

Funding for Graduate Medical Education

American College of Rheumatology

Program Directors' Conference

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Graduate Medical Education



Today's Themes . . .

- **Physician Workforce and Graduate Medical Education**
- **GME Funding Issues**
- **AMA Advocacy Agenda**

Flexner Report Transformed Medical Education in the United States

MEDICAL EDUCATION
IN THE
UNITED STATES AND CANADA

A REPORT TO
THE CARNEGIE FOUNDATION
FOR THE ADVANCEMENT OF TEACHING

BY
ABRAHAM FLEXNER

WITH AN INTRODUCTION BY
HENRY S. PRITCHETT
PRESIDENT OF THE FOUNDATION

BULLETIN NUMBER FOUR

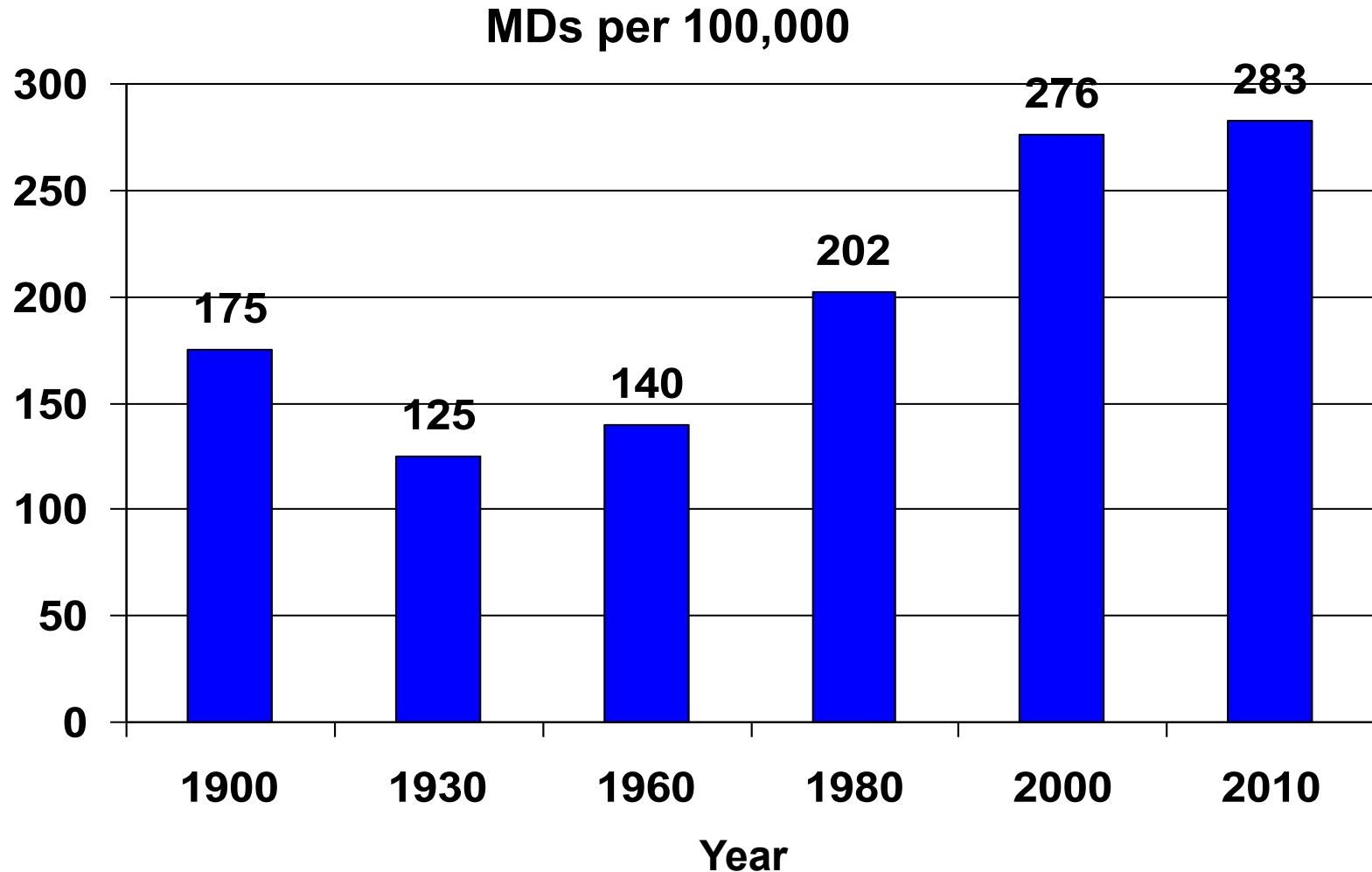
375 FIFTH AVENUE
NEW YORK CITY



Physician Workforce and GME

- **U.S. physicians per capita**
- **Physician workforce shortages**
- **Demand vs. supply**
- **GME funding issues**
- **COGME's recommendations**
- **MedPAC issues related to GME**

