

MiDocs Report

(FY2019 Appropriation Act - Public Act 207 of 2018)

September 1, 2019

Sec. 1870. (1) *From the funds appropriated in part 1 for hospital services and therapy, the department shall appropriate \$5,000,000.00 in general fund/general purpose revenue plus any contributions from public entities, up to \$5,000,000.00, and any associated federal match to the MiDocs consortium to create new primary care residency slots in underserved communities. The new primary care residency slots must be in 1 of the following specialties: family medicine, general internal medicine, general pediatrics, general OB-GYN, psychiatry, or general surgery.*

(2) *The department shall seek any necessary approvals from CMS to allow the department to implement the program described in this section.*

(3) *Assistance with repayment of medical education loans, loan interest payments, or scholarships provided by MiDocs shall be contingent upon a minimum 2-year commitment to practice in an underserved community in this state post-residency and an agreement to forego any sub-specialty training for at least 2 years post-residency.*

(4) *The MiDocs shall work with the department to integrate the Michigan inpatient psychiatric admissions discussion (MIPAD) recommendations and, when possible, prioritize training opportunities in state psychiatric hospitals and community mental health organizations.*

(5) *In collaboration with the Michigan Health Council, the MiDocs consortium shall reserve at least 3 residency slots per class to be used for the Michigan early primary care incentive program.*

(6) *The department shall create a MiDocs initiative advisory council to help support implementation of the program described in this section, and provide oversight. The advisory council shall be composed of the MiDocs consortium, the Michigan Area Health Education Centers, the Michigan Primary Care Association, the Michigan Center for Rural Health, the Michigan Academy of Family Physicians, and any other appointees designated by the department.*

(7) By September 1 of the current fiscal year, MiDocs shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office, on the following:

(a) Audited financial statement of per-resident costs.

(b) Education and clinical quality data.

(c) Roster of trainees, including areas of specialty and locations of training.

(d) Medicaid revenue by training site.

(8) *Outcomes and performance measures for this program include, but are not limited to, the following:*

(a) Increasing this state's ability to recruit, train, and retain primary care physicians and other select specialty physicians in underserved communities.

(b) Maximizing training opportunities with community health centers, rural critical access hospitals, solo or group private practice physician practices, schools, and other community-based clinics, in addition to required rotations at inpatient hospitals.

(c) Increasing the number of residency slots for family medicine, general internal medicine, general pediatrics, general OB-GYN, psychiatry, and general surgery.

(9) Unexpended and unencumbered funds up to a maximum \$5,000,000.00 in general fund/general purpose revenue plus any contributions from public entities, up to \$5,000,000.00, and any associated federal match remaining in accounts appropriated in part 1 for hospital services and therapy are designated as work project appropriations, and any unencumbered or unallotted funds shall not lapse at the end of the fiscal year and shall be available for expenditures for the MiDocs consortium to create new primary care residency slots in underserved communities under this section until the work project has been completed. All of the following are in compliance with section 451a(1) of the management and budget act, 1984 PA 431, MCL 18.1451a:

(a) The purpose of the work project is to fund the cost of the MiDocs consortium to create new primary care residency slots in underserved communities.

(b) The work project will be accomplished by contracting with the MiDocs consortium to oversee the creation of new primary care residency slots.

(c) The total estimated completion cost of the work project is \$28,129,400.00.

(d) The tentative completion date is September 30, 2023.





College of Human Medicine
MICHIGAN STATE UNIVERSITY



WAYNE STATE
School of Medicine



WESTERN MICHIGAN UNIVERSITY
Homer Stryker M.D.
SCHOOL OF MEDICINE

FY 2019 MIDOCs Program Report

Submitted to fulfill the requirements of Public Act 207 of 2018, Section 1870 (7) By September 1 of the current fiscal year, MIDOCs shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office, on the following: (a) Audited financial statement of per-resident costs. (b) Education and clinical quality data. (c) Roster of trainees, including areas of specialty and locations of training. (d) Medicaid revenue by training site.



