

MIDOCs Report

(FY2021 Appropriation Act - Public Act 166 of 2020)

September 1, 2021

Sec. 1870. (1) *From the funds appropriated in part 1 for hospital services and therapy, the department shall appropriate \$5,100,000.00 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 with the exception of a child and adolescent psychiatry fellowship which must be integrated with a psychiatry residency training program in a MiDocs affiliated institution.*

(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) *The MiDocs consortium may allocate local funding, and any associated federal match, to a community based Accreditation Council for Graduate Medical Education (ACGME), which operates from the local funds appropriated in this subsection, to administer a community-based residency training program. The funds appropriated in this subsection may be allocated and administered on a local level to communities with high disparities related to COVID-19 and high infant mortality rates for community and public health-based training programs for providers in family medicine. The community-based residency training program shall have a particular emphasis on addressing local psychiatric issues, local health disparities, and local maternal child health issues. The department and the MiDocs consortium may secure federal match on local funds allocated in this subsection to serve Medicaid and uninsured individuals through this community-based residency training program.*

(6) *In developing the number of primary care residency slots for the fiscal year ending September 30, 2022, it is the intent of the legislature that 5 additional primary care residency slots be added with the goal of those slots being awarded to minority applicants or applicants from underserved communities.*

(7) *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.*

(8) 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) 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.*

(10) Unexpended and unencumbered funds up to a maximum \$5,100,000.00 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(l) 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 \$20,200,000.00.*
- (d) The tentative completion date is September 30, 2025.*



College of Human Medicine
MICHIGAN STATE UNIVERSITY



WAYNE STATE
School of Medicine



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

FY 2021 MIDOCs Program Report

Submitted to fulfill the requirements of Public Act 166 of 2020, Section 1870 (8) 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.



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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 \$5,100,000 in FY 2021 to provide funding for MIDOCs to recruit and retain physicians to address the physician shortage in both rural and urban underserved areas. The partnership of four medical schools who make up MIDOCs – 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 – will continue to 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.

Many studies show that resident physicians who train in community settings are nearly three times more likely to practice in underserved settings after graduation. MIDOCs residencies are geared toward those who have a passion to spend their careers working with underserved and vulnerable populations. Therefore, MIDOCs residency programs include innovative models and support and train physicians to practice in community-based settings. Acceptance of a MIDOCs residency slot includes a two-year commitment to practice in a rural or urban underserved area in Michigan post-residency. MIDOCs also offers a loan repayment program for residents to help alleviate medical debt that may limit their choice of medical specialty.

In the third year of the program, MIDOCs created seven slots in psychiatry, seven in family medicine, two in internal medicine, two in preventive medicine, one in pediatrics, and one in general surgery. Residency rotations 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 continue to 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 2021 to include: continuation of the program, the creation of twenty new residency slots, an overview of the MIDOCs residency programs, a financial statement that includes MIDOCs program costs, educational and clinical quality data currently available, and information on the trainees in the third cohort that started in July 2021.

II. Program Goals and Objectives

Since 2017, MIDOCs 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, MIDOCs increases 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 include innovative curriculum elements and community-based models. The MIDOCs program includes a two-year commitment to practice in a rural or urban underserved area in Michigan post-residency. There is also assistance to repay eligible educational loans. The MIDOCs program aims to 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

The majority of the State of Michigan has at least a partial designation as a primary care and/or mental 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. Since then, \$15.1M of state appropriations, combined with contributions from the institutions and associated federal funds have been used to create 52 new residency slots.

With this funding, MIDOCs has expanded and developed Accreditation Council for Graduate Medical Education (ACGME)-accredited residency programs and, to date, recruited 52 new residents in primary care and other high-need specialties to address Michigan's physician shortage in medically underserved rural and urban communities. MIDOCs programs incorporate 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 utilize the established networks of federally qualified health centers, rural health centers, and other ambulatory clinical sites, as appropriate for each residency program. The residency rotation sites are 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.

Research into additional funding sources has begun with the hope that MIDOCs will be able to create over 30 new physicians per year practicing in underserved communities across the state of Michigan.

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 across Michigan.

IV. FY 2021 Program Activities

This report provides an update on the funding and activities of MIDOCs for FY 2021 beginning October 1, 2020. The third year of the MIDOCs program included the development of MIDOCs governance structure, the creation of twenty new residency slots, and the recruitment of new residents for the third cohort that started in July 2021 for the Academic Year (AY) 2021-22.

A. FY 2021 Funding

The MIDOCs Program is currently funded through state appropriation, university funding, and federal sources. In FY 2021, the state Legislature appropriated \$5,100,000 for the MIDOCs Program, which was combined with university contributions and associated federal funds to create 20 new residency slots. To leverage state funding, the MIDOCs institutions works closely with MDHHS each year to obtain federal matching funds. In 2019, MDHHS submitted a State Plan Amendment (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. Including the federal administrative match of fifty percent, up to \$20,000,000 in funding is 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 MIDOCs are governed by the MIDOCs Authority Board (“Board”) established in June 2018. The Board is comprised of two representatives from medical school leadership at each participating institution, which includes one representative with GME expertise. By majority vote of the other members, the Authority Board appoints one additional member. MIDOCs Board meetings are scheduled once per month to plan and manage the work and oversight of the MIDOCs program.

In addition to the Board, three additional committees have been formed to guide program implementation. The GME representatives from the Board formed a separate GME Committee in October 2018. GME Committee meetings are scheduled monthly to oversee and discuss issues specifically related to the recruitment of residents and the educational components in the MIDOCs GME programs. The Board appointed representatives with finance expertise from each of their institutions to form the Finance Committee in January 2019. The Finance Committee meets every month and discusses funds flow, financial reporting policies, and the development of program-specific and shared MIDOCs budgets. A committee for Government Relations was also formed and meets as needed. All three committees created charters to outline their duties and authority. Each committee reports to the Board for final approval of designated activities and decisions. A list of committee members can be found in **APPENDIX A**.

To establish the governance of the program and formalize the partnership between the four medical schools, the Board developed an Interlocal Agreement. The Interlocal Agreement was finalized and approved by the Governor July 30, 2020. Per the terms of the Interlocal Agreement, Bylaws, Committee Charters, Officers, Conflict of Interest and Ethics Policies have been established.

