

COGME Perspective on Medical Education Issues

Presented to
the Medicare Payment Advisory Commission

September 18, 2009

Russell G. Robertson MD

Chair: Council on Graduate Medical Education
Professor and Chair: Department of Family and
Community Medicine

Northwestern University Feinberg School of Medicine

Overview

- COGME's history and charge
- Concerns about primary care, particularly for underserved populations
- Growth in hospitals' residency programs, by specialty
- Selected COGME recommendations

COGME history and charge

The Council on Graduate Medical Education (COGME) was authorized by Congress in 1986 to:

- Provide an ongoing assessment of physician workforce trends, training issues and financing policies
- Recommend appropriate federal and private sector efforts to address identified needs
- Advise and make recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS), the Senate Committee on Health, Education, Labor and Pensions, and the House of Representatives Committee on Commerce

The Health Professions Education Partnerships Act of 1998 reauthorized the Council through September 30, 2002 and has been re-authorized through September 30, 2010.

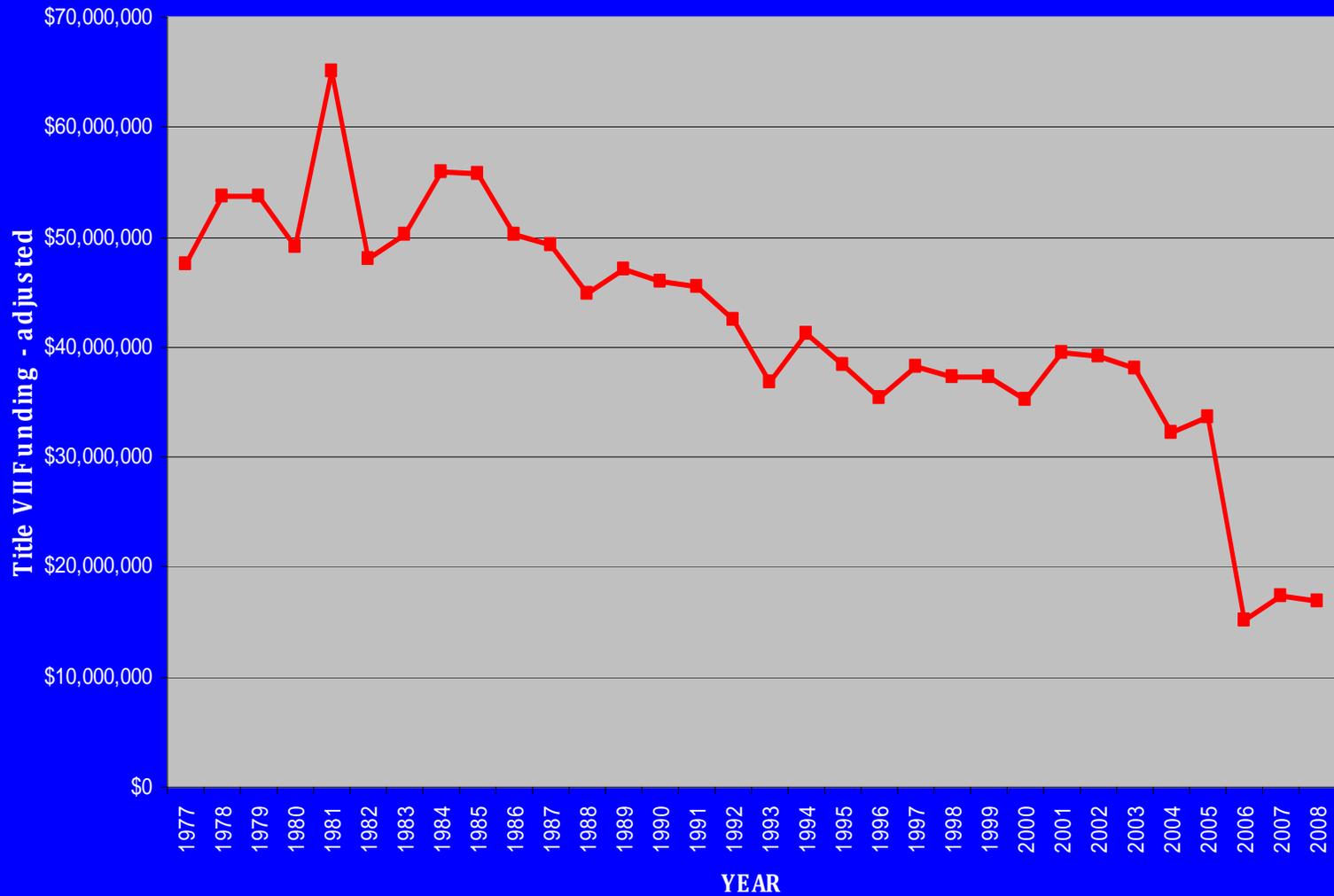
The Present Reality: Concerns About Primary Care

