A Copernican Revolution in Graduate Medical Education: Putting Patients' Health Care Needs at the Center of GME Discussions

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The Robert Graham Center Primary Care Forum

The Impact of Graduate Medical Education on Physician Distribution

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UNC
THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

This presentation in one slide: Four key steps to reforming GME system to improve access to care

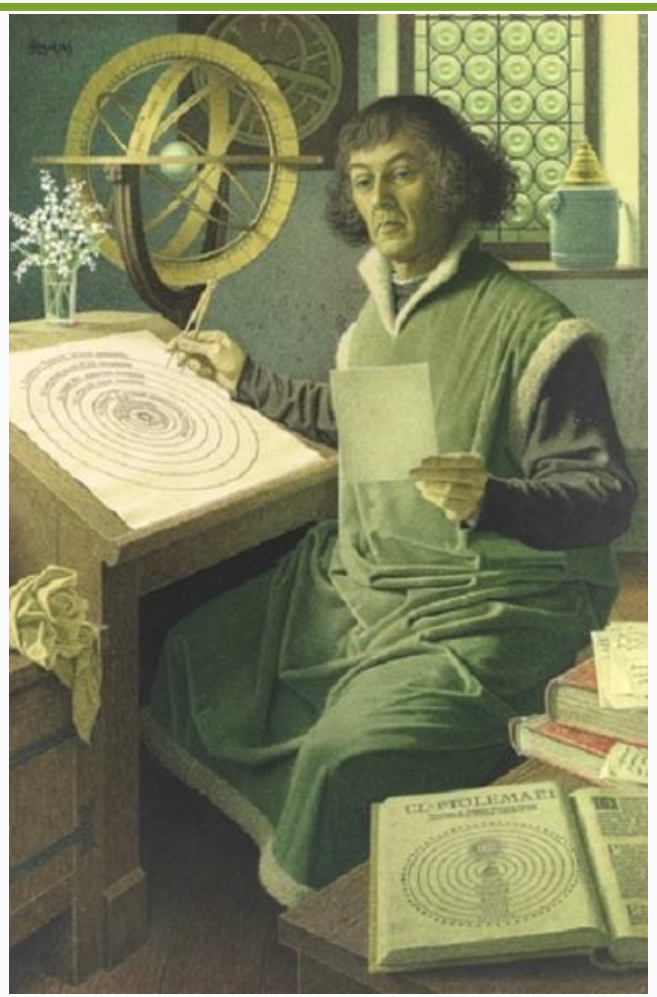
- **Foment a Copernican Revolution**
  Reframe GME policy to put patients at center, not physicians
- **Align GME Funding with Population Health Needs**
  Address rural population's "essential health care services"
- **Promote generalist training and practice**
  Encourage broad scope of practice and team-based care
- **Embrace our roles as "data agitators"**
  - Use data to drive GME investments and accountability
  - Learn from state "policy laboratories"

Putting patients and populations at the center of GME discussions

The Copernican revolution starts with different question. ***Not*** how many physicians do we need? But instead: what essential health care services are needed in rural areas?

- Primary Care
- Behavioral health and substance abuse/opioid use disorders
- Obstetrics and prenatal care
- General surgery, trauma and procedural care
- Long-term and home health care

And acknowledges the interdependence of different physician specialties…



Source: National Geographic Society
https://goo.gl/images/j6Lh4G

"For the one-quarter of Americans who live outside metropolitan areas, general surgeons are the essential ingredient that keeps full-service medical care within reach. Without general surgeons as backup, family practitioners can't deliver babies, emergency rooms can't take trauma cases, and most internists won't do complicated procedures such as colonoscopies."

