

MIDOCs Report

FY2022-23 Appropriation Act - Public Act 166 of 2022

Sec. 1870. (1) *From the funds appropriated in part 1 for hospital services and therapy, the department shall appropriate \$6,400,000.00 in general fund/general purpose revenue plus any contributions from public entities, up to \$5,000,000.00, and any associated federal match to the MiDocs consortium to create new primary care residency slots in underserved communities. The new primary care residency slots must be in 1 of the following specialties: family medicine, general internal medicine, general pediatrics, general OB-GYN, psychiatry, or general surgery.*

(2) *The department shall seek any necessary approvals from CMS to allow the department to implement the program described in this section.*

(3) *Assistance with repayment of medical education loans, loan interest payments, or scholarships provided by MiDocs shall be contingent upon a minimum 2-year commitment to practice in an underserved community in this state post-residency and an agreement to forego any sub-specialty training for at least 2 years post-residency with the exception of a child and adolescent psychiatry fellowship which must be integrated with a psychiatry residency training program in a MiDocs affiliated institution.*

(4) *The MiDocs shall work with the department to integrate the Michigan inpatient psychiatric admissions discussion (MIPAD) recommendations and, when possible, prioritize training opportunities in state psychiatric hospitals and community mental health organizations.*

(5) *The department shall maintain the MiDocs initiative advisory council to help support implementation of the program described in this section, and provide oversight. The advisory council shall be composed of the MiDocs consortium, the Michigan Area Health Education Centers, the Michigan Primary Care Association, the Michigan Center for Rural Health, the Michigan Academy of Family Physicians, and any other appointees designated by the department.*

(6) By September 1 of the current fiscal year, MiDocs shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office, on the following:

(a) Audited financial statement of per-resident costs.

(b) Education and clinical quality data.

(c) Roster of trainees, including areas of specialty and locations of training.

(d) Medicaid revenue by training site.

(7) *Outcomes and performance measures for this program include, but are not limited to, the following:*

(a) *Increasing this state's ability to recruit, train, and retain primary care physicians and other select specialty physicians in underserved communities.*

(b) *Maximizing training opportunities with community health centers, rural critical access hospitals, solo or group private practice physician practices, schools, and other community-based clinics, in addition to required rotations at inpatient hospitals.*

(c) *Increasing the number of residency slots for family medicine, general internal medicine, general pediatrics, general OB-GYN, psychiatry, and general surgery.*

(8) Unexpended and unencumbered funds up to a maximum \$6,400,000.00 in general fund/general purpose revenue plus any contributions from public entities, up to \$5,000,000.00, and any associated federal match remaining in accounts appropriated in part 1 for hospital services and therapy are designated as work project 235 appropriations, and any unencumbered or unallotted funds shall not lapse at the end of the fiscal year and shall be available for expenditures for the MiDocs consortium to create new primary care residency slots in underserved communities under this section until the work project has been completed. All of the following are in compliance with section 451a (1) of the management and budget act, 1984 PA 431, MCL 18.1451a:

(a) The purpose of the work project is to fund the cost of the MiDocs consortium to create new primary care residency slots in underserved communities.

(b) The work project will be accomplished by contracting with the MiDocs consortium to oversee the creation of new primary care residency slots.

(c) The total estimated completion cost of the work project is \$20,200,000.00.

(d) The tentative completion date is September 30, 2027.





FY 2022-23 MIDOCs Program Report

Submitted to fulfill the requirements of Public Act 166 of 2022, Section 1870 (6) By September 1 of the current fiscal year, MiDocs shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office, on the following: (a) Audited financial statement of per-resident costs. (b) Education and clinical quality data. (c) Roster of trainees, including areas of specialty and locations of training. (d) Medicaid revenue by training site.

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I. Executive Summary

Of Michigan's 83 counties, 75 have at least a partial designation as a primary care health professional shortage area (HPSA). The state Legislature appropriated \$6,400,000 in FY 2022-23 to provide funding for MIDOCs to recruit and retain physicians to address the physician shortage in both rural and urban underserved areas. The partnership of four medical schools who make up MIDOCs – Central Michigan University College of Medicine, Michigan State University College of Human Medicine, Wayne State University School of Medicine, and Western Michigan University Homer Stryker M.D. School of Medicine – will continue to increase the number of residency slots in the state and retain residents in primary care and other high-need specialties to practice in underserved communities after their training.

Many studies show that resident physicians who train in underserved community settings are nearly three times more likely to practice there after graduation. MIDOCs residencies are geared toward those who have a passion to spend their careers working with underserved and vulnerable populations. Therefore, MIDOCs residency programs include innovative models to support and train physicians to practice in community-based settings. Acceptance of a MIDOCs residency slot includes a two-year commitment to practice in a rural or urban underserved area in Michigan post-residency. MIDOCs also offers a loan repayment program for residents to help alleviate medical debt that may limit their choice of medical specialty or geographic location.

In this fifth year of the program, MIDOCs created eight slots in psychiatry, eight in family medicine, two in internal medicine, two in preventive medicine, two in pediatrics, and two in general surgery. Residency rotations take place in primary care and mental health shortage areas that include federally qualified health centers, community-based clinics, inpatient and community mental health centers, and ambulatory care clinics.

This report describes MIDOCs activities and results in FY 2022 to include: continuation of the program, the creation of twenty-four new residency slots, an overview of the MIDOCs residency programs to date, a financial statement that includes MIDOCs program costs, educational and clinical quality data, where MIDOCs graduates are working, and information on the trainees in the fifth cohort that started in July 2023.

II. Program Goals and Objectives

Since 2017, MIDOCs has worked with the Michigan Department of Health and Human Services (MDHHS) on the development of the MIDOCs Program that aims to recruit, train and retain providers with the goal of increasing access to care in rural and urban underserved communities in Michigan.

The goals of the MIDOCs Program are:

- To retain graduates in Michigan and in underserved areas;
- To achieve educational outcomes from an innovative educational curriculum (e.g. interprofessional education, telemedicine, population health, public health and community engagement, patient-centered medical home); and
- To improve clinical quality outcomes for Michigan residents.

To achieve these goals, MIDOCs increases the number of medical residency training slots in primary care and other high-need specialties. As medical school-based programs, the MIDOCs Graduate Medical Education (GME) programs include innovative curriculum elements and community-based models. The MIDOCs program includes a two-year commitment to practice in a rural or urban underserved area in Michigan post-residency. There is also assistance to repay eligible educational loans. The MIDOCs program aims to strengthen the ability of the health care workforce to improve health outcomes and increase access to care for underserved and vulnerable populations in Michigan.

III. Background and Overview

The majority of the State of Michigan has at least a partial designation as a primary care and/or mental health professional shortage area (HPSA). To recruit and retain physicians to address the physician shortage in both rural and urban underserved areas, MIDOCs was created to increase the number of residency slots in the state and to retain residents to practice in underserved communities after their training.

In FY 2017, the Michigan state Legislature appropriated \$500,000 in funds to develop an implementation plan, which included proposals from the four institutions for increasing residency slots to address the needs in their communities. Since then, \$27.9M of state appropriations, combined with contributions from the institutions and associated federal funds have been used to create 100 new residency slots.

With this funding, MIDOCs has expanded and developed Accreditation Council for Graduate Medical Education (ACGME)-accredited residency programs and, to date, recruited 100 new residents in primary care and other high-need specialties to address Michigan's physician shortage in medically underserved rural and urban communities. MIDOCs programs incorporate innovative teaching models with a focus on integrated care, the patient-centered medical home model, and the principles of health care reform, such as population health. In addition, MIDOCs programs utilize the established networks of federally qualified health centers, rural health centers, and other ambulatory clinical sites, as appropriate for each residency program. The residency rotation sites are located in primary care and mental health shortage areas that include federally qualified health centers, community-based clinics, inpatient and community mental health centers, and ambulatory care clinics.

MIDOCs believes that Michigan medical schools are a valuable resource and well-positioned to create innovative models for residency training that can strengthen the ability of the health care workforce to improve the health of Michigan's underserved and vulnerable populations. Through this program, MIDOCs is committed to recruiting and retaining providers to improve health outcomes in underserved communities across Michigan.

IV. FY 2022-23 Program Activities

This report provides an update on the funding and activities of MIDOCs for FY 2022-23 beginning October 1, 2022. The fifth year of the MIDOCs program included the creation of twenty-four new residency slots, and the recruitment of new residents for the fifth cohort that started in July 2023 for the Academic Year (AY) 2023-24.

