 proposals were received from a group that included specialty

societies, associations, and health systems.

- Applications came from throughout the country with 31% from the Northeast—every state east of Ohio and north of the Virginias.

Winners will be announced in June.

Do You Know Your Per Resident Amount?



Studies have shown that many residency directors do not know how much their hospitals receive for their residents. Credible estimates of the amount of funds teaching hospital sites receive from Medicare provide some layer of transparency in understanding the funds going in to graduate medical education at your institution.

The per resident amount (PRA) can be used by residency directors to review reported GME payments to the hospital for the residents you are training. Types of costs included in the PRA are resident stipends and benefits, faculty salaries and benefits, administrative office (GME office staff), infrastructure improvements (call rooms, library, lecture rooms, etc.), allocated hospital overhead, professional fees, and payments for preceptors. You may look up your institution's GME funding data **here**.

ACGME Well-Being Survey Met with Suspicion

In a February 2019 opinion piece, published in the Annals of Internal Medicine, Christina M. Yuan, MD, stated that a well-being survey designed to show compliance with new well-being requirements in ACGME's Common Program Requirements, "has eroded my trust in the ACGME." She went on to write that the survey "violates principles of academic ethics and professionalism that the common program requirements seek to uphold. Good intentions and worthy ends do not "justify the means." Compelling training program residents and faculty to respond to unvalidated, sensitive personal questions without the guarantee of anonymity is unethical, even if well meant, especially when it is unclear how the answers will be used."

So, what are these requirements, why the survey, and what prompted the visceral response from Dr. Yuan? The new "well-being" requirements of ACGME's Common Program Requirements for residency programs went into effect in July 2018 and are found in Section VI. They impose "both programmatic and institutional responsibility for prioritizing physician well-being, ensuring protected time with patients, minimizing non-physician obligations, ensuring an environment free of harassment and coercion, and providing residents and fellows with time for personal medical and dental care." If you would like to review those elements and other related resources, refer to **this section** of the ACGME website.

To demonstrate their commitment to supporting programs in the development of a culture of well-being, ACGME added questions related to well-being to its existing Annual Resident/Fellow and Faculty Surveys in 2018. The intent was to gain information and insights from the results that ACGME could provide to programs and institutions. ACGME's thinking was the information would help programs build and improve their well-being efforts and make it easier for them to comply with the well-being requirements. The survey questions were designed to measure well-being in residents and ACGME decided to also ask faculty members the same questions.

Yuan's concerns were that honest answers might not be to her or her program's best interest. Yuan questioned ACGME's ascertain that the findings would not be shared with residency review committees. She saw this as illogical in light of the fact that review committees use annual survey results and other data to determine a program's continued eligibility for accreditation. Yuan believes administering the survey is purposeless if the results are not going to be actionable going forward. She also sees a temptation for ACGME to report this survey's results along with respondent demographics because of the response rate, ≥60% as compared to the 15-25% response rate used to validate most physician wellness assessments by anonymous survey.

Yuan further challenged the survey because it was not identified as research, it was not anonymous, and it was administered without consent. In addition, because the survey was part of a required compliance activity, she believes that systematic and social desirability biases must be introduced thereby defeating ACGME's identified goal of accurately assessing faculty and resident well-being. Yuan summed her complaints saying that it is inappropriate, unethical, and unprofessional for a national regulatory compliance body "to conduct an unvalidated survey of self-reported "wellness as a proxy indicator of training program compliance in promoting resident well-being."

EDITOR'S NOTE: In follow-up communications, ACGME reiterated that it did not collect responses accreditation purposes and has no intention to publish them. In May 2018, it provided aggregated program-level and national reports, de-identified at the individual level, to institutions and programs meeting minimum response requirements. The minimums were based on both percentage and total number of responses and were set to ensure anonymity. Programs not meeting the minimum response criteria did not receive the aggregated report.

Further, in response to feedback received from the community, ACGME updated its 2019 Resident/Fellow and Faculty Surveys. The survey's questions were "revised to improve the survey and to provide more useful information for programs and institutions to make analyses and comparisons."

The 2018 ACGME Faculty and Resident Well-Being Survey, With Results Reported to Training Program Directors, Faculty, and Residents in May 2018

Please rate how often you have done or experienced each of the following items in the past 3 weeks:

1. Reflected on how your work helps make the world a better place
2. Felt the vitality to do your work
3. Felt supported by your co-workers
4. Was proud of the work you did
5. Was eager to come back to work the next day
6. You felt your basic needs are met
7. You ate well
8. You felt connected to your work in a deep sense
9. Felt the amount of work you were expected to complete in a day was reasonable
10. Participated in decisions that affected your work
11. Had an enjoyable interaction with a patient
12. Knew who to call when something tragic happened at work

Thank you to David Jolley, DPM for submitting this article.

