Graduate Medical Education in the US: Lessons Learned from State Initiatives

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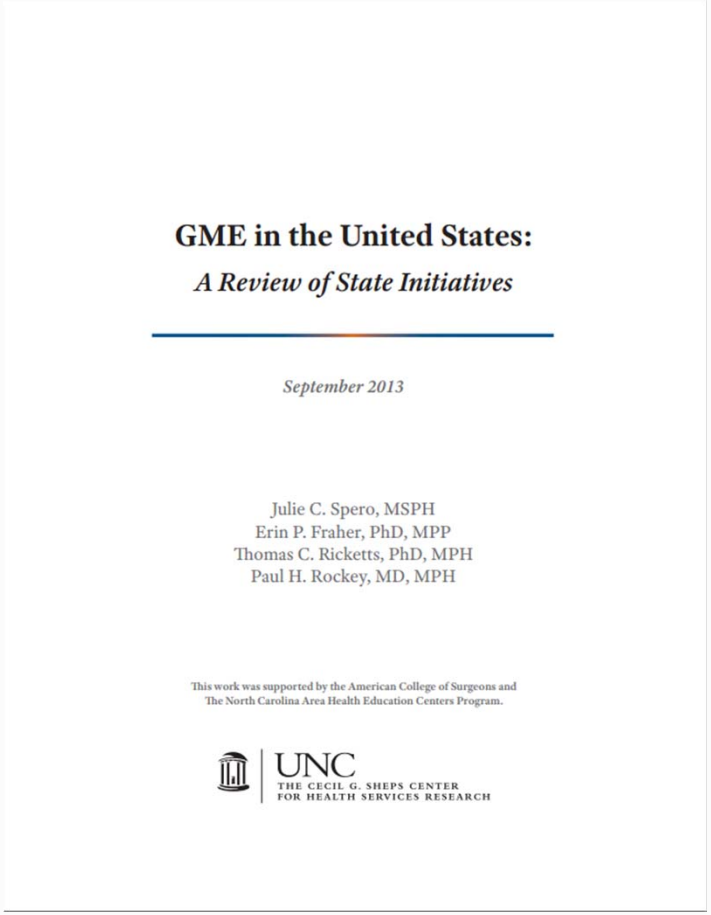
Presentation Overview

Our interviews paint a picture of states having much to risk and much to gain, but missing out on important opportunities to reform GME

- 10 Lessons Learned
- Recommendations for Model State Legislation



GME in the United States:

A Review of State Initiatives

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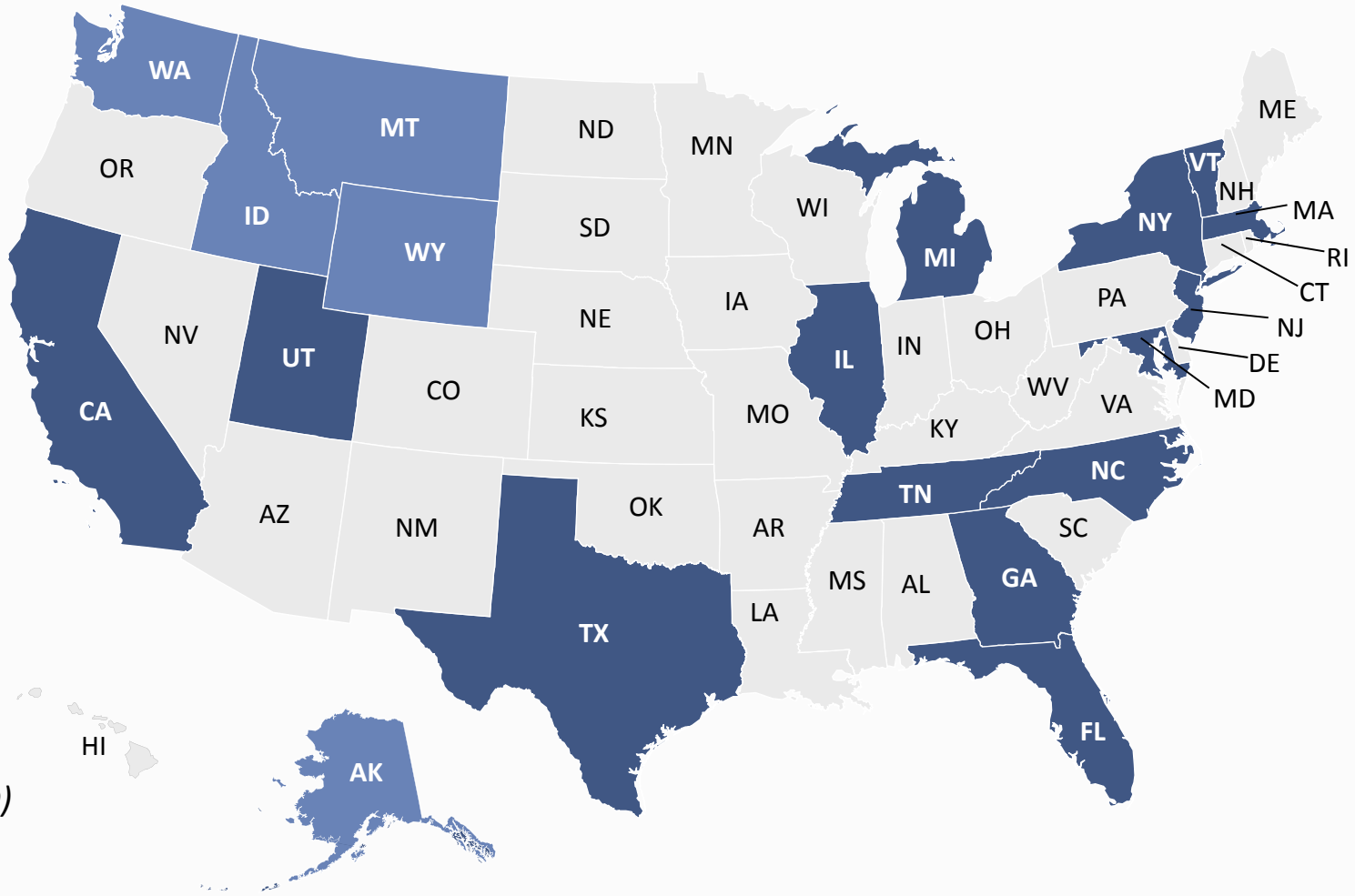
Why Study States?

- Most discussion has been national, our study examines state initiatives
- In absence of substantive federal policy change, states are “policy laboratories” for GME innovation
- We sought to:
  - understand successes and failures of state innovations
  - identify innovative ideas about how to reform GME policy, governance and financing

States in Our Sample

California
Florida
Georgia
Illinois
Maryland
Massachusetts
Michigan
New Jersey
North Carolina
New York
Tennessee
Texas
Utah
Vermont
WWAMI
(WA, WY, AK, MT, ID)



Source: Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, UNC-Chapel Hill

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Methods: Structured Interviews

- **Timeframe:**
  March 1 and June 28, 2013
- **Sample**:
  17 states, 45 participants, 2-4 interviews/state
- **Questions on**:
  data, financing, governance and accountability
- **Interviewees**:
  deans, assistant deans, GME program directors, workforce experts and policy wonks, and stakeholders