U.S. Physicians per Capita A Century Perspective



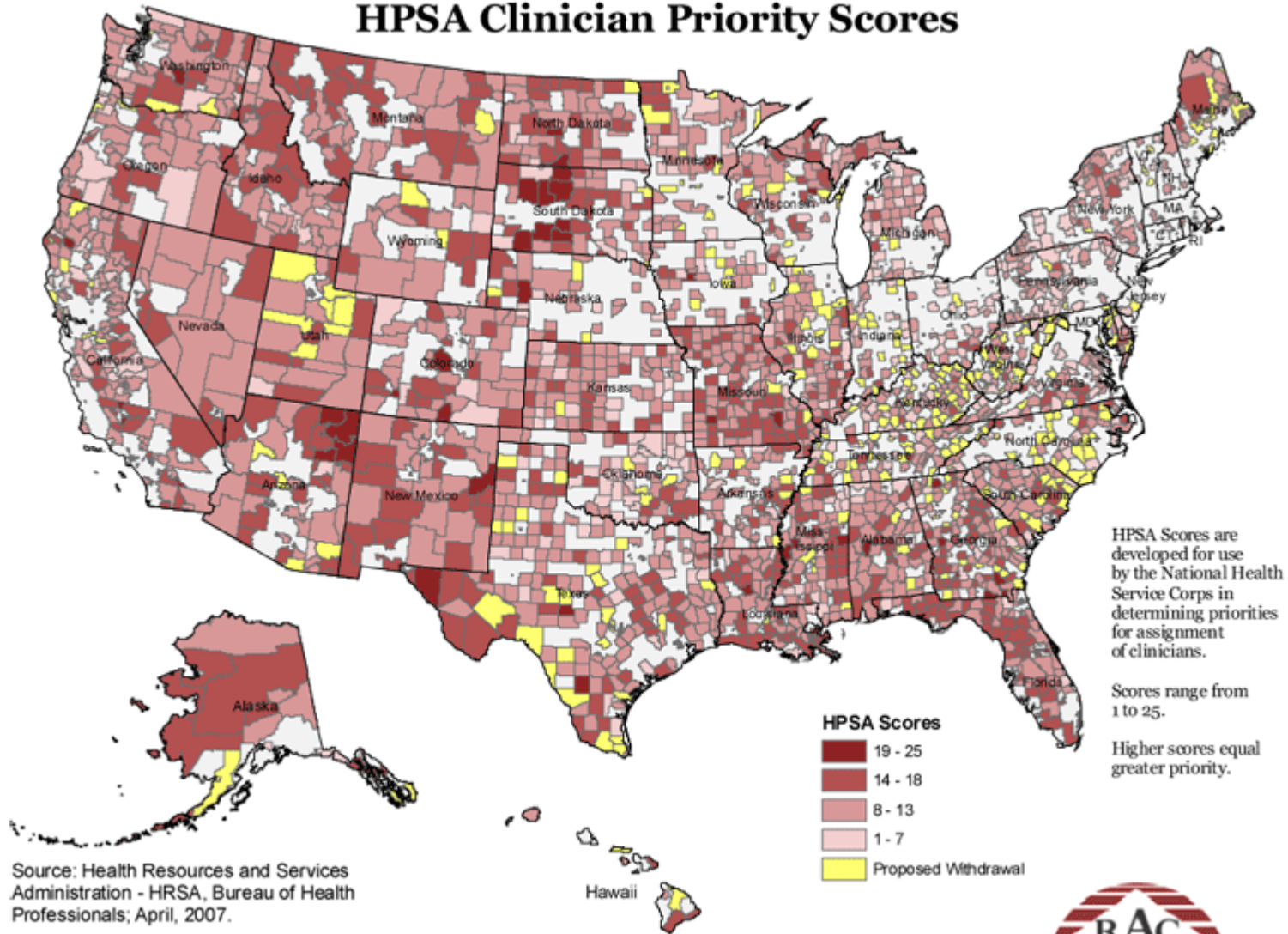
States Reporting Physician Shortages

- **Montana (2009)**
- **New Jersey (2009)**
- **California (2008)**
- **Georgia (2008)**
- **Maryland (2008)**
- **Massachusetts (2008)**
- **Minnesota (2008)**
- **Nebraska (2008)**
- **Pennsylvania (2008)**
- **Colorado (2007)**
- **Kentucky (2007)**
- **Idaho (2007)**
- **Iowa (2007)**
- **New York (regional) (2007)**
- **North Carolina (2007)**
- **Virginia (2007)**
- **Alaska (2006)**
- **Michigan (2006)**
- **New Mexico (2006)**
- **Nevada (2006)**
- **Utah (2006)**
- **Arizona (2005)**
- **Florida (2005)**
- **Oregon (2004)**
- **Wisconsin (2004)**
- **Mississippi (2003)**
- **Texas (2002)**

Specialties Reporting Shortages

- **Gastroenterology (2009)**
- **Thoracic Surgery (2009)**
- **General Surgery (2008)**
- **Generalist Physicians (2008)**
- **Geriatric Medicine (2008)**
- **Oncology (2007)**
- **Pediatric Subspecialties (2007)**
- **Public Health (2007)**
- **Rheumatology (2007)**
- **Allergy and Immunology (2006)**
- **Child Psychiatry (2006)**
- **Critical Care Workforce (2006)**
- **Emergency Medicine (2006)**
- **Family Medicine (2006)**
- **Neurosurgery (2005)**
- **Cardiology (2004)**
- **Dermatology (2004)**
- **Medical Genetics (2004)**
- **Anesthesiology (2003)**
- **Endocrinology (2003)**
- **Psychiatry (2003)**

Health Professional Shortage Areas (HPSA) - Primary Health HPSA Clinician Priority Scores



Source: Health Resources and Services Administration - HRSA, Bureau of Health Professionals; April, 2007.

Note: Alaska and Hawaii not shown to scale



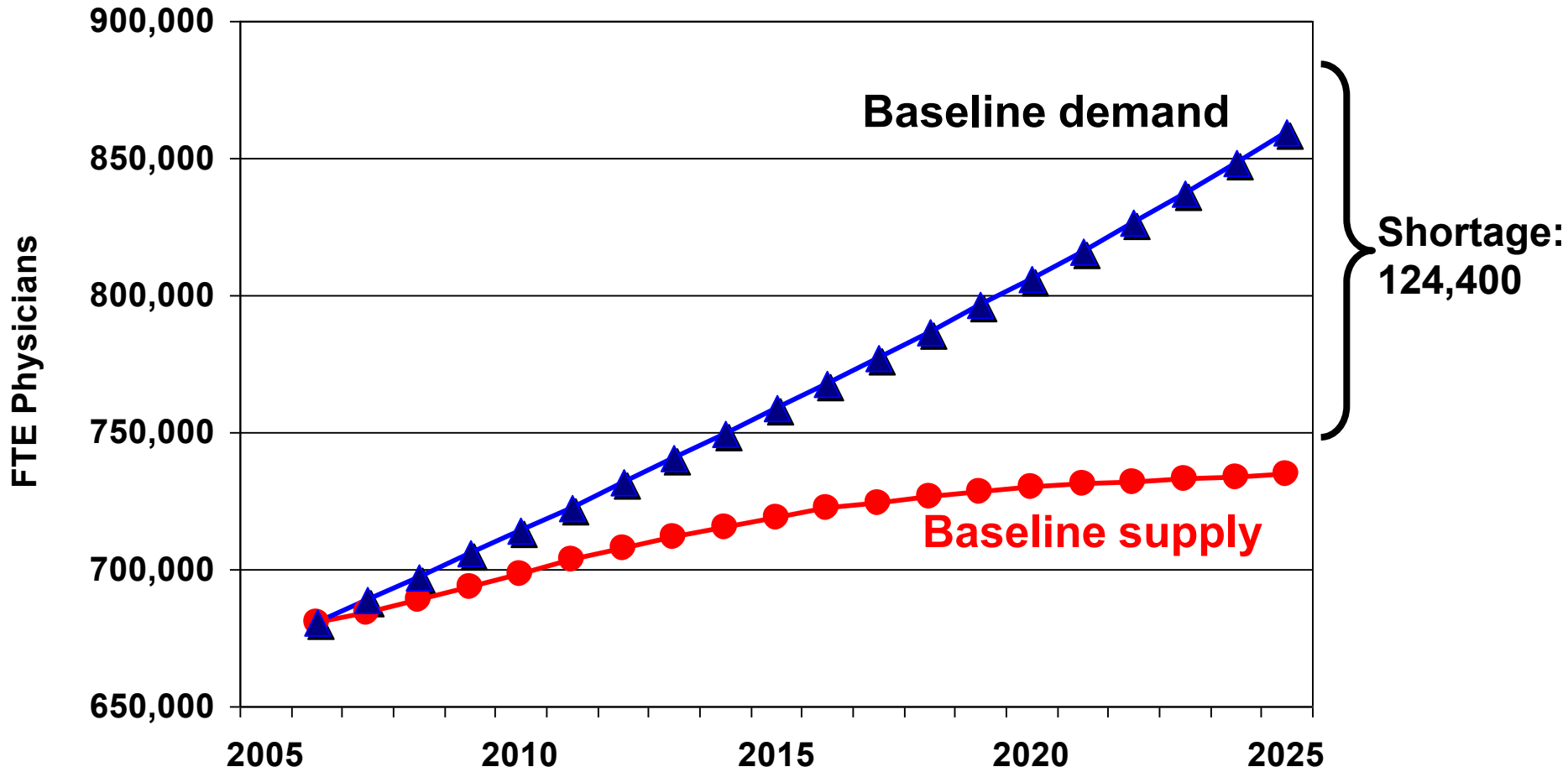
Drivers of Future Demand for U.S. Physicians