A. FY 2022-23 Funding

The MIDOCs Program is funded through state appropriation, university funding, and federal sources. In FY 2022-23, the state Legislature appropriated \$6,400,000 for the MIDOCs Program, which was combined with university contributions and associated federal funds to create 24 new residency slots. To leverage state funding, the MIDOCs institutions work closely with MDHHS each year to obtain federal matching funds. In 2019, MDHHS submitted a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) to add the MIDOCs Program to the Graduate Medical Education (GME) Innovations Sponsoring Institutions Program, which was approved. Including the federal administrative match of fifty percent, up to \$20,000,000 in funding is available for institutions to support the expansion of residencies and retention of providers in high need specialties and areas in the state that will be able to increase access to care for Michigan Medicaid beneficiaries.

B. MIDOCs Administrative Structure

The central administrative functions for MIDOCs are governed by the MIDOCs Authority Board (“Board”) established in June 2018. The Board is comprised of two representatives from medical school leadership at each participating institution, which includes one representative with GME expertise. By majority vote of the other members, the Authority Board appoints one additional member. MIDOCs Board meetings are scheduled as needed to plan and manage the work and oversight of the MIDOCs program.

In addition to the Board, three additional committees guide program implementation. The GME representatives from the Board formed a separate GME Committee in October 2018. GME Committee meetings are scheduled periodically to discuss issues specifically related to the recruitment of residents and the educational components in the MIDOCs GME programs. The Board appointed representatives with finance expertise from each of their institutions form the Finance Committee. The Finance Committee oversees funds flow, financial reporting, and the development of program-specific and shared MIDOCs budgets. A committee for Government Relations also meets as needed. All three committees are governed by charters which outline their duties and authority. Each committee reports to the Board for final approval of designated activities and decisions. A list of Board and committee members can be found in **APPENDIX A**.

To establish the governance of the program and formalize the partnership between the four medical schools, the Board developed an Interlocal Agreement. The Interlocal Agreement was finalized and approved by the Governor July 30, 2020. Per the terms of the Interlocal Agreement, Bylaws, Committee Charters, Officers, Conflict of Interest and Ethics Policies have been established.

C. Management of Central Program Operations

MIDOCs Executive Director: Contracting with an existing entity that is appropriate and qualified to manage the operations of the MIDOCs program has facilitated the implementation of the program and reduced overhead costs. Based on the functions and infrastructure required to achieve the

goals and objectives of the MIDOCs program, the Board developed a description of the qualifications for the MIDOCs administrative entity and the role of an Executive Director. The Board released a Request for Proposals on July 8, 2019 and selected Michigan Health Council (MHC) to serve as their administrative entity. MHC and MIDOCs have been formally working together since April 2020.

MIDOCs Advisory Council: In 2019, key stakeholders were invited to participate in the MIDOCs Advisory Council (“Advisory Council”) to support the activities of the MIDOCs program. Advisory Council members include representatives from the following organizations: the Michigan Area Health Education Center, the Michigan Primary Care Association, the Michigan Center for Rural Health, the Michigan Academy of Family Physicians, and the Michigan State Medical Society. A list of Advisory Council members is provided in **APPENDIX A**.

Communications Plan: To build awareness and share updates with the general public and key stakeholders, MIDOCs distributes a series of press releases and social media posts throughout the year to coincide with residents’ application times, acceptance, program expansion, etc. In addition, MIDOCs maintains a website (michigandocs.org) with program information and resources. MIDOCs will continue to build on these communications for stakeholder engagement and for the recruitment of future cohorts of residents.

D. MIDOCs GME Program Implementation

Implementation of New Residency Slots: Institutions selected the number of new residency slots and specialty areas for the fifth cohort based on community needs and the availability of funding. During the fifth year, the institutions were able to expand existing programs in family medicine, internal medicine, preventive medicine, pediatrics, general surgery and psychiatry. As required, requests for the new residency slots were submitted and approved by the ACGME. Additional slots were added to programs at each of the four institutions for a total of twenty-four new residency slots. All MIDOCs residency programs are accredited by the ACGME. CMUCOM added two slots in Psychiatry and two in Family Medicine. MSUCHM added four slots in Psychiatry and two in Family Medicine. WSUSOM added three slots in Family Medicine-Urban Track and two in Preventive Medicine. WMed added two slot in Internal Medicine, one in Family Medicine, two in Pediatrics, two in Psychiatry and two in General Surgery. An overview of all residency slots and training sites is provided in **APPENDIX B**. A map of all MIDOCs training sites to date are provided in **APPENDIX C**. You can also view an interactive map on our website at michigandocs.org/residencies.

Recruitment of the Fifth Cohort: The fifth cohort of residents for the MIDOCs program was selected, once again, through the National Resident Matching Program (NRMP) process which opened in the fall of 2022. Medical students were invited for virtual interviews in November and December 2022, and ranking took place in January 2023. To help with recruitment, MIDOCs maintains a central website for residents that includes general information about the program along with Frequently Asked Questions. The four institutions filled all MIDOCs positions and new Resident Contracts were signed by July 2023.

Loan Repayment Program: The MIDOCs Program also provides loan repayment assistance for participating residents. Residents in the MIDOCs Program may receive up to \$75,000 for the

repayment of eligible loans. A loan repayment policy and procedure was developed by the finance committee and approved by the Board. Once a resident presents a qualifying employment contract, they are awarded \$5,000. When they begin the job, they are awarded \$35,000. After one year of employment, they are awarded the remaining \$35,000. Disbursements to date total \$115,000.

V. Results from the FY 2022-23 Application Period

A. Financial statements

Figure 1 shows the budget for the fourth year of the second cohort, and the third year of the third cohort, the second year of the fourth cohort, and the first year of the fifth cohort of residents for the Academic Year Ending (AYE) in June 2024 (July 2023 to June 2024) The total is just over \$17 million and includes estimated MIDOCs shared administrative expenses, residency training program costs, and a portion of the loan repayment incentive program. Annual institution budgets were developed based on the training costs for each program and vary based on specialty and the number of years of training. Family Medicine, Internal Medicine, Preventive Medicine and Pediatrics are three-year programs; Psychiatry, Obstetrics and Gynecology are four-year programs, and General Surgery is a five-year program.

This expenditure summary includes the program costs at each of the four institutions and \$205,777 in shared costs for the administration of the MIDOCs Program for a total of \$17,017,112. Disbursement of loan repayment awards to residents began AY 2021-22 and we are budgeting for the amount that will be needed for each resident and cohort over the course of 3-5 years.

Figure 2 shows the variance in budgeted vs. actual cost from July 1, 2022 to June 30, 2023.

FIGURE 1. MIDOCs Program Budget for the Period July 1, 2023 – June 30, 2024

CENTRAL MICHIGAN	
Resident salaries and benefits	1,398,052
Faculty and other direct costs	1,285,474
Loan repayment	375,000
Overhead costs	670,882
Shared administrative costs	51,500
Under/over-funded prior year costs	3,373
Total costs	\$3,784,281
MICHIGAN STATE	
Resident salaries and benefits	1,690,755
Faculty and other direct costs	1,941,160
Loan repayment	450,000
Overhead costs	1,199,613
Shared administrative costs	50,600
Under/over-funded prior year costs	1,260
Total costs	\$5,333,388
WAYNE STATE	
Resident salaries and benefits	1,140,513
Faculty and other direct costs	1,093,372
Loan repayment	300,000
Overhead costs	580,810
Shared administrative costs	50,000
Under/over-funded prior year costs	(267,330)
Total costs	\$2,897,366
WMED	
Resident salaries and benefits	1,766,655
Faculty and other direct costs	1,832,160
Loan repayment	500,000
Overhead costs	996,598
Shared administrative costs	53,677
Under/over-funded prior year costs	(147,013)
Total costs	\$5,002,077
GRAND TOTAL	\$17,017,112
Shared administrative costs	\$205,777

FIGURE 2. MIDOCs Reconciliation for the Period July 1, 2022 – June 30, 2023

	Budget	Actual	Variance
CENTRAL MICHIGAN			
Resident salaries and benefits	1,533,028	1,608,978	(75,950)
Faculty and other direct costs	1,482,864	1,347,718	135,146
Loan repayment	375,000	375,000	0
Overhead costs	753,973	755,345	(1,372)
Shared administrative costs	51,500	48,906	2,594
Total costs	\$4,196,365	\$4,135,947	\$60,418
MICHIGAN STATE			
Resident salaries and benefits	1,764,914	1,506,056	258,858
Faculty and other direct costs	919,161	1,263,424	(344,263)
Loan repayment	412,500	412,500	0
Overhead costs	919,904	847,112	72,792
Shared administrative costs	70,884	49,851	21,033
Total costs	\$4,087,363	\$4,078,943	\$8,420
WAYNE STATE			
Resident salaries and benefits	1,121,121	1,052,959	68,162
Faculty and other direct costs	900,757	863,647	37,110
Loan repayment	200,000	200,000	0
Overhead costs	525,688	498,318	27,370
Shared administrative costs	50,000	59,796	(9,796)
Total costs	\$2,797,566	\$2,647,720	\$122,846
WMED			
Resident salaries and benefits	1,330,635	1,232,786	97,849
Faculty and other direct costs	1,423,295	1,529,968	(106,673)
Loan repayment	425,000	400,000	25,000
Overhead costs	775,451	775,451	0
Shared administrative costs	52,114	52,114	0
Total costs	\$4,006,495	\$3,990,319	\$16,176
GRAND TOTAL	\$15,087,788	\$14,879,929	\$207,859

Total Residents Included in Budget	71
Cost Per Resident	\$209,576

B. Education and Clinical Quality Data

Descriptive data for the MIDOCs residency programs shows that educational initiatives and patient care settings include elements that will prepare MIDOCs residents to deliver high quality care in underserved areas in Michigan. The data provided in **Figure 3** describes the educational components and evaluation of resident performance for the MIDOCs residency programs for the cohort starting in AY 2023-22. The fourteen residency programs at the four institutions include training on how to use Electronic Health Records, training in practice management and leadership, evaluation on the ability to practice in teams, and participation in quality improvement training and projects.

