

## Policy Briefing: GME Reform Efforts and Funding Possibilities

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### GME Funding and Reform Efforts

- COGME
- MedPAC
- AAMC
  
- State Efforts
- HRSA-wide Workforce Summit in 2009
- Obama platform

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### COGME (Council on Graduate Medical Education)

- Authorized by Congress in 1986
  - Provide ongoing assessment of physician workforce, training issues, financing policies
  - Recommend appropriate Federal and private-sector efforts to address identified needs
- 18<sup>th</sup> Report: *New Paradigms for Physician Training for Improving Access to Health Care* (Sept. 2007)
  - Existing programs should be expanded and new models of training developed that focus on delivering care in areas of high medical need
  - Expand the strategic access (e.g. Title VII) funding

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• COGME 19<sup>th</sup> Report: *Enhancing Flexibility in Graduate Medical Education* (Sept. 2007)

Recommendation 1: Align GME with future healthcare needs

- Increase funded GME positions by a minimum of 15%
  - To accommodate medical school expansion
  - Through support directed towards innovative training models which address community needs and which reflect emerging, evolving, and contemporary models of healthcare delivery

Recommendation 2: Broaden the definition of “training venue” (beyond traditional training sites)

- Decentralize training sites
- Create flexibility within the system which allows for exploration of new training venues while enhancing the quality of training for residents

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Rec. 3: Remove regulatory barriers to executing flexible GME training programs and expanding training venues

- Address several of the limitations that currently exist within CMS rules for expanding application of Medicare GME funds to nonhospital sites of care
  - BBA '97 established funding cap for residents at '96 levels
  - Mandatory DGME payment of off-site supervisors created disincentive for nonhospital teaching
- Invite CMS to use its demonstration authority to fund innovative GME demonstration projects
  - Grant waivers residency funding cap for innovative training sites (incorporating advanced clinic access, chronic disease management, inter-disciplinary care, informatics, patient-centered care)

Rec. 4: Make accountability for the public’s health the driving force for GME

- Develop mechanisms by which local, regional, or national groups can determine workforce needs, assign accountability, assign funding, and develop innovative models of training which meet the needs of the community and of trainees
- Link continued funding to meeting pre-determined performance goals

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*“As appropriate (i.e. whenever educational infrastructure is in place) incorporating residents into community-based outpatient clinics...would expose young physicians to mentors and role models essential to achieving confidence in caring for the underserved.”*

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## MedPAC

- In 2006, GME/IME totaled 2.3% of Medicare spending
- “Policymakers could consider ways to use some of these GME and IME subsidies toward promoting training in primary care.”
  - Direct support of medical residency positions in primary care
  - Allocating shares toward nurse practitioners and physician assistants
  - Direct portion of GME/IME to primary care-interdisciplinary teams, quality measurement, and clinical uses of information technology

MedPAC Report to Congress: Reforming the Delivery System, June 2008  
[http://www.medpac.gov/documents/Jun08\\_EntireReport.pdf](http://www.medpac.gov/documents/Jun08_EntireReport.pdf)

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## MedPAC testimony 10/2/08

- Recommendation to consider un-linking GME financing from hospital settings
  - <http://www.medpac.gov/transcripts/GME%20panel%20Dr%20Benjamin%20Chu.pdf>
- Using Medicare as a lever to move more training to the outpatient setting
  - <http://www.medpac.gov/transcripts/1002-1003MedPAC.pdf>
- “The entire portfolio of educational opportunities, including many creative ambulatory sites, are usually off the table for most programs because they can’t fund it.”

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## AAMC Statement on the Physician Workforce

**12. “Individual medical students and physicians should be free to determine for themselves which area of medicine they wish to pursue and GME programs and teaching hospitals should be free to offer training in specialties they wish to offer if accredited by the ACGME.**

**The AAMC should provide students, physicians, programs and hospitals with the best available and timely data on physician workforce needs in order to support informed decisions.**

**The AAMC should support efforts to promote a healthcare delivery and financing system that can better align marketplace demand for physicians with health care needs of the population.”**

2006 <http://www.aamc.org/workforce/workforceposition.pdf>

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## Medical Education Futures

- Excellent website devoted to medical education, specifically for taking care of underserved populations and supplying a workforce for community health centers.
- Join the listserv!  
<http://www.medicaleducationfutures.org/index.html>

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