Lesson #1: States More Concerned with Maldistribution than Shortages

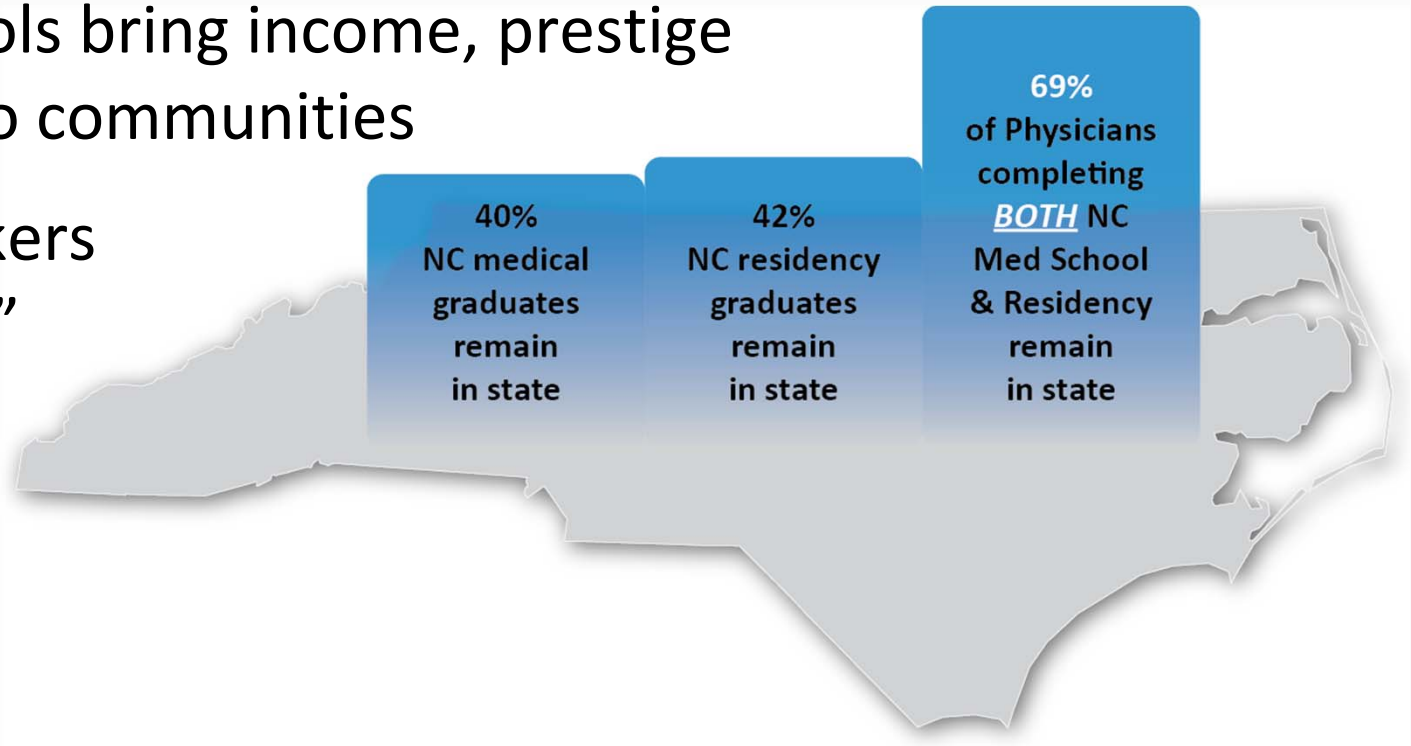
- States predictably mentioned primary care shortages (particularly General Internal Medicine and Family Medicine)
- But of equal or greater magnitude were concerns about shortfalls of:
  - General Surgeons
  - Psychiatrists
  - Pediatric Subspecialists
- Bigger issue—maldistribution of physicians by geography, specialty and setting

Lesson #2: More and Better Workforce Data Does Not Result in Evidence-Based GME Policy

- Most states did not have robust data systems to monitor workforce needs
- But even when they did, evidence generally wasn't used to shape GME policy (NC, FL, TX)
- Health system undergoing rapid change—need *dynamic, state-specific* monitoring systems, not static list of specialties
- Data used as rationale to open new training programs, not to close programs