The training curriculum for all fourteen programs includes SUD/opioid treatment, cultural competency and community outreach. Thirteen of the programs include primary care mental health treatment, care of the elderly and focused urban training while eight are focused on rural training. Other innovative and relevant initiatives in MIDOCs residency programs include diversity, equity and inclusion lectures, weekly pediatric care through an FQHC, child psychiatry, collaboration with family medicine for mental health services, and health disparities curriculum. In addition, MIDOCs residency programs include a significant portion of training at sites that serve racially and ethnically diverse and underserved populations. For example, one of the MIDOCs residency programs is 100% federally qualified health center (FQHC)-based and one program includes the care of primarily Latino and African American populations. Other programs address community mental health in rural areas of the state including the Upper Peninsula.

As residents complete their training programs and their 2-year post-residency practice commitment, MIDOCs plans to collect data on educational and program outcomes specific to each residency program. The first MIDOCs residents are scheduled to complete their post-residency commitment in July 2024, and thus, outcomes data is not yet available. Resident performance is evaluated using ACGME educational milestones organized around six ACGME core competencies: patient care, medical knowledge, systems-based practice, practice-based learning and improvement, professionalism, and interpersonal and communication skills. Institutions track the number of residents who successfully complete the program and additional educational outcomes data when available, such as results from residents' clinical quality improvement (CQI) initiatives, and descriptive data on the populations served at main training sites. CQI projects for these residency programs include topics that focus on – among other things – clinical interventions, population health, social determinants of health, and process improvement. Samples of CQI projects are provided in **Figure 3**. Results from one CQI project are provided in **Appendix E**.

Program outcomes will be collected at selected intervals after the completion of the MIDOCs program post-residency commitment and include, but are not limited to, the number of residents who are practicing in primary care or psychiatry, in rural or urban underserved settings, and in the state of Michigan.

FIGURE 3.

Descriptive Data on MIDOCs Residency Programs*

*Includes four psychiatry programs (MSUCHM (2), CMUCOM, WMed), four family medicine Programs (CMUCOM, MSUCHM, WSUSOM, WMed), and two internal medicine programs (WMed, CMUCOM), one preventive medicine program (WSUSOM), one pediatrics program (WMed), one OB/GYN program (MSUCHM) and one general surgery program (WMed).

Does your MIDOCs residency program include the following?	Yes
Training on how to use EHRs	14/14
Evaluation on ability to practice in teams	14/14
Training in practice management and/or leadership	14/14
Participation in quality improvement training and projects (CQI activities)	13/14
Curriculum includes community outreach	14/14
Curriculum includes cultural competency	14/14
Curriculum includes focused rural training	8/14
Curriculum includes focused urban training	13/14
Curriculum includes care of the elderly	13/14
Curriculum includes primary care mental health training	13/14
Curriculum includes training in SUD/opioid treatment	14/14

Other innovative/relevant initiatives
CENTRAL MICHIGAN UNIVERSITY
Diversity, Equity, and Inclusion Lectures and Discussion Across Specialties
The FQHC trialed a Family Medicine Pediatrics Clinic experience in the spring of 2022, and is now considering a permanent Family Medicine Peds Clinic to improve pediatric encounters open to all CMU FM residents
Plans moving forward with CMU Street Medicine and serving as primary care medical home for new The Well of Saginaw Men’s Shelter.
Residents have access to expanded outpatient procedural training opportunities through the FQHC’s procedure elective offering
Residents have been presenting and participating the FQHC’s own monthly Journal Club.
The program has developed and expanded a Community Medicine and Health Elective that gives residents the opportunity to spend time working in the variety of community health contexts. This elective gives the resident the chance to experience and see, first hand, the wide array of services offered by the FQHC, including elective time with our special immunology and HIV team, Vision/Eye Care Clinic, Physical Therapy, Nutrition Services, Behavioral Health and Social Work, SUD Services, Hearth Home/Community Health Work, and Clinical Pharmacy Team.
MICHIGAN STATE UNIVERSITY
MSU/Pine Rest (Psychiatry)
Consultation and ongoing lecturing with Family Practice Residency at Munson Medical Center
Longitudinal clinic rotation at the Assertive Community Treatment program with Northern Lakes Community Mental Health
Residents will participate in telehealth and child patient experiences
Residents participate in Street Medicine clinic with Munson Family Practice clinic to meet unhoused population where they are at to provide care

<p>The resident attends weekly case conferences and didactics Wednesday afternoons and Thursday afternoons throughout training each week during their 4 years of training. These seminars and case conferences include areas which focus on basic medical knowledge, psychiatric knowledge, DSM-5-TR, CQI, research, community care, practice management, outreach, cultural competency, geriatric psychiatry, CAP, SUD, forensic psychiatry, poster presentation, ethnic and cultural diversity, history of psychiatry, medical disparities, psychotherapy, ECT, C/L psychiatry, somatic symptom disorders, eating disorders, psychosis, mood disorders, and anxiety disorders.</p>
<p>Residents participate in psychiatric integrated care model with Munson Family Practice Clinic</p>
<p>Residents will begin working with Munson Outpatient Behavioral Health in late 2023 to expand treatment access for those experiencing substance use disorders under supervision of an Addiction Psychiatry Fellowship trained psychiatrist</p>
<p>Residents working with Child and Adolescent Psychiatry Fellowship trained psychiatrist to provide child and adolescent psychiatry services at Pine Rest Christian Mental Health Services Traverse City location (catchment area limited only to local community for residents)</p>
<p>MSU Psychiatry EL/Marquette</p>
<p>Collaborative care longitudinal rotation Family Medicine at UPHS-Marquette. In this setting the resident will work with FM residents during their mental health training.</p>
<p>Longitudinal rotation in the Community Mental Health setting-Northern Michigan.</p>
<p>The resident attends weekly case conferences and didactics Wednesday mornings and Thursday afternoons throughout training each week throughout their 4 years of training. These seminars and case conferences include areas which focus on, basic medical knowledge, psychiatric knowledge, DSM 5, CQI, research, community care, practice management, outreach, cultural competency, geriatric psychiatry, CAP, SUD, forensic psychiatry, poster presentation, ethnic and cultural diversity, history of psychiatry, medical disparities, psychotherapy, ECT, C/L psychiatry, somatic symptom disorders, eating disorders, psychosis, mood disorders, anxiety disorders.</p>
<p>During their PGY4 year each resident is assigned an administrative inpatient rotation.</p>
<p>MSU OB/GYN Corewell Health</p>
<p>Midwifery collaboration</p>
<p>Telehealth</p>
<p>The OBGYN Rural Track resident attends weekly didactics Wednesday mornings and dedicated rotation -specific didactic time throughout training each week throughout their 4 years of training. These seminars and case conferences include areas which focus on, basic medical knowledge, OBGYN knowledge, surgical and acute OB simulations, CQI, research, community care, practice management, outreach, cultural competency, SUD, poster presentation, ethnic and cultural diversity, medical disparities. OBGYN residents exposed to SUD in pregnancy and healthy Beginnings program and implicit bias training.</p>
<p>MSU/MyMichigan Family Medicine-Midland/Alpena</p>
<p>First year residents attend weekly didactic sessions on Wednesday mornings. Topics include procedural training, interviewing skills, behavioral health topics, research training, wellness and longitudinal inpatient topics.</p> <p>Alpena second-year residents came back to Midland to join their class for a month-long rotation called Clinical Seminars where topics are taught classroom style and in the community, including occupational medicine, community medicine, professionalism and ethics, health systems management, practice management, budgets and investments, women’s health, MSK topics, Geriatrics, and research.</p>