9-1-2019

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I. Executive Summary

Of Michigan's 83 counties, 75 counties have at least partial designation as a primary care health professional shortage area (HPSA). The state Legislature appropriated \$5,000,000 in FY 2018 to provide funding for MIDOCs to recruit and retain physicians to address the physician shortage in both rural and urban underserved areas. Through a partnership of four medical schools, Central Michigan University College of Medicine, Michigan State University College of Human Medicine, Wayne State University School of Medicine, and Western Michigan University Homer Stryker M.D. School of Medicine, MIDOCs will increase the number of residency slots in the state and retain residents in primary care and other high-need specialties to practice in underserved communities after their training.

Reports indicate that resident physicians who train in community settings are nearly three times more likely to practice underserved settings after graduation. As medical school-based programs, MIDOCs residency programs will include innovative models and support and train physicians to practice in community-based settings. MIDOCs also offers a loan repayment program for residents who practice in an eligible underserved area in Michigan for two years after graduation to alleviate medical debt that may limit their choice of medical specialty.

In the first year of the program, MIDOCs created four slots in psychiatry, three new residency slots in family medicine, and one in internal medicine. MIDOCs residency programs include innovative educational initiatives to include community-based training sites. Residency rotations will take place in primary care and mental health shortage areas that include federally qualified health centers, community-based clinics, inpatient and community mental health centers, and ambulatory care clinics. Through this initiative, MIDOCs will recruit and retain needed providers to improve health outcomes in rural and urban underserved communities across the state.

This report describes MIDOCs activities and results in FY 2019 to include: implementation of the program, the creation of eight new residency slots, an overview of the MIDOCs residency programs, a financial statement that includes MIDOCs Program costs for the period beginning October 1, 2018 to June 30, 2019, educational and clinical quality data currently available, and information on the trainees in the first cohort that started in July 2019.

II. Program Goals and Objectives

MIDOCs, a partnership between four Michigan medical schools, Central Michigan University College of Medicine (CMUCOM), Michigan State University College of Human Medicine (MSUCHM), Wayne State University School of Medicine (WSUSOM) and Western Michigan University Homer Stryker M.D. School of Medicine (WMed), has worked with the Michigan Department of Health and Human Services (MDHHS) on the development of the MIDOCs Program that aims to recruit, train and retain providers with the goal of increasing access to care in rural and urban underserved communities in Michigan.

The goals of the MIDOCs Program are:

- To retain graduates in Michigan and in underserved areas;

- To achieve educational outcomes from an innovative educational curriculum (e.g. interprofessional education, telemedicine, population health, public health and community engagement, patient-centered medical home); and
- To improve clinical quality outcomes for Michigan residents.

To achieve these goals, the MIDOCs Program will increase the number of medical residency training slots in primary care and other high-need specialties. As medical school-based programs, the MIDOCs Graduate Medical Educations (GME) programs will include innovative curriculum elements and community-based models. The MIDOCs Program will also include a two-year commitment to practice in a rural or urban underserved area in Michigan post-residency with assistance to repay eligible educational loans. The MIDOCs Program will strengthen the ability of the health care workforce to improve health outcomes and increase access to care for underserved and vulnerable populations in Michigan.

III. Background and Overview

Of Michigan's 83 counties, 75 counties have at least partial designation as a primary care health professional shortage area (HPSA). To recruit and retain physicians to address the physician shortage in both rural and urban underserved areas, MIDOCs was created to increase the number of residency slots in the state and to retain residents to practice in underserved communities after their training.

In FY 2017, the Michigan state Legislature appropriated \$500,000 in funds to develop an implementation plan, which included proposals from the four institutions for increasing residency slots to address the needs in their communities. In FY 2019, \$5 million was appropriated for the MIDOCs Program that could be matched by a contribution from institutions of up to \$5 million, and any associated federal funds.

With this funding, MIDOCs will expand and develop Accreditation Council for Graduate Medical Education (ACGME)-accredited residency programs and increase the number of residency slots in primary care and other high-need specialties to address Michigan's physician shortage in medically underserved rural and urban communities. MIDOCs programs incorporates innovative teaching models with a focus on integrated care, the patient-centered medical home model, and the principles of health care reform, such as population health. In addition, MIDOCs programs will utilize the established networks of federally qualified health centers, and other ambulatory clinical sites, as appropriate for each residency program. The residency rotation sites will be located in primary care and mental health shortage areas that include federally qualified health centers, community-based clinics, inpatient and community mental health centers, and ambulatory care clinics.

