COTH eNews

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In This Issue

Check Out the New COTH Website

COTH launched its redesigned **website** in September and if you haven't already, we hope you will take a look!

As a COTH member, you have access to the Members Only section of the website. Your login credentials from the old site will not work on the new site. To get access to the new site, all you need to do is go to the **COTHweb** and select "Become a Member." You are redirected to a registration page. It takes a minute to fill out the requested information, submit it, and wait for approval.

Once approved, you are able to login and you can get your GME funding information and compensation benchmark data, contact your COTH Regional Representative, and use the message boards. Soon the Members section will host recorded CME activities that you may take at your convenience and earn credits. We invite your feedback and suggestions on how we can make the site more valuable to you and your program!

2020 Match Outlook

As of November 1, 2019,

- Residency programs participating: 224
- Residency positions being filled: 602
- Class of 2020 graduates: 536
- Previous graduates participating: 17

Podiatrist Takes on Duchenne Muscular Dystrophy (DMD) and Hopes You'll Help

Alison Joseph, DPM is a 2003 graduate of the Ohio College of Podiatric Medicine (Kent State) and completed her residency at University of Pittsburgh Medical Center. Currently she is an Assistant Professor at Rosalind Franklin University as well as a practicing podiatrist at Advocate Condell Medical Center and Vista Hospital outside of Chicago.

Most of all, Alison is also the mother of three small boys, Carter, Hunter and Noah. And, Hunter and Noah have DMD, a progressive, incurable, fatal disease of the

muscles affecting males. Duchenne Muscular Dystrophy (DMD) is the most common fatal genetic disorder among children. To date, there is no cure or treatment to stop the progression of DMD. Most boys with the disorder become wheelchair bound by 12 and die in their 20s.

Shocked and heartbroken by the diagnosis, Alison and her husband, William Small, educated themselves about the disorder. They met other families in the Chicago area who also had sons with Duchenne. There is much hope in this community that a *CURE* exists, given recent advancements.

Alison and her husband decided they needed to do something and that something is the **Small Heroes Foundation**, a 501(c)(3) charitable organization. Their mission is to help find a cure for DMD, to raise awareness of DMD, to raise funds for the advancement of genetic research and trials, and to help provide the best care and assistance available for families bearing the burden of Duchenne.

Alison and William believe it is their responsibility to fund trials and research that directly affect their sons' disease. With their knowledge, they use the foundation's donations to fund the most promising research. Last month, Small Heroes gave $25,000 to **Parent Project Muscular Dystrophy** for a gene therapy trial they believe holds great hope.

WHAT PODIATRISTS CAN DO

While most podiatrists will never see a child with muscular dystrophy, the disease affects the lower extremities.

Dr. Joseph wants podiatrists to know they have a role in early detection, which can mean so much in preserving functionality. She asks podiatrists to be aware of the signs of neuromuscular disorders and keep the possibility in the back of their minds. Should a child come in with an abnormality that could be muscular dystrophy or another neuromuscular disease, don't dismiss it but refer the child to a neuromuscular specialist.

Some factors to be alert to include:

- **children with Duchenne muscular dystrophy (DMD) may develop plantar flexion contractures, in which their feet point downward due to tightening of the muscles in the back of the calf,**
- **neuromuscular disease causes an uneven and abnormal muscle pull during growth and can cause the foot to develop abnormally.**

Those with DMD are in a race against time. It's that time of year and won't you help put an end to this devastating disorder and donate to help find a cure?
Your donations are 100% tax deductible.

COTH & AACPM Wish You & Yours Wonderful Holidays!

New GME Data Available on COTHweb

The latest GME data is now available on **COTHweb**. The new website allows users to download GME reports self-serve. The data is from Federal Fiscal Year 2017 and is derived from cost reports submitted by hospitals to the Centers for Medicare and Medicaid Services (CMS). Teaching hospitals are required to report their data to CMS every fiscal year, or when they change ownership or corporate control.

