

COUNCIL ON GRADUATE MEDICAL EDUCATION (COGME)
COGME Graduate Medical Education Strategic Plan
Webinar and Conference Call May 21, 2015

Council Members in Attendance:

H. David Reines, MD, FACS, Chair
Gamini Soori, MD, MBA, FACP, FRCP, CPE, Vice Chair
Kirk Calhoun, MD
Erin Corriveau, MD, MPH
Lois Margaret Nora, MD, JD, MBA
Mary Ellen Rimsza, MD, FAAP
Beth Roemer, MPH
Keya Sau, MD, PhD
Kenneth Shine, MD
David Squire, MPA
Karen Sanders, MD
Kara Odom Walker, MD, MPH, MSHS

Others Present:

Joan Weiss, PhD, RN, CRNP, FAAN, Senior Advisory, Division of Medicine and Dentistry;
Designated Federal Official, Council on Graduate Medical Education
Candice Chen, MD, MPH, Director, Division of Medicine and Dentistry
Kandi Barnes, Management Analyst, HRSA
Kimberly Kline, Director, Advisory Committee Operations, HRSA
Crystal Straughn, Technical Writer, HRSA

Presenters:

Hayden Kepley, PhD, Chief, Performance Measurement and Evaluation Branch, Bureau of
Health Workforce (BHW), HRSA
Tia-Nicole Leak, PhD, Social Science Analyst/Project Officer, HRSA
Denise Sorrell, Senior Advisor to the Health Careers, Loans, and Scholarships Branch, Division
of Health Careers and Financial Support, BHW, HRSA

Introduction

The Council on Graduate Medical Education (COGME) convened its meeting at 10:00 a.m. at the Health Resources and Services Administration's (HRSA) headquarters in the Parklawn Building, Room 1367A, 5600 Fishers Lane, Rockville, MD 20857.

Dr. Joan Weiss, Designated Federal Official, opened the meeting and provided an overview of the meeting agenda. She informed the Council members that there would be Council updates and a strategic plan discussion led by Dr. David Reines. In the afternoon, the Council would review the Bureau's diversity programs and hear presentations on HRSA Centers of Excellence, Health Careers Opportunity, and Scholarships for Disadvantaged Students Programs and discuss performance measures for these programs. She then turned the meeting over to Dr. Reines. Dr. Reines thanked the Council for their participation and reminded them that several members would be coming off the Council. He recommended that COGME should develop a National

Strategic Plan for Graduate Medical Education (GME), guidelines, or a report for the new Council members coming on in the fall. He then discussed the recent Council letter to the Secretary and Congress requesting that COGME develop a National Strategic Plan for GME. Dr. Candice Chen assured the members that the recommendations and requests in the letter were being considered and they would receive a response soon.

Discussion

The members continued their discussion of the National Strategic Plan. Dr. Candice Chen suggested developing a framework based on the five priorities the Council developed in a recent letter to the Secretary requesting support for the Plan: give stronger support for integrating future manpower predictions with the needs of the country; better align the GME system with national priorities; maximize efficiencies presently lacking in the system; add transparency to the funding of GME; and establish an enduring method for continuing to realign physician training with the needs of the country. These priorities would inform the mission and vision for GME. In addition, the Council should identify specific goals and objectives for GME with a clear timetable for accomplishing them, and the Plan would also identify the public and private organizations and agencies that should have a responsibility for accomplishing the goals and objectives. She also suggested the Council develop a system to monitor, collect, and analyze GME data, and use the data to inform the Plan moving forward. If the Council did not receive the funding requested, the members could decide if they wanted to remove components or perform certain components in a slower time frame, or switch focus to other activities mandated under COGME.

The Council considered planning a conference in 2016 which would serve as a forum where key stakeholders would have meaningful discourse and deliberations about the Plan. They identified key stakeholders who could assist in writing the Plan (see Appendix). Dr. Kirk Calhoun stated that the “AAMC (Association of American Medical Colleges) views itself as a major and significant stakeholder, but not necessarily the entity to write the National Strategic Plan”. Mr. David Squire noted that the plan should be data driven. Dr. David Reines affirmed that the Plan should be credible for all stakeholders.

Dr. Gamini Soori suggested that a collection of all the work produced from the last three reports be compiled. If COGME did not receive the funds requested to develop a GME National Strategic Plan, the future Council members could have a groundwork to pursue a Plan in the future. At this time, it was decided to proceed with the scheduled presentations.

