
Request for Proposals: Start Up Grants to Advance Graduate Medical Education in California

RFP released	July 1, 2021
Responses due	August 12, 2021
Initial awards announced	September 15, 2021
Awards	Up to \$125,000

Executive Summary

We are issuing a request for proposals (RFP) for hospitals to support the start-up of new graduate medical education (GME) programs.

About Mathematica

Mathematica collaborates with public- and private-sector changemakers by working at the intersection of data, methods, policy, and practice to accomplish our mission: improving public well-being. Our services include research and evaluation, program design and improvement, and data analytics. Mathematica is helping create a world in which evidence routinely drives public policy and program decisions. For more information, visit <https://www.mathematica.org/>.

Overview

California has a shortage of physicians—especially primary care physicians and psychiatrists—to care for its large and diverse population. To ensure the future stability and capacity of the health care system, the California Future Health Workforce Commission recommended an expansion of GME to increase the number of California-trained physicians, especially in needed specialties and underserved regions of the state.

Mathematica is working with philanthropic foundations to accelerate GME expansion efforts across California. In addition to working to establish a permanent GME governance council for the state of California, Mathematica coordinates with GME experts and leaders at the state and national level, producing resources, such as toolkits and case studies, and offering small grants to hospitals attempting to establish new residency programs. Through this RFP, Mathematica is overseeing a grant program for hospitals interested in implementing new GME programs within their institutions.

Eligible hospitals include those in the state of California that have never before sponsored GME, also known as GME-naive hospitals, or that have not yet triggered their Centers for Medicare & Medicaid Services cap. To successful applicants, Mathematica plans to award start-up funding grants of up to \$125,000 over 12 months. Hospitals are required to match 100 percent of the awarded funds. These grants are intended to help support hospitals as they seek to meet ACGME accreditation requirements. Hospitals can use the grants to fund relevant activities, such as:

- Physical requirements (e.g. call rooms, resident workstations, simulators, library)
- Consulting or mentoring services (e.g. CMS cost reports analysis, curriculum development)

- Training (e.g. faculty, leadership)
- Recruiting a qualified Program Director
- Identifying areas in which out-rotations might be required and investigating potential partnership opportunities

Eligible applicants

This RFP is open to GME-naïve hospitals in California that are in the process of launching new GME programs but that have not yet triggered their Centers for Medicare & Medicaid Services (CMS) cap. To be considered, hospitals must provide proof of GME-naïve status. Hospitals will receive priority if they are addressing the needs of underrepresented populations, priority specialties (family medicine and psychiatry), and/or priority geographic areas. Hospitals interested in starting programs in multiple specialties will also receive consideration.

The Graduate Medical Education Expansion Fund has been seeded by the California Health Care Foundation. As other foundations join the collective action fund, we expect to have additional rounds of funding in 2021 and 2022. Priority may be given to applicants that meet the above criteria and that are located in funder catchment areas. This grant is for start-up funding for those hospitals that have decided to proceed with implementing a GME program at their hospital. For those hospitals that are unsure if GME is an appropriate option, please respond to Mathematica's RFP for feasibility grants.

Response submission

Responses should be delivered by email as two files (a PDF and a Word document) to Amanda Lechner (Alechner@mathematica-mpr.com) no later than 5:00 p.m. (PT) on August 12, 2021.

Proposal requirements

Please briefly address the following questions in no more than eight pages:

- Briefly describe the reasons why your hospital is committed to launching a new GME program and summarize the benefits GME will bring to your hospital and your community.
- What specific GME start-up activities would this grant support and how will these activities improve, accelerate, or otherwise strengthen your effort?
- Does your hospital have any prior experience running teaching programs for other health professions (e.g. nursing, chaplaincy, pharmacy, or undergraduate medical education)? If so, please describe.
- Who is the DIO? Please describe his/her experience with GME programs.
- Who are the key stakeholders motivated to begin a GME program (other than the DIO)? Please describe their experience with leading GME.
- What academic and/or community clinic partnerships are in place? (Consider including letter(s) of support).
- In which specialties are you planning to establish GME programs? Please also indicate size.
- What are the top three challenges you anticipate encountering during GME start up and how do you propose to mitigate these challenges?

Additional proposal materials

The following required materials do not count toward the eight-page limit:

- a. Hospital characteristics: Please describe hospital type, ownership status, and size.
- b. A brief bio-sketch or CV for all key team members. If you plan to use grant funds to hire a consultant, vendor, or other external expert, please provide the individual or firm's name and qualifications and a brief summary of their scope.
- c. Please complete a line-item budget indicating how you plan to allocate the funds across proposed activities.
- d. A letter in support from the hospital CEO and DIO.
- e. A letter verifying the hospital's status as GME-naïve. You may use the example letter included in Appendix A or a similar letter.

Optional materials include letter(s) of support from academic and/or community clinic partnerships.

Deliverable and timeline

Award recipients must submit a final narrative report of about five pages. The report will be due 13 months after award. Key questions to be addressed in the report include the following:

- a. How did your hospital spend the money?
- b. What did this grant enable you to do?
- c. When will your residency program begin? Please describe the size of the program and the specialties it will support.
- d. Would you consider starting another residency program in a different specialty?
 - If so, please briefly describe your next steps, your timeline for implementing the GME program, and the specialties you will include, and any resources required.
 - If not, why not?

Funding

Funds will be awarded from the Graduate Medical Education Expansion Fund, a collective action fund of [Tides](#). In addition to the program narrative report noted above, Tides may require additional financial reporting at project close.

For more information

For questions about the project or proposal submission process, contact Amanda Lechner, health researcher, at alechner@mathematica-mpr.com.

APPENDIX A: EXAMPLE GME NAÏVE STATUS VERIFICATION LETTER

To: _____ (hospital's Medicare contractor):

_____ (hospital name) is considering developing a medical education program that would allow it to train residents. The hospital's Medicare number is _____. We understand that to receive Medicare Graduate Medical Education (GME) payments and to develop a full time equivalent resident "cap", the Balanced Budget Act of 1997 requires _____ to be a Medicare acute care hospital that has **not** had a resident count for GME programs.

We are requesting your assistance in determining if _____ has had a resident count for new GME programs. We have reviewed the past cost report history of _____ as it relates to GME programs and there is no indication that _____ has trained residents nor has it had a Medicare GME Affiliation Agreement with a GME program that was a new GME program. Any previous Medicare GME Affiliation Agreements the hospital has entered into that allowed residents to rotate to _____ (if any) were with hospitals that had residents in established GME programs.

We have also reviewed the _____ cost report for 1996 and there is no indication that _____ had a resident count on or before December 31, 1996. Therefore, under Medicare GME regulations, a cap would be established only if residents or fellows in _____ have participated in a new residency training program established on or after January 1, 1995. Any residents or fellows who have rotated to _____ from other hospitals prior to January 1, 1995 would have no bearing on _____'s cap.

Your consideration in this matter is of great importance to the future development of GME programs at _____. We appreciate your review of the above information and your confirmation that _____ has not established a permanent FTE resident cap as a result of its participation in other hospitals' GME programs.

Thank you,