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 has facilitated the implementation of the program and reduced overhead costs. Based on the functions and infrastructure required to achieve the goals and objectives of the MIDOCs program, the Board developed a description of the qualifications for the MIDOCs administrative entity and the role of an Executive Director. The Board released a Request for Proposals on July 8, 2019 and selected Michigan Health Council (MHC) to serve as their administrative entity. MHC and MIDOCs have been formally working together since April 2020.

MIDOCs Advisory Council: In 2019, key stakeholders were invited to participate in the MIDOCs Advisory Council (“Advisory Council”) to support the activities of the MIDOCs program. Advisory Council members include 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. In addition, one resident from each MIDOCs cohort serves on the Advisory Council: a psychiatry resident from CMUCOM, a family medicine urban track resident from WSUSOM, and a family medicine rural track resident from MSUCHM. The annual Advisory Council meeting will take place on August 3, 2021. A list of Advisory Council members is provided in **APPENDIX A**.

Communications Plan: To build awareness and share updates with the general public and key stakeholders, MIDOCs plans to once again distribute a series of press releases throughout the year to coincide with residents’ application times, acceptance, program expansion, etc. In addition, MIDOCs has created a one-page flyer, a website (michigandocs.org) and social media posts. MIDOCs 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 third cohort based on community needs and the availability of funding. During the third year, the institutions again approved the expansion of existing programs in family medicine, internal medicine, preventive medicine, pediatrics, general surgery and psychiatry. They also expanded MIDOCs programs to include a slot in MidMichigan Medical Center’s family medicine rural track. As required, requests for the new residency slots were submitted and approved by the ACGME. Five additional slots were added to programs at each of the four institutions for a total of twenty new residency slots. All MIDOCs residency programs are accredited by the ACGME. CMUCOM added two slots in Psychiatry, two in Family Medicine, and one in Internal Medicine. MSUCHM added four slots in Psychiatry and one in Family Medicine. WSUSOM added three slots in Family Medicine-Urban Track and two in Preventive Medicine. WMed added one slot in Internal Medicine, one in Family Medicine,

one in Pediatrics, one in Psychiatry and one in General Surgery. An overview of all residency slots and training sites is provided in **APPENDIX B**. Maps of all MIDOCs training sites to date are provided in **APPENDIX C**.

Recruitment of the Third Cohort: The third cohort of residents for the MIDOCs program was selected, once again, through the 2021 National Resident Matching Program (NRMP) process which opened in fall 2020. Due to the global pandemic, medical students were invited for virtual interviews in November and December 2020, and ranking took place in January 2021. To help with recruitment, MIDOCs maintains a central website for residents that includes general information about the program along with Frequently Asked Questions. The four institutions filled all MIDOCs positions and new Resident Contracts were signed by July 2021.

NRMP Exception: Although residency slots for MIDOCs cohorts have been successfully filled each year, MIDOCs once again requested an 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 2018, 2019 and 2020, however, the NRMP Board of Directors did not approve the requests. MIDOCs has no plans for submitting additional NRMP Exception Applications at this time.

Loan Repayment Program: The MIDOCs Program also provides loan repayment assistance for participating residents. Residents in the MIDOCs Program may receive up to \$75,000 for the repayment of eligible loans. A loan repayment policy and procedure was developed by the finance committee and approved by the Board. The first disbursement to a resident was made in May 2021 when he presented a signed employment contract to practice in Michigan post-residency.

V. Results from the FY 2021 Application Period

A. Financial statements

Figure 1 shows the budget for the third year of the first cohort, the second year of the second cohort, and the first year of the third cohort of residents for the Academic Year Ending (AYE) in June 2022 (July 2021 to June 2022) The total is approximately \$10.7 million and includes estimated MIDOCs shared administrative expenses, residency training program costs, and a portion of 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, Internal Medicine, Preventive Medicine and Pediatrics are three-year programs; Psychiatry, Obstetrics and Gynecology are four-year programs, and General Surgery is a five-year program.

This expenditure summary includes the program costs at each of the four institutions and \$198,891 in shared costs for the administration of the MIDOCs Program for a total of \$10,738,019. Please note that the shared administrative cost per resident is higher in the first and second cohort years of the program due to activities related to implementation. While disbursement of loan repayment awards to residents did not begin until AY 2021-22, we are budgeting for the amount that will be needed for each resident and cohort over the course of 3-5 years.

FIGURE 1. MIDOCs Program Budget for the Period July 1, 2021 – June 30, 2022

CENTRAL MICHIGAN	
Resident salaries and benefits	\$1,018,627
Faculty and other direct costs	950,954
Loan repayment	187,500
Overhead costs	551,483
Shared administrative costs	50,000
Total costs	\$2,758,564
MICHIGAN STATE	
Resident salaries and benefits	\$901,220
Faculty and other direct costs	795,708
Loan repayment	262,500
Overhead costs	594,366
Shared administrative costs	48,295
Total costs	\$2,602,089
WAYNE STATE	
Resident salaries and benefits	\$951,586
Faculty and other direct costs	860,700
Loan repayment	50,000
Overhead costs	471,194
Shared administrative costs	50,000
Total costs	\$2,383,480
WMED	
Resident salaries and benefits	\$1,000,395
Faculty and other direct costs	1,038,433
Loan repayment	325,000
Overhead costs	579,462
Shared administrative costs	50,596
Total costs	\$2,993,886
GRAND TOTAL	
	\$10,738,019
Shared administrative costs	\$198,891

Data provided in **Figure 2** shows the variance in budgeted vs. actual cost for the second year of the first MIDOCs cohort (8 residents; 2 per university) and the first year of the second cohort (24 residents; 6 per university) from July 1, 2020 to June 30, 2021.

