

CULTIVATING THE PHYSICIANS OF THE FUTURE FOR INDIANA

PLEASE JOIN THE INDIANA GRADUATE MEDICAL EDUCATION BOARD IN A DISCUSSION REGARDING WAYS TO MEASURABLY EXPAND GME IN YOUR REGION.

Specific focus will be on the recent allocation of state funds toward assessing, developing, and expanding residency training programs. Development and expansion of physician training programs will not happen without local hospital and community engagement.

WHEN: JUNE 29TH, 2:00 - 4:00 PM

WHERE: THE COUNTRY CLUB OF INDIANAPOLIS
2801 COUNTRY CLUB ROAD
INDIANAPOLIS, IN 46234

RSVP: INDIANA COMMISSION FOR HIGHER EDUCATION,
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SPACE IS LIMITED; PLEASE RSVP VIA
EVENTBRITE BY JUNE 22ND
INGMEEXPANSIONCENTRAL.EVENTBRITE.COM

The Robert Wood Johnson Foundation recently released its 2016 County Health Rankings & Roadmaps report, which shows that multiple counties throughout Indiana took steps backward in vital health factors. Physician distribution to serve existing and newly insured Hoosiers is clustered in specific Indiana cities, mainly away from rural and urban, underserved areas. Couple this with demographic shifts, such as the aging rural physician workforce and the growth in the rural elderly and near-elderly population, the increased demand for primary care services is apparent statewide.

The perfect storm has arrived in Indiana. Indiana has successfully increased the number of medical school graduates, however we must provide residency positions to meet the needs of our current and future graduates, and provide those graduates with geographic options.

Medical education anchored in communities, nourished and funded through significant federal, state and local community support, and meaningfully connected to regional institutions, community-based centers, and local physicians in practice has great potential to address both present and future needs for physicians who provide care to our populations. Maintaining strong ties to the community improves clinical outcomes. As hospitals become responsible for health outcomes, strong community partnerships through medical education will become increasingly critical.

Ultimately, strengthening the recruitment and retention of primary care providers through pipeline efforts, such as developing GME programs in rural and underserved areas in Indiana, will increase access to care for at-risk populations and provide a broader array of services to patients in regions of need throughout Indiana.