- **Population growth:** 25 million/decade
- **Aging population:** Over 65s will double 2000-2030, major illness/chronic illness
- **Public expectations:** Boomers have more resources and higher expectations
- **Lifestyle factors:** e.g., obesity, diabetes,
- **Economic growth of nation**
- **Medical advances**

Future Physician Supply

- **Medical school (MD) enrollment doubled from 1960 to 1980, then flat for 20+ years**
- **~ 19,000 MDs & DOs graduate each year**
- **Aging of physician workforce and retirement**
- **Gender and generational differences**
- **Residency positions key to future supply**
- **International migration and IMG policies**

Projected Physician Shortage by 2025

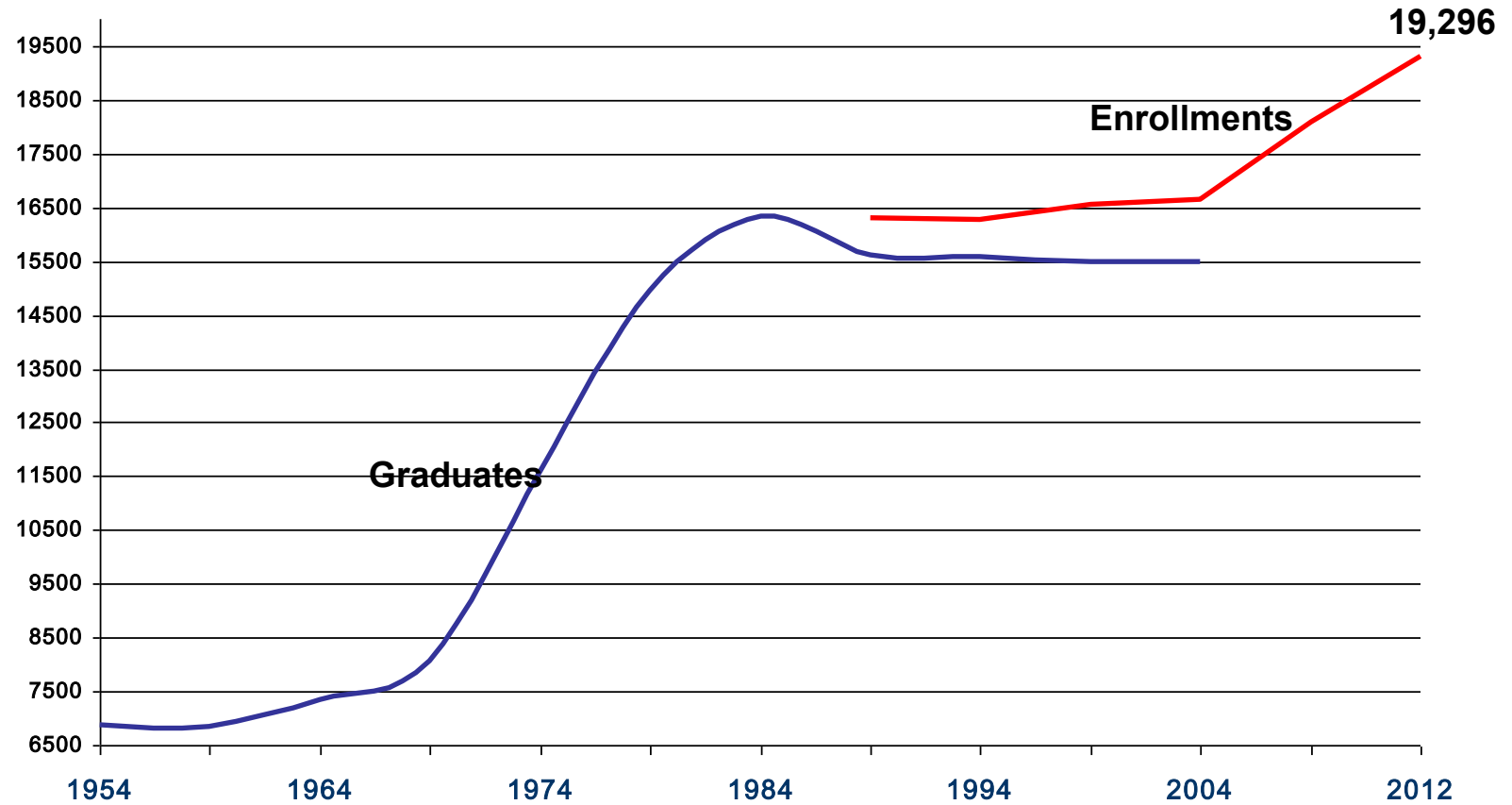


Source: 2008 Association of American Medical Colleges.