**FIGURE 2. MIDOCs Reconciliation for Cohort 1, Year Two and Cohort 2, Year One
(July 1, 2020 – June 30, 2021)**

	Budget	Actual	Variance
CENTRAL MICHIGAN			
Resident salaries and benefits	608,191	596,210	11,982
Faculty and other direct costs	606,028	614,693	(8,665)
Loan repayment	175,000	175,000	0
Overhead costs	339,982	339,053	929
Shared administrative costs	100,000	95,567	4,433
Total costs	\$1,829,201	\$1,820,522	\$8,679
MICHIGAN STATE			
Resident salaries and benefits	537,310	564,461	(27,151)
Faculty and other direct costs	477,690	512,995	(35,305)
Loan repayment	162,500	162,500	0
Overhead costs	506,315	503,275	3,040
Shared administrative costs	\$89,437	43,682	45,755
Total costs	\$1,773,252	\$1,786,914	\$(13,662)
WAYNE STATE			
Resident salaries and benefits	569,195	551,491	17,704
Faculty and other direct costs	584,400	441,092	143,308
Loan repayment	200,000	200,000	0
Overhead costs	254,373	75,796	178,578
Shared administrative costs	102,000	(117,802)	219,802
Total costs	\$1,709,968	\$1,150,576	\$559,392
WMED			
Resident salaries and benefits	592,110	573,620	18,490
Faculty and other direct costs	646,728	662,052	(15,324)
Loan repayment	200,000	200,000	0
Overhead costs	357,110	357,330	(220)
Shared administrative costs	49,123	53,203	(4,080)
Total costs	\$1,845,071	\$1,846,205	\$(1,134)
GRAND TOTAL	\$7,157,492	\$6,223,540	\$933,952

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 3** describes the educational components and evaluation of resident performance for the MIDOCs residency programs for the cohort starting in AY 2021-22. The fourteen residency programs at the four institutions include training on how to use Electronic Health Records, training in practice management and leadership, evaluation on the ability to practice in teams, and participation in quality improvement training and projects.

For thirteen programs, the training curriculum includes focused urban training, cultural competency, and training in SUD/opioid treatment. Twelve of the programs include community outreach and care of the elderly and ten programs include focused rural training and primary care mental health training. Other innovative and relevant components in MIDOCs residency programs include midwifery collaboration, dedicated care of Veterans, telehealth, diversity disparities workshops and population health electives specifically related to the COVID-19 pandemic. 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. Other programs address community mental health in rural areas of the state including one in the Upper Peninsula.

As residents complete their training programs and their post-residency practice commitment, MIDOCs plans to collect data on educational and program outcomes specific to each residency program. The first cohort of residents won't graduate until June 2022, 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. CQI projects for these residency programs include topics that focus on clinical interventions, population health, social determinants of health, and process improvement. Samples of CQI projects are provided in **Figure 3**.

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 3. Descriptive Data on MIDOCs Residency Programs*

Does your MIDOCs residency program include the following?	Yes
Training on how to use EHRs	14/14
Evaluation on ability to practice in teams	14/14
Training in practice management and/or leadership	14/14
Participation in quality improvement training and projects (CQI activities)	14/14
Curriculum includes community outreach	12/14
Curriculum includes cultural competency	13/14
Curriculum includes focused rural training	10/14
Curriculum includes focused urban training	13/14
Curriculum includes care of the elderly	12/14
Curriculum includes primary care mental health training	10/14
Curriculum includes training in SUD/opioid treatment	13/14
Other innovative/relevant initiatives	
CENTRAL MICHIGAN	
Diversity, Equity, and Inclusion Lectures and Discussion Across Specialties	
Limited ability to promote innovation and relevant incentives secondary to COVID-19	
MICHIGAN STATE	
Collaborative care longitudinal rotation Family Medicine at UPHS-Marquette. In this setting the resident will work with FM residents during their mental health training.	
Collaboration and rotations through the VA-Marquette	
Longitudinal rotation in the Community Mental Health setting-Northern Michigan.	
The resident attends weekly case conferences and didactics Wednesday mornings and Thursday afternoons throughout training each week throughout their 4 years of training. These seminars and case conferences include areas which focus on, basic medical knowledge, psychiatric knowledge, DSM 5, CQI, research, community care, practice management, outreach, cultural competency, geriatric psychiatry, CAP, SUD, forensic psychiatry, poster presentation, ethnic and cultural diversity, history of psychiatry, medical disparities, psychotherapy, ECT, C/L psychiatry, somatic symptom disorders, eating disorders, psychosis, mood disorders, anxiety disorders.	
During their PGY4 year each resident is assigned an administrative inpatient rotation.	
Midwifery collaboration	
Telehealth	
WMed	
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)	
Dedicated care of Veterans	
Specialty-specific rural track at critical access sites	

FIGURE 3. (continued)

WAYNE STATE
Preventive Medicine residents will start their public health research at Michigan Dept of Corrections facilities.
Family Medicine residents provide outpatient and inpatient care for underserved communities (primarily Latino and African American) through their work at CHASS and Henry Ford Hospital.
Telehealth – efforts will continue to evolve as the pandemic eases, but the increased access to care has identified the benefits of telehealth opportunities.
Preventive Medicine residents must complete an MPH degree while in residency, they are able to do that tuition free as part of their employment with WSU
Health disparities curriculum – each residency has developed a robust health disparities curriculum to enhance the resident’s education in this area. Residents and faculty collaborate with community partners and university specialists to develop quality improvement projects designed to improve health outcomes for underserved populations.
Preventive Medicine residents may provide patient care and research public health issues through the Detroit and Wayne County Health Departments
Main Site or Continuity Clinic - Patient-centered Medical Home (e.g. NCQA, MI-BCBS, other)
CENTRAL MICHIGAN
Great Lakes Bay Health Centers (Patient Centered Medical Home, Federally Qualified Health Center)
CMU Health Clinic
MICHIGAN STATE
Spectrum Health United Hospital – Greenville, MI – MSU OB/GYN
MSU-Department of Psychiatry PGY 1 and 2
UPHS-Marquette PGY 3 and 4 - MSU
Midland/Alpena - TBD
WMed
WMed Health - Internal Medicine
Family Health Center-Kalamazoo
WMed Health - Psychiatry
WMed Health - Pediatrics
WMed Health - Surgery
WMed Health - Family Medicine
WAYNE STATE
Community Health & Social Services Center (CHASS) Detroit – WSU FM
Ascension Providence Rochester Hospital – WSU TY/PM
Covenant Community Care (WSU PM)
Health Centers of Detroit (WSU PM)

FIGURE 3. (continued)