WMED
Outpatient and inpatient care for underserved populations
100% FQHC-based, both outpatient and inpatient care
Care of racially and ethnically diverse populations (primarily Latino and African American)
Dedicated care of Veterans
Specialty-specific rural track at critical access sites
WAYNE STATE UNIVERSITY
Preventive Medicine residents have started their public health research at Michigan Dept. of Corrections facilities.
Family Medicine residents provide outpatient and inpatient care for underserved communities (primarily Latino and African American) through their work at CHASS and Henry Ford Hospital.
Telehealth – efforts will continue to evolve as the pandemic eases, but the increased access to care has identified the benefits of telehealth opportunities.
Preventive Medicine residents must complete an MPH degree while in residency, they are able to do that tuition free as part of their employment with WSU
Health disparities curriculum – each residency has developed a robust health disparities curriculum to enhance the resident’s education in this area. Residents and faculty collaborate with community partners and university specialists to develop quality improvement projects designed to improve health outcomes for underserved populations.
Preventive Medicine residents may provide patient care and research public health issues through the Detroit and Wayne County Health Departments

Main Site or Continuity Clinic - Patient-centered Medical Home (e.g., NCQA, MI-BCBS)
CENTRAL MICHIGAN UNIVERSITY
Great Lakes Bay Health Centers (Patient Centered Medical Home, Federally Qualified Health Center)
CMU Health Clinic
MICHIGAN STATE UNIVERSITY
MSU/Pine Rest (Psychiatry)
Pine Rest/MSU – PGY1 and 2 at Grand Rapids Pine Rest Campus
Pine Rest/MSU – PGY3 and 4 collaboration with Munson Medical Center in Traverse City
MSU Psychiatry EL/Marquette
MSU-Department of Psychiatry PGY 1 and 2
UPHS-Marquette PGY 3 and 4 - MSU
MSU OB/GYN Corewell Health
Corewell Health United Hospital – Greenville, MI – MSU OB/GYN
Corewell Health Butterworth hospital - Grand Rapids, MI
Corewell Health Helen de Vos Children's Hospital, Grand Rapids MI
Mercy Health Saint Mary Hospital, Grand Rapids, MI
MSU/MyMichigan Family Medicine-Midland/Alpena
PGY1 – MyMichigan Midland Family Practice Center
PGY2/3 - Alpena – Alcona Health Center Ossineke

WMED
WMed Health - Internal Medicine
Family Health Center-Kalamazoo
WMed Health – Family Medicine – Crosstown Parkway
WMed Health - Psychiatry
WMed Health - Pediatrics
WMed Health - Surgery
WMed Health - Family Medicine
WAYNE STATE UNIVERSITY
Community Health & Social Services Center (CHASS) Detroit – WSU FM
Ascension Providence Rochester Hospital – WSU TY/PM
Covenant Community Care (WSU PM)
Health Centers of Detroit (WSU PM)
Wayne Health, 400 Mack Ave., Detroit (WSU FM)

CQI Projects
CENTRAL MICHIGAN UNIVERSITY
<p>DEI Book Drive for Kids In honor of Black History Month, the residents held a book drive to purchase books at the 0-5-year-old reading level focused on Diversity, Equity, and Inclusion and to be handed out in the clinics during children’s doctor appointments.</p>
<p>Adulthood for Dummies Doctors QI Module to assist resident physicians to understand financial approaches better as new residents are transitioning from full-time students to learner and employee.</p>
<p>Role of IgG against N-protein of SARS-CoV2 in COVID19 clinical outcomes This study recommends that titers of IgG targeting N-protein of SARS-CoV2 at admission is a prognostic factor for the clinical course of disease and should be measured in all patients with SARS-CoV2 infection.</p>
<p>Lack of tocilizumab effect on mortality in COVID19 patients This study discusses off-label tocilizumab use in COVID-19 patients which reflects concern for cytokine release syndrome.</p>
<p>Reconsider Your Pain Killer; A Case of Aspirin Toxicity Poster presentation at ACP Michigan</p>
<p>Simple clinical clues to identify Serotonin syndrome in an unresponsive patient Case Report Presentation at SCCM Michigan Chapter</p>
<p>Deception at its best: An unusual presentation of SARS-COVID 19 Infection Presented at ACP Michigan Chapter</p>
<p>Pulmonary nontuberculous mycobacterial disease in Florida and association with large-scale natural disasters Publication in BMC Public Health</p>
<p>Comparative Admission Rates and Infection Severity of COVID 19 Among Unvaccinated and Vaccinated Patients at a Medium Sized Hospital in Saginaw, Michigan Poster Presentation</p>
<p>MiR 208a Regulates Mitochondrial Biogenesis in Metabolically Challenged Cardiomyocytes Publication</p>
<p>Psychological Effects of Screen Time in Health Care Workers During the COVID-19 Pandemic Publication</p>

Improving inpatient admission accuracy: Inpatient admission form that meet the current inpatient criteria for admission Quality Improvement Project
Patient placement resources following inpatient hospitalization Quality Improvement Project
Improving the Pipeline: High School Grad path for starting a medical career in psychiatry Experiential Learning Conference
Assessment of Cognition- Comparison of the Montreal Cognitive assessment (MoCA) and Cognivue Research Project
Improving QI involvement during residency Quality Improvement Project
Psychiatry Community Resources Compilation of resources and groups in the community for mental health, substance use, etc. that can be given to patients at time of discharge.
Paliperidone Induced Hypertriglyceridemia Resulting in Acute Interstitial Pancreatitis: A Case Report Publication in The Primary Care Companion for CNS Disorders
Importance of Cultural Sensitivity in the Management of First Episode Psychosis Poster Presentation
Comparative Admission Rates and Infection Severity of COVID 19 Among Unvaccinated and Vaccinated Patients Publication in Journal of Investigative Medicine
Thyrotoxicosis Associated with Sinus Node Dysfunction and Pulseless Arrest Presented at ACP Michigan Chapter
Identifying Malignancy from a Diagnosis of Cold Agglutinin Disease Presented at ACP Michigan Chapter
POET Trial for oral transition of antibiotics in endocarditis Landmark Trial Presentation
The Blood-Brain Barrier and Pharmacokinetic/Pharmacodynamic Optimization of Antibiotics for the Treatment of Central Nervous System Infections in Adults. Publication in Antibiotics
MICHIGAN STATE UNIVERSITY
MSU/Pine Rest (Psychiatry)
The role of inpatient psychiatric hospitalization for patients in crisis: A conceptual review – Discussion on the behavioral health continuum of care to enhance continuum of care discussions to ensure patient access at appropriate level of care
Lab ordering in the (inpatient) psychiatric setting – intent to develop best practices and context-specific lab ordering recommendations
Psilocybin’s efficacy with regards to treatment-resistant depression
Chicken or the Egg: Phenytoin Toxicity induced Othello Syndrome in the setting of Right Prefrontal Insult
Concordance of Self-reported Drug Use and Urine Drug Screening at a Psychiatric Urgent Care Center
The psychiatric sequelae of the COVID-19 Pandemic in adolescents, adults, and healthcare workers
Kynurenine Pathway in Suicidal Youth: IDO1 mRNA as a Promising Biomarker for Suicidal Ideation and Attempt

MSU Psychiatry EL/Marquette
<p>Coordination and Outreach in the Upper Peninsula Hired an associate program director and assistant coordinator in February 2020 to help develop rotations and make connections in the Upper Peninsula. Rotation development for the rural track was coordinated by the UP program team and East Lansing team through weekly meetings and reaching out to health care centers in the Upper Peninsula to establish rotations: VA Clinic, Outpatient Psychiatry at UPHSM, CMH with Northpointe, Family Medicine Clinic at UPHSM.</p>
MSU OB/GYN Spectrum
<p>Community Outreach with Grace Tables: Helping Teenage Mothers 2020 partnered with MSU grant “The National Alliance for Innovation on Maternal Health—Community Care Initiative (AIM-CCI)”</p>
<p>Resident Bias/Racism training: - 4 sessions with Healthy Start certified health equity trainer through academic year - Data has been pulled and analyzed and abstract submitted to the American Public Health Association</p>
MSU/MyMichigan Family Medicine-Midland/Alpena
PGY2 residents in Alpena are looking into the quality and access to care the members of the LGBTQ community have in a rural area.
WMED
<p>Effect of a Mandatory Study Regimen on ITE Scores The purpose of this study was to evaluate the effects of required and regimented study protocols on ITE scores in family medicine residents.</p>
Assess use of US in outpatient clinic record: patient MRN, provider, when, what was imaged (indication, frequency of use, smart phrase used)
Assess and Improve Colorectal Cancer Screening (age 50-75), UPDATE ages and screening methods, given recent USPSTF 2021 recommendations
Develop, disseminate EPIC templates and smart phrases
<p>Pediatrician Practices Regarding Collection of Educational Information for Patients with ADHD After obtaining baseline data regarding pediatrician practices of collecting educational records, initiate a QI initiative to increase the frequency of educational record incorporation into the EHR using PDSA cycles. This includes sending a reminder 2 weeks prior to their appointment to parents to bring these documents to their upcoming ADHD visit and education regarding standardized naming conventions to be used for documents uploaded to the EHR.</p>
<p>Clinical Practice Guideline: Inpatient Pediatric Behavioral Health & Aggressive Patients Developed a clinical practice guideline to help nurses and physicians better care for patients admitted to pediatrics for behavioral health concerns while awaiting inpatient psychiatric placement.</p>
<p>Healthy Kids Read This project is seeking to improve children’s access to books. As limited access often results in poor health outcomes and educational and earning disadvantages, this program was founded in order to improve community access by providing age-appropriate books free of charge to our patients 6 to 18 years of age seen for their annual physical.</p>