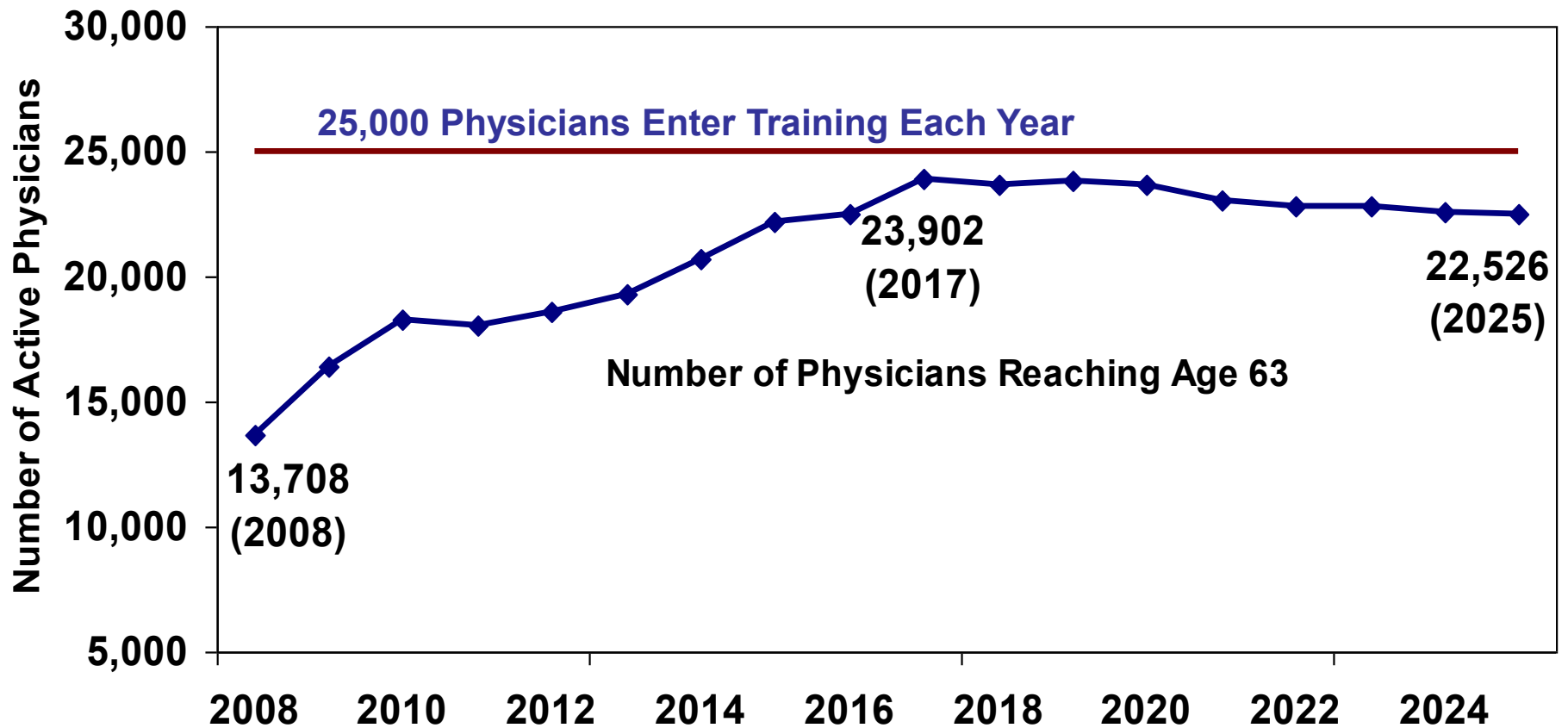
Medical School Expansion

- **Osteopathic graduates have doubled in last 20 years; growth continues**
- **Allopathic schools are increasing output of US MDs**
- **The 2009 class of first-year medical students was largest ever: ~18,400 enrollees; 2% increase over 2008**
- **Commensurate increase in the number of GME positions is needed**

USMD Graduates Over Six Decades



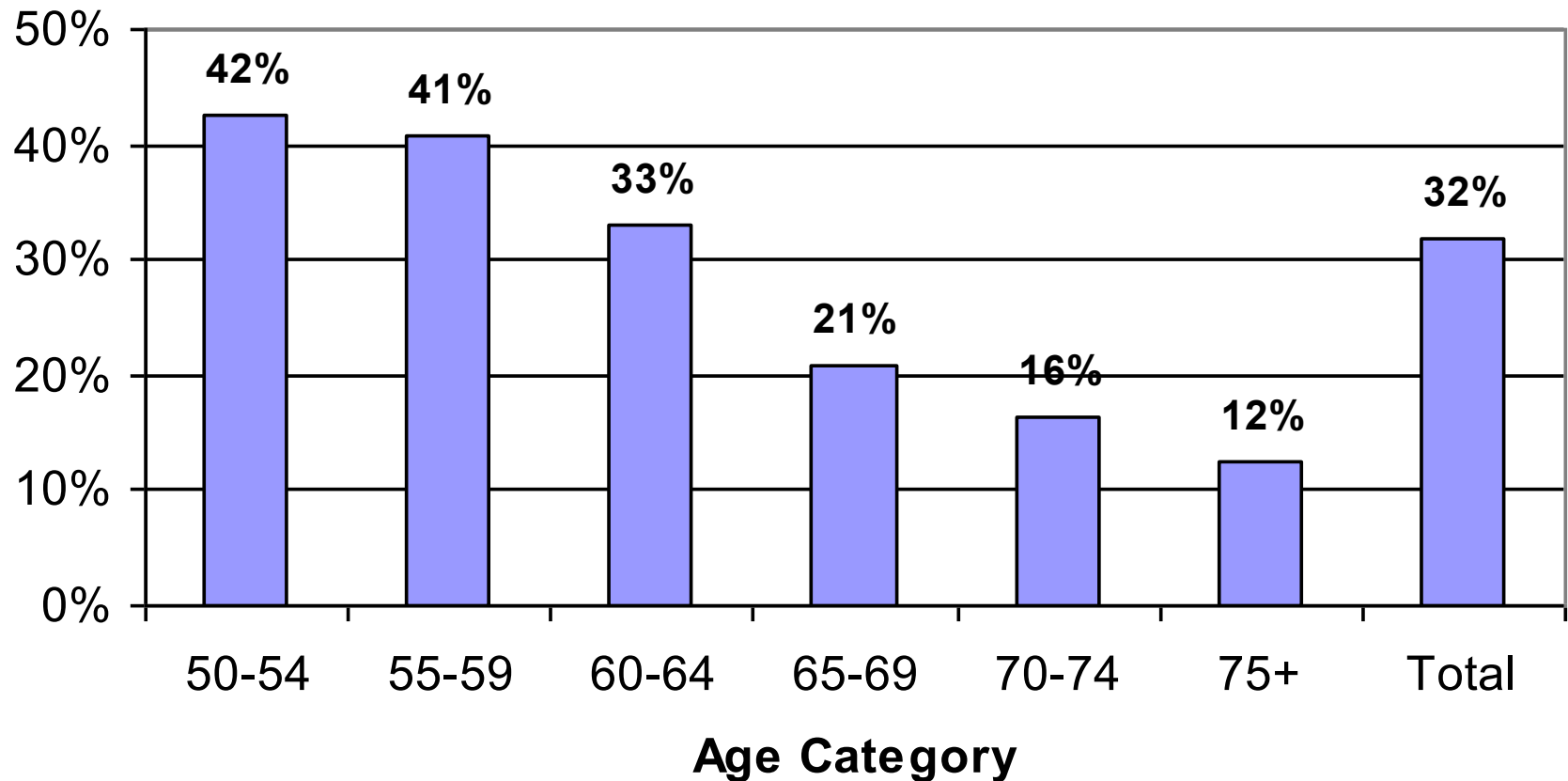
The Number of Active Physicians Approaching Retirement Age is Increasing Sharply