CQI Projects
<p>DEI Book Drive for Kids In honor of Black History Month, the residents held a book drive to purchase books at the 0-5-year-old reading level focused on Diversity, Equity, and Inclusion and to be handed out in the clinics during children’s doctor appointments.</p>
<p>Adulting for Dummies Doctors QI Module to assist resident physicians to understand financial approaches better as new residents are transitioning from full-time students to learner and employee.</p>
<p>Role of IgG against N-protein of SARS-CoV2 in COVID19 clinical outcomes This study recommends that titers of IgG targeting N-protein of SARS-CoV2 at admission is a prognostic factor for the clinical course of disease and should be measured in all patients with SARS-CoV2 infection.</p>
<p>Lack of tocilizumab effect on mortality in COVID19 patients This study discusses off-label tocilizumab use in COVID-19 patients which reflects concern for cytokine release syndrome.</p>
<p>Reconsider Your Pain Killer; A Case of Aspirin Toxicity Poster presentation at ACP Michigan</p>
<p>Simple clinical clues to identify Serotonin syndrome in an unresponsive patient Case Report Presentation at SCCM Michigan Chapter</p>
<p>Coordination and Outreach in the Upper Peninsula Hired an associate program director and assistant coordinator in February 2020 to help develop rotations and make connections in the Upper Peninsula. Rotation development for the rural track was coordinated by the UP program team and East Lansing team through weekly meetings and reaching out to health care centers in the Upper Peninsula to establish rotations: VA Clinic, Outpatient Psychiatry at UPHSM, CMH with Northpointe, Family Medicine Clinic at UPHSM.</p>
<p>Improving Diabetic Control in an Urban FQHC Goal to improve diabetic control in an urban FQHC setting among a large population of diabetic patients. This will encompass traditional medical management and intense patient education with frequent follow-up until A1C goals are met.</p>
<p>Barriers to Care for Suicidal Patients Post-Discharge Address barriers to care upon discharge for patients with suicidal ideations including follow ups and resources upon discharge.</p>
<p>Limited English Proficiency Patients Discrepancy in duration of hospitalization and readmissions.</p>
<p>Improving BMI Management Plans</p>

*Includes four psychiatry programs (MSUCHM (2), CMUCOM, WMed), four family medicine programs (CMUCOM, MSUCHM, WSUSOM, WMed), and two internal medical programs (WMed, CMUCOM), one preventive medicine program (WSUSOM), one pediatrics program (WMed), one OB/GYN program (MSUCHM) and one general surgery program (WMed).

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

Twenty residents entered the MIDOCs Program in AY2021-22. Please see **Figure 4** for the list of MIDOCs residents in the third cohort starting in July 2021. The areas of specialty and associated sponsoring institutions are noted.

FIGURE 4. Third Cohort of MIDOCs Residents; Starting AY2021-22

Name	Area of Specialty	Sponsoring Institution
Carmen Avramut	Psychiatry	Central Michigan University College of Medicine
Yousif Tawadros	Psychiatry	Central Michigan University College of Medicine
Cuong La	Family Medicine	Central Michigan University College of Medicine
Elizabeth McIntyre	Family Medicine	Central Michigan University College of Medicine
Yuri Kim	Internal Medicine	Central Michigan University College of Medicine
Ethan Dawson-Baglien	Psychiatry	Michigan State University College of Human Medicine
Dayna Dines	Psychiatry	Michigan State University College of Human Medicine
Matthew Killmer	Psychiatry	Pine Rest Christian Mental Health Services/MSU Psychiatry Residency
Rishi Partha	Psychiatry	Pine Rest Christian Mental Health Services/MSU Psychiatry Residency
David E. Westphal	Family Medicine	MidMichigan Medical Center – Midland Family Medicine Residency Program/MSUCHM

FIGURE 4. (continued)

Name	Area of Specialty	Sponsoring Institution
Tahlianna Almonte	Family Medicine-Urban Track	Wayne State University School of Medicine
Mariam Japaridze	Family Medicine-Urban Track	Wayne State University School of Medicine
Erica Shroff	Family Medicine-Urban Track	Wayne State University School of Medicine
Rasha Abdulridha	Preventive Medicine	Wayne State University School of Medicine
Mohamad Hamdi	Preventive Medicine	Wayne State University School of Medicine
Codi Sharp	Family Medicine	Western Michigan University Homer Stryker M.D. School of Medicine
Stephen Ames	Internal Medicine	Western Michigan University Homer Stryker M.D. School of Medicine
Bilal Assi	Pediatrics	Western Michigan University Homer Stryker M.D. School of Medicine
Thomas Roberts	Psychiatry	Western Michigan University Homer Stryker M.D. School of Medicine
Muhammad Hassan Nadeem	General Surgery	Western Michigan University Homer Stryker M.D. School of Medicine

D. Medicaid Revenue by Training Site

MIDOCs residents train in a variety of sites including hospitals, FQHCs and VA clinics. While Medicaid revenue is not available to MIDOCs, we have provided a detailed list of training sites by institution in Appendix B as well as maps in Appendix C.

VI. Plans for FY 2022 Application Period

A. Continued Implementation of MIDOCs Program

In FY 2021, MIDOCs contracted with the Michigan Health Council for central administration and an Executive Director. With their help and guidance, the administrative structure of MIDOCs along with many policies and procedures were designed and fully implemented. In FY 2022, MIDOCs Board will continue to develop and approve policies and procedures, as necessary.

B. Future Residency Slots and Specialty Areas for Recruitment

New residency slots will be added in future years based on the availability of additional 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 6 slots, for a total of 24 new residency slots in FY 2022. In May 2021, MIDOCs submitted a joint proposal with the Michigan Primary Care Association for American Rescue Plan (ARP) funding which, if approved, would add 64 new residency slots within Federally Qualified Health Centers (FQHCs) over the course of this three-year project. MIDOCs is also researching innovative ways to expand the number of residency slots and training sites with other funding.

Participating institutions continue to look at adding additional slots in psychiatry, family medicine, internal medicine, preventive medicine, pediatrics, OB/GYN, and general surgery. Institutions who do not already have them, will continue to explore the feasibility of 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. This has already been done with UP Health System-Marquette and Pine Rest for psychiatry, and MidMichigan Medical Center for family medicine in Alpena and Midland. Further evaluation of residency program capacity and budgets are currently being conducted and the Board will make the final determination of slots prior to the start of the 2022 Match process.

