

COUNCIL ON GRADUATE MEDICAL EDUCATION (COGME)

Minutes of Webinar Meeting – November 16, 2012

Council Members Participating:

David Goodman, MD, MS, Chair
H. David Reines, MD, Vice Chair
Kirk Calhoun, MD
Carol Carraccio, MD, MA
Michael Core, MD
Erin Corriveau, MD
Mary Ellen Rimsza, MD
Kenneth I. Shine, MD
David Squire
Donald Keith Watson, DO
Daniel J. Winn, MD
Judy Brannen, MD, Designee of the Department of Veterans Affairs

Others Participating:

Janet Heinrich, DrPH, RN, Associate Administrator, Bureau of Health Professions
Kathleen Klink, MD, Director, Division of Medicine and Dentistry
Jerilyn K. Glass, MD, PhD, Designated Federal Official, COGME

Friday, November 16, 2012

David Goodman, MD, Chair, opened the meeting by stating that the focus of the agenda will be on the recommendations of COGME's 21st report on the restructuring of Graduate Medical Education (GME). He noted the resignation of Council member, Elizabeth Giesting, and the process to identify a new member to fill the vacant seat. He then introduced Janet Heinrich, DrPH, RN, Associate Administrator, HRSA's Bureau of Health Professions, who described the Bureau's efforts to expand the primary care workforce, enhance the distribution of that workforce, and increase workforce analysis activities. She highlighted efforts to enroll veterans into physician assistant programs and medics into nursing programs. She described a cooperative agreement with the University of Minnesota to establish a coordinating center for interprofessional education and collaborative practice; funded in part by several foundations.

Kathleen Klink, MD, Director, Division of Medicine and Dentistry, highlighted the importance of maintaining educational system accountability, training individuals to provide the highest possible quality of care, improving access to health care services, and building healthy communities. She provided updates on the Division's programs in oral health, teaching health centers, and primary care faculty development.

The minutes of the July 23-24, 2012 webinar meeting were approved by the members.

Dr. Goodman began the discussion on COGME's 21st report by going over COGME's legislatively mandated duties and reviewing guidelines on how to write clear recommendations.

H. David Reines, MD, Vice Chair, gave an overview of progress made on the report since the meeting in July. Dr. Reines led the discussion of a set of "Funding" recommendations his group drafted starting with the recommendation that 3,000 new residency positions be created a year for four years. Funding priority should go to training programs in the areas of family medicine, geriatrics, general internal medicine, general surgery, pediatric sub-specialties, and psychiatry. There was discussion of the need to increase funding in programs located within regions that have a low per capita supply of physicians and in programs that emphasize new health system competencies. The overall funding recommendation was to maintain overall funding for GME and increase funding for additional positions. It was generally felt that transparency and accountability of IME (Indirect Medical Education) funds were issues. The Council considered a recommendation that IME funds be allocated to train physicians in a manner consistent with meeting pay-for-performance objectives. There was dialogue on the need 1) to build funding efficiency by eliminating the transitional PGY position and excess preliminary non-categorical positions, 2) to have accreditation and licensing flexibility in terms of some clinical training in the fourth year of medical school being counted towards residency training, and 3) to examine an "all payer" system as another source of GME funding.

Mary Rimsza, MD, offered an additional recommendation pertaining to Children's Hospital GME because these hospitals don't receive GME funds through Medicare. Instead, they are funded through a special HRSA-administered program. Dr. Rimsza recommended that children's hospitals be funded by the Federal Government through a multi-year appropriation process rather than the current annual process because pediatric residencies involve several years of training.

Carol Carraccio, MD, MA, led the discussion on the set of "Training" recommendations for the 21st report. The discussion focused on organizational collaboration to monitor and improve the quality of health care and patient safety in institutions that sponsor GME programs, ensure that standards are met for training in the patient-centered medical home model, and provide training in culturally effective health care to address the needs of medically underserved and minority populations. There was also discussion on the need 1) for funding incentives to institute longitudinal training experiences which can help mitigate the erosion of professionalism during training; and 2) to develop a seamless continuum of education, training and practice that is competency-based, encourages life-long learning, and is marked by strong methods of assessment and evaluation. Also, recommendations were considered that address faculty development, especially in newer models of healthcare delivery systems, and the development of effective methods of dissemination of best practices.

Dr. Goodman asked that the "Funding" and the "Training" workgroups refine their recommendations and get them back to him within a week. He also mentioned that Dr. Reines and he will be speaking individually at the Institute of Medicine meeting in December. Dr. Reines will present in a general way the draft recommendations discussed at this public meeting. . .

There was no public comment. The meeting was adjourned.