Source: AMA Physician Masterfile (January 2008).

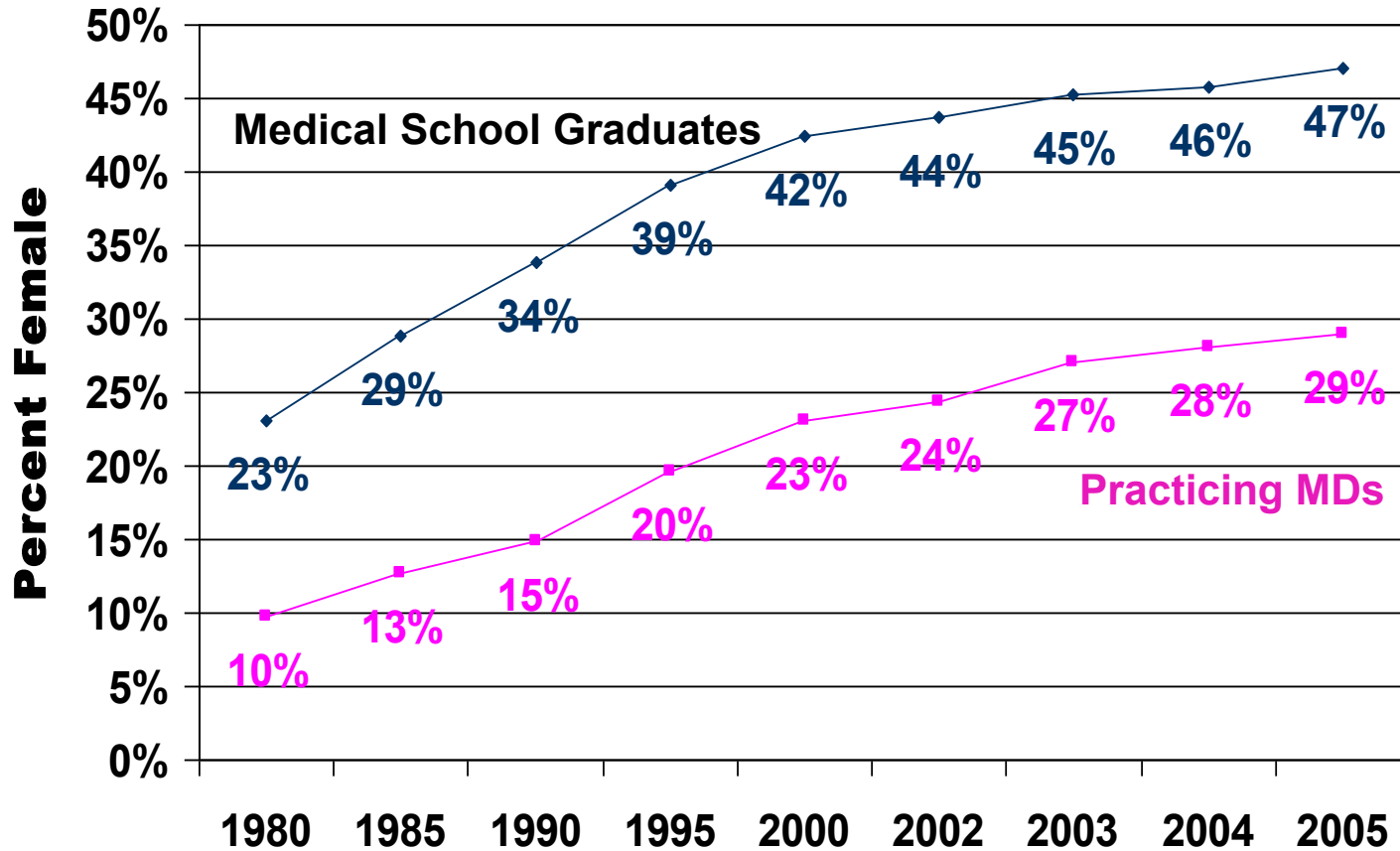
One Out of Three Would Retire Today if They Could Afford to

