Maple Mountain CONSORTIUM

GROWING VERMONT'S HEALTHCARE WORKFORCE

VERMONT'S FIRST RURAL TEACHING HEALTH CENTER FAMILY MEDICINE RESIDENCY TRAINING PROGRAM

FAMILY MEDICINE STRENGTHENS RURAL HEALTHCARE

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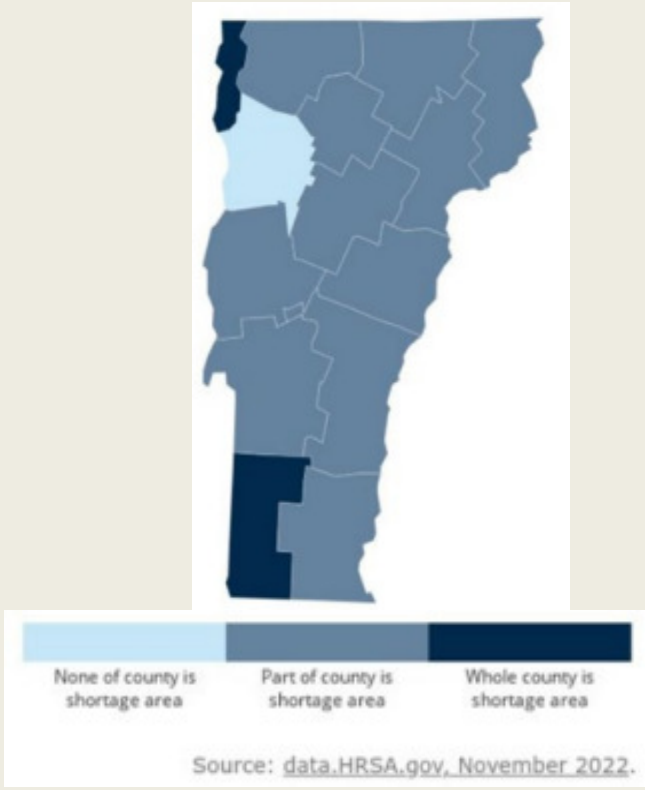
THE CURRENT CRISIS:

- Chronic disease is the number one cause of ***death*** in Vermont, aggravated by poor care access and adverse social determinants of health
- Vermont's elderly population is ***growing*** faster than other states
- Vermonters travel significant ***distances*** to reach primary care services
- Vermont has ***too few*** primary care providers for its population! Only 21.6 per 100,000; 80 per 100,000 is needed.
- Vermont's primary care physicians are ***aging***; 45% are over age 60
- Vermont's primary care workforce is ***shrinking;*** declined by 5% from 2020 to 2022!

Source: Vermont Department of Health 2022 Physician Census Statistical Report

Most of VT is a primary care shortage area!



IF THEY TRAIN HERE, THEY WILL STAY HERE!