Washington Post, January 1, 2009

Lack of rural obstetric services in rural counties associated with adverse birth outcomes

"From 2004 to 2014, 9 percent of all rural counties lost access to hospital obstetric services, and **more than half of all rural counties** in this country are now without a single local hospital where women can get prenatal care and deliver babies."[1]

"In rural US counties not adjacent to urban areas, loss of hospital-based obstetric services, compared with counties with continual services, **was associated with increases in out-of-hospital and preterm births**"[2]

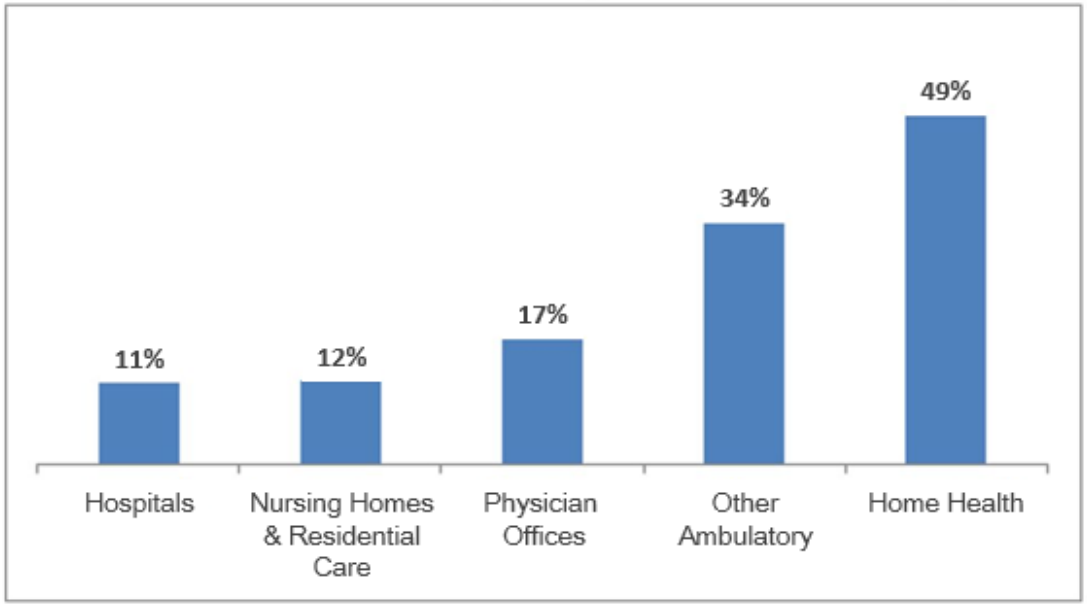
1 Pearson C & Taylor F. Mountain maternity wards closing, WNC women's lives on the line. *Carolina Public Press.* 25 September 2017. Accessed 10 Oct 2017 at: https://carolinapublicpress.org/27485/mountain-maternity-wards-closing/

2 Kozhimannil, KB et al. "Association between of Loss of Hospital-Based Obstetric Services and Birth Outcomes in Rural Counties in the United States". JAMA. 2018;319(12):1239-1247

Increased focus on social determinants of health and payment incentives are shifting care upstream to outpatient, community and home settings

- Shift from fee-for-service to value-based payments and fines that penalize hospitals for readmissions are shifting care from inpatient to ambulatory and community-based settings
- Medicare Advantage plans, Medicaid and Department of Veteran Affairs increasingly referring more patients for home health and community-based services
- But most GME funding goes to hospitals

Exhibit 1: Health Care Job Growth by Setting: December 2007–January 2017



Source: Authors' analysis of BLS Current Employment Statistics data.

Turner A, Roehrig C, Hempstead K. What's Behind 2.5 Million New Health Jobs? *Health Affairs* Blog. March 17, 2017. http://healthaffairs.org/blog/2017/03/17/whats-behind-2-5-million-new-health-jobs/

These shifts require investing in community-based teams of health care providers

- Need to enhance GME training in community-based settings
- Encourage GME training in team-based models of care that include “traditional” health professionals as well as community health workers, community paramedics, the clergy, medical lawyers and other community-based workers
- Promote integrated behavioral health and primary care delivery models with new team structures and new roles.
  Example: social workers who serve as:
  - Behavioral health specialists: provide interventions for mental, behavioral health and substance abuse disorders
  - Care Managers: coordinate, monitor and assess treatment plans
  - Referral role: connect patients to community resources, transportation, food etc.