**APPENDIX A.
MIDOCs ADVISORY COUNCIL MEMBERS**

John Barnas
Executive Director
Michigan Center for Rural Health
909 Wilson Road, B218
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CEO
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Francis P. Rhoades Center
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Education
Michigan State Medical Society
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Dennis Litos
Interim CEO
Michigan Primary Care Association
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McLaren Health Care
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Grand Blanc, MI 48439

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MIDOCs Cohort 1 Resident, Psychiatry
Central Michigan University College of
Medicine

Haria Henry, MD
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Family Medicine Urban Track
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Michigan Area Health Education Center
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Box 325
Detroit, MI 48201

David Westphal, MD
Family Medicine
MidMichigan Medical Center – Midland Family
Medicine Residency Program/MSUCHM

APPENDIX A. (continued)
MIDOCs AUTHORITY BOARD MEMBERS

Stacey Hettiger
Director, Medical and Regulatory Policy
Michigan State Medical Society

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MSU College of Human Medicine

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Vice Chair of Education for the Department of
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Wayne State University School of Medicine

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Government Health Affairs Associate
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Homer Stryker M.D. School of Medicine

Randy Pearson, MD
Assistant Dean, Graduate Medical Education
MSU College of Human Medicine

Toby Roth, Jr.
Associate Vice President
Government & External Relations
Central Michigan University

Lori Straube
Associate Dean, Administration and Finance
Western Michigan University
Homer Stryker M.D. School of Medicine

Mary Jo Wagner, MD
Chief Academic Officer/DIO
Central Michigan University
CMU Medical Education Partners

Non-Voting Members

Bethany Figg
Graduate Medical Education Accreditation Manager
Central Michigan University
CMU Medical Education Partners

Amy Hoge
Executive Director
MIDOCs

APPENDIX A. (continued)
OTHER MIDOCS COMMITTEES REPORTING TO THE AUTHORITY BOARD

Finance Committee

Lori Straube
Associate Dean, Administration and Finance
Western Michigan University
Homer Stryker M.D. School of Medicine

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Homer Stryker M.D. School of Medicine

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Martha Jordan
Administrative Director
Graduate Medical Education
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Rio Benavidas
Financial Manager, Health Affairs
Wayne State University

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College of Human Medicine

Karen Crosby
CFO
Michigan State University
College of Human Medicine

David Forsythe
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Central Michigan University
CMU, College of Medicine

JD McBrayer
Director of Finance
Central Michigan University
CMU Medical Education Partners

Amy Hoge
Executive Director, MIDOCs

Graduate Medical Education Committee

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Chief Academic Officer/DIO
Central Michigan University
CMU Medical Education Partners

Bethany Figg
Graduate Medical Education Accreditation Manager
Central Michigan University
CMU Medical Education Partners

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Randy Pearson, MD
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Michigan State University
College of Human Medicine

Amy Hoge
Executive Director, MIDOCs

APPENDIX A. (continued)
OTHER MIDOCS COMMITTEES REPORTING TO THE AUTHORITY BOARD

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Government Health Affairs Associate
Wayne State University

Jerry Kooiman
Assistant Dean for External Relations
Michigan State University
College of Human Medicine

Katie John
Associate Vice President for Government Relations
Western Michigan University

Megan Morris
Government Relations Associate
Central Michigan University

Toby Roth, Jr.
Interim Vice President
Government & External Relations
Central Michigan University

Amy Hoge
Executive Director
MIDOCs

**APPENDIX B.
OVERVIEW OF MIDOCs RESIDENCY SLOTS FOR ALL COHORTS BY INSTITUTION**

Central Michigan University College of Medicine

RESIDENCY TYPES (# OF YEARS) AND NUMBER OF RESIDENTS:	Psychiatry (4 years)	6
	Family Medicine (3 years)	4
	Internal Medicine (3 years)	3
TOTAL NUMBER OF RESIDENTS:		13
TRAINING SITES AND ADDRESSES:		
Psychiatry	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	
	CMU Health 1000 Houghton Avenue, Saginaw, MI 48602	
Family Medicine	CMU Health 1000 Houghton Avenue, Saginaw, MI 48602	
	Great Lakes Bay Health Centers 501 Lapeer Avenue, Saginaw, MI 48607	
	Covenant Healthcare 900 Cooper Avenue, Saginaw, MI 48602	
	Ascension St. Mary's 800 S. Washington Avenue, Saginaw, MI 48601	
	HealthSource Saginaw 3340 Hospital Road, Saginaw, MI 48603	
Internal Medicine	CMU Health 1000 Houghton Avenue, Saginaw, MI 48602	
	Aleda E. Lutz VA Medical Center 1500 Weiss Street, Saginaw, MI 48602	
	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)	10
	OB/GYN (4 years)	2
	Family Medicine (3 years)	1
TOTAL NUMBER OF RESIDENTS:		13
TRAINING SITES AND ADDRESSES:		
Psychiatry	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	
	Pine Rest 300 68th Street SE, Grand Rapids, MI 49548	
	Spectrum Health Butterworth Hospital 100 Michigan Street NE, Grand Rapids, MI 49503	
	Munson Medical Center 1105 6th Street, Traverse City, MI 49684	
	Mercy Health Saint Mary's 200 Jefferson Avenue SE, Grand Rapids, MI 49503	
	Network180 790 Fuller Avenue NE, Grand Rapids, MI 49503	
	Kent County Correctional Facility 701 Ball Avenue NE, Grand Rapids, MI 49503	
OB/GYN	Spectrum Health Butterworth 100 Michigan St NE, Grand Rapids, MI 49503	
	Mercy Health 200 Jefferson Ave SE, Grand Rapids, MI 49503	
	Spectrum Health United Hospital 615 S Bower St, Greenville, MI 48838	
	Spectrum Health Big Rapids 605 Oak St, Big Rapids, MI 49307	
	Helen Devos Children's Hospital 100 Michigan St NE, Grand Rapids, MI 49503	
Family Medicine	MidMichigan Medical Center – Midland 4000 Wellness Drive, Midland, MI 48670	
	MidMichigan Medical Center – Alpena 1501 W Chisholm St, Alpena, MI 49707	

