

MIDOCs Report

FY2021-22 Appropriation Act - Public Act 87 of 2021

Effective Date: September 29, 2021

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 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, 2026.





FY 2021-22 MIDOCs Program Report

Submitted to fulfill the requirements of Public Act 87 of 2021, 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 2021-22 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 fourth year of the program, MIDOCs created seven slots in psychiatry, nine in family medicine, three in internal medicine, two in preventive medicine, two in pediatrics, and one 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 2021 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 currently available, and information on the trainees in the fourth cohort that started in July 2022.

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 Educations (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, \$21.5M of state appropriations, combined with contributions from the institutions and associated federal funds have been used to create 76 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 76 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 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 2021-22 Program Activities

This report provides an update on the funding and activities of MIDOCs for FY 2021-22 beginning October 1, 2021. The fourth year of the MIDOCs program included the creation of twenty-four new residency slots, and the recruitment of new residents for the fourth cohort that started in July 2022 for the Academic Year (AY) 2022-23.

A. FY 2021-22 Funding

The MIDOCs Program is funded through state appropriation, university funding, and federal sources. In FY 2021-22, 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. In addition, one resident from each MIDOCs cohort serves on the Advisory Council. This year, the annual Advisory Council meeting will take place on August 9, 2022. 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 has created 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 fourth cohort based on community needs and the availability of funding. During the fourth year, the institutions again approved the expansion of 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, two in Family Medicine, and two in Internal Medicine. MSUCHM added four slots in Psychiatry and three in Family Medicine. WSUSOM added three slots in Family Medicine-Urban Track and two in Preventive Medicine. WMed added one slot in Internal Medicine, one in Family Medicine, two in Pediatrics, one in Psychiatry and one 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**. View an interactive map on our website at michigandocs.org/residencies.

Recruitment of the Fourth Cohort: The fourth cohort of residents for the MIDOCs program was selected, once again, through the 2022 National Resident Matching Program (NRMP) process which opened in the fall of 2021. Due to the covid pandemic, medical students were, once again, invited for virtual interviews in November and December 2021, and ranking took place in January 2022. 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 2022.

NRMP Exception: Although residency slots for MIDOCs cohorts have been successfully filled each year, MIDOCs once again requested an NRMP All in Policy Exception for future cohorts. An exception would facilitate the ability of institutions to recruit students specifically for the MIDOCs residency slots outside of the Main Residency Match process for other residency slots. Evaluation criteria for exception requests include specialty, stated need for the program, degree to which the innovative curriculum or program differs from the traditional program track, aspects of the opt-out provision for applicants, and program outcomes. The most compelling reason to be exempted from the Match is that the residents must sign the MIDOCs contract if selected, which adds another legally binding aspect to the Match commitment. A request form was submitted to the NRMP in 2018, 2019, 2020 and 2021, however, the NRMP Board of Directors did not approve the requests. MIDOCs has no plans for submitting additional NRMP Exception Applications at this time.

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 \$20,000 (4 first installment payments to residents with employment contracts).

V. Results from the FY 2022 Application Period

A. Financial statements

Figure 1 shows the budget for the third year of the second cohort, and the second year of the third cohort, and the first year of the fourth cohort of residents for the Academic Year Ending (AYE) in June 2023 (July 2022 to June 2023) The total is approximately \$15 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 \$224,498 in shared costs for the administration of the MIDOCs Program for a total of \$14,678,076. 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 1. MIDOCs Program Budget for the Period July 1, 2022 – June 30, 2023

