

**Council on Graduate Medical Education (COGME)  
In-Person Meeting - January 27-28, 2014  
HRSA Headquarters  
Parklawn Building  
5600 Fishers Lane, Room 18-57  
Rockville, MD 20857**

Council Members in Attendance:

Kirk Calhoun, MD  
Michael Core, MD  
Erin Corriveau, MD  
David Goodman, MD  
Nadine J. Gracia, MD  
Keya Sau, MD, PhD  
H. David Reines, MD  
Mary Ellen Rimsza, MD  
Karen Sanders, MD  
Kenneth Shine, MD  
Gamini Sooriyaarachchi, MD  
David Squire  
Donald Watson, DO  
Daniel Winn, MD

HRSA Staff Participating:

Rebecca Spitzgo, Associate Administrator, Bureau of Health Professions (BHPr)  
Kathleen Klink, MD, Director, Division of Medicine and Dentistry, BHPr  
Shane Rogers, Designated Federal Official (DFO), COGME  
Juliette Jenkins, RN, Deputy Director, Division of Medicine and Dentistry, BHPr  
Iwona Grodecki, BHPr  
Songhai Barclift, MD, Branch Chief, Community-Based Training Branch, BHPr  
Ed Salsberg, Director, National Center for Health Workforce Analysis, BHPr  
Debbie Jaeger, Division of Medicine and Dentistry, BHPr  
Anne Patterson, Division of Medicine and Dentistry, BHPr

Presenters:

Rebecca Spitzgo, Associate Administrator, Bureau of Health Professions, HRSA  
Songhai Barclift, MD, Branch Chief, Community-Based Training Branch, BHPr  
Ed Salsberg, Director, National Center for Health Workforce Analysis, BHPr  
Lois Nora, MD, JD, President and CEO of the American Board of Medical Specialties  
Beth Roemer, MPH, Senior Director, Kaiser Permanente Institute for Health Policy  
Frederick Morin, MD, Dean, College of Medicine, University of Vermont

Monday, January 27, 2014

This meeting was open to the public. Members of the public attended this meeting via in-person, webinar and teleconference.

Due to travel issues Dr. David Goodman, Chair for the COGME, was delayed in his arrival for the start of the meeting. Dr. H. David Reines, Vice-Chair for the COGME, opened the meeting by informing the members that there are two new members on the Council and then asked the members to go around the table and introduce themselves. In addition to the members, Dr. Kathleen Klink, Director for the Division of Medicine and Dentistry and Rebecca Spitzgo, Associate Administrator for the Bureau of Health Professions (BHPr) at the Health Resources and Services Administration (HRSA) were sitting at the table and introduced themselves as well.

The next item of business for the COGME was to approve the minutes from their September 2013, meeting. The minutes were approved.

#### Introductory Presentation:

Next, Dr. Goodman (Chair) conducted a brief presentation to the members that included a review of the meeting agenda and identifying goals for this in-person meeting. These goals included:

1. Reach a consensus of the topic(s) of the next report
2. Develop draft recommendations
3. Decide on a lead report editor/writer
4. Develop roles for all committee members

During his presentation, Dr. Goodman went on describe how the nation is facing a rapidly changing health care delivery system and, by extension, financing systems. He noted that in August of 2013 there were 428 Centers for Medicare and Medicaid Services (CMS) Accountable Care Organizations (ACOs) across the country and that there is a growing opinion of greater public accountability linking to graduate medical education (GME) funding, even while GME has not been well defined and there has been no systematic measurement of the effect of delivery change on medical education.

He provided a summary of the current IOM committee and how it is currently working to:

1. Assess regulations, financing, content, governance, and organization of U.S. GME, and
2. Recommend how to modify GME to produce a physician workforce for a 21st century U.S. health care system that provides high quality preventive, acute, and chronic care, and meets the needs of an aging and more diverse population.

Dr. Goodman finished his introductory update presentation by restating the purpose of the COGME and summarizing the three questions the Council has posed to all of its presenters, and to the members themselves, over the past year:

Q1. How is your organization responding to changing needs in physicians and training as a result of the implementation of new delivery models and financing?

Q2. From your vantage point, how are the changes creating new opportunities and/or new stresses for medical education?

Q3. How can we strengthen medical education as organizations sharpen their focus on improving the delivery of health care (and as incentives change)?

Presentations:

Rebecca Spitzgo, Associate Administrator, Bureau of Health Professions, HRSA. Ms. Spitzgo provided a brief review of BHP programs and introduced herself to the members as the new Associate Administrator for the BHP. She discussed how the BHP recently received a \$40M increase in their budget and also discussed some of the Bureau's priorities looking forward to include: increasing and enhancing the nation's primary care workforce and distribution, interprofessional training, workforce diversity and developing plans with BHP's National Center for Health Workforce Analysis (NCHWA).

Songhai Barclift, MD, Branch Chief, Community-Based Training Branch, BHP. Dr. Barclift provided an update on the Teaching Health Center Graduate Medical Education (THCGME) program. During the last meeting the members created and forwarded a Letter of Support for the THCGME program to the Secretary (DHHS), the Senate Health Education Labor and Pensions (HELP) Committee and the House Energy and Commerce (E&C) Committee. A copy of this letter can be found on at:

<http://www.hrsa.gov/advisorycommittees/bhpradvisory/cogme/Publications/teachinghealthcentergraduatemedicaleducation.pdf>). Dr. Barclift updated the members on the latest competition announcement and explained the challenge for applicants for this competition since they are only able to apply for one year's worth of funding, as the program was front-funded for five years back in 2010.