Meanwhile, news of physician shortages dominate the headlines

Doctor shortage, increased demand could crash health care system

By **Jen Christensen**, CNN
updated 5:37 PM EDT, Wed October 2, 2013

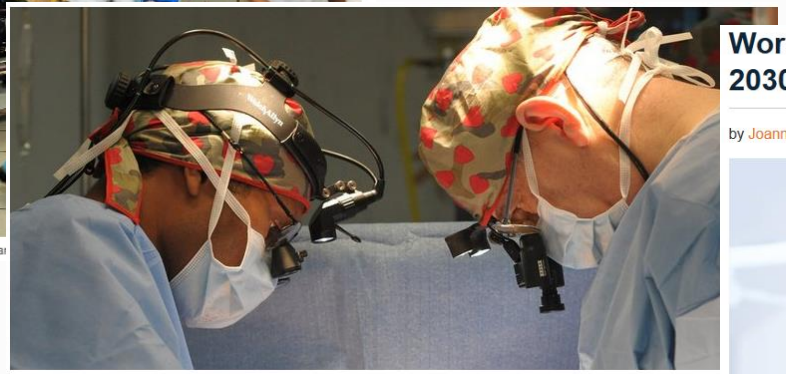
Some doctors worry patients who can't get in to see primary ca

Well

DOCTORS

Lots of New Patients, Too Few Doctors

By DANIELLE OFRI, M.D. JANUARY 16, 2014, 11:53 AM 52 Comments



BRIEF

Doctor shortage could exceed 121K by 2030, report says

AUTHOR
Meg Bryant

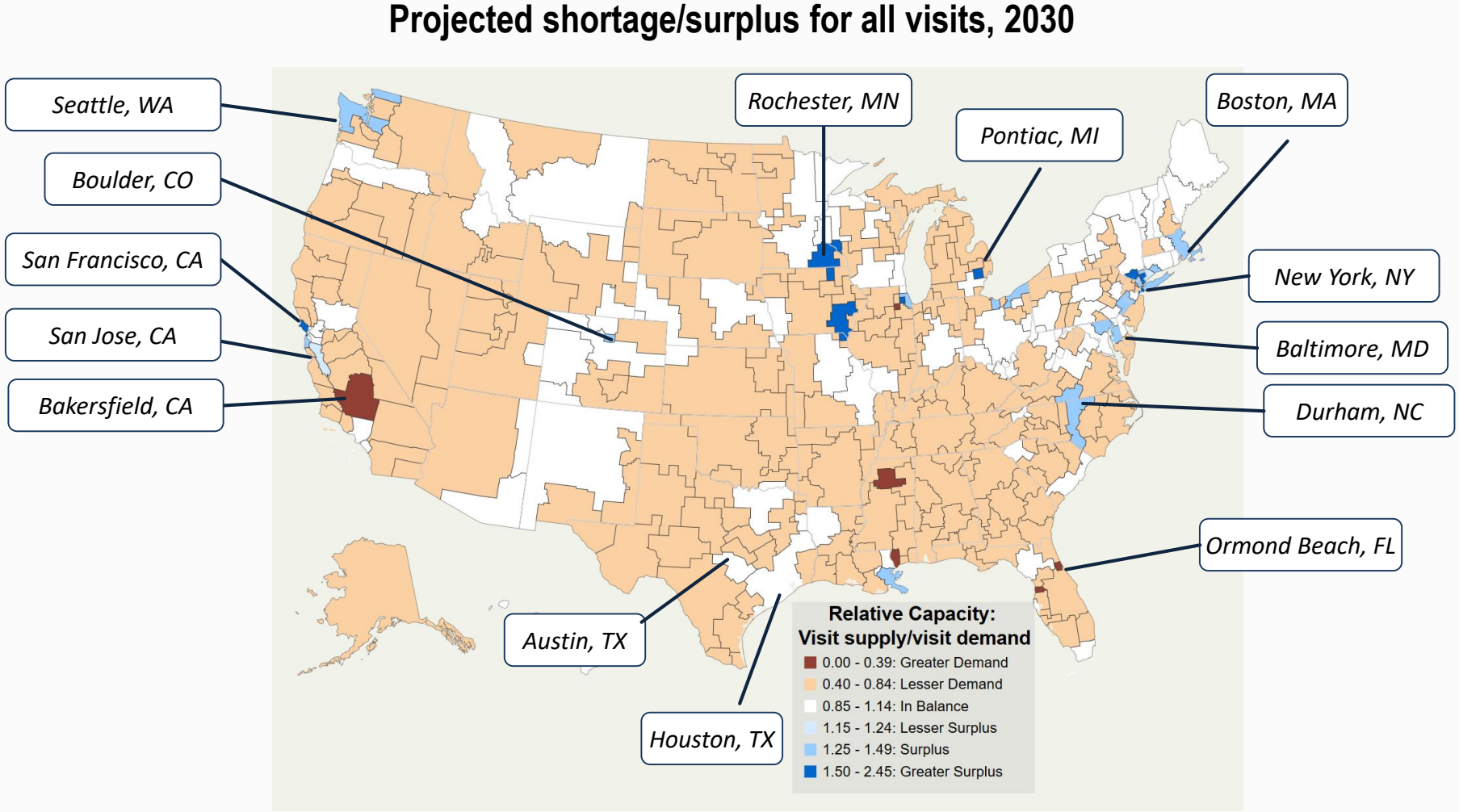
Dive Brief:

- Warnings of a worsening physician shortage continue, with new analysis

Worse than ever: Physician shortage could hit 120K by 2030

by Joanne Finnegan | Apr 12, 2018 10:30am

The real issue is maldistribution: We are a nation of haves and have nots



Source: Fraher et al. Cecil G. Sheps Center, UNC-CH https://www2.shepscenter.unc.edu/workforce

Will geographic distribution improve? Not likely without GME reform

By Fitzhugh Mullan, Candice Chen, and Erika Steinmetz

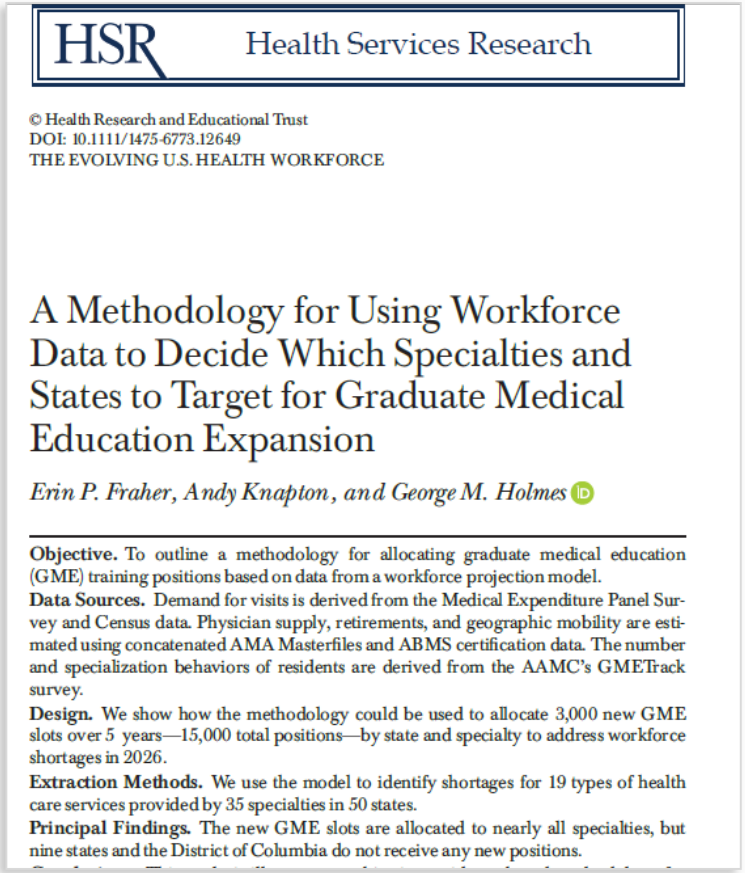
The Geography Of Graduate Medical Education: Imbalances Signal Need For New Distribution Policies