When fully implemented, the four universities will be able to create between 20-30 new physicians per year practicing in underserved communities across the state of Michigan. In the first year, the universities will offer four residency slots in psychiatry, three residency slots in family medicine, and one residency slot in internal medicine. When the MIDOCs Program is fully implemented, ACGME-accredited residency programs may also be offered in pediatrics, medicine-pediatrics, OB/GYN, preventive medicine, and general surgery.

The MIDOCs Program will also include an incentive for residents to practice in underserved areas post-residency. Reports indicate that resident physicians who train in community settings are nearly three times more likely to practice underserved settings after graduation. Not only will the MIDOCs residency programs support and train physicians to practice in community-based settings, MIDOCs will offer a loan repayment program for residents who practice in an eligible underserved area after graduation to alleviate medical debt that may limit their choice of medical specialty.

MIDOCs believes that Michigan medical schools are a valuable resource and well-positioned to create innovative models for residency training that can strengthen the ability of the health care workforce to improve the health of underserved and vulnerable populations. Through this program, MIDOCs is committed to recruiting and retaining providers to improve health outcomes in underserved communities in Michigan.

IV. [FY 2019 Program Activities](#)

This report provides an update on the funding and activities of the MIDOCs Program for FY2019 beginning October 1, 2018. The first year of the MIDOCs Program included the submission and approval of a State Plan Amendment (SPA), development of the MIDOCs Program administrative structure, management of central program operations, the creation of eight new residency slots, and the recruitment of new residents for the first cohort that started in July 2019 for the Academic Year (AY) 2019-20.

A. [FY2019 Funding](#)

The MIDOCs Program is funded through state appropriation, local funding, and federal sources. In FY 2019, the state Legislature appropriated \$5,000,000 for the MIDOCs Program. To leverage state funding, the MIDOCs institutions worked closely with MDHHS to develop and submit a State Plan Amendment (SPA) and accompanying materials to obtain federal matching funds. On February 27, 2019, MDHHS submitted a SPA to the Centers for Medicare and Medicaid Services (CMS) to add the MIDOCs Program to the Graduate Medical Education (GME) Innovations Sponsoring Institutions Program, which was approved in April 2019. Including the federal administrative match of fifty percent, up to \$20,000,000 in funding will be available for institutions to support the expansion of residencies and retention of providers in high need specialties and areas in the state that will be able to increase access to care for Michigan Medicaid beneficiaries.

B. [Development of MIDOCs Administrative Structure](#)

The central administrative functions for the MIDOCs Program are governed by the MIDOCs Executive Committee (“Executive Committee”) established in June 2018. The Executive Committee is comprised of two representatives from medical school leadership at each participating institution, which includes one representative with GME expertise. Since October 2018, MIDOCs Executive Committee meetings are scheduled at least every two weeks to plan and manage the shared administration and oversight of the MIDOCs Program.

In addition to the Executive Committee, two additional committees have been formed to guide program implementation. The GME representatives from the Executive Committee formed a

separate GME Committee in October 2018. GME Committee meetings are scheduled every two weeks to oversee and discuss issues specifically related to the recruitment of residents and the educational components in the MIDOCs GME programs. The Executive Committee appointed representatives with finance expertise from each of their institutions to form the Finance Subcommittee in January 2019. The Finance Subcommittee meets every two weeks and discusses funds flow, financial reporting policies, and the development of program-specific and shared MIDOCs budgets. Both committees report to the Executive Committee for final approval of activities and decisions.

To establish the governance of the program and formalize the partnership between the four medical schools, the Executive Committee developed the first draft of an agreement that outlines the requirements for participation in the MIDOCs Program in November 2018. After the approval of the SPA and federal matching funds in May 2019, the institutions moved forward with the development of an Interlocal Agreement. The Interlocal Agreement is currently under review and is expected to be finalized in September 2019.