WAYNE STATE UNIVERSITY
Barriers to Care for Suicidal Patients Post-Discharge Address barriers to care upon discharge for patients with suicidal ideations including follow ups and resources upon discharge.
Limited English Proficiency Patients Discrepancy in duration of hospitalization and readmissions.
Improving BMI Management Plans
Improving Diabetic Control in an Urban FQHC Goal to improve diabetic control in an urban FQHC setting among a large population of diabetic patients. This will encompass traditional medical management and intense patient education with frequent follow-up until A1C goals are met.
Empowering Medical Assistants to Identify and Respond to Abnormal Vital Signs An Educational Intervention. Podium presentation at the Department of Family Medicine & Public Health Sciences Research Day. Detroit, MI. <i>This presentation received an award for best resident project.</i>

C. Roster of trainees, including areas of specialty and locations of training

Twenty-four residents entered the MIDOCs Program in AY2023-24. Please see **Figure 4** for the list of MIDOCs residents in the fifth cohort starting in July 2023. The areas of specialty and associated sponsoring institutions are noted. A complete list of all MIDOCs residents, including previous cohorts, is available on our website at michigandocs.org.

FIGURE 4.
Fifth Cohort of MIDOCs Residents; Starting AY2023-2

Name	Area of Specialty	Sponsoring Institution
Lisette Estrada	Psychiatry	Central Michigan University College of Medicine
Ahmad Shereef Zaky	Psychiatry	Central Michigan University College of Medicine
Uzma Bejna	Family Medicine	Central Michigan University College of Medicine
Rachel Swanson	Family Medicine	Central Michigan University College of Medicine
Olivia Han	Psychiatry	Michigan State University College of Human Medicine
Brandon Prochazka	Psychiatry	Michigan State University College of Human Medicine
Emily Taylor Kurth	Psychiatry	Pine Rest Christian Mental Health Services/MSU Psychiatry Residency
Alexa Magsoudi	Psychiatry	Pine Rest Christian Mental Health Services/MSU Psychiatry Residency
Dylan Haas	Family Medicine	MyMichigan Medical Center-Midland/Alpena Family Medicine Residency Program/MSUCHM
Ashton Lewandowski	Family Medicine	MyMichigan Medical Center-Midland/Alpena Family Medicine Residency Program/MSUCHM

Leen Alrashed	Family Medicine Urban Track	Wayne State University School of Medicine
Inaam Mohammed	Family Medicine Urban Track	Wayne State University School of Medicine
Saboria Thomas	Family Medicine Urban Track	Wayne State University School of Medicine
Ammy Ghosh	Preventive Medicine	Wayne State University School of Medicine
Beza Mengesga	Preventive Medicine	Wayne State University School of Medicine
Penny Bowser	Family Medicine	Western Michigan University Homer Stryker M.D. School of Medicine
Allan Omete	Internal Medicine	Western Michigan University Homer Stryker M.D. School of Medicine
Hansen Tang	Internal Medicine	Western Michigan University Homer Stryker M.D. School of Medicine
Amber Campbell	Pediatrics	Western Michigan University Homer Stryker M.D. School of Medicine
Meagan Nguyen	Pediatrics	Western Michigan University Homer Stryker M.D. School of Medicine
Michael Bourgoin	Psychiatry	Western Michigan University Homer Stryker M.D. School of Medicine
Larry Wang	Psychiatry	Western Michigan University Homer Stryker M.D. School of Medicine
Nathaniel Huhta	General Surgery	Western Michigan University Homer Stryker M.D. School of Medicine
Daniel VanZweden	General Surgery	Western Michigan University Homer Stryker M.D. School of Medicine

D. Medicaid Revenue by Training Site

MIDOCs residents train in a variety of sites including hospitals, FQHCs and VA clinics. While Medicaid revenue is not available to MIDOCs, we have provided a detailed list of training sites by institution in **Appendix B** as well as a map in **Appendix C**.

E. MIDOCs Physicians Go To Work in Michigan

MIDOCs participants with signed employment contracts are listed in **Figure 5** along with where they will be working. In 2022, four MIDOCs physicians went to work around the State. This year, an additional 14 primary care physicians from the program are working in underserved rural and urban areas of Michigan. Another twenty-two physicians will complete residency in 2024 and are currently interviewing for employment in anticipation of continuing their work with the underserved populations of Michigan. A map of working MIDOCs physicians is available in **Appendix D** and an interactive version can be found on our website at michigandocs.org.

**FIGURE 5.
MIDOCs Residents Working in Michigan**

Began work in 2022

Name	Specialty/Residency	Employer
Brandon Manderle	Family Medicine/WMed	Portage Physicians PC, Portage
Michael Baumgartner	Internal Medicine/WMed	Lakeland Hospitals, Niles and St. Joe
David Kazanowski	Family Medicine/Wayne	Alcona Health Center
Alicia Steele	Family Medicine/Wayne	American Indian Health & Family Svcs, Detroit

Beginning work in 2023

Name	Specialty/Residency	Employer
Christopher Robertz	Family Medicine, CMU	Great Lakes Bay Health Centers, Saginaw
Fermin Rankin	Family Medicine, CMU	Great Lakes Bay Health Centers, Saginaw
Shweta Kambali	Internal Medicine, CMU	McLaren Bay Region
Nadim Kanaan	Internal Medicine, CMU	MyMichigan Medical Group, Midland
Jissely Salcedo	Psychiatry, CMU	Saginaw Cooperative Hospitals, Inc.
Christopher Le	Psychiatry, CMU	Macomb County Community Mental Health (Clinton Township, MI)
Tovah Aho	Psychiatry, MSU	Interviewing
Martin Dukaj	Family Medicine Urban Track, Wayne	Ascension Medical Group Cornerstone Garfield Family Practice (Clinton Township, MI)
Abdullah Hafid	Preventive Medicine, Wayne	Interviewing
Beza Sahlie	Preventive Medicine, Wayne	Interviewing
Simeen Khan	Family Medicine, Wayne	Postponed graduation until December 2023
Nathan Demchuk	Internal Medicine, WMed	Bronson Internal Medicine-John St.
Nicole (Garton) Fleddermann	Pediatrics, WMed	WMED Department of Pediatric and Adolescent Medicine
Yan Qi	Pediatrics, WMed	Bronson Methodist Hospital (Bronson Newborn Hospital Specialists)

VI. Plans for FY 2023-24 Application Period

New residency slots will be added based on the availability of additional funding from state, local and federal sources, assessment of community needs, and the feasibility of implementation. MIDOCs is continually researching innovative ways to expand the number of residency slots and training sites with other funding.

Participating institutions continue to look at adding additional slots in psychiatry, family medicine, internal medicine, preventive medicine, pediatrics, OB/GYN, and general surgery. Institutions who do not already have them, continue to explore the feasibility of starting new residency programs, such as preventive medicine or a track with a rural focus, that will be tailored to training residents to practice in underserved areas and to address critical health care needs. This has already been done with UP Health System-Marquette and Pine Rest for psychiatry, and MyMichigan Medical Center for family medicine in Alpena and Midland. Further evaluation of residency program capacity and budgets are currently being conducted and the Board will make the final determination of slots prior to the start of the 2024 Match process.