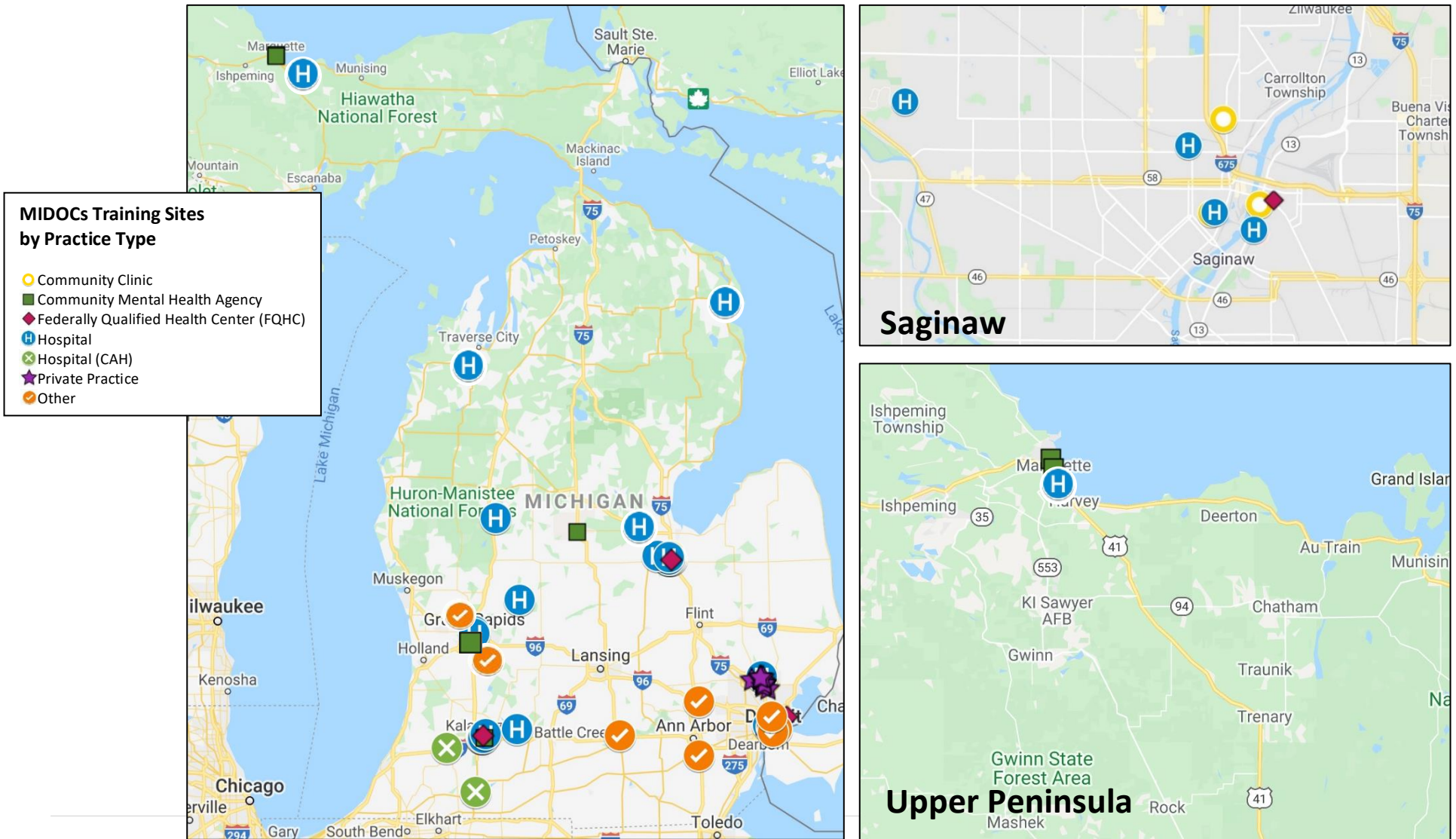
Wayne State University School of Medicine

RESIDENCY TYPES (# OF YEARS) AND NUMBER OF RESIDENTS:	Family Medicine-Urban Track (3 years)	9
	Preventive Medicine (3 years)	4
TOTAL NUMBER OF RESIDENTS:		13
TRAINING SITES AND ADDRESSES:		
Family Medicine	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, Rochester, MI 48307	
	The Community Health and Social Services Center (CHASS) 5635 W. Fort Street, Detroit, MI 48209	
Preventive Medicine – Transitional Year	Ascension Providence Rochester Hospital 1101 W. University, Detroit, MI 48307	
	John D Dingell VA Medical Center 4646 John R St, Rochester, MI 48201	
Preventive Medicine – Categorical Years	Health Centers of Detroit 4201 St. Antoine, 7A UHC Detroit, MI 48201	
	Covenant Community Care – Moross 20901 Moross Rd Detroit, MI 48236	
	Detroit Department of Health and Wellness 1151 Taylor St Detroit, MI 48202	
	Wayne County Health, Veterans, and Community Wellness 33030 Van Born Wayne, MI 48184	
	Michigan Department of Corrections Various site in Southeastern MI	