Lesson #3: Legislators Would Rather Open New Med Schools than Expand GME

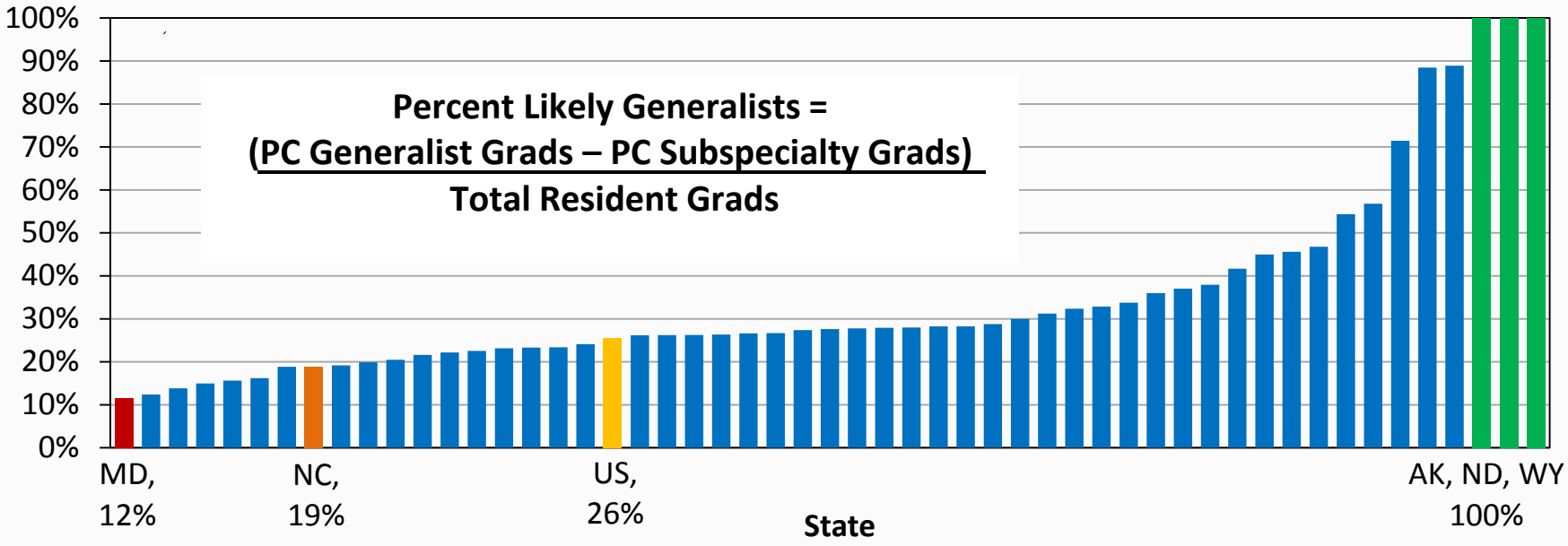
- Perception that US faces shortage and new medical schools will address shortfalls
- Med schools bring income, prestige and jobs to communities
- Policy makers don't "get" GME



Lesson #4:
It's Complicated

- GME training pathways not well understood
- In most states, pouring more generalists in front end not likely to result in more generalists out back end

Percent of 2011 GME graduates likely to be generalists



Source: Data derived from Sarah Brotherton, AMA, with data derived from the AMA Masterfile.

Lesson #5: Medicaid Underutilized as Tool to Shape GME Policy

- $3.9 billion Medicaid spent on GME in 2012
- Medicaid treated in same "hands-off" way as Medicare funding
- Teaching hospitals drive GME training decisions, even with public funds
- Medicaid GME funding buried in DSH and FFS payments, not easy to track. Creates "Medicaid Soup" that even GME experts find confusing
- Massachusetts example– efforts to increase accountability of Medicaid dollars met with resistance

Lesson #6:
More Funding is Not the Answer

- All-payer systems appealing to increase GME funds
- But Maryland has all payer system with no accountability. Result: funding does little to address imbalances by specialty, geographic and setting
- Third party payers not likely to contribute if they don't see value proposition
- State funds are vulnerable and subject to legislative whim

Need to implement pay-for-performance type measures to ensure higher return on GME investments

Lesson #7: GME Governance Structures Needed but Lacking

- Individual teaching hospitals oversee GME decisions
- Result: lack of information and coordination
- Need for state (legislated?) governance board
- GME governance board needed ***at minimum*** as forum to:
  - use data to identify workforce needs
  - discuss individual institution expansion plans
  - educate legislators about role GME plays in getting return on investments in UME

Lesson #8: Some Models Exist for GME Governance Bodies

- Minimalist role could be expanded to have decision-making and funding authority
- Bring diverse (and competing!) stakeholders together
- Utah- had formal governance role under CMS waiver until 2010. Reviewed and prioritized funding based on needed specialties
- Georgia-reviewing applications for virgin hospital funds, targeted toward primary care, general surgery and other needed specialties (determined by hospital)

Lesson #9: Accountability is Critical But Hard to Implement

- Virtually no accountability for Medicare GME funds*
- No states in our sample tracked accountability of public funds. Few states have data or analytic capacity
- Need to track trainees 10 years out since specialization is long process
- Teaching hospitals focus on GME expansion for service lines and will resist accountability until tied to funding
- Teaching Health Centers good model but their future is uncertain