C. Management of Central Program Operations

MIDOCs Executive Director: Contracting with an existing entity that is appropriate and qualified to manage the operations of the MIDOCs program can facilitate the implementation of the program and reduce overhead and start-up costs. Based on the functions and infrastructure required to achieve the goals and objectives of the MIDOCs Program, the Executive Committee developed a description of the qualifications for the MIDOCs administrative entity and the role of an Executive Director. The Executive Committee released a Request for Proposals on July 8, 2019 and anticipates selecting and contracting with the administrative entity in the Fall/Winter of 2019.

MIDOCs Advisory Council: The Executive Committee invited key stakeholders to participate in the MIDOCs Advisory Council (“Advisory Council”) to support the activities of the MIDOCs Program. Invitees included a MIDOCs resident from one of the four institutions, and representatives from the following organizations: the Michigan Area Health Education Center, the Michigan Primary Care Association, the Michigan Center for Rural Health, the Michigan Academy of Family Physicians, and the Michigan State Medical Society. A psychiatry resident from CMUCOM and all invited organizations have accepted the invitation, and the first in-person Advisory Council meeting took place on August 20, 2019. The confirmed list of Advisory Council members is provided in **APPENDIX A**.

Communications Plan: To build awareness among the general public and key stakeholders and to launch the program, MIDOCs drafted a shared press release that included general information about the MIDOCs Program and the first cohort of MIDOCs residents. The press release was distributed to multiple media outlets in April 2019 and institution-specific press releases were also released. Numerous articles have appeared in both local and national journals, and MIDOCs leadership was interviewed for local radio. In addition, the MIDOCs Program created a one-page flyer and a webpage in January 2019 for the recruitment of the first cohort. The MIDOCs Program will continue to build upon these communications tools for stakeholder engagement and for the recruitment of future cohorts of residents.

D. MIDOCs GME Program Implementation

Implementation of New Residency Slots: Institutions selected the number of new residency slots and specialty areas for the first cohort based on community needs, the availability of funding, and feasibility of implementation in the first year. For the first year, the institutions approved the expansion of existing programs in family medicine, internal medicine, and psychiatry. As required, a request for the new residency slots were submitted and approved by the ACGME in 2018. Two additional slots were added to existing programs at each of the four institutions for a total of eight new residency slots. All MIDOCs residency programs meet ACGME requirements. CMUCOM added two slots in Psychiatry, MSUCHM added two slots in Psychiatry, WSUSOM added two slots in Family Medicine-Urban Track, and WMed added one slot in Internal Medicine and one slot in Family Medicine. An overview of new residency slots and training sites is provided in **APPENDIX B**. Maps of rotation sites are provided in **APPENDIX C**.

Recruitment of First Cohort: The first cohort of residents for the MIDOCs program was selected through the 2019 National Resident Matching Program (NRMP) process which opened in fall 2018. Medical students were invited for interview in November and December 2018, and ranking took place in January 2019. For recruitment purposes, MIDOCs institutions designed a central website and one-page flyer for residents that included general information about the program. The four institutions filled all MIDOCs positions through the Main Residency Match which took place in March 2019 and new Resident Contracts were signed by July 2019.

NRMP Exception: Although residency slots for the first cohort were successfully filled through the Main Residency Match process, MIDOCs is requesting a NRMP All in Policy Exception for future cohorts. An exception would facilitate the ability of institutions to recruit students specifically for the MIDOCs residency slots outside of the Main Residency Match process for other residency slots. Evaluation criteria for exception requests include: specialty, stated need for the program, degree to which the innovative curriculum or program differs from the traditional program track, aspects of the opt-out provision for applicants, and Program outcomes. The most compelling reason to be exempted from the Match is that the residents must sign the MIDOCs contract if selected, which adds another legally binding aspect to the Match commitment. A request form was submitted to the NRMP in July 2019 and review by the NRMP Board of Directors is pending.