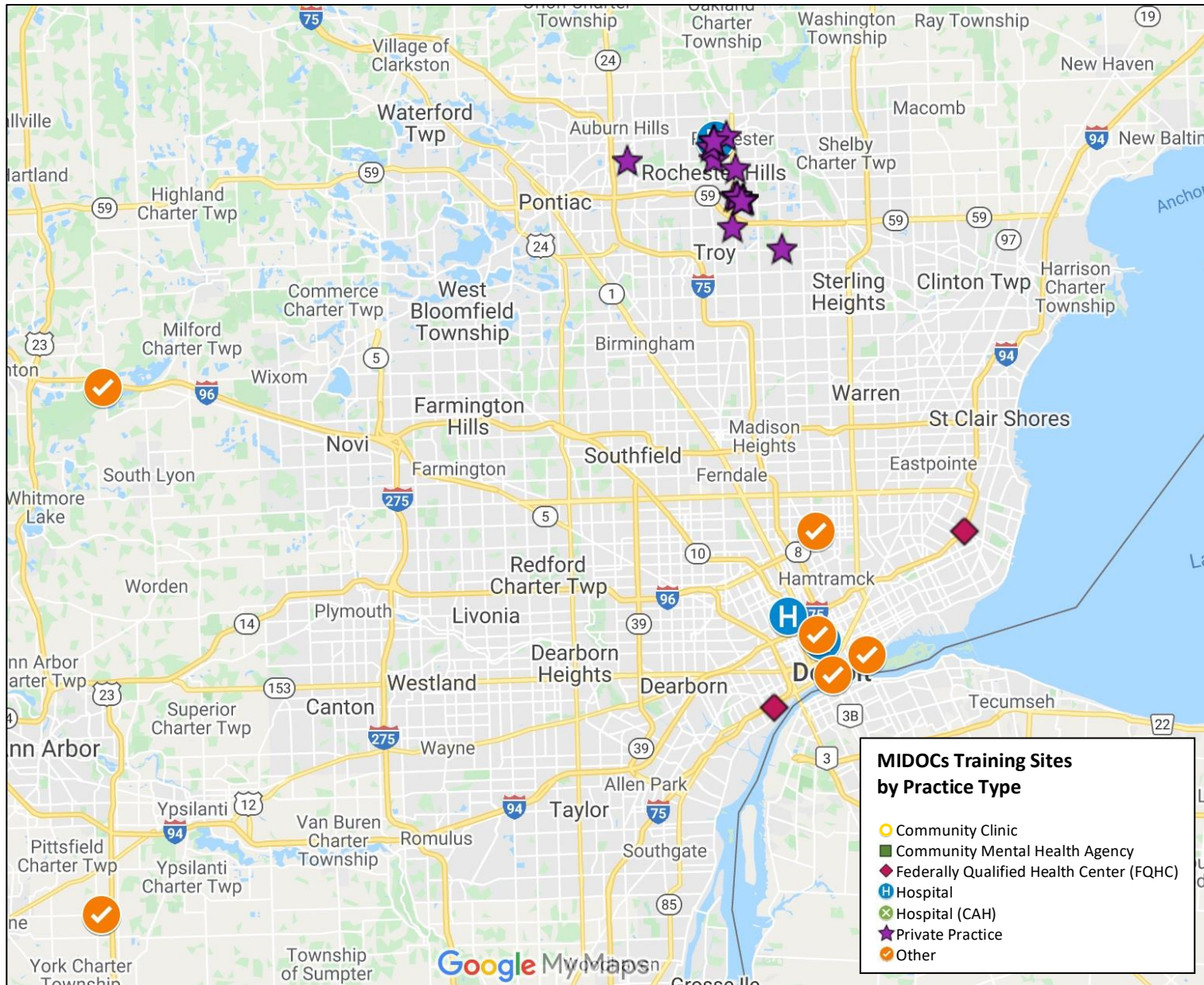
Western Michigan University Homer Stryker M.D. School of Medicine

RESIDENCY TYPES (# OF YEARS) AND NUMBER OF RESIDENTS:	Internal Medicine (3 years)	3
	Family Medicine (3 years)	3
	Pediatrics (3 years)	3
	Psychiatry (4 years)	2
	General Surgery (5 years)	2
TOTAL NUMBER OF RESIDENTS		13
TRAINING SITES AND ADDRESSES:		
Internal Medicine	Bronson Methodist Hospital 601 John Street, Kalamazoo, MI 49007	
	Ascension Borgess Hospital 1521 Gull Road, Kalamazoo, MI 49048	
	WMed Health 1000 Oakland Drive, Kalamazoo, MI 49008	
	Battle Creek Veterans Administration Medical Center 5500 Armstrong Rd, Battle Creek, MI 49037	
	Family Health Center of Kalamazoo 117 W. Paterson Street, Kalamazoo MI 49007	
Family Medicine	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	
	WMed Health 1000 Oakland Drive, Kalamazoo, MI 49008	
	Bronson Methodist Hospital 601 John Street, Kalamazoo, MI 49007	
Pediatrics	WMed Health 1000 Oakland Drive, Kalamazoo, MI 49008	
	Bronson Methodist Hospital 601 John Street, Kalamazoo, MI 49007	
	WMed Health 1000 Oakland Drive, Kalamazoo, MI 49008	
	Psychiatry	
	WMed Health 1000 Oakland Drive, Kalamazoo, MI 49008	
Psychiatry	Ascension Borgess Hospital 1521 Gull Road, Kalamazoo, MI 49048	
	Kalamazoo Community Mental Health 418 W. Kalamazoo Avenue, Kalamazoo MI 49007	
	Battle Creek Veterans Administration Medical Center 5500 Armstrong Rd, Battle Creek, MI 49037	
	General Surgery	
	WMed Health 1000 Oakland Drive, Kalamazoo, MI 49008	
General Surgery	Bronson Methodist Hospital 601 John Street, Kalamazoo, MI 49007	
	Ascension Borgess Hospital 1521 Gull Road, Kalamazoo, MI 49048	
	Bronson LakeView Hospital 408 Hazen St, Paw Paw, MI 49079	