CENTRAL MICHIGAN	
Resident salaries and benefits	1,533,028
Faculty and other direct costs	1,482,863
Loan repayment	375,000
Overhead costs	753,972
Shared administrative costs	51,500
Total costs	\$4,196,363
MICHIGAN STATE	
Resident salaries and benefits	1,764,914
Faculty and other direct costs	919,161
Loan repayment	412,500
Overhead costs	919,904
Shared administrative costs	70,884
Total costs	\$4,087,363
WAYNE STATE	
Resident salaries and benefits	1,121,121
Faculty and other direct costs	900,757
Loan repayment	200,000
Overhead costs	525,688
Shared administrative costs	50,000
Total costs	\$2,797,565
WMED	
Resident salaries and benefits	1,330,635
Faculty and other direct costs	1,423,295
Loan repayment	425,000
Overhead costs	775,451
Shared administrative costs	52,114
Total costs	\$4,006,495
GRAND TOTAL	\$15,087,786
Shared administrative costs	\$224,498

Figure 2 shows the variance in budgeted vs. actual cost for the third year of the first MIDOCs cohort (8 residents; 2 per university), the second year of the second cohort (24 residents; 6 per university) and the first year of the third cohort (20 residents; 5 per university) from July 1, 2021 to June 30, 2022.

**FIGURE 2. MIDOCs Reconciliation for Cohort 1, Year Three, Cohort 2, Year Two and Cohort 3, Year One
(July 1, 2021 – June 30, 2022)**

	Budget	Actual	Variance
CENTRAL MICHIGAN			
Resident salaries and benefits	1,018,627	1,036,322	(17,695)
Faculty and other direct costs	950,954	946,672	4,282
Loan repayment	187,500	187,500	0
Overhead costs	551,483	545,169	6,314
Shared administrative costs	50,000	46,274	3,726
Total costs	2,758,564	2,761,937	(3,373)
MICHIGAN STATE			
Resident salaries and benefits	901,220	935,917	(34,697)
Faculty and other direct costs	795,708	840,343	(44,635)
Loan repayment	262,500	262,500	0
Overhead costs	594,366	520,906	73,460
Shared administrative costs	48,295	43,683	4,612
Total costs	2,602,089	2,603,349	(1,260)
WAYNE STATE			
Resident salaries and benefits	951,586	991,762	(40,176)
Faculty and other direct costs	860,700	367,754	492,946
Loan repayment	50,000	50,000	0
Overhead costs	471,194	675,650	(204,456)
Shared administrative costs	50,000	30,984	19,016
Total costs	2,383,480	2,116,150	267,330
WMED			
Resident salaries and benefits	1,000,395	908,127	92,268
Faculty and other direct costs	1,038,433	1,036,849	1,584
Loan repayment	325,000	275,000	50,000
Overhead costs	579,462	579,462	0
Shared administrative costs	50,596	47,435	3,161
Total costs	2,993,886	2,846,873	147,013
GRAND TOTAL	\$10,738,019	\$10,328,309	\$409,710

Total Residents Included in Budget	52	
Cost Per Resident	\$198,621	

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 2022-23. 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 primary care mental health treatment and cultural competency. Thirteen of the programs include community outreach, care of the elderly and training in SUD/opioid treatment. Twelve programs include focused urban training and 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 post-residency practice commitment, MIDOCs plans to collect data on educational and program outcomes specific to each residency program. The first MIDOCs residents graduated June 2022, 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**.

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	13/14
Curriculum includes cultural competency	14/14
Curriculum includes focused rural training	8/14
Curriculum includes focused urban training	12/14
Curriculum includes care of the elderly	13/14
Curriculum includes primary care mental health training	14/14
Curriculum includes training in SUD/opioid treatment	13/14

Other innovative/relevant initiatives
CENTRAL MICHIGAN UNIVERSITY
Diversity, Equity, and Inclusion Lectures and Discussion Across Specialties
New weekly pediatric outpatient experience at the FQHC which has opened to the MIDOCs residents as well as all FM residents in the residency program.
MIDOCs residency opportunities now include HIV and Hepatitis C Virus treatment and integrated care with onsite social work, behavioral health and Substance Use Disorder services.
Nov. 2022 FM MIDOCs will be integrated with the interdisciplinary group of Child and Adolescent Behavioral Health Services, OB/GYN Services, Physician Therapy, and Pharmacy services at the FQHC.
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
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.

