GME REFORM

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President, Josiah Macy Jr. Foundation

COGME Meeting

April 7, 2016
Societal Forces Affecting GME Today

1. Changing patient demographics and disease burden
2. Evolving health care system: site of care and teams
3. New technologies for care delivery, information and education
4. Focus on quality and patient safety
5. Unsustainable growth in costs of care
6. Specialty and geographic mix of physicians
Tensions Within GME Today

1. Service vs. Education
2. Autonomy vs. Supervision
3. Duty Hours vs. continuity/experience
4. Subjective vs. objective evaluation
5. Who will teach, supervise, evaluate?
6. Accountable to whom?
Goals of GME Reform

1. New content for new competencies
2. Greater diversity of patients, illness and sites of training
3. Interprofessional and interdisciplinary training to prepare for teams
4. Flexibility and individualization of training with competency-based approach
5. Intelligent use of enabling technologies
Goals of GME Reform

6. Greater engagement with the patients, families and communities served
7. Smoother and more efficient transitions across the educational continuum
8. Alignment of physician specialty and location with societal needs
9. More complete institutional and faculty engagement
10. Accountability to the public
Enablers of Reform

1. Faculty development
2. Assessment tools/research
3. Flexible funding
4. Regulations that support goals of reform
## Macy Regional GME Meetings

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<tr>
<td>February 1, 2016</td>
<td>Vanderbilt University</td>
<td>Nashville</td>
<td>Donald Brady, MD</td>
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<tr>
<td>February 17, 2016</td>
<td>The University of Texas System/MD Anderson Cancer Center</td>
<td>Houston</td>
<td>Diane Bodurka, MD</td>
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<td>March 30, 2016</td>
<td>University of California, San Francisco</td>
<td>San Francisco</td>
<td>Bobby Baron, MD</td>
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<td>University of Washington/WWAMI</td>
<td>Spokane</td>
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<td>May 6, 2016</td>
<td>Partners/MGH</td>
<td>Boston</td>
<td>Debra Weinstein, MD</td>
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<td>May 23, 2016</td>
<td>University of Michigan</td>
<td>Ann Arbor</td>
<td>Joseph Kolars, MD</td>
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Why will GME Reform Work Now?

1. GME links Education and Delivery in the institutions at a critical time of reform of both: change can happen at the local level.

2. GME programs and trainees can be a positive force in achieving the goals of health care reform: a part of the solution, rather than a problem.

3. GME can be a positive force to humanize medicine: a return to the patient and the person.