Medicare is the largest single program providing explicit support for graduate medical education (GME) and every hospital training residents in an approved residency program is eligible to receive Medicare direct graduate medical education (DGME) funding. GME reimbursement data allows you to determine the total "per resident amount (PRA)" your institution receives from Medicare for each of your podiatric residents.

Here are some interesting time-trends:

Figure 1: Total and Average FTE Dental and Podiatry Residents for FFY 2011-2017

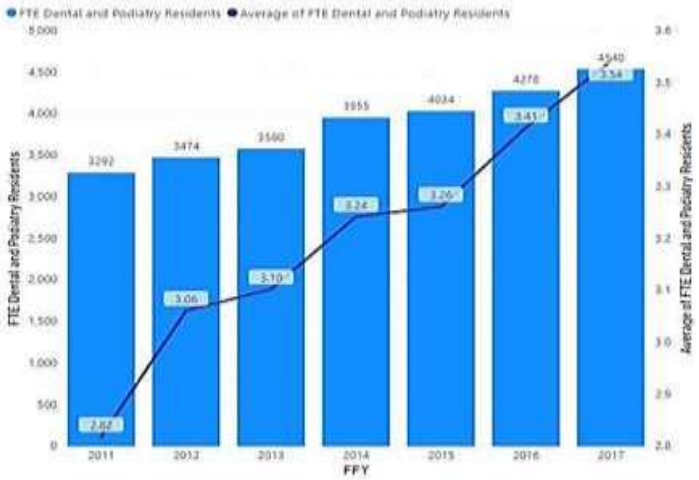
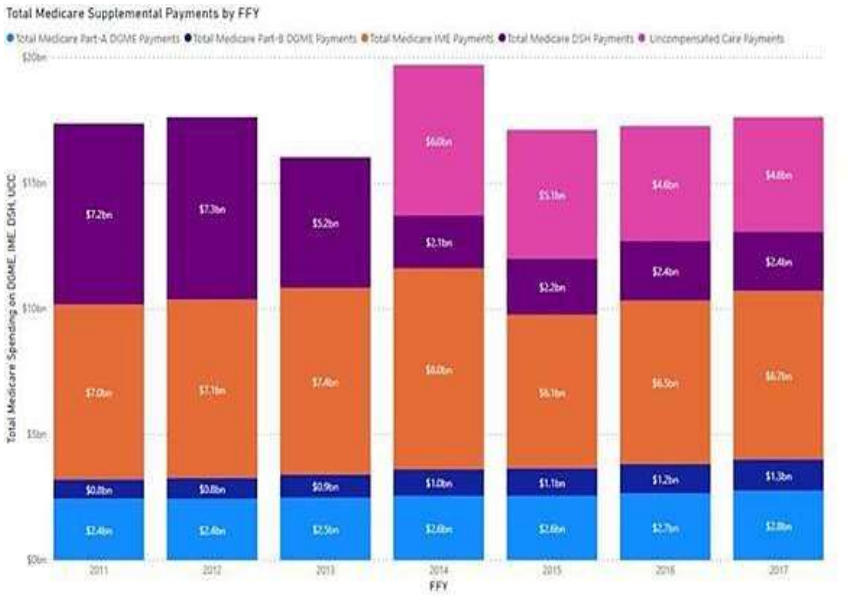


Figure 2: DGME, IME, DSH and Uncompensated Care payments by FFY 2011-2017



Yale Resident And Fellow 'Bill of Rights' Seeks to Improve Training Programs

Recently senior physicians at Yale New Haven Hospital were interrupted in the middle of a meeting of the graduate medical education (GME) committee by a group of interns, residents and fellows. The group unfurled a banner painted with the words “Doctors Are Humans Too” and then presented the GME committee what they called a Resident and Fellow Bill of Rights. The document provides a framework for working conditions and patient safety, diversity, respect and equity, living wages, fair evaluation, supervision and mentorship, workers’ health care needs and more.

“Establishing what we have as rights as people — I mean as doctors, but as people, because we are people — I think it came to us as a group because it made sense, because if we’re going to help people, we have to take care of ourselves,” said Dr. Walker Keenan, a psychiatric resident.