OIG Finds CMS Paid $4M in Excess GME Reimbursement

Audits conducted by the HHS Office of the Inspector General (OIG) showed hospitals received $4 million in excess Graduate Medical Education (GME) Medicare reimbursement because of counting residents and interns as more than one full-time equivalent (FTE).

CMS is responsible for ensuring hospitals comply with federal requirements when claiming GME Medicare reimbursement. Hospitals claim the GME reimbursement based on the number of FTE residents that the institution trains and the percentage of time those residents practice at the facility. When a resident works at more than one hospital, the resident must be counted as a partial FTE at the hospital and that hospital cannot claim the time the resident spent at another facility. Additionally, a resident claimed by more than one facility cannot be counted as more than one FTE when all claims are totaled.

In seven of eight audits, conducted by the OIG, it found cases that did not comply with federal requirements for GME Medicare reimbursement. Hospitals, in six of the twelve Medicare Administrative Contractor (MAC) jurisdictions OIG audited, claimed GME reimbursement for residents also claimed by more than one hospital in the same reporting period. The federal watchdog also identified instances in which residents counted as more than one FTE. The excess GME Medicare reimbursement totaled almost $4 million from 2006 to 2013.

OIG concluded that CMS overpaid because it did not have “adequate procedures to ensure that hospitals do not count residents as more than one FTE.” CMS stated that it directs MACs to audit their databases containing IRIS data to assure residents aren’t counted as more than one FTE. If these audits demonstrate that hospitals are claiming a resident as more than one FTE, the MAC is to return the data to the reporting hospitals. However, MACs in the OIG audits said their contractual agreements with CMS do not contain such instructions. The contracts also don’t include the payment for such audit activity.

OIG recommended that CMS implement polices and procedures to “analyze IRIS data or requiring MACs to determine if residents claimed by hospitals in their jurisdiction were claimed as more than one FTE.” Implementation of such policies and procedures across all 12 total MAC jurisdictions would significantly reduce costs for CMS. In response, CMS agreed the findings and recommendation and explained that new national IRIS database is being implemented. The new database should help to ensure no resident is counted as more than one FTE.

A Podiatrist Is Trying to Convince NFL that Injury Prevention Starts with the Foot

The National Football League’s 2019 pre-draft scouting and testing just concluded and people and companies were there too selling everything from training devices to union representation. One of them was Dr. Emily Splichal, a Manhattan-based podiatrist, Human Movement Specialist, and Global Leader in Barefoot Science and Rehabilitation.

Splichal is the founder of Naboso Technology, a two-year-old company making textured shoe insoles and training mats that claim to improve athletic performance, reduce injuries, and

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improve rehabilitation. The Naboso insole is unique, it has a series of little raised pyramids spaced to the specificity of a nerve on the bottom of the foot--to stimulate it, and it doesn't have an arch.

"Every [other] insole that is on the market is designed to approach function or foot pain or foot support from a bio-mechanical perspective, which means there's arches put in them. "Our insoles are based solely on sensory stimulation with respect to foot function, and really, to total body movement and motor control," Splichal says.

Trying to sell a new product to the skeptical NFL isn't easy but she is making some headway. Naboso has clients in Major League Baseball, the NBA, and the NHL. And, "it's not just for foot injuries," she said. "It could be the knee or the hip or whatever it might be. Any surgery is going to disrupt the nervous system and [an athlete's] ability to connect through their nervous system and, really, their foundation with their feet.

Splichal is also advocates barefoot training, which is where the mats, with the same surface as the insole, come in. She recommends them and barefoot training in weight rooms and prior to training sessions. "When I do in-services with some of the teams, they usually are taken aback," she said. "But I'm trying to get them to just activate the feet barefoot, activating the nervous system before putting the shoes on, and what that does for performance and injury prevention."

COTH Regional Representatives Want to Hear From You

The Council of Teaching Hospitals oversees the administration of the COTH, CASPR and CRIP programs and associated websites. Your COTH Regional Representative wants to hear about your activities and concerns. They are a resource for you to get answers to your questions, raise issues, and available to listen to your suggestions.

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