**APPENDIX A.
MIDOCs ADVISORY COUNCIL MEMBERS**

John Barnas
Executive Director
Michigan Center for Rural Health
909 Wilson Road, B218
West Fee Hall
East Lansing, MI 48824

Karlene Ketola, MSA, CAE
CEO
Michigan Academy of Family Physicians
Francis P. Rhoades Center
2164 Commons Parkway
Okemos, MI 48864

Rebecca Blake
Sr. Director of Health Care Delivery and
Education
Michigan State Medical Society
120 W. Saginaw Street
East Lansing, MI 48823

Phillip Berquist
CEO
Michigan Primary Care Association
7215 Westshire Drive
Lansing, MI 48917

Robert Flora, MD, MBA, MPH
Chief Academic Officer/ VP of Academic Affairs
McLaren Health Care
One McLaren Parkway
Grand Blanc, MI 48439

Leon Hudson Jr., MPH, EMNO
Project Manager
Michigan Area Health Education Center
4201 St. Antoine Blvd, Suite 9A, Box 325
Detroit, MI 48201

Jisselly Salcedo, MD
MIDOCs Cohort 1 Resident, Psychiatry
Central Michigan University
College of Medicine

Tiffany Truong, MD
MIDOCs Cohort 4 Resident, Pediatrics
Western Michigan University
Homer Stryker M.D. School of Medicine

David Westphal, MD
MIDOCs Cohort 3 Resident, Family Medicine
MyMichigan Medical Center – Midland Family
Medicine Residency Program/MSUCHM

Cameron Schaecher, MD
MIDOCs Cohort 4 Resident, Internal Medicine
Western Michigan University
Homer Stryker M.D. School of Medicine

APPENDIX A. (continued)
MIDOCs BOARD MEMBERS

Mark Brieve
Director, Community & Government Relations
MSU College of Human Medicine

Carly Burkett
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Western Michigan University
Homer Stryker M.D. School of Medicine

Dave Grecko, III
Director of State Affairs
Wayne State University

Stacey Hettiger
Director, Medical and Regulatory Policy
Michigan State Medical Society

Anne Messman, MD
Assoc. Dean of Graduate Medical Education/DIO
Vice Chair of Education for the Department of
Emergency Medicine
Wayne State University School of Medicine

David Overton, MD
Associate Dean, Graduate Medical Education
Western Michigan University
Homer Stryker M.D. School of Medicine

Randy Pearson, MD
Assistant Dean, Graduate Medical Education
MSU College of Human Medicine

Toby Roth, Jr.
Associate Vice President
Government & External Relations
Central Michigan University

Lori Straube
Associate Dean, Administration and Finance
Western Michigan University
Homer Stryker M.D. School of Medicine

Mary Jo Wagner, MD
Chief Academic Officer/DIO
Central Michigan University
CMU Medical Education Partners

Non-Voting Members

Bethany Figg
Graduate Medical Education Accreditation Manager
Central Michigan University
CMU Medical Education Partners

Amy Hoge
Executive Director
MIDOCs

APPENDIX A. (continued)
OTHER MIDOCs COMMITTEES REPORTING TO THE AUTHORITY BOARD

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Associate Dean, Administration and Finance
Western Michigan University
Homer Stryker M.D. School of Medicine

Carly Burkett
Manager, Finance & Accounting
Western Michigan University
Homer Stryker M.D. School of Medicine

Martha Jordan
Administrative Director
Graduate Medical Education
Wayne State University

Rio Benavidas
Financial Manager, Health Affairs
Wayne State University

Randy Pearson, MD
Assistant Dean, Graduate Medical Education
Michigan State University
College of Human Medicine

Karen Crosby, CFO
Michigan State University
College of Human Medicine

Bradley Kline, CFO
Michigan State University
College of Human Medicine

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Central Michigan University
CMU, College of Medicine

JD McBrayer
Director of Finance
Central Michigan University
CMU Medical Education Partners

Ryan Marlette
Chief Financial Officer
Central Michigan University
CMU Medical Education Partners

Amy Hoge
Executive Director, MIDOCs

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Wayne State University

Mark Brieve
Director, Community & Government Relations
Michigan State University
College of Human Medicine

Fred Schaible
Assistant Vice President of Government Affairs
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Megan Morris
Government Relations Associate
Central Michigan University

Toby Roth, Jr.
Interim Vice President
Government & External Relations
Central Michigan University

Amy Hoge
Executive Director
MIDOCs

APPENDIX A. (continued)
OTHER MIDOCS COMMITTEES REPORTING TO THE AUTHORITY BOARD

Graduate Medical Education Committee

Mary Jo Wagner, MD
Chief Academic Officer/DIO
Central Michigan University
CMU Medical Education Partners

Carissa O’Neill, MA
Director of Academic Affairs
Pine Rest Christian Mental Health Services
Michigan State University – College of Human
Medicine

Bethany Figg
Graduate Medical Education Accreditation Manager
Central Michigan University
CMU Medical Education Partners

Amy Hoge
Executive Director, MIDOCs

David Overton, MD
Associate Dean, Graduate Medical Education
Western Michigan University
Homer Stryker M.D. School of Medicine

Anne Messman, MD
Assoc. Dean of Graduate Medical Education/DIO
Vice Chair of Education for the Department of
Emergency Medicine
Wayne State University School of Medicine

Martha Jordan
Administrative Director
Graduate Medical Education
Wayne State University

Randy Pearson, MD
Assistant Dean, Graduate Medical Education
Michigan State University
College of Human Medicine

Alyse Folino Ley DO, FACN
Associate Professor
Psychiatry/Child & Adolescent Psych Residency
Director
Department of Psychiatry
Michigan State University

**APPENDIX B.
OVERVIEW OF MIDOCs RESIDENCY SLOTS FOR COHORTS 1-4 BY INSTITUTION**

Central Michigan University College of Medicine

RESIDENCY TYPES (# OF YEARS) AND NUMBER OF RESIDENTS:	Psychiatry (4 years)	8
	Family Medicine (3 years)	6
	Internal Medicine (3 years)	5
TOTAL NUMBER OF RESIDENTS:		19
TRAINING SITES AND ADDRESSES:		
Psychiatry	HealthSource Saginaw 3340 Hospital Road, Saginaw, MI 48603	
	Community Mental Health for Central Michigan 301 South Crapo Street, Suite 200, Mt. Pleasant, MI 48858	
	Aleda E. Lutz VA Medical Center 1500 Weiss Street, Saginaw, MI 48602	
	Victory Clinic 508 Shattuck Road, Saginaw, MI 48604	
	Great Lakes Bay Health Centers 501 Lapeer Avenue, Saginaw, MI 48607	
	Westlund Guidance Clinic 203 S. Washington Avenue, Saginaw, MI 48607	
	Covenant Healthcare 900 Cooper Avenue, Saginaw, MI 48602	
	Ascension St. Mary's 800 S. Washington Avenue, Saginaw, MI 48601	
	CMU Health 1000 Houghton Avenue, Saginaw, MI 48602	
Family Medicine	CMU Health 1000 Houghton Avenue, Saginaw, MI 48602	
	Great Lakes Bay Health Centers 501 Lapeer Avenue, Saginaw, MI 48607	
	Covenant Healthcare 900 Cooper Avenue, Saginaw, MI 48602	
	Ascension St. Mary's 800 S. Washington Avenue, Saginaw, MI 48601	
	HealthSource Saginaw 3340 Hospital Road, Saginaw, MI 48603	
Internal Medicine	CMU Health 1000 Houghton Avenue, Saginaw, MI 48602	
	Aleda E. Lutz VA Medical Center 1500 Weiss Street, Saginaw, MI 48602	
	Covenant Healthcare 900 Cooper Avenue, Saginaw, MI 48602	
	Ascension St. Mary's 800 S. Washington Avenue, Saginaw, MI 48601	

Michigan State University College of Human Medicine

RESIDENCY TYPES (# OF YEARS) AND NUMBER OF RESIDENTS:	Psychiatry (4 years)	14
	OB/GYN (4 years)	2
	Family Medicine (3 years)	4
TOTAL NUMBER OF RESIDENTS:		20
TRAINING SITES AND ADDRESSES:		
Psychiatry	UP Health System-Marquette 580 W. College Avenue, Marquette, MI 49855	
	Pathways Community Mental Health 200 W. Spring Street, Marquette, MI 49855	
	Marquette County 25th Circuit Court, Family Division 234 W. Baraga Ave., Marquette, MI 49855	
	MSU Health Practices 909 Wilson Rd. B119, East Lansing, MI 48824	
	Livingston Community Mental Health 622 East Grand River Howell, MI 48843	
	Hurley Medical Center 1 Hurley Plaza Flint, MI 48503	
	Sparrow Health System 1215 E. Michigan Ave. Lansing, MI 48912	
	Clinton Eaton Ingham County Community Mental Health 812 E. Jolly Rd., Lansing, MI 48910	
	McLaren GEMS Unit 2727 S. Pennsylvania Ave., Lansing, MI 48910	
	Marquette Branch Prison 1960 US Highway 41 S, Marquette, MI 49855	
	Lake Superior Life Care & Hospice 914 W Baraga Ave, Marquette, MI 49855	
	Northpointe Behavioral Healthcare Systems 401 10th Ave, Menominee, MI 49858	
	Upper Great Lakes Marquette Family Health Center 1414 W Fair Ave Ste 249, Marquette, MI 49855	
	Pine Rest 300 68th Street SE, Grand Rapids, MI 49548	
	Spectrum Health Butterworth Hospital 100 Michigan Street NE, Grand Rapids, MI 49503	
	Munson Medical Center 1105 6th Street, Traverse City, MI 49684	
	Mercy Health Saint Mary's 200 Jefferson Avenue SE, Grand Rapids, MI 49503	
	Network180 790 Fuller Avenue NE, Grand Rapids, MI 49503	