ABSTRACT Graduate medical education (GME) determines the overall number, specialization mix, and geographic distribution of the US physician workforce. Medicare GME payments—which represent the largest single public investment in health workforce development—are allocated based on an inflexible system whose rationale, effectiveness, and balance are increasingly being scrutinized. We analyzed Medicare cost reports from teaching hospitals and found large state-level differences in the number of Medicare-sponsored residents per 100,000 population (1.63 in Montana versus 77.13 in New York), total Medicare GME payments ($1.64 million in Wyoming versus $2 billion in New York), payments per person ($1.94 in Montana versus $103.63 in New York), and average payments per resident ($63,811 in Louisiana versus $155,135 in Connecticut). Ways to address these imbalances include revising Medicare's GME funding formulas and protecting those states that receive less Medicare GME support in case funding is decreased and making them a priority if it is increased. The GME system badly needs a coordinating body to deliberate and make policy about public investments in graduate medical education.

F. Mullan, C. Chen, and E. Steinmetz, "The Geography of Graduate Medical Education: Imbalances Signal Need for New Distribution Policies," *Health Affairs,* vol. 32, no. 11 (2013): 1914-21

- Highlights need for "distributional fairness" of federal GME funds (~$14.5 billion)
- Redistribution of existing Medicare GME funds unlikely so need methodology to target new funds to needed populations and geographies

What if we actually used workforce data to determine where to target GME?



HSR Health Services Research

DOI: 10.1111/1475-6773.12649
THE EVOLVING U.S. HEALTH WORKFORCE

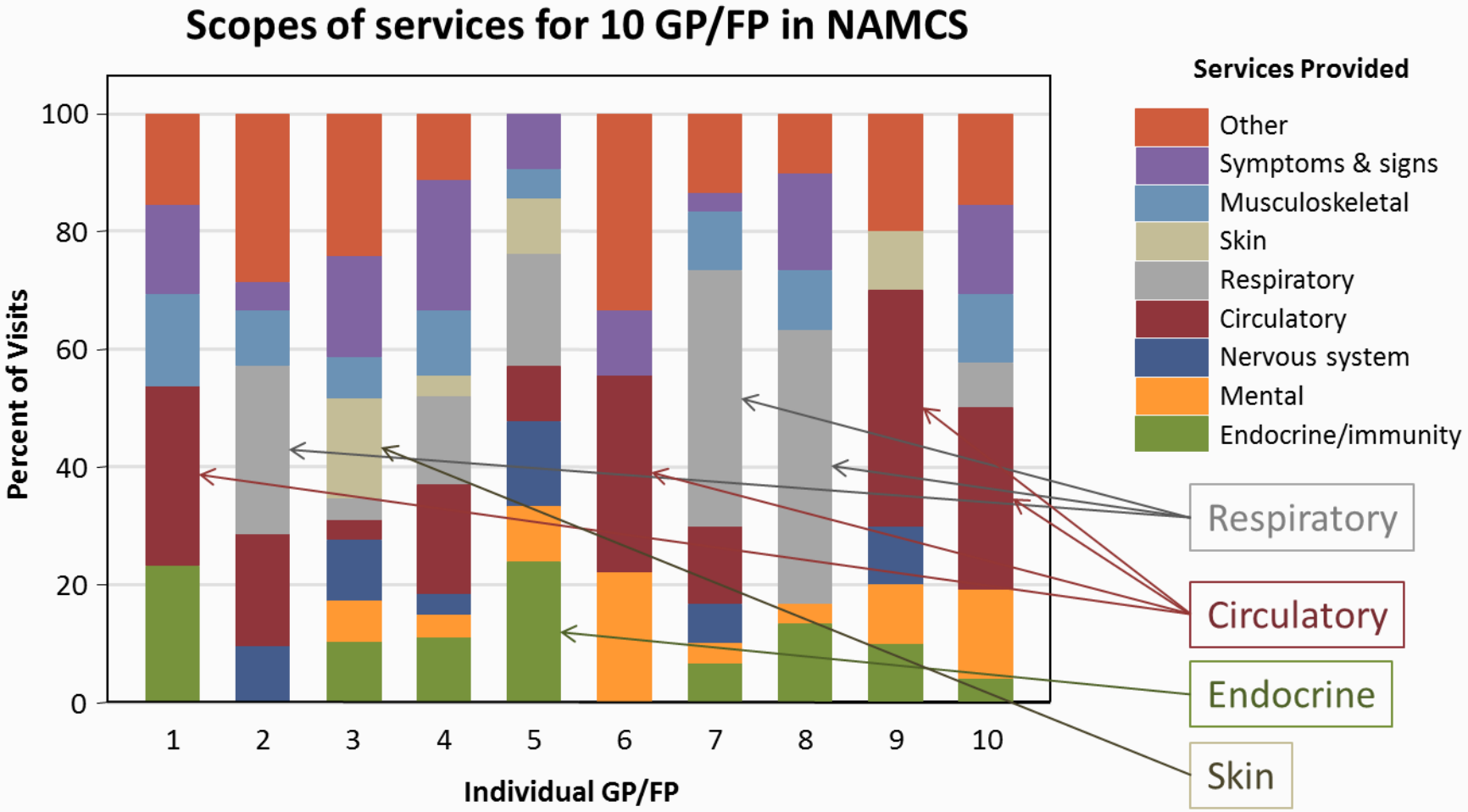
A Methodology for Using Workforce Data to Decide Which Specialties and States to Target for Graduate Medical Education Expansion