- Access to primary care physicians is a major concern
- IOM: acute shortage of geriatricians as the baby boomers near retirement
- Adult care generalists also needed
- Many ambulatory services performed by specialists could be managed in primary care settings
- Concern about access to primary care physicians is likely to intensify as demand outpaces supply faster for primary care than any of the specialty groups (AAMC)

Access to Care for Underserved Populations and Communities

- Community Health Centers nearly doubled capacity since 2002,
- Geographic maldistribution of physicians remains a problem (GAO 2005, HRSA 2007, IOM 2004)
 - Revisited in COGME 18th Report
 - Conventional Wisdom: Worse
 - Compounded by many factors--medical student demographic changes and educational milieu
- Title VII funding in 2008 is less than half of 2002 funding

Funding for Title VII, Sxn 747, Adjusted (1984 dollars)



Source: AAFP

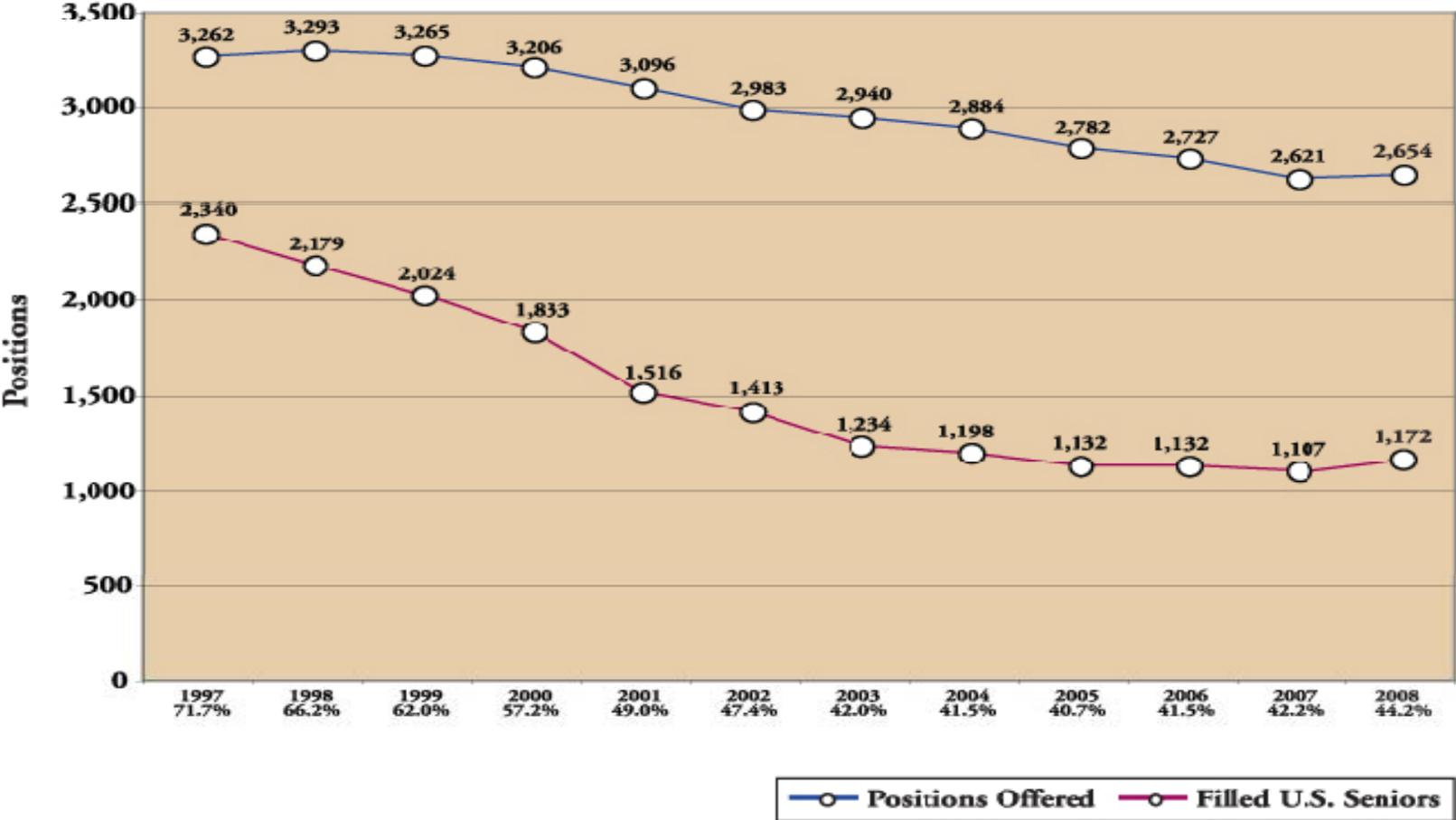
Growth in hospitals' residency programs varies by specialty

JAMA 2008 (Salsberg et al.)