Psychiatry (cont.)	Kent County Correctional Facility 701 Ball Avenue NE, Grand Rapids, MI 49503
	Northern Lakes Community Mental Health 105 Hall St Suite A, Traverse City, MI 49684
	Northern Lakes Community Mental Health 527 Cobb St, Cadillac, MI 49601
OB/GYN	Corewell Health Butterworth 100 Michigan St NE, Grand Rapids, MI 49503
	Mercy Health 200 Jefferson Ave SE, Grand Rapids, MI 49503
	Corewell Health United Hospital 615 S Bower St, Greenville, MI 48838
	Corewell Health Big Rapids 605 Oak St, Big Rapids, MI 49307
	Helen Devos Children's Hospital 100 Michigan St NE, Grand Rapids, MI 49503
Family Medicine	PGY1 Residents MyMichigan Medical Center – Midland 4000 Wellness Drive, Midland, MI 48670
	PGY2 and PGY3 Residents MyMichigan Medical Center – Alpena 1501 W Chisholm St, Alpena, MI 49707

Wayne State University School of Medicine

RESIDENCY TYPES (# OF YEARS) AND NUMBER OF RESIDENTS:	Family Medicine-Urban Track (3 years)	10
	Preventive Medicine (3 years)	6
TOTAL NUMBER OF RESIDENTS:		16
TRAINING SITES AND ADDRESSES:		
Family Medicine	Henry Ford Hospital – Detroit 2799 W. Grand Blvd, Detroit, MI 48202	
	Children's Hospital of Michigan 3901 Beaubien, Detroit, MI 48201	
	Ascension Providence Rochester Hospital 1101 W. University, Rochester, MI 48307	
	The Community Health and Social Services Center (CHASS) 5635 W. Fort Street, Detroit, MI 48209	
Preventive Medicine – Transitional Year	Ascension Providence Rochester Hospital 1101 W. University, Detroit, MI 48307	
	John D Dingell VA Medical Center 4646 John R St, Rochester, MI 48201	
Preventive Medicine – Categorical Years	Health Centers of Detroit 4201 St. Antoine, 7A UHC Detroit, MI 48201	

Preventive Medicine – Categorical Years (cont.)	Detroit Department of Health and Wellness 1151 Taylor St Detroit, MI 48202
	Wayne County Health, Veterans, and Community Wellness 33030 Van Born Wayne, MI 48184
	Michigan Department of Corrections Various site in Southeastern MI

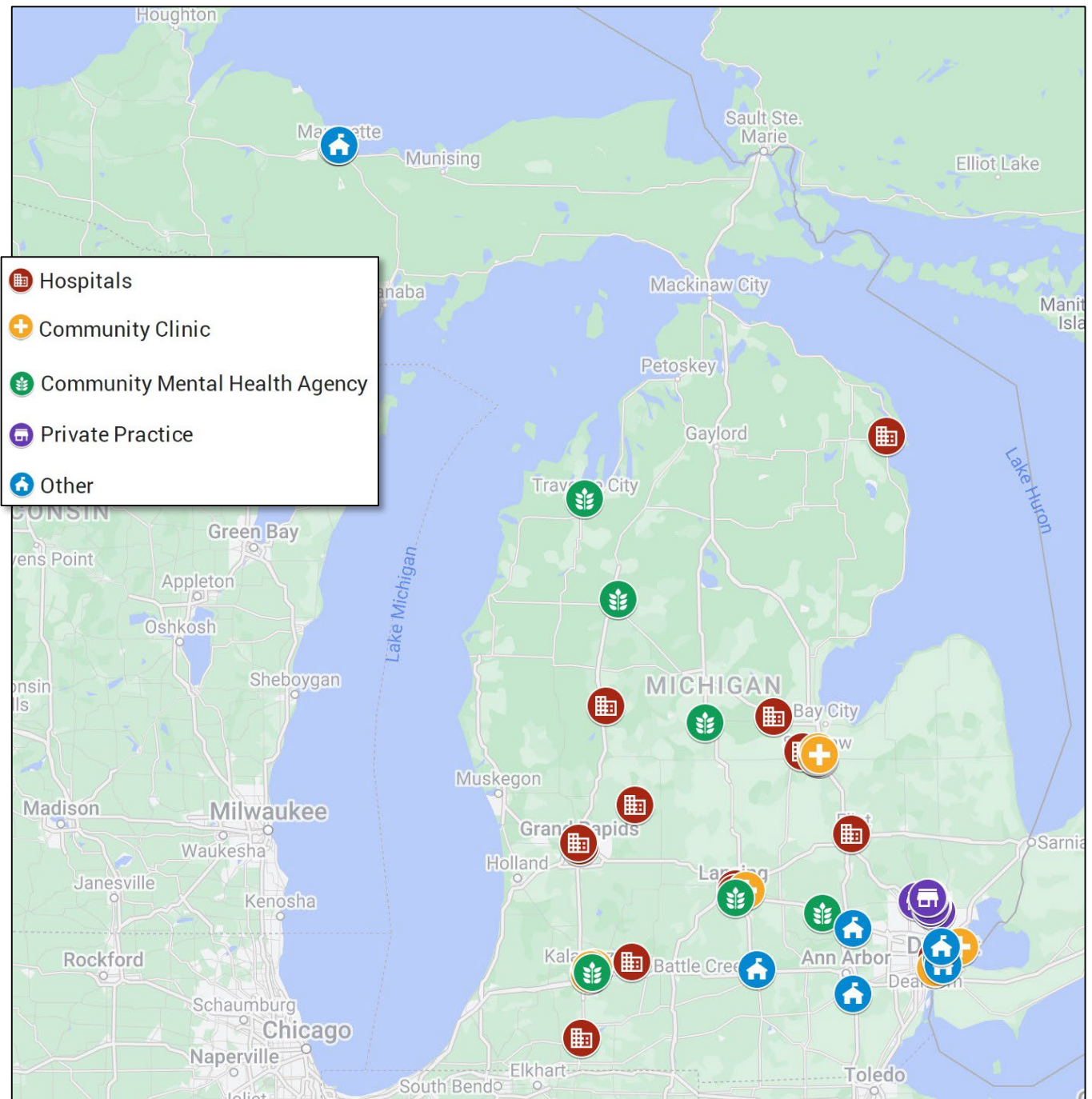
Western Michigan University Homer Stryker M.D. School of Medicine

RESIDENCY TYPES (# OF YEARS) AND NUMBER OF RESIDENTS:	Internal Medicine (3 years)	3
	Family Medicine (3 years)	3
	Pediatrics (3 years)	5
	Psychiatry (4 years)	3
	General Surgery (5 years)	3
TOTAL NUMBER OF RESIDENTS		17
TRAINING SITES AND ADDRESSES:		
Internal Medicine	Bronson Methodist Hospital 601 John Street, Kalamazoo, MI 49007	
	Ascension Borgess Hospital 1521 Gull Road, Kalamazoo, MI 49048	
	WMed Health, 1000 Oakland Drive, Kalamazoo, MI 49008	
	Battle Creek Veterans Administration Medical Center 5500 Armstrong Rd, Battle Creek, MI 49037	
Family Medicine	Family Health Center of Kalamazoo 117 W. Paterson Street, Kalamazoo MI 49007	
	Bronson Methodist Hospital 601 John Street, Kalamazoo, MI 49007	
	Ascension Borgess Hospital 1521 Gull Road, Kalamazoo, MI 49048	
	Kalamazoo Community Mental Health 418 W. Kalamazoo Avenue, Kalamazoo MI 49007	
	WMed Family Medicine – Crosstown Parkway 555 Crosstown Parkway, Kalamazoo, MI 49008	
	WMed Health, 1000 Oakland Drive, Kalamazoo, MI 49008	
Pediatrics	Bronson Methodist Hospital 601 John Street, Kalamazoo, MI 49007	
	Spectrum Health – Helen DeVos Children’s Hospital, 100 Michigan St NE, Grand Rapids, MI 49503	
	WMed Health, 1000 Oakland Drive, Kalamazoo, MI 49008	
Psychiatry	WMed Health 1000 Oakland Drive, Kalamazoo, MI 49008	
	Ascension Borgess Hospital 1521 Gull Road, Kalamazoo, MI 49048	

Psychiatry (cont.)	Kalamazoo Community Mental Health 418 W. Kalamazoo Avenue, Kalamazoo MI 49007
	Battle Creek Veterans Administration Medical Center 5500 Armstrong Rd, Battle Creek, MI 49037
	Pine Rest Christian Mental Health Services 300 68th Street SE, Grand Rapids, Michigan
	Forest View Hospital 1055 Medical Park Dr SE, Grand Rapids, MI 49546
General Surgery	WMed Health 1000 Oakland Drive, Kalamazoo, MI 49008
	Bronson Methodist Hospital 601 John Street, Kalamazoo, MI 49007
	Ascension Borgess Hospital 1521 Gull Road, Kalamazoo, MI 49048
	Ascension Borgess Allegan Hospital 555 Linn St, Allegan, MI 49010
	Three Rivers Health 701 S Health Pkwy, Three Rivers, MI 49093
	Henry Ford Health System 2799 W. Grand Blvd, Detroit, MI 48202

