

A P P E N D I X

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**Commissioners' voting
on recommendations**

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In the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, the Congress required MedPAC to call for individual Commissioner votes on each recommendation and to document the voting record in its report. The information below satisfies that mandate.

Chapter 1: Enhancing Medicare's ability to innovate

No recommendations

Chapter 2: Improving traditional Medicare's benefit design

No recommendations

Chapter 3: Medicare's role in supporting and motivating quality improvement

No recommendations

Chapter 4: Graduate medical education financing: Focusing on educational priorities

- 4-1** The Congress should authorize the Secretary to change Medicare's funding of graduate medical education (GME) to support the workforce skills needed in a delivery system that reduces cost growth while maintaining or improving quality.
- The Secretary should establish the standards for distributing funds after consultation with representatives that include accrediting organizations, training programs, health care organizations, health care purchasers, patients, and consumers.
 - The standards established by the Secretary should, in particular, specify ambitious goals for practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice, including integration of community-based care with hospital care.

- Performance-based GME funding under the new system should be allocated to an institution sponsoring GME programs only if that institution met the new standards established by the Secretary, and the level of funding would be tied to the institution’s performance on the standards.

The indirect medical education (IME) payments above the empirically justified amount should be removed from the IME adjustment and that sum would be used to fund the new performance-based GME program. To allow time for the development of standards, the new performance-based GME program should begin in three years (October 2013).

Yes: Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Scanlon, Stuart

- 4-2** The Secretary should annually publish a report that shows Medicare medical education payments received by each hospital and each hospital’s associated costs. This report should be publicly accessible and clearly identify each hospital, the direct and indirect medical education payments received, the number of residents and other health professionals that Medicare supports, and Medicare’s share of teaching costs incurred.

Yes: Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Stuart

Not voting: Scanlon

- 4-3** The Secretary should conduct workforce analysis to determine the number of residency positions needed in the United States in total and by specialty. In addition, analysis should examine and consider the optimal level and mix of other health professionals. This work should be based on the workforce requirements of health care delivery systems that provide high-quality, high-value, and affordable care.

Yes: Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Scanlon, Stuart

- 4-4** The Secretary should report to the Congress on how residency programs affect the financial performance of sponsoring institutions and whether residency programs in all specialties should be supported equally.

Yes: Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Scanlon, Stuart

- 4-5** The Secretary should study strategies for increasing the diversity of our health professional workforce (e.g., increasing the shares from underrepresented rural, lower income, and minority communities) and report on what strategies are most effective to achieve this pipeline goal.

Yes: Behroozi, Berenson, Bertko, Borman, Butler, Castellanos, Chernew, Crosson, Dean, Hackbarth, Hansen, Kane, Kuhn, Miller, Milstein, Scanlon, Stuart

Chapter 5: Coordinating the care of dual-eligible beneficiaries

No recommendations

Chapter 6: Inpatient psychiatric care in Medicare: Trends and issues

No recommendations

Chapter 7: Shared decision making and its implications for Medicare

No recommendations

Chapter 8: Addressing the growth of ancillary services in physicians' offices

No recommendations

Appendix A: Review of CMS's preliminary estimate of the physician update for 2011

No recommendations

