HNI healthcare™

Building Exceptional Graduate Medical Education Programs in the Community Hospital Setting

How HNI partnered with a regional health system and a leading medical school to build a GME program that balances the needs of all stakeholders

Aligning Academic & Clinical Missions: Building Graduate Medical Education in the Community Hospital Setting

Program Profile:

+ 2 regional hospitals with 500+ combined beds
+ Rapidly growing market in the Southwest
+ GME program in Internal Medicine started June 2024
+ 13 PGY-1 residents in first class across two locations
+ GME collaboration between regional health system & public university
+ Program priorities included:
  - Introduce GME with minimal disruption to clinical-operational results
  - Minimize burnout across all stakeholders
+ Now/next priorities:
  - Transitioning PGY-2 & integrating new PGY-1

Program Milestones:

- ✓ **Q3 2023 –** Hospital & University requested HNI to act as development partner for pending GME program
- ✓ **Q1 2024 –** Identified HNI physicians to serve as faculty providers
- ✓ **Q2 2024 –** Launched GME in IM / HM with 13 residents at two hospitals
- ✓ **Q3 2024 –** Expanded HNI-faculty census coverage based on positive performance & feedback
- ✓ **Q1 2025 –** Intentional rotation of HNI physicians into faculty
- ✓ **Q3 2025 –** 2nd PGY-1 class

Program Overview

HNI Healthcare was approached by a long-standing health system partner and a regional medical school in Q3 2023 concerning an opportunity to support a new Graduate Medical Education ("GME") program in Internal Medicine. The two groups had committed to collaborating on a GME program in the market but required a capable clinical partner that could support a rigorous academic program without disrupting two of the community's critical hospitals.

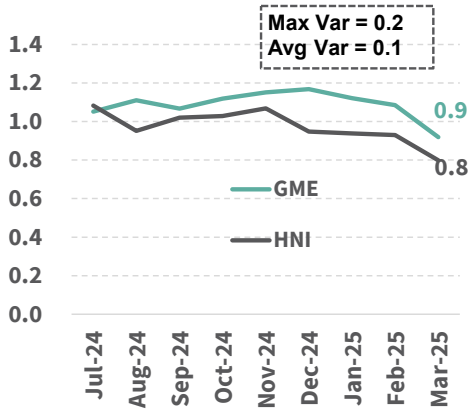
HNI quickly signed on to support the program. We were confident that our team, protocols, and VitalsMD® technology made HNI the best-equipped partner to build a program that supported medical education while ensuring clinical & operational discipline persisted across HNI & academic clinical teams.

Our Work & Results:

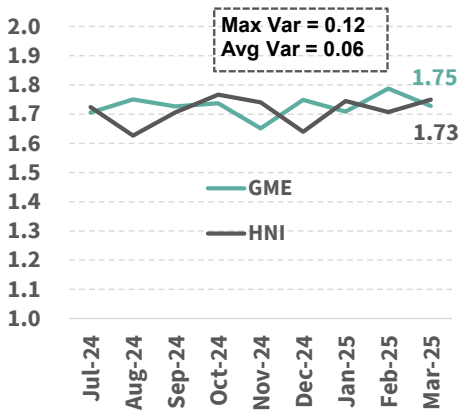
1. Identified strong HNI faculty leaders to guide program
2. Integrated our VitalsMD® tools and HNI-CORE best practices into the PGY-1 residency team & academic faculty onboarding
3. Launched GME program at two hospital facilities with dynamic resident scheduling across sites
4. ~9 months from first communication to PGY-1 Day 1
5. 13 PGY-1 residents & two faculty integrated in HM clinical team
6. GME Length of Stay Index (O/E) of 1.1 – directly in line with HNI Non-academic providers
7. CMI variability <1% between GME & HNI clinical teams

Measuring Clinical-Operational Alignment:

Observed / Expected LOS:



Hospital Medicine CMI:



Note: Based on hospital & HNI reported operating metrics (9 mos of activity)

Behind the Scenes

How We Did it:

HNI approached all facets of stakeholder engagement, program design, implementation & management with rigorous attention. We committed to ensuring success for the academic program without sacrificing patient care & safety or clinical- operational performance.

Our team's focus included:

1. Careful selection of HNI- faculty leaders– HNI currently provides 3/4 of all academic instruction for the program
2. Early decision to appropriately staff & rotate providers, thereby reducing faculty burnout risk and supporting resident engagement
3. Requirement that VitalsMD® care navigation tools & HNI-CORE principles be deployed across academic & faculty teams
4. HNI assumed a leadership role in clinical didactic sessions
5. HNI's "Business of Healthcare" instruction included in onboarding & education programing
6. Rigorous measurement & management throughout the program using VitalsMD®

Why it Matters:

Graduate Medical Education programs are a fundamental component of our health system. Their inclusion in community- health settings can create immense value for all partners.

1. Medical schools expand enrollment with additional training seats
2. Health systems expand clinical capacity while building a pipeline of future doctors
3. Both share in meaningful financial incentives from Medicare & CMS that support the program and further investment in the regional health ecosystem
4. Most importantly, patients & the surrounding community benefit from improving access and quality of well- trained clinical resources

However, there are risks when implementing a GME program, particularly in community hospitals (independent from an academic medical center).

1. Program deployments require capital investment to "fund the gap" between launching a 1st cohort and receiving CMS / DGME funding
2. Discussion of "burnout risk" is typically focused on residents but also applies to faculty – this is particularly true in community- based GME programs, given the requirement of carrying an often intense clinical load while guiding hands- on medical education
3. Introducing residents to the hospital setting can result in disruptions to clinical workflow – frequently cited causes include over-utilization of consults, lower attention to coding, and breakdowns in communication with case management / other resources
4. These breakdowns lead to longer length of stay, increased risks to patients, higher cost of care and worsening financial performance

If the challenges associated with implementing and managing a GME program are not addressed head-on, the unmanaged risks & costs may outweigh the many benefits.