MSU Psychiatry EL/Marquette
Collaborative care longitudinal rotation Family Medicine at UPHS-Marquette. In this setting the resident will work with FM residents during their mental health training.
Longitudinal rotation in the Community Mental Health setting-Northern Michigan.
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.
During their PGY4 year each resident is assigned an administrative inpatient rotation.
MSU OB/GYN Spectrum
Midwifery collaboration
Telehealth
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.
MSU/MyMichigan Family Medicine-Midland/Alpena
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.
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 Spectrum
Spectrum Health United Hospital – Greenville, MI – MSU OB/GYN
Spectrum Health Butterworth hospital - Grand Rapids, MI
Spectrum Health Helen de Vos Children's Hospital, Grand Rapids MI
Mercy Health Saint Mary Hospital, Grand Rapids, MI
MSU/MyMichigan Family Medicine-Midland/Alpena
Midland/Alpena - Alcona Health Center Ossineke
WMED
WMed Health - Internal Medicine
Family Health Center-Kalamazoo
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)

CQI Projects
CENTRAL MICHIGAN UNIVERSITY
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.
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.
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>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>
<p>Improving inpatient admission accuracy: Inpatient admission form that meet the current inpatient criteria for admission Quality Improvement Project</p>
<p>Patient placement resources following inpatient hospitalization Quality Improvement Project</p>
<p>Improving the Pipeline: High School Grad path for starting a medical career in psychiatry Experiential Learning Conference</p>
<p>Assessment of Cognition- Comparison of the Montreal Cognitive assessment (MoCA) and Cognivue Research Project</p>
<p>Improving QI involvement during residency Quality Improvement Project</p>
<p>MICHIGAN STATE UNIVERSITY</p>
<p>MSU/Pine Rest (Psychiatry)</p>
<p>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</p>
<p>Lab ordering in the (inpatient) psychiatric setting – intent to develop best practices and context-specific lab ordering recommendations</p>
<p>Psilocybin’s efficacy with regards to treatment-resistant depression</p>
<p>MSU Psychiatry EL/Marquette</p>
<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
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)”
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
WMED
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.
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
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.
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.
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.
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.

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

Twenty-four residents entered the MIDOCs Program in AY2022-23. Please see **Figure 4** for the list of MIDOCs residents in the fourth cohort starting in July 2022. 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.
Fourth Cohort of MIDOCs Residents; Starting AY2022-23

Name	Area of Specialty	Sponsoring Institution
Aron Schneider	Psychiatry	Central Michigan University College of Medicine
Irfan Oymagil	Psychiatry	Central Michigan University College of Medicine
Jade Foldie-Schuchardt	Family Medicine	Central Michigan University College of Medicine
Abullah Islam	Family Medicine	Central Michigan University College of Medicine
John Jarad	Internal Medicine	Central Michigan University College of Medicine
Robert Kasemodel	Internal Medicine	Central Michigan University College of Medicine
Garett Braeburn	Psychiatry at Marquette	Michigan State University College of Human Medicine
Samantha Leadbetter	Psychiatry at Marquette	Michigan State University College of Human Medicine
John Yarema	Psychiatry	Pine Rest Christian Mental Health Services/MSU Psychiatry Residency
John Kutschke	Psychiatry	Pine Rest Christian Mental Health Services/MSU Psychiatry Residency
Mark Lemanski	Family Medicine	MyMichigan Medical Center-Midland/Alpena Family Medicine Residency Program/MSUCHM
Arman Salim	Family Medicine	MyMichigan Medical Center-Midland/Alpena Family Medicine Residency Program/MSUCHM
José Almonte	Family Medicine	Wayne State University School of Medicine
Olivia Schimmel	Family Medicine	Wayne State University School of Medicine
Imo Udo-Inyang	Family Medicine	Wayne State University School of Medicine
Wayte Davill	Preventive Medicine	Wayne State University School of Medicine
Sana Siddiqui	Preventive Medicine	Wayne State University School of Medicine
Bruke Abenet	Family Medicine at Kalamazoo	Western Michigan University Homer Stryker M.D. School of Medicine
Cameron Schaecher	Internal Medicine	Western Michigan University Homer Stryker M.D. School of Medicine