Across the country efforts are underway to increase awareness and address the high rates of depression, burnout, and suicide among healthcare providers. Adding fuel to the movement are predictions that the U.S. is heading toward a shortage of physicians in the next decade as healthcare demands increase and an aging population grows. Yale’s group of residents and fellows believe systematic change must happen to improve the professional environment for clinicians in training, established doctors, and their patients.

“The vast majority of people go into medicine to help people, but it’s hard to be empathetic and to give of yourself to others if you cannot take care of your basic needs,” Keenan said. “I think what happens is there’s a chronicity to this, and this over time burns people out and makes people less empathetic.”

A new report on physician burnout from the National Academies of Sciences, Engineering, and Medicine cited studies that found residents with burnout are more likely to report delivering care of lesser quality or having committed a medical error. A 2012 study involving nearly 1,700 medical residents demonstrated that “high emotional exhaustion, high depersonalization, and overall burnout was higher among residents than among age-similar college graduates not studying medicine.” Another recent national report drew similar conclusions for older physicians and nursing, dental and pharmacy populations.

Major medical organizations have pledged to address the issue and are reviewing changes to graduate medical education policies and requirements. At Yale New Haven Hospital, its residents and fellows hope adopting a bill of rights is the first step to change — if not for them, then for future trainees.

The Yale residents and fellows **“Bill of Rights.”**

Depression and Burn Out May Result from Bullying During Medical Residency

The results of study recently published in the Journal of the American Medical Association found the negative consequences from perceived bullying during residency include

compromised patient care and increased depression and burnout in affected residents. The study was based on the evaluation of responses to a supplemental survey appended to the 2016 Internal Medicine In-Training Examination completed by internal medicine residents. The survey was administered by the American College of Physicians and focused on bullying during residency. Bullying was defined as “harassment that occurs repeatedly (>once) by an individual in a position of greater power.” Survey respondents were asked if they were ever bullied during their residency and if bullying was perceived, to characterize the bullying as verbal, physical, sexual, or other. Residents were also asked if they suffered consequences as a result and whether they sought help.

Survey results revealed that of 26,021 internal medicine residents taking the survey, 93% (24,104) completed it and 88% (21,212) agreed to allow their surveys to be used for research purposes. Of the residents allowing their surveys to be evaluated, 13.6% (2876) reported bullying at some point during their residency. Of residents who perceived being bullied, 80% reported verbal harassment, 5.3% physical harassment, 3.6% sexual harassment, and 25% reported other forms of bullying. Thirty-one percent of residents who perceived bullying sought help to deal with it

The most common consequences of bullying reported by residents were feelings of burn out (57%), worsened performance (39%), and depression (27%). The characteristics of residents most significantly associated with perceived bullying include speaking a language other than English, being at a higher postgraduate year level, being an international medical school graduate, and scoring in the lower tertile of the Internal Medicine In-Training Examination.The researchers stated that the main limitation of the study is that the definition of bullying could be interpreted differently. Other limitations cited include lack of information about the perpetrators or the frequency and severity of harrassment and limited information about the surveyed resident and program characteristics.The researchers concluded that these numbers likely reflect an underestimate of mistreatment of residents since less consequential bullying (eg, being hassled or other lesser aggressions) would not have been reported in the survey. The researchers believe it is critical to find better ways to address bullying during residency, to support improved learning environments, and to ensure appropriate professional development of medical students.

Reference: Ayyala MS, Rios R, Wright SM. Perceived bullying among internal medicine residents. JAMA. 2019;322(6):576-578.

Can Private Equity Sell Medical Residencies?

Hahnemann University Hospital, an academic safety-net institution in Philadelphia, shut its doors in September. The failure came after it had twice been bought by private equity investors, first in 1998 and then in 2018, and yet still struggled to turn a profit. News of the shutdown broke in June when its 550 residents, careers in jeopardy, began searching for other hospitals where they could complete their education. Rather than help place these physicians-in-training at appropriate nearby health systems, Hahnemann decided to auction all 550 residency positions to the highest bidder, a move never before attempted in the history of medicine.