Presentations

Dr. Tia-Nicole Leak provided an overview of the Health Careers Pipeline Branch that houses the Center of Excellence, the Health Careers Opportunity Program, and Area Health Education Centers. She explained that the Health Career Pipeline Branch supports disadvantaged and underrepresented minority students; recruitment and training of clinicians in rural and medically underserved communities; improving the distribution of primary care physicians, dentists, behavior health, and other health professionals to areas of the United States where they are needed most, and providing interprofessional education and training opportunities for health professions students and residents.

Dr. Leak then discussed the Centers of Excellence (COE) Program, the Health Careers Opportunity Program (HCOP), and the HCOP Skills Training and Healthcare Workforce Development of Paraprofessionals Program. The purpose of COE Program is to strengthen the national capacity to produce a quality healthcare workforce whose racial and ethnic diversity is representative of the U.S. population. Some of the activities of the COE programs include recruitment and training of competitive health professions applicants; enhancement of academic performance of underrepresented students; underrepresented minority faculty recruitment, training, and retention; clinical education and cultural competency development; underrepresented minority health disparity research; and strategic partnerships with school districts, community and four year colleges, and other private and nonprofit community based organizations. The purpose of HCOP is to assist individuals from disadvantaged (economically and educationally) backgrounds (including veterans) to enter and graduate from a health or allied health professions program. The HCOP skills training and the Healthcare Workforce Development of Paraprofessionals Program has two broad goals. The first is to expand the healthcare professional workforce to meet the employment needs of communities with a focus on team-based care. The second is to promote employment and a career ladder for graduates of healthcare professional training programs through career coaching. HCOP paraprofessional grantees must also initiate strategic partnerships between healthcare professional training programs, job placement assistant entities, and other community partners, particularly in rural and underserved areas. She also provided a detailed description of eligibility requirements, use of funds, areas of emphasis, and evaluation methods. Dr. Leak then answered members questions on strategies to recruit minorities, underrepresented minorities barriers, and interprofessional education.

Ms. Denise Sorrell provided an overview of the Scholarships for Disadvantaged Students (SDS) Program. The purpose of this program is to provide funds through institutions to individuals from disadvantaged backgrounds to ensure their education and graduation and to improve healthcare access and diversity representation in the health professions. The goals of the SDS Program are to increase the number of minorities who are admitted to health professions programs, minority graduation rates, percentage of graduates serving in medically underserved communities, and primary care providers. She also provided a detailed description of eligibility requirements and funding priorities. Ms. Sorrell then answered member questions on universities that have received SDS grants, funding, and geographic area challenges.

Dr. Hayden Kepley provided an update on the National Center for Health Workforce Analysis (NCHWA) Performance Metrics and Evaluation Branch. He explained that NCHWA is authorized by the Affordable Care Act to support more informed public and private sector decision making related to the health workforce through expanded and improved health workforce data, projections and information. In the Performance Metrics and Evaluation Branch, the focus is on performance measurement, data collection and analysis, and evaluations of BHW programs. The primary goals of the performance and evaluation branch is to lead, guide, and coordinate performance measurement, analysis and performance reporting of the BHW's Divisions and Offices, and coordinate and guide the Bureau's efforts to use performance information to improve program planning and implementation. NCHWA responsibilities include: development of performance measures to support program outcomes; collection, cleaning, analysis and reporting of performance data; development of annual reports for each

program; prepare data for public release to stakeholders; provide targets and program accomplishments for the Congressional Justification; and respond to all data requests across the BHW. NCCHWA also performs evaluations of BHW Programs that determine how investments have been carried out by grantees over time and identifies factors that affect grantees' ability to meet the goals of a program's authorizing legislation. Dr. Kepley then answered questions from the members on performance measures, financial data of GME programs, and graduate costs.

COGME inquired as to whether NCHWA collects financial data on GME programs. Dr. Soori pointed out that it would be important for NCHWA to collect financial data to make the financing of the GME enterprise more transparent and to measure financial efficiency and return on investment for the programs COGME oversees. For example, How many people actually graduate, and what is the per graduate cost to the public?

Dr. Soori also noted that NCHWA is collecting individual level data but not identified data. As a result, NCHWA is not able to connect with other databases such as the American Medical Association (AMA) master file which provides information on medical schools. A question arose as to what percentage of graduates are foreign medical graduates? If the HRSA data could be matched with the AMA master file, there might be access to a secondary source of information which could ascertain whether an individual is an international medical graduate. This information would be important for addressing issues relating to international medical graduates who account for approximately 25% of the physician workforce and would inform national and global planning.