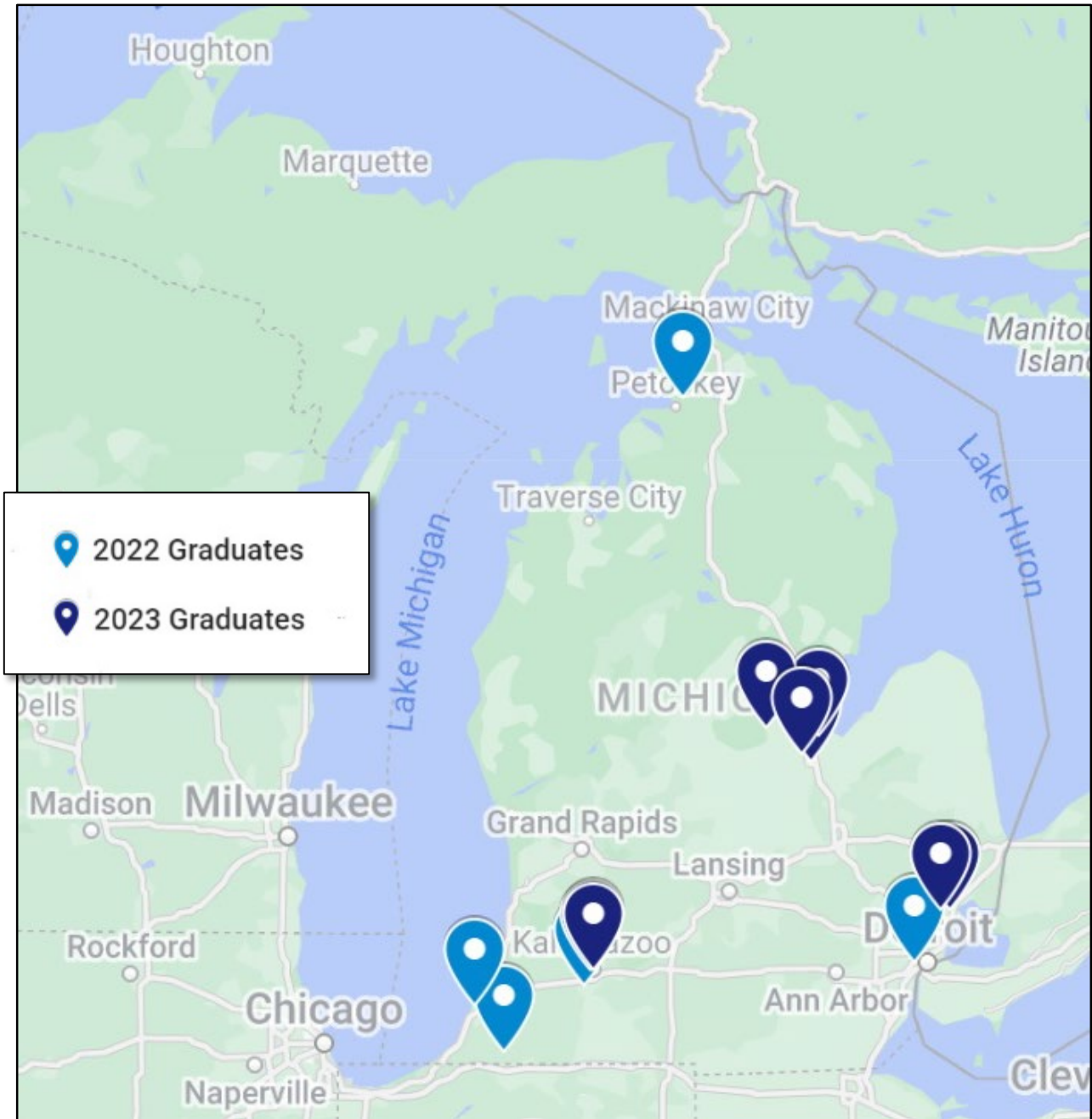
**APPENDIX C.
MAPS OF MIDOCs TRAINING SITES**

To help address community need and provide the best training possible to MIDOCs residents, new residency training sites are continually being added and expanded as resources allow. MIDOCs residency rotation sites are in primary care and mental health shortage areas and provide care to Michiganders through hospitals, community clinics, community mental health agencies, private practices and more. View an interactive map of current training locations on our website at www.michigandocs.org



**APPENDIX D.
MAP OF MIDOCs EMPLOYMENT SITES**

MIDOCs residents have a passion for working with vulnerable populations and received specific training during residency to work in rural and urban underserved areas. Post-residency, MIDOCs doctors go to work in primary care and mental health shortage areas and provide care to Michiganders through hospitals, community clinics, community mental health agencies, private practices and more. View an interactive map of current employment locations on our website at www.michigandocs.org



APPENDIX E. RESULTS FROM A CQI PROJECT

QI Project

Universal screening of skin condition in adolescent population using Dermatology Life Quality Index (DLQI) questionnaire

Yan Qi, PGY3, Pediatrics

Western Michigan School of Medicine

Problem: chief complaint of skin condition is common in pediatric population, due to high prevalence of acne in adolescent population. Poorly controlled skin condition worsened common psychiatric co-morbidities such depression and anxiety. Providers often forget to address skin condition during routine well visits. Adolescent patients have poor follow up rate and high no show rate to routine well visits, which makes addressing skin problems difficult.

Intervention: Universal screening of adolescent's skin condition and effects on their quality of life at well and sick visits using standard questionnaire could improve management of skin issues in adolescent population.

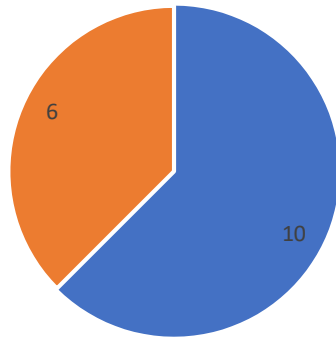
Data collection: pilot study using Dermatology Life Quality Index (DLQI) questionnaire. The questionnaires were distributed to adolescent patients at WMED pediatrics clinic from 7/2022 to 6/2023.

Results: 16 adolescent patients at WMED Pediatrics Clinic answered the survey. The age ranges from 12 to 19. Female to male ratio is 1:1.

6 out of 16 patients identified that their skin condition is affecting their life negatively. Out of the 10 questions, adolescent patients

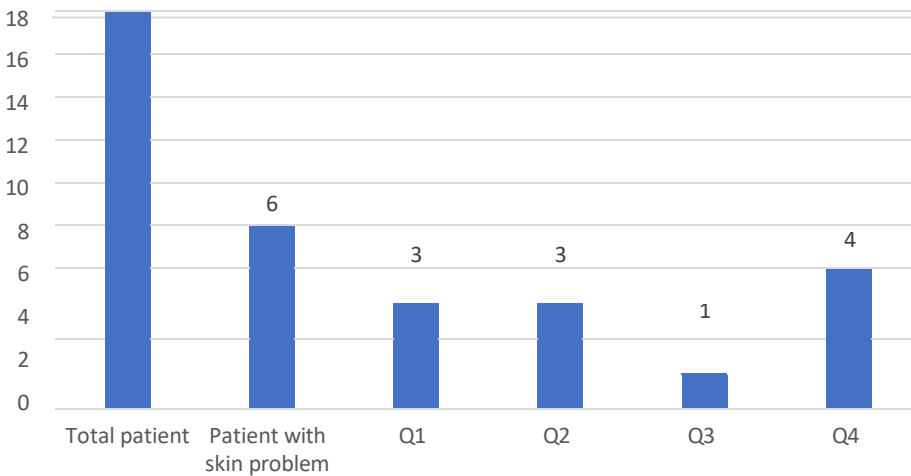
answered yes to questions 1-4. The issues that our adolescent patients encountered the most include: how itchy, sore, painful or stinging skin (Question 1), feeling embarrassed or self-conscious because of skin (question 2), skin interfering with daily life (shopping, gardening, etc.) (questions 3), skin affecting the clothes one is wearing (question 4). 0 patient answered yes to questions 5-10.

Amount of patients with skin complaint



■ Patients without skin issues ■ Patients with skin issues

Dermatology Quality of Life Index Survey Results



Conclusion:

Skin problems are very prevalent in the adolescent population at our clinic. 37.5% of the patients responded to the DQLI questionnaire endorsed having some level of skin problems. My initial pilot survey of a small amount of patients showed that incorporating a universal skin screening questionnaire (DQLI) at all adolescent visits could identify adolescent patients who usually will forget to bring skin concern as a complaint.