While residency programs have been transferred following hospital closures, none has ever been sold before. A consortium of six local health systems bid $55 million for the 550 residency slots followed by a bid of $60 million from a California health care firm shortly after. The $55 million offer was given the nod by a bankruptcy judge.

Another judge halted the sale after an appeal filed by the Centers for Medicare and Medicare Services (CMS), which is arguing residency program slots can't be transferred privately by a closed hospital. CMS considers any such sale illegal and argues that the auction would set a dangerous precedent, particularly for struggling hospitals, of using residency positions as valuable assets to be sold. House Energy and Commerce Chairman Frank Pallone Jr. and Ways and Means Chairman Richard Neal said, “The approval of this $55 million sale sets a dangerous precedent and sends a signal to Wall Street that there is money to be made off the downfall of community hospitals.” A final determination has not been made.

Study Suggests Medicare Is Overpaying $1.28B annually for Residency Programs

A new research letter in JAMA Internal Medicine says Medicare is overpaying for graduate medical education (GME). According to the authors, if Medicare capped GME funds at $150,000 per resident—a level based on the Teaching Health Centers (THC) GME, more than $1 billion in funding could be freed up for use in addressing the shortage of doctors in certain specialties and in certain parts of the country. “Our study suggests Medicare GME may be overpaying some hospitals up to $1.28 billion annually,” said the lead author, Candice Chen, M.D. Chen is an associate professor of health policy and management at the George Washington University Milken Institute School of Public Health. Chen went on to say “Those funds could be redirected and used to strengthen the physician workforce, especially in underserved areas.”

Chen and her fellow researchers scoured hospital cost reports to calculate GME payments to hospitals from 2000 to 2015. They found that among 1,624 teaching hospitals, the mean per resident amount (PRA) rose from $117,323 to $138,938. PRA rates in 2015 ranged from $105,761 to $182,233 per full-time resident and 57 teaching hospitals (47%) were paid more than the $150,000 PRA rate used by the Teaching Health Center (THC) program. THC is administered by the Health Resources and Services Administration and is the only federal GME program providing a single payment as recommended by the Institute for Medicine. According to the researchers, if that $150,000 PRA rate was applied universally, Medicare paid out $1.28 billion more in payments for residency programs in 2015 than it would have if the $150,000 amount were applied.

A 2014 report by the Institute of Medicine recommended sweeping changes for GME funding, including a proposal for a performance-based system combining GME and indirect medical education into a single fund and single payment. Unlike other residency programs, THC programs focus on training in community-based primary care settings, such as Federally Qualified Health Centers. The THC program was established in hopes of easing

shortages in primary care doctors and dentists in underserved areas. Residents trained using this model are more likely to practice in primary care and rural and underserved regions of the U.S. after residency completion.

The study also revealed that GME PRA rates in 2015 varied significantly, with 25% of hospitals getting less than $105,761 while 25% received more than $182,233 per resident. Nearly half of the teaching hospitals were paid more than the $150,000 per resident used by THC. “Our study suggests that the savings produced by capping all hospitals at the THC GME rate would add up enough to expand the THC program by tenfold,” Chen said. Chen noted that unless Congress acts soon, the THC program runs out of funding Nov. 21.

The authors acknowledge the study did not look at how much it actually costs to train residents or hospital characteristics that might make it more expensive to train. “Capping the Medicare GME payment rate would be a limited reform,” Chen said. “More comprehensive approaches to GME reform would involve restructuring payment and increasing accountability for these publicly funded training programs.”

What Factors Do Applicants Weight Heaviest When Picking Residency Programs?

What factors do medical students consider most important when choosing residency programs?

Data released by the National Resident Matching Program (NRMP) sheds some light on that question. Every other year, the NRMP surveys to identify the factors which applicants weight the heaviest when applying to and ranking programs. Of applicants completing rank-order lists, more than 40 percent answered the 2019 version of the survey.