Loan Repayment Program: The MIDOCs Program also provides loan repayment assistance for participating residents contingent upon a two-year commitment to practice in rural or urban underserved areas in Michigan after residency. The resident must also forego any sub-specialty training for at least two years post-residency. Residents in the MIDOCs Program will receive up to \$75,000 for the repayment of eligible loans for a commitment to two years of service in an underserved area in Michigan. A MIDOCs addendum to the Resident Contract was developed and approved by the four institutions. The eight MIDOCs residents have signed the MIDOCs addendum to each of the institution's Resident Contract that includes the practice commitment requirements for the loan repayment program.

V. Results from the FY 2019 Application Period

A. Financial statements

The budget for the first cohort of residents starting in July 2019 through the completion of their residency training and post-residency commitment is approximately \$7.2 million and includes estimated MIDOCs shared administrative expenses, residency training program costs, and the loan repayment incentive program. Annual institution budgets were developed based on the training costs for each program and vary based on specialty and the number of years of training. Family Medicine and Internal Medicine programs are three-year programs, and Psychiatry is a four-year program.

In FY 2019, MIDOCs received \$1.52 million in Medicaid funding for the cohort entering in AY 2019-2020. A financial statement for FY 2019 is provided in **Figure 1** for the costs associated with the MIDOCs Program from October 1, 2018 to June 30, 2019. This expenditure summary includes the program costs at each of the four institutions and \$154,743 in shared costs for the administration of the MIDOCs Program for a total of \$261, 521. The remainder of the funds will be used in AY 2019-20 and allocated to the relevant costs. Please note that the shared administrative cost per resident is higher in the first year due to activities related to implementation and a smaller number of residents than planned for future years. There were no loan repayment costs in this fiscal year; loan repayment will begin in AY 2021-22. As the first cohort of eight residents starting in AY 2019-20 entered the program in June/July 2019, and the total cost over the three to four-year residency period are projected to exceed \$7 million, MIDOCs expenditures increase sharply beginning July 1, 2019.

FIGURE 1. MIDOCs Program Financial Statement FY 2019 (October 1, 2018 – June 30, 2019)

| | 10/1/18 to 6/30/19 |
|--------------------------------|--------------------|
| CENTRAL MICHIGAN | |
| Resident salaries and benefits | \$0 |
| Faculty and other direct costs | \$5,948 |
| Loan forgiveness | \$0 |
| Overhead costs | \$0 |
| Shared administrative costs | \$38,543 |
| Total costs | \$44,491 |
| | |
| MICHIGAN STATE | |
| Resident salaries and benefits | \$0 |
| Faculty and other direct costs | \$35,983 |
| Loan forgiveness | \$0 |
| Overhead costs | \$13,811 |
| Shared administrative costs | \$38,543 |
| Total costs | \$88,337 |

| | |
|--------------------------------|-----------|
| | |
| WAYNE STATE | |
| Resident salaries and benefits | \$0 |
| Faculty and other direct costs | \$17,152 |
| Loan forgiveness | \$0 |
| Overhead costs | \$5,000 |
| Shared administrative costs | \$38,543 |
| Total costs | \$60,695 |
| | |
| WMED | |
| Resident salaries and benefits | \$4,525 |
| Faculty and other direct costs | \$11,970 |
| Loan forgiveness | \$0 |
| Overhead costs | \$12,959 |
| Shared administrative costs | \$38,543 |
| Total costs | \$67,997 |
| | |
| GRAND TOTAL | \$261,521 |
| | |
| Shared administrative costs | \$154,173 |

B. Education and Clinical Quality Data

Descriptive data for the MIDOCs residency programs shows that educational initiatives and patient care settings include elements that will prepare MIDOCs residents to deliver high quality care in underserved areas in Michigan. The data provided in **Figure 2** describes the educational components and evaluation of resident performance for the MIDOCs residency programs for the cohort starting in AY 2019-20. The five residency programs at the four institutions include training on how to use EHRs, training in practice management or leadership, evaluation on the ability to practice in teams, and participation in quality improvement training and projects.