Ms. Beth Roemer noted that Kaiser Permanente, as a private institution, invests in a significant number of pipeline and scholarship programs. The purpose of these programs is to bring youth from disadvantage backgrounds into the health professions with a goal to build a more diverse and inclusive workforce. One of the challenges she noted was the lack of longitudinal information and tracking of youth who have been exposed to these programs and whether or not they enter the field of medicine or one of the other health professions. She questioned whether there was any plan, data, or effective levers that impact workforce diversity. Dr. Kepley responded that an evaluation of the SDS program was completed last year and that one of the conclusions was the need for longitudinal evaluation especially for pipeline programs that align with workforce needs.

After hearing the presentation on diversity, COGME concluded that better evidence is needed to understand the effectiveness of programs to support diversity in the health workforce. Specifically COGME's discussion noted:

- Investments should be made in the longitudinal evaluation of health professions training for diversity programs
- An evidence base should be developed to understand which programs are the most effective in supporting diversity in the health professions
- There is a lack of data and longitudinal information on students from disadvantaged backgrounds that are exposed to pipeline programs and scholarships. Information is needed on what field they select (medicine or other health profession) after participating in those programs.

COGME also developed a list of potential stakeholders who could participate in a meeting to discuss the development of a National Strategic Plan for Graduate Medical Education. This list is included in the Appendix.

Public Comments

David Earle, Baystate Medical Center stated, “From an outside perspective, it sounds like COGME needs to create a blueprint that can be sustainably followed to address the priorities suggested in the letter. Creation of a blueprint is very granular, a fairly laborious process, and would require several face to face meetings.”

Dr. Paul H. Rockey, Scholar in Residence, Accreditation Council for Graduate Medical Education, suggested adding groups that represent resident physicians, specifically Association of American Medical Colleges (AAMC) and the Accreditation Council for Graduate Medical Education (ACGME). The AAMC has a group on residency physicians that are appointed from the outside, and the ACGME has a group called the Council of Resident Representatives on the Committee of Review. Both groups are appointed by the specialty societies to sit on the residency review committees and would provide excellent resident input.

Dr. Stanley Kozakowski suggested adding the National Center for Interprofessional Practice and Education, University of Minnesota to the stakeholder list created during the meeting. He informed the Council that Barbara Brandt is the lead and their NEXUS project is important because it blends the educational enterprise with the practicing clinical enterprise, and analyzes how they interface.

Dr. David Earl commented that he believed the National Healthcare Workforce Commission seemed similar to COGME. He asked the Council if the Commission was funded. Dr. Reines responded that it had never been funded.

The meeting concluded with the Council discussing creating a list comprised of former COGME members who have expertise in issues the Council is charged with addressing. COGME could tap into the “intellectual capital” of the former members and seek input on current issues when needed. They also suggested appointing a subcommittee to continue the issues discussed at the meeting and on diversity in health professions. The Council also thanked Dr. Reines for his service as Chair of COGME. The meeting adjourned at 2:30 PM.

APPENDIX

COGME Strategic Plan: List of Potential Stakeholders and Organizations

Medicare Payment Advisory Commission
American Medical Association
Institute of Medicine
Macy Foundation
Massachusetts Institute of Technology
America's Essential Hospitals
American Board of Medical Specialties
Liaison Committee on Medical Education
America's Health Insurance Plan
American Hospital Association
Council of Medical Specialty Societies
Federation of State Medical Boards
Dean of University of San Francisco School of Medicine
American Medical Student Association
HRSA Partners- Workforce and Diversity
Health Teaching Centers
Accreditation Council for Graduate Medical Education
Association of American Medical Colleges
Association of Program Directors in Surgery
Podiatry and Dentistry
Society of Teachers of Family Medicine
Society of General Internal Medicine
Physician Assistants
Consumers/Patients

National Medical Association
Veterans Affairs
Centers for Disease Control
American Public Health Association
University of California San Francisco
Allied Health Representatives
Indian Health Service
Khan Academy
American Association of Colleges of Osteopathic Medicine
American Osteopathic Association
Representatives from non-hospital based residencies such as Public Health Service, National Institutes of Health, and Preventive medicine residencies
National Medical Student Association
Representatives from foreign medical schools with American campuses or American medical schools with foreign campuses and those that utilize GME (Caribbean schools, for example)
Accreditation Council for Graduate Medical Education
Association of Staff Physician Recruiters
Educational Commission for Foreign Medical Graduates
Federation of State Medical Boards of the United States
National Board of Medical Examiners

National Board of Osteopathic Medical
Examiners

National Committee for Quality Assurance

National Practitioner Data Bank and
Healthcare Integrity and Protection Data
Bank

Kaiser Permanente

Council of Accountable Physician Practices

National Center for Interprofessional
Practice and Education, University of
Minnesota.

The Joint Commission

United States Medical Licensing
Examination