

Aligning GME Policy with the Nation's Health Care Workforce Needs

Summary of Position Paper Approved by the ACP Board of Regents, October 2011

What is GME?

Graduate Medical Education (GME) is a formal clinical training provided by approved residency and fellowship programs to physicians who have received an MD or a DO degree (or a foreign equivalent). It involves a period of training lasting at least three to seven years in which physicians are directly supervised in their learning as they progressively assume more responsibility for patient care.

Why is Public Financing of GME Important?

GME is a public good—it benefits all of society, not just those who directly purchase or receive it. The federal government recognizes the importance of supporting medical education and is the single largest explicit contributor to GME. Funding is primarily provided through the Medicare program, which subsidizes education and training for over 90,000 residents in more than 1,100 hospitals. Other forms of government support come through state Medicaid programs, the Department of Defense or the Department of Veterans Affairs. In addition to government funding, private payers, philanthropy, and institutional resources may provide support.

With the federal deficit at an all-time high and an increased commitment to fiscal responsibility, entitlement programs, such as Medicare, face greater scrutiny. There has been an increased interest in transparency and accountability for the nearly \$10 billion that the federal government spends on GME annually. At the same time, the nation is facing a physician workforce crisis, particularly in the supply of internal medicine specialists and other primary care physicians. Medicare currently places different limits on the number of Medicare-funded GME positions available. Unless these caps are lifted, existing dollars, and any additional funding that may be appropriated, must be used efficiently to align spending with workforce policy goals and ensure that taxpayers are getting optimal value from their investment in GME.

Key Findings and Recommendations from the Paper

- There is a shortage of primary care physicians in the United States, particularly the supply of internal medicine specialists, who are at the forefront of managing chronic diseases and providing comprehensive and coordinated long-term care.
- Better models of ambulatory training and exposure to team-based approaches to patient care are essential to recruiting top-quality internal medicine specialists and other primary care physicians.
- The nation will not be able to expand access, improve health outcomes, and decrease health care expenditures without a national health care workforce policy and adequate funding to achieve these goals.

ACP recommends the following:

- Payment of Medicare GME funds to hospitals and training programs should be tied to the nation's health care workforce needs and place a priority on primary care in order to create a well-functioning health care system.
- Funding should be available to train internal medicine residents in health centers and community-based training programs, so that they have more experience with the broad range of patients typically seen by primary care physicians.
- Medical educators, not government, should take the lead in improving GME curricula to provide the best possible clinical care; and pilot projects and greater flexibility should be introduced to help drive innovation and help ensure that future physicians have the skills necessary to coordinate care across settings.
- GME financing should be transparent, and all payers should be required to contribute to a financing pool to support residencies that meet policy goals so that the costs of GME financing are spread across the health care system.
- Robust and stable funding for Title VII of the Public Health Service Act, designed to encourage health care workers to practice in areas of the United States with limited access to care, and the National Health Service Corps, which connects primary health care providers with underserved areas, is needed to attract and maintain top-quality health professionals in primary care fields.

For More Information

This issue brief is a summary of *Aligning GME Policy with the Nation's Health Care Workforce Needs*. The full paper is available at

http://www.acponline.org/advocacy/where_we_stand/policy/gme_policy.pdf.