For all five programs, the training program curriculum includes community outreach, cultural competency, care of the elderly, primary care mental health training, and training in SUD/opioid treatment. Two of the programs includes focused rural training, and all five programs include urban training. Other innovative and relevant components in MIDOCs residency programs include patient education on nutrition using a model kitchen, and an outreach program focused on Adverse Childhood Experiences (ACEs). In addition, MIDOCs residency programs include a significant portion of training at sites that serve racially and ethnically diverse and underserved populations. For example, one of the MIDOCs residency programs is 100% federally qualified health center (FQHC)-based and one program includes the care of primarily Latino and African

American populations. Four out of six of the main training sites or continuity clinics are patient-centered medical homes.

As residents complete their training programs and their post-residency practice commitment, the MIDOCs Program plans to collect data on educational and program outcomes specific to each residency program. The first cohort of residents started in July 2019, and thus, outcomes data is not yet available. Resident performance will be evaluated using ACGME educational milestones organized around six ACGME core competencies: patient care, medical knowledge, systems-based practice, practice-based learning and improvement, professionalism, and interpersonal and communication skills. Institutions will track the number of residents who successfully complete the program and additional educational outcomes data when available, such as results from residents’ clinical quality improvement (CQI) initiatives, and descriptive data on the populations served at main training sites. Past CQI projects for these five residency programs include topics that focus on clinical interventions, population health, social determinants of health, and process improvement. Examples of CQI projects are provided in **Figure 2**.

Program outcomes will be collected at selected intervals after the completion of the MIDOCs Program post-residency commitment and include, but are not limited to, the number of residents who are practicing in primary care or psychiatry, in rural or urban underserved settings, and in the state of Michigan.

Figure 2. Descriptive Data on Five MIDOCs Residency Programs* for Cohort Starting in AY 2019-20.

| Does your MIDOCs residency program include the following? | Yes |
|---|------------|
| Training on how to use EHRs | 5/5 |
| Evaluation on ability to practice in teams | 5/5 |
| Training in practice management and/or leadership | 5/5 |
| Participation in quality improvement training and projects (CQI activities) | 5/5 |
| Curriculum includes community outreach | 5/5 |
| Curriculum includes cultural competency | 5/5 |
| Curriculum includes focused rural training | 2/5 |
| Curriculum includes focused urban training | 5/5 |
| Curriculum includes care of the elderly | 5/5 |
| Curriculum includes primary care mental health training | 5/5 |
| Curriculum includes training in SUD/opioid treatment | 5/5 |

| Other innovative/relevant initiatives |
|---|
| Outpatient and inpatient care for underserved populations |

| |
|---|
| 100% FQHC-based, both outpatient and inpatient care |
| Care of racially and ethnically diverse populations (primarily Latino and African American) |
| Nutrition education for patients (model kitchen) |
| Outreach program for Adverse Childhood Experiences (ACEs) |
| Main Site or Continuity Clinic - Patient-centered Medical Home (e.g. NCQA, MI-BCBS other): 4/6 |
| <i>Main Site or Continuity Clinic:</i> |
| WMed Internal Medicine Clinics |
| Family Health Center-Kalamazoo |
| Community Health & Social Services Center (CHASS) Detroit |
| Great Lakes Bay Health Centers |
| MSUCHM – Lansing and Marquette |
| Past CQI Project Titles - EXAMPLES |
| Prescribing Narcan for patients on chronic opioid therapy with controlled substance contract |
| Evaluating how guidelines are followed for Opioid Prescribing in the outpatient setting |
| Enhancing Dietary Referrals for patients with BMI > 30 in the outpatient setting |
| An Intervention Designed to Increase Post-Partum Visit Attendance Rates at a Federally Qualified Health Center |
| Differential Survival: Do racial and socioeconomic disparities persist beyond poor birth outcomes? |
| Improving Compliance with Controlled Substances Prescribing Practices with a Patient Registry |
| Improving Rates of Cervical Cancer Screening in a Family Medicine Residency Training Clinic |
| Increasing Completion of Asthma Action Plans with Asthma Patients in a Family Medicine Residency Training Clinic |
| Readmission of CHF: F/U in Outpatient Clinic |
| Methods of increasing Transition of Care visits following hospitalization of CMU family medicine adult, non-pregnant patients |
| Effective interdisciplinary communication in an academic inpatient psychiatry service |
| Improving protocols on the geropsychiatry inpatient unit around falls and aggressive behavior |
| Procedure for follow up of process improvement: Feedback loop was inserted into the system to make routine a review of the process improved |

*Includes two psychiatry programs (MSUCHM, CMUCOM), two family medicine programs (WSUSOM, WMed), and one internal medical program (WMed).

