

COUNCIL ON GRADUATE MEDICAL EDUCATION (COGME)
Minutes of Webinar Meeting, June 14-15, 2011

Council Members Present:

Russell G. Robertson, MD, Chair
David Goodman, MD, MS, Vice Chair
Elizabeth Giesting
Thomas E. Keane, MD
Jerry E. Kruse, MD, MSPH
H. David Reines, MD
Mary Ellen Rimsza, MD
Keya Sau, PhD
Gamini S. Sooriyaarachchi, MD, MBA
Donald Keith Watson, DO
Daniel Winn, MD
J. Nadine Gracia, MD, MSCE, Designee of the Assistant Secretary for Health, HHS
Judy Brannen, MD, Designee of the Department of Veterans Affairs
Tzvi M. Hefter, Designee of the Administrator, Centers for Medicare & Medicaid Services

Others Present:

Jerilyn K. Glass, MD, PhD, Deputy Executive Secretary, COGME
Kathleen Klink, MD, Director, Division of Medicine and Dentistry
Janet Heinrich, DrPH, RN, Associate Administrator for the Bureau of Health Professions

Tuesday, June 14, 2011

The Council on Graduate Medical Education (COGME) convened its meeting at 1:00 pm ET via a webinar process that was technically hosted by Lt. Cindy Eugene, a staff member in HRSA's Division of Medicine and Dentistry. After welcoming remarks by Russell G. Robertson, MD, Chair of COGME, the membership elected David Goodman, MD Vice Chair.

As a result of the Affordable Care Act of 2010, COGME has new responsibilities in terms of the development of performance measures and longitudinal evaluation of a number of HRSA grant programs. Directors Carole Johnson and Roger Straw of the Office of Policy Coordination and the Division of Workforce and Performance Management, respectively, gave an update on COGME's new legislative mandate. They explained efforts in coming weeks to seek comment from interested parties prior to sending a plan to the Office of Management and Budget. Because the grant programs under COGME's purview may be unfamiliar to its members, a process will be developed to brief COGME on the nature of these programs and provide members with the opportunity to give comments and reactions.

Welcoming remarks were given by Kathleen Klink, M.D., Director of the Division of Medicine and Dentistry. She focused on the importance of providing the Nation with access to high quality health care and improving both the training of the primary care workforce and the health

care systems in which care is delivered. She informed the Committee of newly hired staff to the Division, highlighting the backgrounds they bring to their new duties. Dr. Klink also described current Division activities focusing on oral health and teaching health centers.

The first presentation on the agenda was by Bob Phillips, MD, MSPH, Director of The Robert Graham Center in Washington, D.C. He provided preliminary findings of a collaborative study of the Center with researchers at George Washington University on accountability measures for graduate medical education (GME). He pointed out that of the resident production coming out of teaching hospitals two to four years after initial training, less than 25% is in primary care—a level that is not going to sustain the current primary care workforce. The data suggest an even worse situation for general surgery.

Marc Nivet, EdD, of the Association of American Medical Colleges made a presentation on the topic of graduate medical education and diversity. Beyond the goal of bringing minority students into the health professions, Dr. Nivet suggested the broader goal of changing medicine resulting in improved health equity and better health outcomes. He raised the issue of the health care system having to take care of 32 million newly insured individuals starting in 2014 and 2015. Diversity becomes ever more important as an additional tool in developing providers' cultural competency.

Paul H. Rockey, MD, MPH, of the American Medical Association, provided a history of transitional and preliminary GY1 training. He proposed that we need to move away from thinking about medical education as a hospital funding issue and move toward thinking about it as a medical workforce issue. We need to reframe the argument for funding GME in terms of access, appropriateness, and accountability.

The presentations were followed by an opportunity for members to ask questions and give comment. Several individuals from the public also gave comment.

The meeting adjourned at 4:00 pm ET.

Wednesday, June 15, 2011

The meeting convened at 9:00 am ET with introductory remarks by Janet Heinrich, DrPH, RN, Associate Administrator for the Bureau of Health Professions. She thanked the membership for working through the new webinar technology. She discussed where the Bureau was in relation to the budgetary process and underscored the importance of the Bureau's efforts to develop performance measures for grant program outcomes. She gave a status report of the negotiated rulemaking process to determine health professions shortage areas and underserved areas which will have a wide-ranging impact on many government programs.

The first presentation was by Tzvi Hefter, COGME member and designee of the Centers for Medicare & Medicaid Services (CMS). CMS administers the rules set forth by Congress on payments to hospitals for graduate medical education. There are currently 1,100 teaching hospitals. Mr. Hefter provided a primer on GME financing rules, pointing out their complexity. He distinguished direct GME payments for the actual cost of training residents and indirect GME

payments based on the fact that the cost of treating patients is higher in teaching hospitals than the cost incurred in nonteaching hospitals.

Sean Nicholson, PhD, an economist from Cornell University, addressed the topic of standardizing Medicare GME payments. He suggested that the question of whether CMS should pay all hospitals the same exact amount or different amounts per year for training a resident is not particularly interesting because it is not tied to a policy objective. He sees the larger question as being the extent to which GME payments could be reformed to help expand the physician workforce geographically.

Debra Weinstein, MD, Vice President for Graduate Medical Education, Partners Healthcare System, provided a sense of what was discussed by the Macy Foundation during its May 2011 deliberations. Its actual recommendations are still in draft form. The Foundation took up the issue of reforming GME to meet the needs of the public in light of a rapidly changing health care delivery system. The discussion included: 1) insufficient GME funding to really undertake reform, 2) heavy reliance on residents' service making real change more difficult, and 3) heterogeneity of GME programs making agreement difficult on what should be done. The participants discussed the quality of GME outcomes, maximizing efficiency, and allowing more flexibility for residents to pursue their interests within their training.

The individual presentations were followed by discussion as members asked questions and made comment. Several individuals from the public also made comment.

COGME then discussed its next report. It was felt that GME funding should be considered as broader than just what is provided by the Federal Government; other funders might be communities, third-party insurers, and philanthropic entities. At the program level, there should be efforts to increase the efficiency of GME, shorten its length, develop alternative programs for alternative settings, and train for the new models of care, e.g. ambulatory training.

The overall topic of the report might be advancing the physician workforce in a time of fiscal restraint, which would also include financing issues. Part of the current reality is the debt load of residents and the loss of programs because of lack of funding. A consideration of funding raises a number of questions: Is it strictly a workforce issue? Is it the issue of the quality of the resident who has completed training? What are the principles or goals that would underpin a call for a change in the financing of GME?

The plan going forward is for COGME's Chair and Vice Chair to have a conference call with HRSA staff in the summer to determine who should be invited to speak at the November 8, 10, 2011 meeting. The presentations would lay the foundation for the development of an outline at the meeting to guide the preparation for COGME's next report.

The meeting adjourned at noon ET.