Percent of active physicians over 50 who would retire today, by age

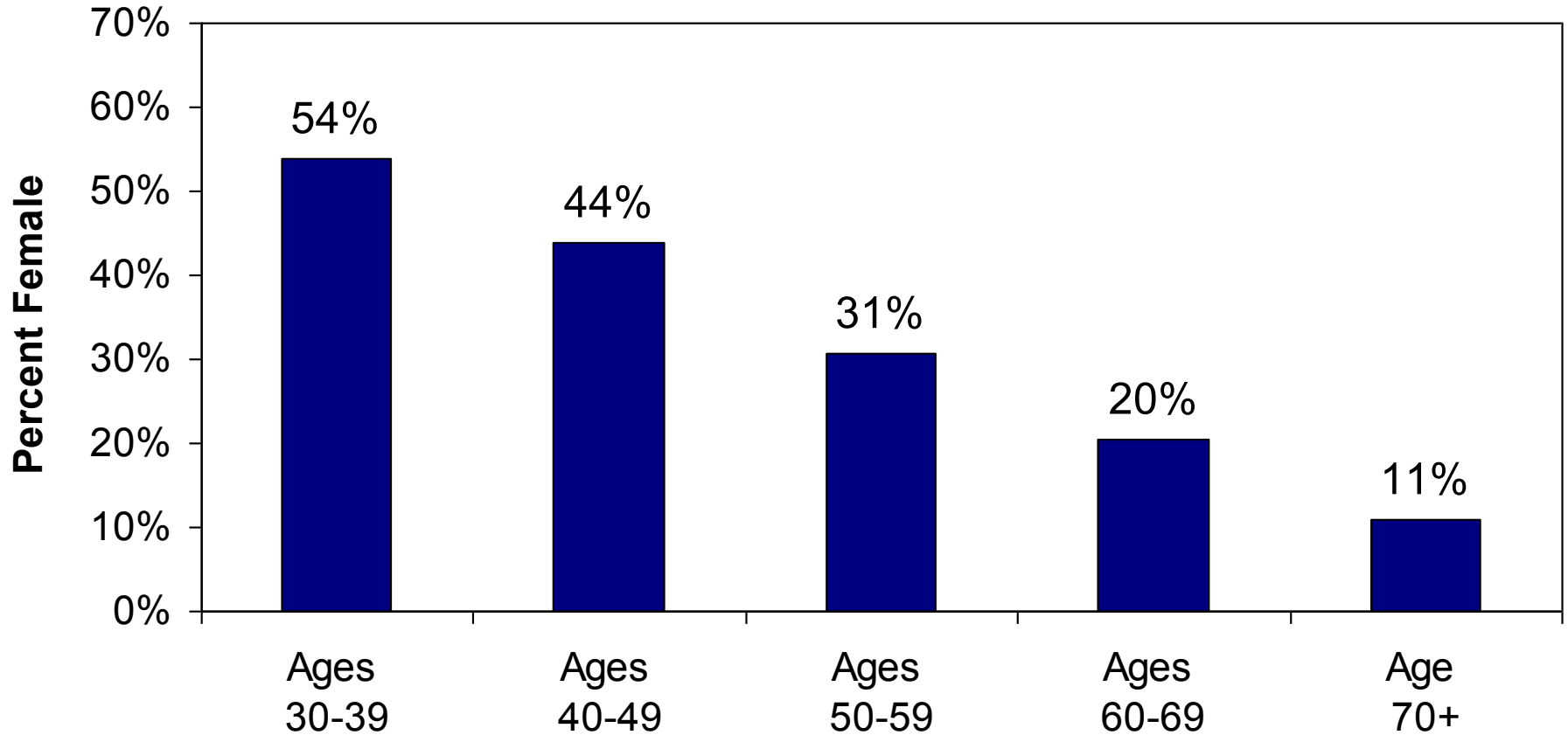


Source: 2006 AAMC/AMA Survey of Physicians 50 and Over.

Percentage of Women in Medicine is Rising Steadily



The Proportion of Women in Primary Care is Increasing



Source: AMA Physician Masterfile (January 2008)

Gender Matters: Work-Life Balance is More Important than Income for Women

BALANCE	Men	Women
Time for family/personal life	66	82
Flexible scheduling	26	54
No / limited on call	25	44
Minimal practice mgmt resp	10	18
CAREER/INCOME		
Practice income	43	33
Long term income potential	45	36
Opportunity to advance professionally	29	27

Factors Affecting Physicians' Specialty and Location

- **Work-life balance**
- **Practice reimbursement**
- **Medical liability costs**
- **Employment opportunities for spouse**
- **Quality of schools for children**
- **Presence of respected colleagues**
- **Opportunities for recreation**

Decrease in Hours Worked per Week Observed for All Physicians

Study in *JAMA* (February 24, 2010)

- **Associated with lower physician fees**
- **Highlights the need for more physicians**
- **Work-life balance**
- **Physicians as employees**
- **Resident/fellow duty hours**
- **The hassle factor**

Challenges within Medical Education

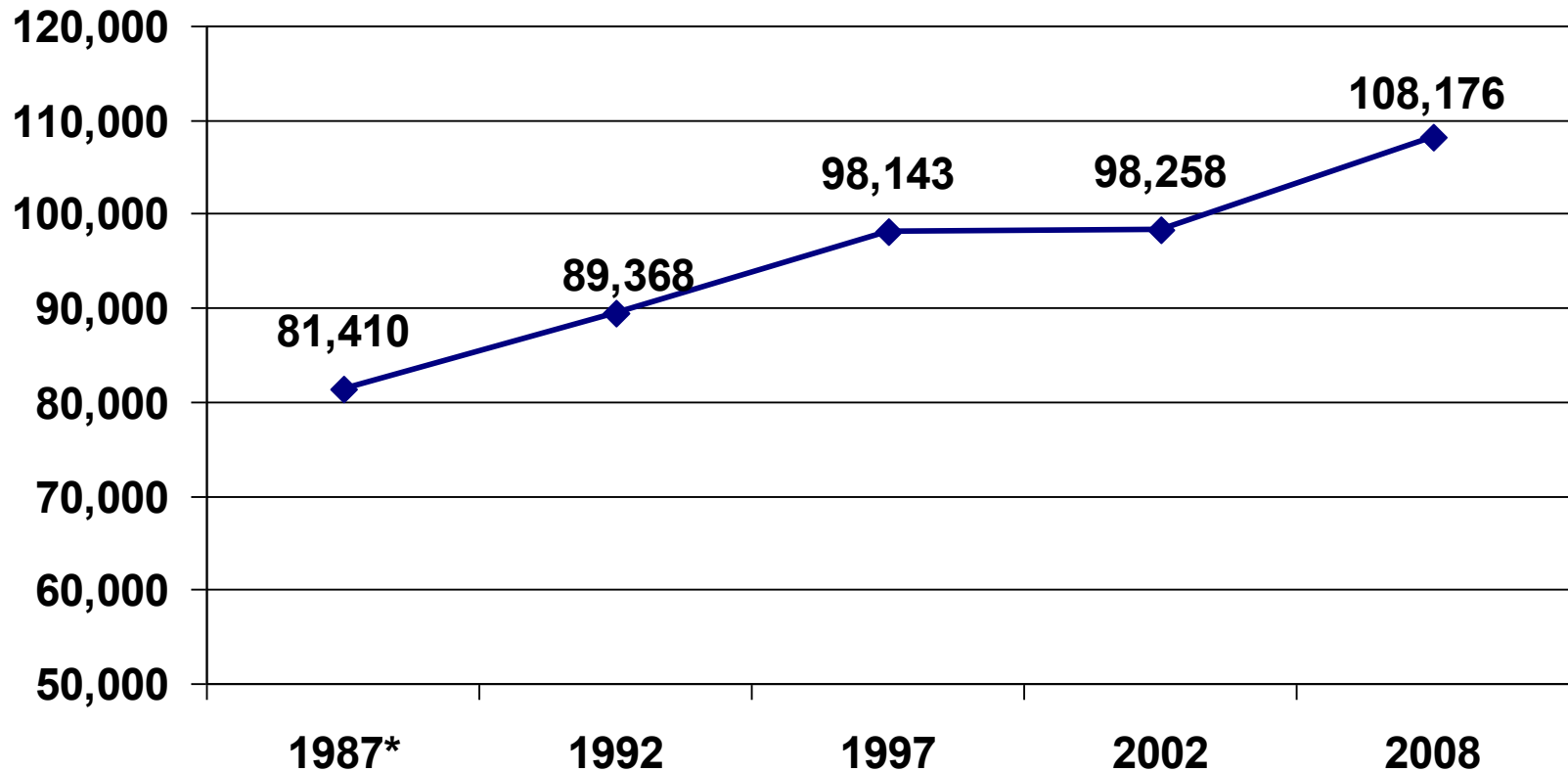
- **Medical student debt (~\$156,000)**
- **Low pay during residency**
- **Residency (GME) funding**
- **Recent IOM Report - residents need:**
 - **better supervision**
 - **improved communication with peers**
 - **increased interdisciplinary teamwork**
 - **workloads to match experience**