Survey respondents were directed to list the factors that influenced their application and ranking choices and to weight the relative importance of each using a scale of 1-5. Applicants who were active U.S. allopathic senior medical students considered the following five factors as most important when applying to programs:

- Desired geographic location—cited by 88% of applicants across all specialties (mean importance rating of 4.5).
- Perceived goodness of fit—cited by 84% (mean importance rating of 4.7).
- Reputation of program—cited by 83% (mean importance rating of 4.2).
- Academic medical center program—cited by 68% (mean importance rating of 4.4).
- Quality of residents in program—cited by 67% (mean importance rating of 4.5).

Working with Podiatry Students Improved Pharmacy Student’s Learning

Evelyn Andrews is an undergraduate pharmacy student at the University of Huddersfield, a public university located in Huddersfield, West Yorkshire, England. She plans a career in hospital pharmacy and has a special interest in pediatric medicine. Recently, she blogged on her experience working with third year podiatry students in an interprofessional learning activity as part of her second year education.

She spent one session shadowing students in a podiatry clinic and a second working with the podiatry students on individual patient cases. She found each experience unique and that they helped change her perceptions of podiatry. She was impressed on how the podiatry students demonstrated empathy and professionalism in a relaxed and open environment. She noted the rapport between a particular podiatry student and a patient, which had developed over previous visits to the clinic. As a result, the patient was more inclined to disclose information he may have otherwise kept private.

Andrews said she now has a better understanding of how important podiatrists are and how they contribute to better outcomes for patients. She has an awareness and appreciation of the work podiatrists do and believes that both professions are working to achieve the same outcomes and deliver the same positive patient experiences. “Experiencing podiatry helps prepare pharmacy students for its increasingly patient-facing role,” Andrews stated. The growth of clinical pharmacy roles in all settings is only possible with engagement from the wider multidisciplinary health team and ensures standardized practice, optimization initiatives and reduced waste. “The experience was invaluable and I am overwhelmed by the skills, knowledge and professionalism demonstrated by both podiatry students, she said.

Prior to the podiatry sessions, Andrews completed a questionnaire about the role of a podiatrist and found her knowledge of their role was poor. While working with them, she took the opportunity to ask podiatry students about their awareness of community or hospital pharmacists’ roles. She found their knowledge of pharmacists to be meager as well. She was able to expand their understanding of the pharmacist’s role and how it has progressed from just compounding and supply.

Interprofessional experiences have had a significant impact on her learning, Andrews believes. She says she has developed better ability to understand her own limitations and the need to consider other external factors affecting patients outside of what she was taught at university. Andrews said these workshops also raise her awareness and change her attitude and willingness to engage with other healthcare students. She now recognizes how healthcare professionals can help each other, their patients, and the wider community. Andrews also learned how social, environmental, and economic factors may affect a patient and the influence this may have on the care they receive. She enjoyed another interprofessional learning experience during her first year of pharmacy school, when she spent time with physiotherapy students. And Andrews is due to participate in a similar learning experience with medical students during her third year.

Don’t Know Much About Social Media

Social media has become a platform for some remarkable free educational content. One of those is **Strong Medicine**, a free, open-access resource for medical professionals and those in training, A You Tube channel, Strong Medicine has nearly 300,000 subscribers. Eric Strong, MD produces the educational videos on a variety of medical topics. He is a clinical assistant professor of medicine at Stanford University and a practicing hospitalist.

Strong Medicine has videos covering topics such as: Intern Crash Course, The Medical H&P, Diabetes, Antibiotics, How to Interpret RBC Indices, How to Appraise Clinical Trials, How to

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We welcome your comments, suggestions, and submissions for inclusion in future editions.

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www.cothweb.org

Study in Medical School, Antifungals, and many more!

*If you know of a podcast or website related to podiatry and graduate medical education that your colleagues might like to know about, send it to **coth@aacpm.org** and we'll feature it in a future edition of COTH eNews!*

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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