C. Roster of trainees, including areas of specialty and locations of training

Eight residents entered the MIDOCs Program in AY2019-20. Please see **Figure 3** for the list of MIDOCs residents in the first cohort starting in June/July 2019. The areas of specialty and associated locations of training are noted.

FIGURE 3. First Cohort of Eight MIDOCs Residents Starting AY2019-20

| Name | Area of Specialty | Training Location |
|-------------------------------|----------------------------------|---|
| Christopher Le | Psychiatry | Central Michigan University College of Medicine 1000 Houghton Saginaw, MI 48602 |
| Jisselly McGregor | Psychiatry | Central Michigan University College of Medicine 1000 Houghton Saginaw, MI 48602 |
| Tovah Aho | Psychiatry | Michigan State University College of Human Medicine 965 Fee Rd. East Lansing, MI 48824 |
| Ann Marie Boutros | Psychiatry | Michigan State University College of Human Medicine 965 Fee Rd. East Lansing, MI 48824 |
| Danny Garcia | Family Medicine - Urban Track | Wayne State University School of Medicine 540 E. Canfield Ave Detroit, MI 48201 |
| Alicia Steele | Family Medicine – Urban Track | Wayne State University School of Medicine 540 E. Canfield Ave Detroit, MI 48201 |
| Brandon James Manderle | Family Medicine | Western Michigan University Homer Stryker M.D. School of Medicine 300 Portage Street Kalamazoo, MI 49007 |
| Michael Robert Baumgartner | Internal Medicine | Western Michigan University Homer Stryker M.D. School of Medicine 300 Portage Street Kalamazoo, MI 49007 |

D. Medicaid revenue by training site

The first cohort entered the MIDOCs program in July 2019 and will not begin practicing at main training sites until later in their respective curricula. Training site data will be provided in future reports.

VI. Plans for FY 2020 Application Period

A. Continued Implementation of MIDOCs Program

In FY 2020, the MIDOCs Program plans to fully implement the administrative structure of the program to include the finalization of the Interlocal Agreement and contracting with a central administrative entity and Executive Director. As part of implementation, the MIDOCs Executive

Committee will continue to develop and approve policies and procedures and to establish the operations of central administrative functions.

Central administrative functions will include: internal communications with the Executive Committee, Advisory Council, and MDHHS, external communications with residents, key stakeholders, and the media, ensuring compliance and alignment with MIDOCs guiding principles and requirements, administering the loan repayment program, developing and monitoring the shared administrative budget, tracking and reporting program data and evaluation.

B. Future Residency Slots and Specialty Areas for Recruitment

New residency slots will be added in future years based on the availability of funding from state, local and federal sources, assessment of community needs, and the feasibility of implementation. The institutions have conducted a preliminary analysis and are considering adding four new slots to their current two slots, for a total of 24 new residency slots in FY 2020. Participating institutions have discussed adding new slots in psychiatry, family medicine, internal medicine, and general surgery. Institutions will also explore starting new residency programs, such as preventive medicine or a track with a rural focus, that will be tailored to training residents to practice in underserved areas and to address critical health care needs. Further evaluation of residency program capacity and budgets are currently being conducted and the Executive Committee will make the final determination of slots prior to the start of the 2020 Match process.