Tiffany Truong	Pediatrics	Western Michigan University Homer Stryker M.D. School of Medicine
Sophia (Seik-Ismail) Yen	Pediatrics	Western Michigan University Homer Stryker M.D. School of Medicine
Johnice Littlejohn	Psychiatry	Western Michigan University Homer Stryker M.D. School of Medicine
Tyler Anderson	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. First MIDOCs Physicians Go To Work in Michigan

MIDOCs participants with signed employment contracts are listed below along with where they will be working. Nineteen physicians will complete residency in 2023 and are currently interviewing for employment in anticipation of continuing their work with the underserved populations of Michigan.

Beginning work in August/September 2022

Name	Specialty/Residency	Employer
Brandon Manderle, MD	Family Medicine/WMed	Portage Physicians PC, Portage
Michael Baumgartner, MD	Internal Medicine/WMed	Lakeland Hospitals, Niles and St. Joe

Beginning work in August/September 2023

Name	Specialty/Residency	Employer
Jissely Salcedo, MD	Psychiatry, CMU	Saginaw Cooperative Hospitals, Inc.
Christopher Robertz, MD	Psychiatry, CMU	Great Lakes Bay Health Centers, Saginaw

VI. Plans for FY 2022-23 Application Period

New residency slots will be added in future years based on the availability of additional funding from state, local and federal sources, assessment of community needs, and the feasibility of implementation. MIDOCs is also 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 2023 Match process.

**APPENDIX A.
MIDOCs ADVISORY COUNCIL MEMBERS**

John Barnas
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Haria Henry, MD
MIDOCs Cohort 2 Resident
Family Medicine Urban Track
Wayne State University School of Medicine

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

David Westphal, MD
Family Medicine
MyMichigan Medical Center – Midland Family
Medicine Residency Program/MSUCHM

Thomas Reed
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4201 St. Antoine Blvd, Suite 9A
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Detroit, MI 48201

APPENDIX A. (continued)
MIDOCs AUTHORITY BOARD MEMBERS

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MSU College of Human Medicine

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Michigan State Medical Society

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Toby Roth, Jr.
Associate Vice President
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Lori Straube
Associate Dean, Administration and Finance
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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

Finance Committee

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

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Rio Benavidas
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Karen Crosby, CFO
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CMU, College of Medicine

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College of Human Medicine

Mark Brieve
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Central Michigan University

Amy Hoge
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MIDOCs

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

Graduate Medical Education Committee

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Michigan State University – College of Human
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**APPENDIX B.
OVERVIEW OF MIDOCs RESIDENCY SLOTS FOR ALL COHORTS 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	
	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	
	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	Spectrum Health Butterworth 100 Michigan St NE, Grand Rapids, MI 49503	
	Mercy Health 200 Jefferson Ave SE, Grand Rapids, MI 49503	

OB/GYN (cont.)	Spectrum Health United Hospital 615 S Bower St, Greenville, MI 48838
	Spectrum 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	MidMichigan Medical Center – Midland 4000 Wellness Drive, Midland, MI 48670
	MidMichigan 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	
	Covenant Community Care – Moross 20901 Moross Rd Detroit, MI 48236	
	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	
	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	
	Kalamazoo Community Mental Health 418 W. Kalamazoo Avenue, Kalamazoo MI 49007	
	Battle Creek Veterans Administration Medical Center 5500 Armstrong Rd, Battle Creek, MI 49037	
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	

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 <https://www.michigandocs.org/residencies>