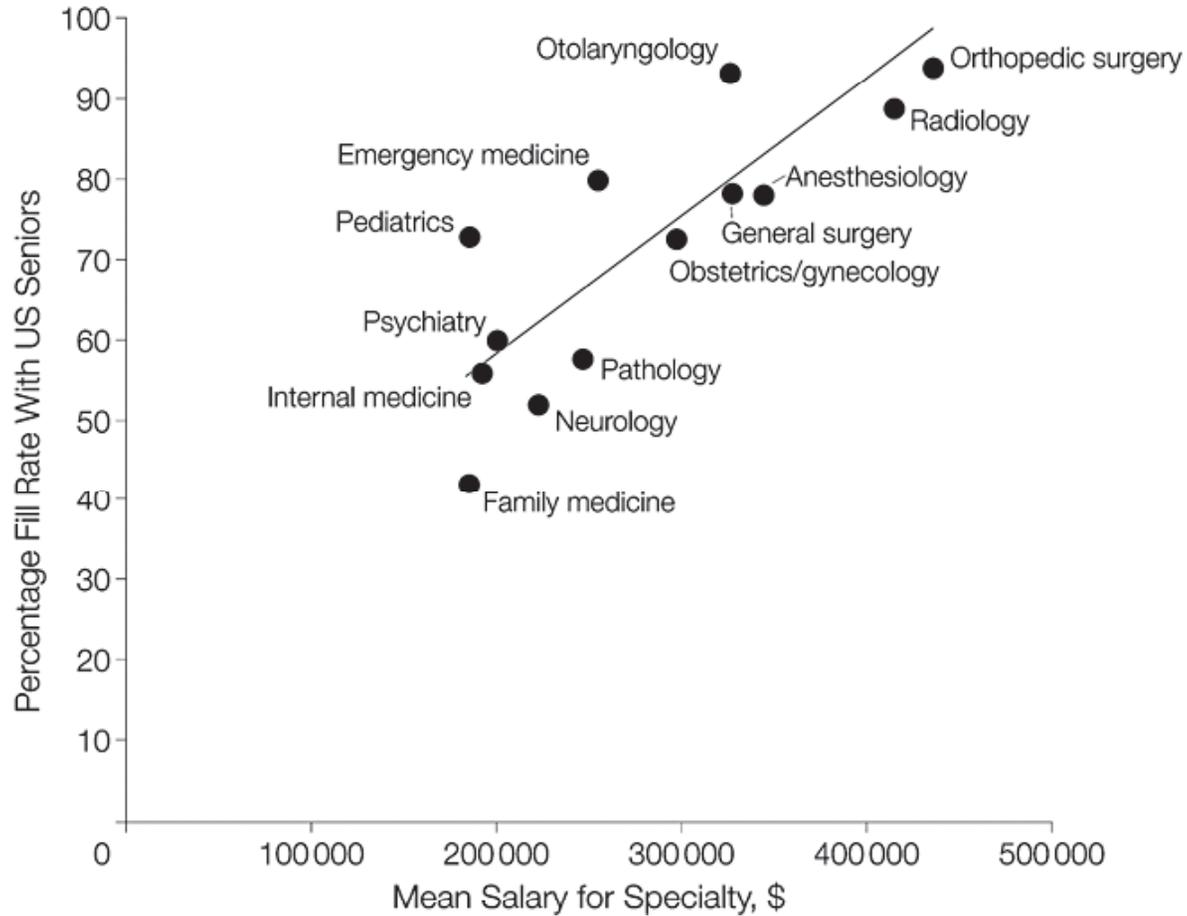
- Overall growth in total residents in training ('02-'07) = 7.9%
- Majority of specialties experienced growth
- Among US MDs:
 - Increases: anesthesiology, diagnostic radiology, emergency medicine, pathology, and psychiatry
 - Decreases: primary care specialties, ob/gyne
- Among IMGs: increases in primary care specialties, ob/gyne
- Increasing subspecialization rates (additional training years) led to fewer physicians entering generalist careers

From this work, hospitals appears more likely to support/add specialty fellowship positions than new generalist positions

Family Medicine Positions Offered and Filled (1997-2008)



Percentage of Positions Filled With US Seniors vs Mean Overall Income By Specialty, 2007



Ebell, M. H. JAMA 2008;300:1131-1132.

COGME 19th Report: Enhancing Flexibility in Graduate Medical Education

Recommendations:

1. Align GME with future healthcare needs

Increase funded GME positions to reflect community needs and contemporary models of healthcare delivery

2. Broaden the definition of “training venue” (beyond traditional training sites)

Decentralize training and create flexibility within the system

3. Remove regulatory barriers limiting flexible GME training programs and training venues

Allow funding to other types of entities, demonstration projects

4. Make accountability for the public’s health the driving force for graduate medical education (GME)

Develop mechanisms for local, regional or national groups to determine workforce needs, models of training, and performance goals; Title VII revitalization

COGME's 15th Report: Financing Graduate Medical Education in a Changing Health Care Environment

- Create a GME fund that combines federal funding to support graduate medical education with all-payer funds
 - Establish a permanent and stable funding source
 - GME planning and coordinating body
 - Provide higher payments for training in community settings