APPENDIX A. MIDOCs ADVISORY COUNCIL MEMBERS 2019-2020

1. John Barnas
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2. Rebecca Blake
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3. Karlene Ketola, MSA, CAE
CEO
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4. Dennis Litos
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Michigan Primary Care Association
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5. Jisselly McGregor, MD
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6. Thomas Reed
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Detroit, MI 48201

**APPENDIX B. OVERVIEW OF MIDOCs RESIDENCY SLOTS FOR COHORT ENTERING IN AY 2019-20
BY INSTITUTION**

Central Michigan University College of Medicine

| | | |
|--|--|---|
| RESIDENCY TYPES (# OF YEARS) AND NUMBER OF RESIDENTS: | Psychiatry (4 years) | 2 |
| TOTAL NUMBER OF RESIDENTS: | | 2 |
| TRAINING SITES AND ADDRESSES: | HealthSource Saginaw 3340 Hospital Road, Saginaw, MI 48603 | |
| | Community Mental Health for Central Michigan 301 South Crapo Street, Suite 200, Mt. Pleasant, MI 48858 | |
| | Aleda E. Lutz VA Medical Center 1500 Weiss Street, Saginaw, MI 48602 | |
| | Victory Clinic 508 Shattuck Road, Saginaw, MI 48604 | |
| | Great Lakes Bay Health Centers 501 Lapeer Avenue, Saginaw, MI 48607 | |
| | Westlund Guidance Clinic 203 S. Washington Avenue, Saginaw, MI 48607 | |
| | Covenant Healthcare 900 Cooper Avenue, Saginaw, MI 48602 | |
| | Ascension St. Mary's 800 S. Washington Avenue, Saginaw, MI 48601 | |

Michigan State University College of Human Medicine

| | | |
|--|--|---|
| RESIDENCY TYPES (# OF YEARS) AND NUMBER OF RESIDENTS: | Psychiatry (4 years) | 2 |
| TOTAL NUMBER OF RESIDENTS: | | 2 |
| TRAINING SITES AND ADDRESSES: | UP Health System-Marquette 580 W. College Avenue, Marquette, MI 49855 | |
| | Pathways Community Mental Health 200 W. Spring Street, Marquette, MI 49855 | |
| | Oscar Johnson VAMC 325 E H Street, Iron Mountain, MI 49801 | |

Wayne State University School of Medicine

| | | |
|--|--|---|
| RESIDENCY TYPES (# OF YEARS) AND NUMBER OF RESIDENTS: | Family Medicine (3 years) | 2 |
| TOTAL NUMBER OF RESIDENTS: | | 2 |
| TRAINING SITES AND ADDRESSES: | Henry Ford Hospital – Detroit 2799 W. Grand Blvd, Detroit, MI 48202 | |
| | Children's Hospital of Michigan 3901 Beaubien, Detroit, MI 48201 | |
| | Ascension Providence Rochester Hospital 1101 W. University, Detroit, MI 48307 | |
| | The Community Health and Social Services Center (CHASS) 5635 W. Fort Street, Detroit, MI 48209 | |

Western Michigan University Homer Stryker M.D. School of Medicine

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| RESIDENCY TYPES (# OF YEARS) AND NUMBER OF RESIDENTS: | Internal Medicine (3 years) | 1 |
| | Family Medicine (3 years) | 1 |
| TOTAL NUMBER OF RESIDENTS | | 2 |
| TRAINING SITES AND ADDRESSES: | | |
| Internal Medicine | Bronson Methodist Hospital 601 John Street, Kalamazoo, MI 49007 | |
| | Ascension Borgess Hospital 1521 Gull Road, Kalamazoo, MI 49048 | |
| | Western Michigan University School of Medicine Clinics 1000 Oakland Drive, Kalamazoo, MI 49008 | |
| Family Medicine | Family Health Center of Kalamazoo 117 W. Paterson Street, Kalamazoo MI 49007 | |
| | Bronson Methodist Hospital 601 John Street, Kalamazoo, MI 49007 | |
| | Ascension Borgess Hospital 1521 Gull Road, Kalamazoo, MI 49048 | |
| | Kalamazoo Community Mental Health 418 W. Kalamazoo Avenue, Kalamazoo MI 49007 | |
| | Western Michigan University School of Medicine Clinics 1000 Oakland Drive, Kalamazoo, MI 49008 | |

APPENDIX C. MAPS OF MIDOCs ROTATION SITES FOR COHORT ENTERING IN AY 2019-20



