

Commonwealth of Massachusetts

Executive Office of Health and Human Services



Special Commission on Graduate Medical Education

June 18, 2013



EOHHS

Agenda

- Approval of Minutes
- Primary Care Workforce Programs
- Discussion of Recommendations



EOHHS

Discussion of Recommendations



Organization and overview of goals

Organization:

- Findings
- Recommendations

Overview:

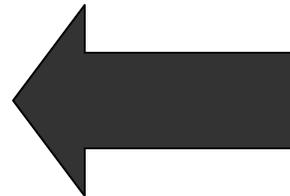
- Goal is to define general areas/topics of findings and recommendations
 - What is missing? What can be removed?
- Will have additional chances to review detailed recommendations in the report review process



Framework for discussing recommendations

What do we want to achieve?

- Enhance workforce supply**
 - Primary care?
 - Specialties?
 - Geographic distribution?
 - State or national needs?
 - Overall levels?
- Enhance workforce skills/capabilities**
 - Team-based care?
 - Ambulatory care?
 - Coordination of care
 - IT?
- Research/innovation**
 - In basic science?
 - In clinical practice?
 - In medical education?



How will we get there?

- Funding**
 - How much?
 - To whom?
 - For what?
- Governance**
 - New structure?
 - Connect with existing efforts (health care workforce center and advisory council, health planning)
- Outreach and Education**
 - Communications and other public initiatives



Findings

Topic 1: Value of Graduate Medical Education

The Commission affirms the important role that graduate medical education plays in the Commonwealth. The benefits of graduate medical education include, but are not limited to:

- Providing clinical care to many patients in the Commonwealth, in both the inpatient and outpatient settings;
- Training the next generation of physicians to meet the medical needs of residents of the Commonwealth;
- Providing valuable teaching services, such as in the education of medical students;
- Promoting innovation in medical care and research;
- Attracting and retaining talented faculty within the Commonwealth;
- Providing highly specialized services that are not available in non-academic settings;
- Attracting grant funding;
- Contributing to the local economy.



Findings, cont.

Topic 2: Impact of payment and delivery system reform

The Commission recognizes that payment and delivery system reform may change the healthcare landscape in the Commonwealth. These changes will impact the demands on the GME system moving forward, including the supply of and demand for different types and specialties of providers as well as the type of training that will be needed.



Findings, cont.

Topic 3: Financing structure

The Commission reviewed other states' approaches to funding GME. In addition, the Commission reviewed estimates of the adequacy of GME funding from all sources, which demonstrate a range of estimated costs associated with GME funding and rely on a number of assumptions. While it is difficult to use these analyses to determine whether the current level of funding is adequate, the Commission acknowledges that the current formulas for the distribution of funds do not ensure that programs are appropriately compensated for their incurred costs.



Recommendations

Topic 1. Funding

The Commission believes that the existing residency caps are outdated and that funding should be more closely tied to current numbers of resident and program costs. In addition, the Commission supports funding that is tied to performance benchmarks that take into consideration factors such as retention rates, training of physicians in underserved specialties, and provision of training that supports the goals of payment and delivery system reform and transparency in expenditure of funds.



Recommendations, cont.

Topic 2. Governance

The Committee recommends that a specific entity be given clear responsibilities related to Graduate Medical Education. This could be an existing entity, such as the Healthcare Workforce Center, or a new entity.

Responsibilities of this entity could include:

- Data collection (see next page)
- Communications about the importance of GME
- Coordination of efforts with the Health Planning Council, the Healthcare Workforce Trust Fund Advisory Board, and the Health Policy Commission



Recommendations, cont.

Topic 3. Data Collection

The Committee identified a number of areas where additional data related to GME in the Commonwealth could be useful. Data collection should be undertaken by the governance body for GME (as described in Recommendation Topic 2) and should be coordinated with existing data collection efforts. Data to be collected should include:

- Tracking the number and geographic and specialty distribution of programs in the Commonwealth
- Monitoring the funding received by programs in the Commonwealth
- Monitoring the retention of trainees, by specialty and geographic region



Recommendations, cont.

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Work Plan

February 24

- Areas of focus:
 - Overview of the Special Commission on Graduate Medical Education
 - Overview of Graduate Medical Education, including statistics and information about funding sources
 - Discussion of work plan

March 29

- Briefing Book distributed to Commission members
- Areas of focus:
 - The relationship of graduate medical education to the state's physician workforce and emerging models of delivery of care
 - Approaches taken by other states regarding GME funding (results of state interviews and research)
 - Discussion and approval of work plan



Work Plan

May 13:

- Areas of focus
 - National policy context
 - Approaches to understanding the adequacy of revenues for GME and measuring the impact of GME funding
 - Discussion of goals for GME in the Commonwealth

June 18:

- Areas of focus
 - State primary care workforce programs
 - Development of draft recommendations

July 11 and July 30:

- Areas of focus
 - Finalizing recommendations and report