

State-Based Approaches to Reforming Medicaid-Funded Graduate Medical Education

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Objective: In the absence of federal Graduate Medical Education (GME) reform, states are increasingly exploring ways to leverage Medicaid funds to shape the size, specialty mix and geographic distribution of their workforce.

Data/Setting: Ten states that had implemented, or planned to implement, GME reform were studied.

Design/Methods: Two structured interviews were conducted with key informants in each state to assess the structure of Medicaid GME payments, identify tracking and accountability metrics, and determine if GME funds were targeted to needed specialties or geographies. Interviews were coded and analyzed using directed content analysis.

Results: More states were in the planning stages of GME reform than had actually implemented changes. States engaged in reforming GME:

- developed alternative funding mechanisms;
- created oversight structures to drive GME reform; and
- noted there was little or no transparency/accountability of funds spent on GME.

Most states had little appetite for redistributing existing funds, instead seeking new funds to expand GME.

Conclusions/ Implications for Policy: More data, increased analytical capabilities and agreement on GME workforce metrics are needed. Uncertainty about the future of Medicaid and payment policy at the federal level may slow reform, but could accelerate it if states perceive that proposed Medicaid block grants provide another stimulus to change the way they invest in Medicaid GME.

Key Words: GME, Medicaid, States

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