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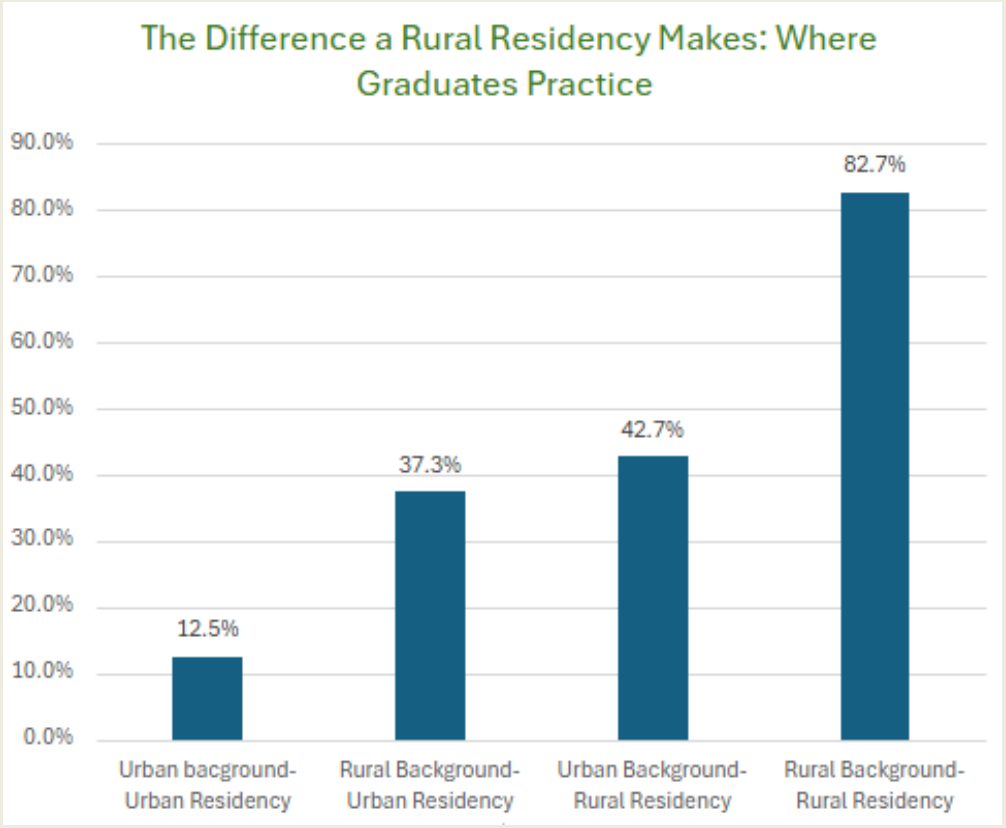
Most family medicine residents set up practice near where they trained.

- 63% stay within 100 miles and 57% within the same state.
  - UVM Family Medicine Program (2004-2024):
    - 58% have stayed in Vermont with the majority remaining in Chittenden county.
  - UVM Health Network Plattsburgh RURAL Family Medicine Program (2019-2024):
    - 54% have stayed in the Adirondack region or Vermont.

TRAINING RESIDENTS IN RURAL COMMUNITIES WORKS!



aafp.org, and Fafan EB et al. Fam Med. 2015

Health Serv Res. 2024 Feb;59(1):e14168. doi: 10.1111/1475-6773.14168.

WHY FAMILY MEDICINE?

Family medicine is best for rural areas.

- We treat patients of all ages with a wide range of conditions
- We understand medical complexity and social determinants of health
- We can manage most primary care problems without specialty referrals which helps preserve access to specialists for those who really need them

Growing Vermont's family medicine workforce will provide physicians who:

- Manage a wide spectrum of issues, optimize chronic disease management, and focus on prevention
- Provide earlier screening and detection resulting in less downstream need for expensive emergency, inpatient, and specialty care
- Become deeply integrated into the community, understand local health concerns, and advocate for their patients' unique needs
- Are committed to high quality evidence-based medicine, continuous quality improvement, and lifelong learning

Rural Practice. Keeping Physicians In (Position Paper) | AAFP; The Speciality of Family Medicine | AAFP

Slide 4

JK0 References related to low cost and efficient health care.

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WHY TRAIN IN THE FQHC AND SMALLER HOSPITALS?

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Training in health centers and small hospitals will produce primary care doctors who:

- Build strong local *networks* with their specialist and hospital colleagues
- Perform in highly coordinated multidisciplinary *teams*
- Refer to higher levels of care more *appropriately*
- Provide timely access to the right care, avoiding delayed, needlessly expensive care
- Are *prepared* to practice with limited rural resources
- Leverage telehealth and information technology for better patient outcomes
- Spur the *growth* of other professions and job opportunities in their communities

Rural Practice, Keeping Physicians In (Position Paper) | AAFP; The Speciality of Family Medicine | AAFP

Slide 5

JK0 References related to low cost and efficient health care.
John King, 2025-02-11T14:45:20.946

OUR APPROACH:

Six Vermont Federally Qualified Health Centers (FQHCs) came together to form **Maple Mountain Consortium**, a new institution committed to creating rural residency training programs to serve Vermont's needs. Our programs will deliver a novel curriculum within a rural FQHC paired with a local hospital partner, utilizing larger regional hospitals to enhance inpatient heavy disciplines. The Consortium collaborates with University of Vermont Medical Center, Geisel School of Medicine at Dartmouth, and a Northern New England learning collaborative to ensure robust educational programming and faculty development. The Consortium employs technical assistance from Bistate Primary Care Association, other Vermont FQHC's, and other stakeholders in the region.

