Meritus Health Family Medicine Residency Program
Meritus Health

• Meritus Medical Center opened in December 2010 to replace the former Washington County Hospital in Hagerstown, Md.
  – 243 licensed beds for acute and rehabilitation care
  – 41 nursery bassinets.
  – Rooms are designed for single patients.
• Services offered include
  – a special care nursery
  – Level III trauma program designated as an EMS base station by the state
  – certified, primary stroke center
  – wound center re-accredited with distinction in hyperbaric medicine
  – award-winning cardiac catheterization laboratory.
• Outpatient needs are met through services at the John R. Marsh Cancer Center and Center for Breast Health, Total Rehab Care and the 19 primary and specialty care practices that make up Meritus Medical Group.
Osteopathic Family Medicine Residency

• Approval for an 18 resident program was received in June 2015 from the American Osteopathic Academy.
• Leadership for the new program includes Dr. Brian Stratta, interim program director and Dr. Tom Gilbert, medical director of education.
• Widespread support from the medical staff.
• Core faculty include 6 primary care physicians, 1 hospitalist, and 1 pharmacist.
• Partnering with West Virginia School of Osteopathic Medicine and Mountain States OPTI.
Map of where WVSOM is in comparison to Hagerstown – need to find a better map
MSOPTI
Mountain State Osteopathic Postdoctoral Training Institutions

1. ACCESSHEALTH TEACHING HEALTH CENTER
2. CABELL HUNTINGTON HOSPITAL
3. CAMDEN CLARK MEDICAL CENTER
4. CHARLESTON AREA MEDICAL CENTER
5. CORNERSTONE CARE TEACHING HEALTH CENTER
6. GREENBRIER VALLEY MEDICAL CENTER
7. OHIO VALLEY MEDICAL CENTER
8. OUR LADY OF BELLEFONTE HOSPITAL
9. THE TOLEDO HOSPITAL
10. UNITED HOSPITAL CENTER
11. WHEELING HOSPITAL
MD vs DO

• Similarities
  – Both utilize scientifically-accepted methods of diagnosis and treatment
  – Both degrees require four years of medical school and a residency program
  – In most instances, examined by the same state licensing board
  – Both are licensed to practice in every state and every specialty
  – The premedical pathway is identical for both allopathic and osteopathic schools

• Differences
  – Osteopathic philosophy focuses on a holistic approach to practicing medicine
  – Osteopathic schools require manipulation training demonstrating the emphasis placed on the musculoskeletal system
  – **Around 65 percent of DO physicians practice in primary care whereas the majority of MD physicians specialize**
  – **Many DO physicians practice in rural settings while MD physicians tend to stay close to metropolitan areas**
Single Accreditation System

• The AOA, ACGME and AACOM have agreed to a single accreditation system for GME
• AOA-accredited training programs will transition to ACGME accreditation between July 1, 2015 and June 30, 2020
• AOA will cease providing GME accreditation in July 2020
Hagerstown Scores 13/24 in Health Outcomes in Maryland

2015 Health Outcomes - Maryland

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>13/24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of Life</td>
<td>14/24</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>14/24</td>
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</tbody>
</table>

Hagerstown Scores 16/24 in Health Outcomes in Maryland

2015 Health Factors - Maryland

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>Health Factors</td>
<td>16/24</td>
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<tr>
<td>Health Behaviors</td>
<td>20/24</td>
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<tr>
<td>Clinical Care</td>
<td>13/24</td>
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<tr>
<td>Social &amp; Economic Factors</td>
<td>15/24</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>18/24</td>
</tr>
</tbody>
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Need for Primary Care Physicians

• In 2011, Meritus conducted a community needs assessment which showed a primary care physician deficit of:
  – 3.9 in the Primary Service Area
  – 80.7 in Secondary Service Area
  – 84.6 in Total Service Area

• Requested needs assessment for WMHS and FMH
1,052 additional PCPs will be needed in Maryland by 2030

Petterson, Stephen M; Cai, Angela; Moore, Miranda; Bazemore, Andrew. State-level projections of primary care workforce, 2010-2030. September 2013, Robert Graham Center, Washington, D.C.
Maryland has the lowest rate of residents entering general practice

Percentage of residents entering into general practice (2011)

Source: GME in the United States: A Review of State Initiatives Program on Health Workforce Research and Policy at the Cecil G. Sheps Center for Health Services Research
Growth in Primary Care Residency Positions Lags Compared with Specialty Growth

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Growth Rate</th>
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</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>5.3%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>10.0%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>6.3%</td>
</tr>
<tr>
<td>All other (categorical only)</td>
<td>19.7%</td>
</tr>
</tbody>
</table>
A Family Practice Residency Will Help Meritus Achieve the Triple Aim

The IHI Triple Aim

Better care for individuals, better health for populations, lower per capita costs
Addressing the Triple Aim

• Training that is primarily in the ambulatory setting focused on the patients in the community we serve
• Training that emphasizes high quality and safe care with a curriculum that emphasizes reduction in harm measures such as the Maryland Hospital Acquired Conditions
• Training that emphasizes cost conscious care such as reducing unnecessary utilization of resources and reductions in readmissions.
• Training that emphasize team-based care and helps residents become effective team members and leaders
Improving Population Health

• Increased access to primary care through a resident clinic focused on meeting the needs of the chronically underserved/medically indigent patient

• Starting a Family Medicine Residency will allow us to “grow our own” medical staff and assist with recruitment