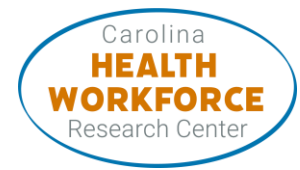


Lessons Learned from State Efforts to Leverage Medicaid Funds for Graduate Medical Education



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Total Medicaid funds invested in graduate medical education (GME) increased from \$3.78 billion in 2009 to \$7.39 billion in 2022. The goal of this study was to use states as “policy laboratories” to understand states’ impetus for using Medicaid funds for GME, the structure of their investments, the composition and charge of advisory bodies that guide these investments, and the degree of transparency and accountability in place to track whether Medicaid GME investments achieved desired workforce outcomes. Two rounds of structured interviews were conducted in 2015-2016 and 2019-2020 with subject matter experts representing 10 states. Interview transcripts were analyzed and coded using directed content analysis. Findings showed that states utilized Medicaid GME funding to address a maldistribution of physicians by geography, setting and specialty, respond to population growth and expansion of undergraduate medical education, offset potential loss of Teaching Health Center funds, launch new programs and sustain existing ones. States leveraged Medicaid funding by modifying State Plan Amendments and re-designing funding formulas to meet specific health workforce needs. Many states had advisory bodies to educate legislators, reach consensus on workforce needs, recommend how to disburse funds, and navigate competing interests of stakeholders. States identified a need for improved data and analytic systems to understand their workforce needs and monitor the outcomes of GME investments. States have much to learn from each other about strategies to best leverage Medicaid funds to develop and sustain residency programs to meet population health needs.

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