Fixing U.S. Doctor Shortage Requires More GME Slots

- **In 1997, Medicare placed caps on funded GME positions (~26,000 GY1s per year)**
- **GME: only path to U.S. Physician licensure**
- **~ 19,000 MDs and DOs graduate each year**
- **Increasing class sizes, 12 new MD schools**
- **30% increase = 5,700 more U.S. graduates**
- **Unless GME expands, U.S. MDs and DOs will compete with IMGs for the same slots**

1997 BBA Temporarily Slowed GME Growth, but ACGME Residents and Fellows up 8% since 2002

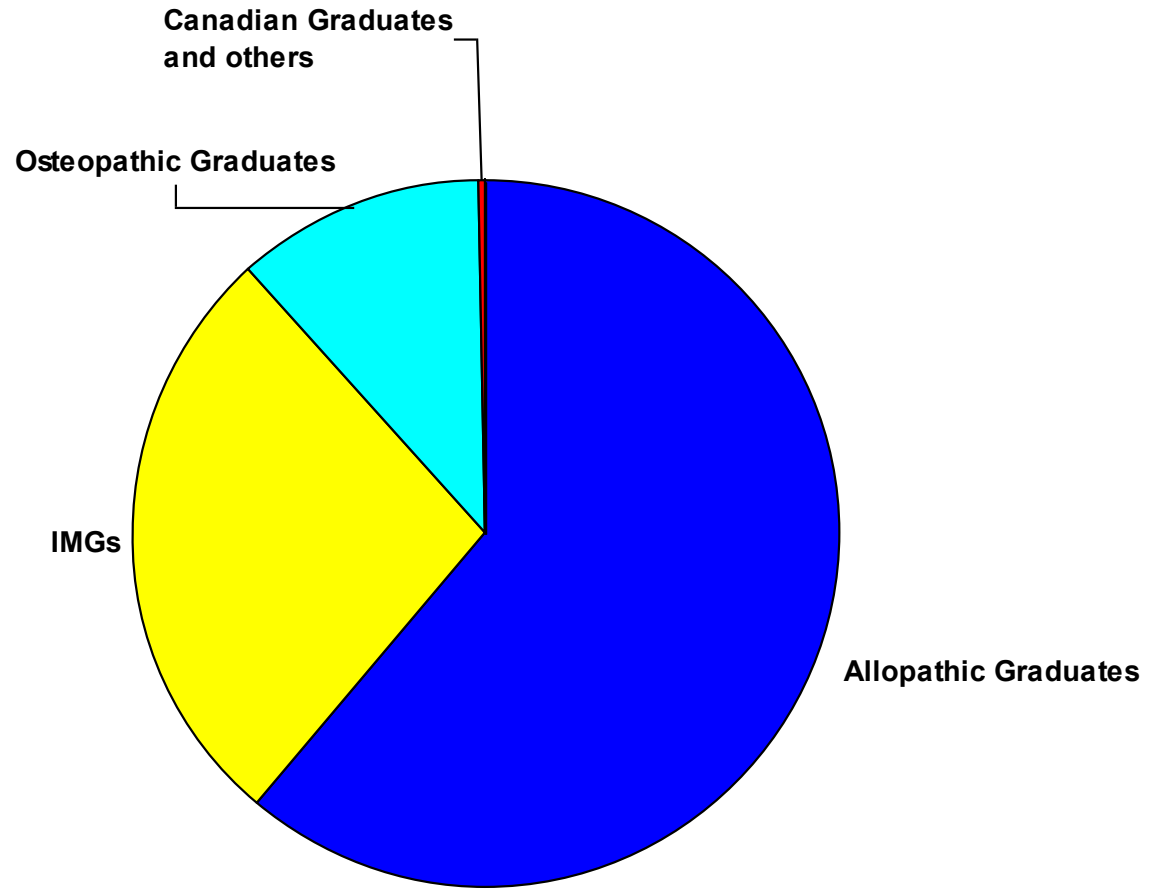
Total Residents and Fellows in ACGME Programs 1987-2008



*Data for 1987 excludes residents in combined specialty programs.

Source: *JAMA* Medical Education issues

25,059 Enter GME Training in ACGME and AOA Programs



Source: AOA 2006; ACGME 2007.

IMGs – Why the concern now?

