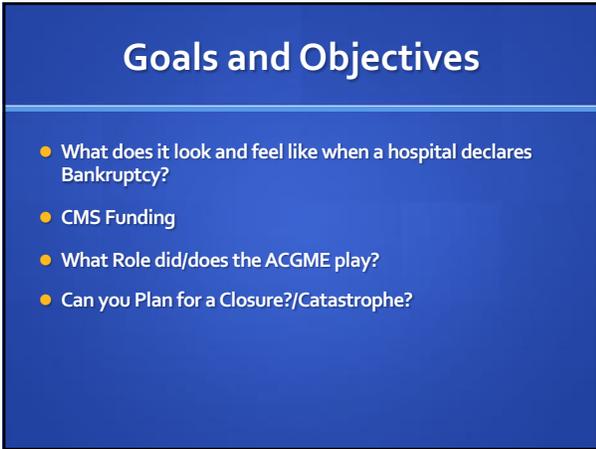




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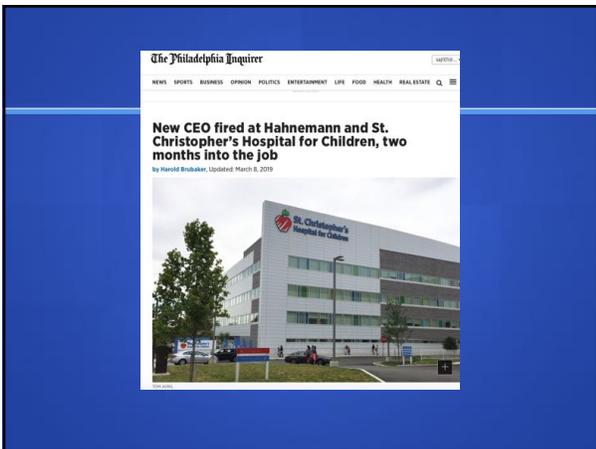
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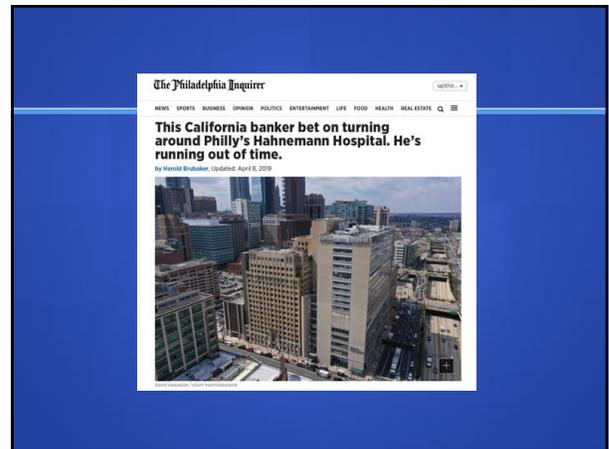
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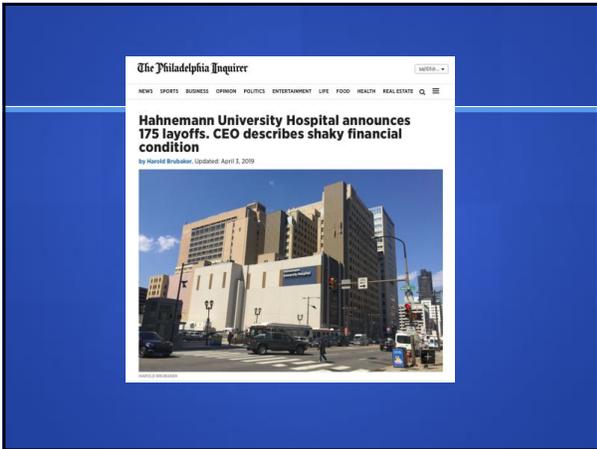
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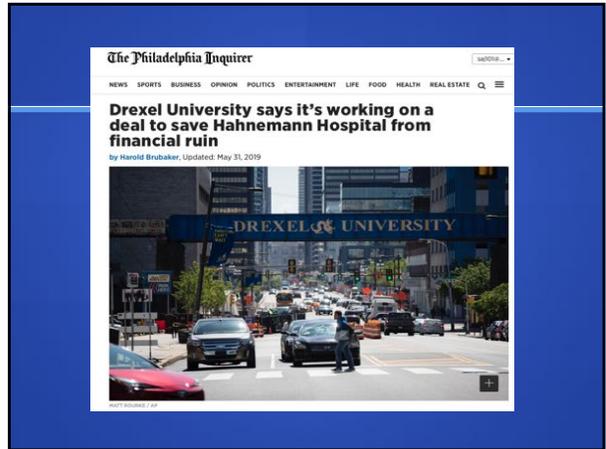
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A Look Back: Closures before us