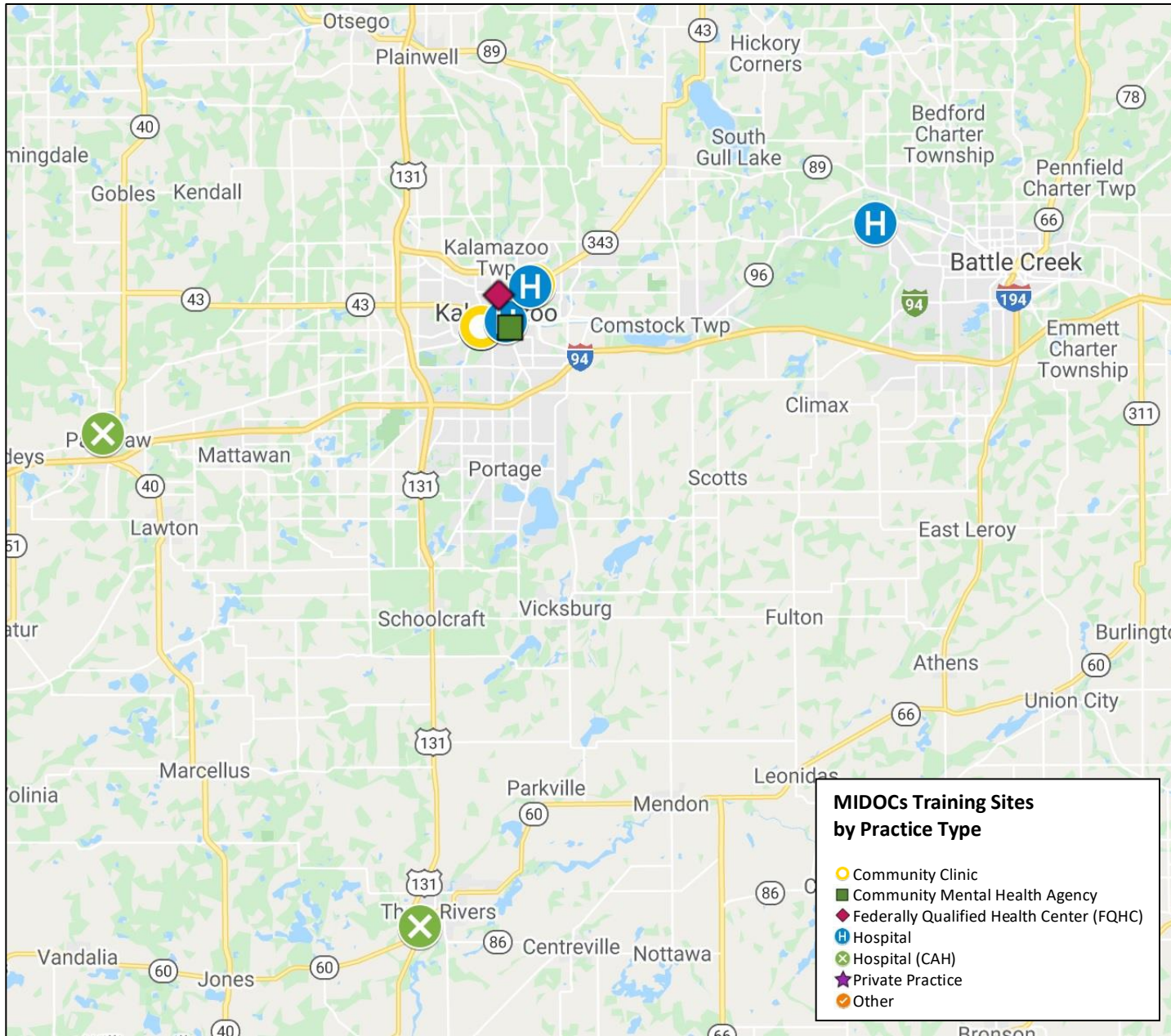
**APPENDIX C.
MAPS OF MIDOCs TRAINING SITES**



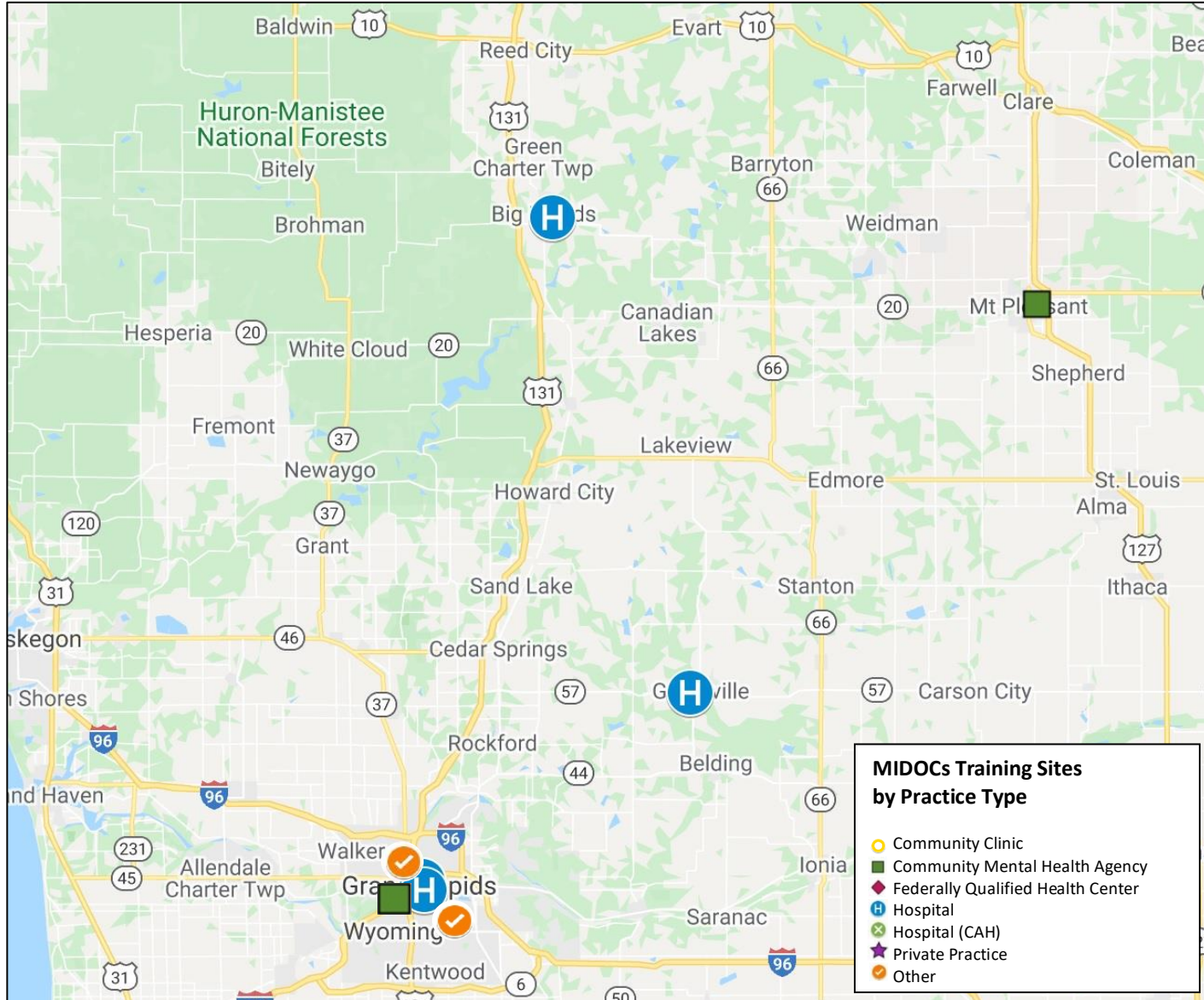
Southeast Michigan



Southwest Michigan



Mid-Michigan



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