*Sources: Rand, MedPAC, AAFP-Graham Center, numerous pundits

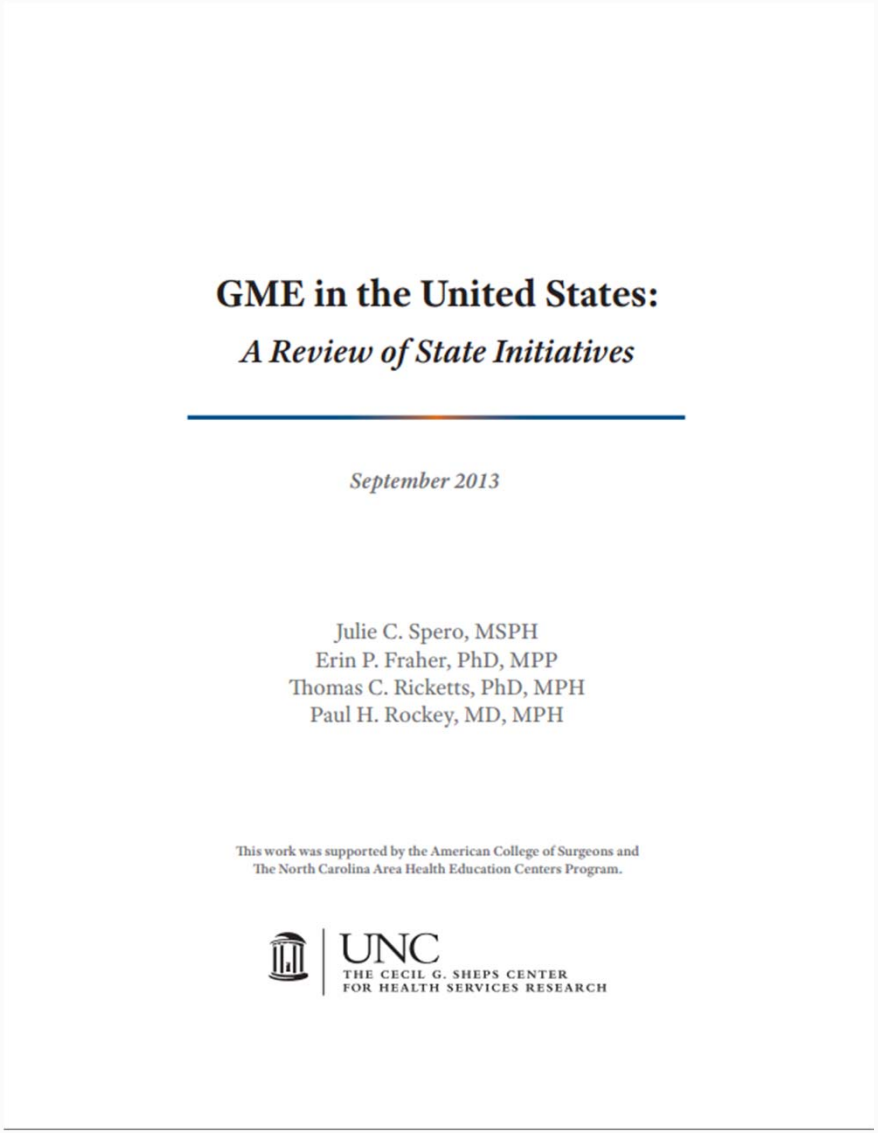
Lesson #10:
Keep Your Eye on These States

- Massachusetts-Special Commission on GME
- South Carolina- GME Advisory Committee
- Montana-Graduate Medical Education Council
- Georgia- Virgin hospital initiative and the Southwest Georgia Medical Education and Research Consortium
- Texas-Investing $12.4 million in residencies for TX med school grads and $2.1 million to encourage grads to go into primary care

Policy Recommendations

States should develop "model" legislation that calls for:

1. Developing routine and dynamic workforce monitoring systems, not static "lists" of specialties
2. Creating a GME governance and coordinating body
3. Targeting population health needs with any new GME funds
4. Requiring accountability metrics to track outcomes of public investments
5. Developing policies aimed across physician's career pathway



Access the report at

www.shepscenter.unc.edu/wp-content/uploads/2013/09/GMEstateReview_Sept2013.pdf

Questions?

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