Erin P. Fraher, Andy Knapton, and George M. Holmes

Objective. To outline a methodology for allocating graduate medical education (GME) training positions based on data from a workforce projection model.
Data Sources. Demand for visits is derived from the Medical Expenditure Panel Survey and Census data. Physician supply, retirements, and geographic mobility are estimated using concatenated AMA Masterfiles and ABMS certification data. The number and specialization behaviors of residents are derived from the AAMC's GMETrack survey.
Design. We show how the methodology could be used to allocate 3,000 new GME slots over 5 years—15,000 total positions—by state and specialty to address workforce shortages in 2026.
Extraction Methods. We use the model to identify shortages for 19 types of health care services provided by 35 specialties in 50 states.
Principal Findings. The new GME slots are allocated to nearly all specialties, but nine states and the District of Columbia do not receive any new positions.

- Findings suggest expanding GME in states with:
  - Poor health outcomes and high health care utilization (Arkansas, Mississippi and Alabama)
  - Large, growing populations (Texas and California)
  - Aging populations (Florida)
  - Rural states with low resident/population numbers (Idaho, Wyoming, Montana, Alaska and Nevada)
- And expanding GME in generalist specialties, like Family Medicine

Family Physicians have broad scopes of practice and can adjust services to meet rural health care needs



"Plasticity" of workforce depends on numerous individual-, practice- and system-level factors

- Professional's training (initial and ongoing)
- Density/availability of other providers with similar/competing scopes of practice
- Patient population
- Payment model
- Model of care and referral patterns
- Personal preferences and demographic characteristics
- Regulation
- Hospital executives, practice managers and HR decisions about deployment
- Local geography

Holmes GM, Morrison M, Pathman DE, Fraher E. The Contribution of "Plasticity" to Modeling How a Community's Need for Health Care Services Can Be Met by Different Configurations of Physicians. *Academic Medicine*. 2013; 88(12): 1877-1882

States are "policy laboratories" for GME innovation

- States actively engaged in GME reform to address concerns about:
  - physician maldistribution by specialty, geography, setting
  - having enough GME slots to match medical school expansions
  - fragility of Teaching Health Center funds
- Have voiced strong desire to move toward system that better aligns funding with population health needs but…
- Note that training institutions benefit from lack of transparency and vigorously oppose increasing accountability
- Despite challenges, increasing number of strong state models exist
- Need to diffuse lessons learned and challenges to inform policy efforts at state and federal level

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