- **IMGs account for 25.9% of total U.S. physicians**
- **Global shortages of health personnel**
- **Brain drain from less-developed countries**
- **1 of 4 doctors in GME is non-U.S. IMG**
- **About 2,500 U.S. citizens per year enter foreign med schools, mostly Caribbean**
- **1,500 U.S. IMGs enter U.S. GME annually**
- **Variability in quality of foreign med schools and IMG graduates**

Country of Medical School for IMGs Entering GME: Three of Top Five Countries are in the Caribbean

	2004	2005	2006	2007¹
India	1,786	1,776	1,735	1,787
Dominica (Ross)	343	403	389	451
Pakistan	496	528	413	447
Grenada (St. Georges)	365	381	395	426
Netherland Antilles (Saint Martins)	251	279	347	318
Philippines	305	270	294	264
China	221	227	273	217
Mexico	188	117	150	159
Iran	145	155	143	137
Nigeria	176	158	163	136

¹ The data for 2007-2008 may be an underestimate, as about 2% of programs report late.

Source: AAMC/AMA National GME Census, GME Track.

GME Funding Sources

- **Medicare supports 40% of total cost**
- **Medicaid (annual state appropriations and matching federal payments)**
- **Veterans Administration (10% of residents)**
- **Department of Defense**
- **Private payers (by cost shifting)**

Council on Graduate Medical Education Recommendations

- **Move more physician training to non-hospital settings, including rural and underserved areas**
- **Make teaching hospitals/academic medical centers more accountable for CMS funding**
- **Fix the income disparity between primary care and specialist physicians**
- **Make GME a site for innovations in primary care**

Other GME Funding Issues

- **Need to expand GME positions to keep up with medical school expansion**
- **Need for innovative training models to address community needs and contemporary models of health care (medical home/chronic care models)**
- **New and emerging DME costs (technology, resident duty hour restrictions, etc.)**

MedPAC Issues Related to GME

- **Increasing accountability**
- **Broadening training settings**
- **Creating career incentives for residents**
- **Alternative financing models**
- **Economic incentives (team-based care, faculty expertise, cost awareness, cultural competencies, community-based affiliations)**

Benefits of Funding GME

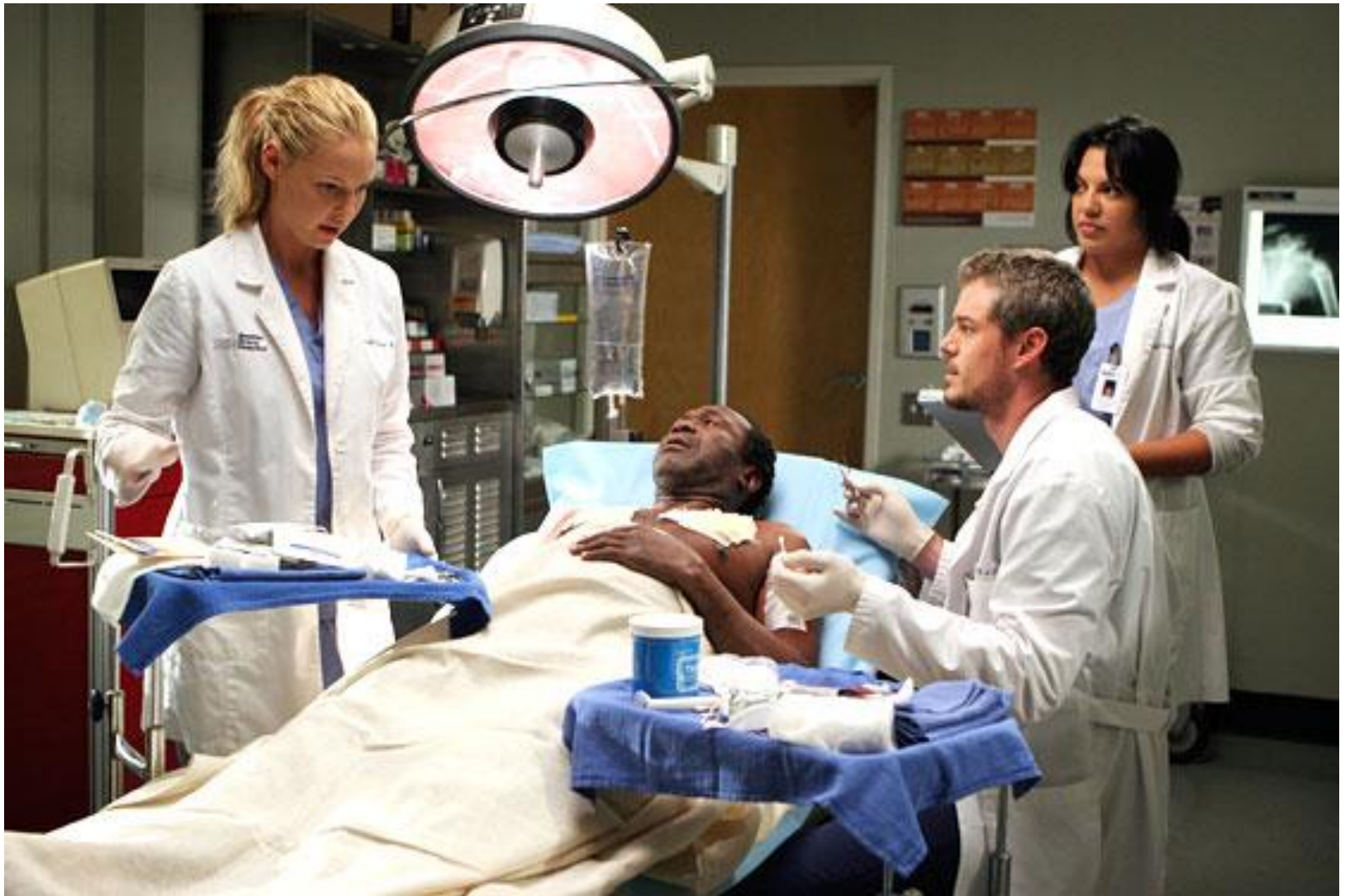
- **Highly trained and competent physician workforce**
- **Health care safety net is preserved, providing care for low-income and marginalized patient populations**
- **Innovations and technological advances occur in GME settings**
- **Recruitment of best and brightest into academic ranks & associated practices**

AMA GME and Workforce Advocacy Agenda

- **Funding medical research and education, especially GME**
- **Expanding Title VII and NHSC programs**
- **Progressive, community-based models of medical care**

Essential Elements of Delivery System Reform

- **Patient-centered Medical Home**
 - Strong primary care foundation
 - Electronic information systems
 - Population-based management of chronic illness
 - Continuous quality improvement
- **Accountable Care Organizations**
 - Provider-led organization
 - Accountable for overall costs and quality of care for a defined population



The Medical Care Team