FQHC	Local Hospital Partner	Regional Larger Hospital
Lamoille Health Partners	Copley Hospital	Central Vermont Medical Center
Gifford Health Care	Gifford Medical Center	Central Vermont Medical Center
Northern Counties Healthcare	Northeastern Vermont Medical Center	Central Vermont Medical Center
Northern Tier Center for health	Northwestern Medical Center	Northwestern Medical Center
Community Health Centers	Rutland Regional Medical Center	Rutland Regional Medical Center
North Star Health	Springfield Hospital	Rutland Regional Medical Center or Brattleboro

MAPLE MOUNTAIN MEMBERS

OUR FIRST FAMILY MEDICINE PROGRAM

- Application submitted for accreditation
- Two residents per year for a 3-year program at
  - Gifford Health Care, and
  - Lamoille Health Partners and Copley Hospital, in collaboration with
  - Central Vermont Medical Center
- Anticipate accreditation in April of 2025, ready to enroll residents in July 2026

This would add 12 physician trainees providing primary care to these communities, about half of whom would stay on after graduation, growing our workforce for years to come!

PROJECT TIMELINE

Phase 1: HRSA Planning & Development Grant. Awarded $500,000.

- **April 2023 - January 2025:** Stand up sponsoring institution; Develop family medicine curriculum; Recruit consortium partners, faculty & Program Administrator; Program accreditation site visit; Create financial proforma.
- **February 2025 - June 2025:** OneCare Vermont and UVM Medical Group provides funding for Program Administrator & Program Director

Phase 2: Funding Gap of $4.06M!

- **July 2025 – June 2029:** Secure funding prior to full HRSA funding; Recruit residents; Train faculty; Develop IT infrastructure; Engage other communities for resident experiences; Residents begin program on July 1, 2026.

Phase 3: THC Funding (HRSA) Federal funding $1,920,000 per year for 12 residents.

- **After July 2029:** Train Residents: 6 @ Lamoille Health Partners and Copley Hospital, 6 @ Gifford Health Care; Residents will provide 8,000 family physician visits per year; Ongoing faculty development; Research; Develop new sites in rural VT.

PROGRAM MAJOR CHALLENGE
RESIDENCY TRAINING COSTS

- **Current Residency Training Costs**
  - Median Per Resident Amount [PRA] AY 2022-2023 $209,623
  - THC GME funding per resident AY 2022-2023 $160,000
  - Covers 76% of true median cost of training
- **Vermont could experience higher Per Resident Amount**
  - Housing inventory shortages
  - Site travel/rotation could be higher than national averages
- **Federal Funding**
  - Bipartisan Primary Care and Health Workforce Act to increase THC GME funding
  - Funding could adjust per resident AY to $180,000

Source: Current resident training costs – Milken Institute School of Public Health, The George Washington University.

FUNDING GAP

NET REVENUE SUMMARY

		Acad Income	Clinic Income	Net Income	Cumulative Income
AY 25-26	Acad Yr 0	($804,870)	($462,398)	($1,267,268)	($1,267,268)
AY 26-27	Acad Yr 1	($892,845)	($298,705)	($1,191,550)	($2,458,819)
AY 28-29	Acad Yr 2	($780,361)	($154,752)	($935,113)	($3,393,931)
AY 29-30	Acad Yr 3	($703,319)	$33,976	($669,343)	($4,063,274)

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VALUE PROPOSITION

Maple Mountain Family Medicine Residency will produce 40 family doctors over ten years and more than 50% will stay.

The programs' Residents and Faculty will provide 12,000 annual visits for the hosting communities.

Access to primary care will lead to better health outcomes and lower costs.

**Source:https://www.aafp.org/pubs/fpm/issues/2007/0400/p44.html#:~:text=Over%20a%20number%20of%20years,visits%20per%20patient%20per%20year.*

Slide 11

JK0 Include populations of our MMC Counties?
John King, 2025-02-11T15:12:47.533

FEEL FREE TO REACH OUT TO US WITH QUESTIONS

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