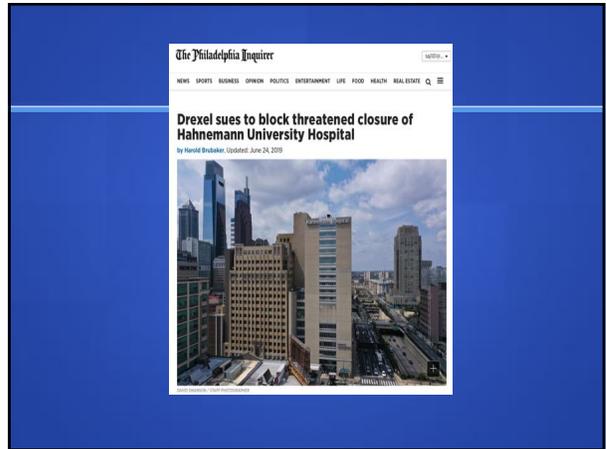
- Philadelphia
 - Graduate Hospital
 - Medical College of Pennsylvania
 - Safety Net Hospital
 - St. Vincent's Hospital

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GME

- During this time:
 - Confirmation that we were not over the CAP
 - DIO had not been notified of closure so continued with business as usual.
 - DIO discusses options with neighboring DIOs.
 - Believed there would have to be at least a 90 day notice as per requirements by the Pennsylvania Health Department

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It's Official

- June 26, 2019 Hahnemann Announces the hospital will close in 60 days.



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Chaos Unleashed

- Keep working and Interview!
- Residents: what are they going through?

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PD Thinking

- How can I minimize disruption in the lives of my residents?
- How many slots for each PGY level are there in Philadelphia?
- Get them out as soon as possible.

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Resident Thinking

- Can I get back home?
- What about my WEDDING? MY SCHEDULE? MY FELLOWSHIP?
- What about my family?
- What about my mortgage? Rent?
- It might be kind of nice to be in NYC!!!
- ECFMG's : Am I going to be deported

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The Turmoil of the Resident



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CMS \$\$\$\$

- The Business of GME
- Orphan Status:
- How Much and When

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ACGME

- Notice of the closure
- Updated the DIO daily of new openings for every residency type in the country
- Allowed programs to increase the number of spots temporarily
- Allowed programs to have unequal distribution of PGY level if desired

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ACGME

- Site Visits
 - After the news of impending bankruptcy
 - After the news of the residents not being released
- Communication with CMS for confirmation of Funding
- Legal Action
- Communication with DIO's nationwide after realization that residents and fellows will not go with 1/0.5 FTE

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ACGME AND FUNDING

1. Programs cannot/do not give interviews until ACGME allows them to open positions.
2. Institutions are not allowed to offer positions until it is clear that funding will go with the resident.

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Lessons Learned: Planning for the Unknown

- Do not think the institution thinks or cares about the residents
- Set up a consortium or meeting of the DIO's in proximity
- Keep residents continually apprised in order to decrease anxiety
- Know that CMS protects the resident funding following the resident to the next institution via CMS intermediaries
- PD to PD process
- Is there a real legally non discoverable reporting system to state a concern to the ACGME
- When an institution changes hands could there be a mandate for recommitment to the GME not every 5 years but annually?
- Should the CFO who signs the CMS cost report be accountable to the ACGME?
- Who should maintain the salary of the DIO?

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