Ed Salsberg, Director, National Center for Health Workforce Analysis, BHP.

Mr. Salsberg's presentation to the Council primarily focused on health workforce trends taking place across the nation. Mr. Salsberg noted that the actual numbers across the country for primary care providers is not that bad, but that there is a SERIOUS mal-distribution problem. He also noted the lack of diversity across the whole span of health professions and that many providers need to work at the maximum level of their education and skills. Ed described how State's play important roles with workforce development.

Mr. Salsberg also took some time during his presentation to provide an update on the National Center for Health Workforce Analysis and the commission. He provided a quick review of HRSA Area Resource File, recently renamed the Area Health Resource File (<http://arf.hrsa.gov>).

Ms. Salsberg went on to discuss a recent HRSA report entitled, *Projecting the Supply and Demand for Primary Care Practitioners through 2020*. He summarized that in the report it described that by the year 2020, the nation is expected to experience a shortage of about 20K primary care physicians. However, taking into account Physician Assistants and Nurse Practitioners, this number reduces to about 6,400.

Mr. Salsberg described the CMS Innovation Awards and how most of the approved projects included plans to use workers in new ways. He also stated that GME entry slots are currently

growing at approximately one percent, per year. Undergraduate slots have been growing at about three percent. He also reminded the members that Physician Assistant growth is about to greatly expand with the recent plan to create 60 - 70 new training programs.

With reference to the impact of the ACA and how it will affect health systems, Mr. Salsberg noted that it should:

- Encourage strategies to make better use of existing workers including teams
- Encourage care in lower cost settings (e.g., ambulatory rather than inpatient care)
- Greater integration of acute care, prevention, behavioral health, and oral health
- Encourage use of Health Information Technology (HIT) and the Electronic Medical Record (EMR)

In summary, Mr. Salsberg provided the following closing observations:

- In assessing future supply, demand and need, we must consider physicians, other clinicians and other health personnel
- Accepting and integrating non-physicians into the delivery system and designing effective teams is critical to assuring access and cost effective care for the nation
- It is very difficult to predict how the transformation of the delivery system will impact the health workforce
- National numbers tend to mask significant regional and local shortages; mal-distribution may be a greater problem than overall shortages
- Numerous forces are encouraging innovations in the use of workers to promote quality and efficiency
- We are in a period of workforce re-assessment and change
- Growing awareness of the important role of the health workforce in health systems transformation

Lois Nora, MD, JD, President and CEO of the American Board of Medical Specialties (ABMS) and Beth Roemer, MPH, Senior Director, Kaiser Permanente Institute for Health Policy. Both Dr. Nora and Ms. Roemer were asked to return and provide updates to their presentations from the September 2013, COGME meeting.

Dr. Nora provided an update on her Maintenance of Certification program presentation. She described that they had received feedback from over 600 respondents during the comment period and that the standards were passed last month and were available on ABMS website at: [http://www.abms.org/Maintenance\\_of\\_Certification/](http://www.abms.org/Maintenance_of_Certification/).

Ms. Roemer, for her follow-up presentation, provided an article for the Council that expanded on her previous presentation from the September 2013, meeting.

Frederick Morin, MD, Dean, College of Medicine, University of Vermont.

Dr. Morin's presentation focused on graduate medical education and undergraduate medical education in an Accountable Care Organization (ACO) within the State of Vermont. Dr. Morin began his presentation by describing Vermont as a geographically isolated and rural state, a state that is the "bluest" in the nation and that the governor and the legislature was elected to office on

the basis of creating a single-payer, universal coverage/universal access system, with a goal for completion in 2017.

Dr. Morin described the OneVermont system and how it encompasses all 14 hospitals within the State of Vermont and the state's two ACOs. He described how the population within Vermont is small, but the penetration of the healthcare systems is very good, with 85 percent of the population having an Electronic Health Records (EHR). He believes that the data set of information on Vermont's population is the most comprehensive (but not the largest) available anywhere in the country. He finished his presentation by describing the coordination of services among various areas within the state and described how GME plays an important role in such a comprehensive health care system.

Public Participation:

There were fourteen (14) public participants that attended this in-person meeting. Additionally, there were twenty-eight (28) public participants who attended the meeting virtually.

The following members of the public provided oral or written comments at the meeting:

Susan Levin, Physicians Committee for Responsible Medicine  
Brian Sakurada, Novo Nordisk Inc.  
Julie Cantor-Weinberg, College of American Pathologists  
Anu Ashok, Greater New York Hospital Association  
Naseem Razavi, MD  
Stan Kazakowski, MD, American Academy of Family Physicians  
Hope Wittenberg, American Academy of Family Physicians  
Tannaz Rasouli, Association of American Medical Colleges

Additional Notes:

To obtain electronic copies of the presentations or any other materials provided during this meeting, please contact the DFO, Mr. Shane Rogers at [srogers@hrsa.gov](mailto:srogers@hrsa.gov) or 301-443-5260.