Colorado Commission on Family Medicine

GME Summit

GME Reform: A Report Card for Congressional Bills
Colorado Commission on Family Medicine

This is a list of items to be addressed in proposed legislation. The +/- grading system is a subjective assessment of draft legislation.

1. Sets a goal that primary care physicians should be 50% of the total physician workforce

Effective healthcare systems have a physician workforce comprised of 50% primary care and 50% subspecialty. The current US physician workforce is 33% primary care. The US GME system currently produces primary care physicians at a rate of 23%. The nation needs an unequivocal policy statement to correct this imbalance.

Grade:

Comments:

2. Measures primary care production accurately

The number of physicians in primary care should be counted five years after graduating from medical school, not at the time of entering residency. The resulting data will accurately reflect if residencies are truly producing primary care physicians, as opposed to starting an internal medicine or pediatrics residency and then going on to sub-specialize.

Grade:

Comments:

3. GME payments are made directly to sponsoring organizations where primary care training occurs

Uncouple GME payments from Medicare payments to hospitals. Payment to a hospital based on their percentage of Medicare patients does not correlate with the cost of running a residency. Examples are expanding funding for Teaching Health Centers, educational consortia, and/or residency programs rather than teaching hospitals.

Grade:

Comments:

4. Provides funding that is long-term and sustainable

New funding for residencies should be sustained. The THC pilot program should be expanded and made permanent so it does not require congressional reauthorization periodically. Uncertainty of sustainable funding prevents organizations, such as rural hospitals, from starting new programs.

Grade:

Comments:

5. Supports existing family medicine residencies

A substantial number of existing residencies run at a significant deficit and are at risk for closure by the sponsoring hospital. Increased funding is needed for existing programs. Bills that only address THCs or new programs do not adequately address the needs of existing programs.

Grade:

Comments:

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6. Increases the number of training positions in primary care

Previous attempts to increase training positions have not targeted primary care or have been ineffective. Additional positions must be reserved for primary care. This will correct the specialty imbalance and promote primary care.

Grade:

Comments:

7. Corrects the geographical maldistribution of GME payments among states

The current GME system has a significant disparity in the amount of money per resident that is paid to programs on the east and west coast compared to the West and the Midwest states. This difference does not correlate with the cost of training residents.

Grade:

Comments:

8. Supports training of primary care in rural locations

There is a chronic need for more primary care physicians in rural areas. GME funding to critical access hospitals is inadequate to develop and run a residency program. The cost-based reimbursement results in substantial deficits for residency training.

Grade:

Comments:

9. Incentivizes students to choose primary care

Medical student debt is an obstacle to choosing primary care. To build the primary care workforce, incentives are needed for medical students to choose primary care by substantially increasing scholarship and loan repayment programs.

Grade:

Comments:

10. Corrects the primary care reimbursement differential

The pay differential between primary care physicians and specialists is another obstacle to building a primary care workforce. Decreasing the pay differential between PCPs and sub-specialty physicians needs to be addressed.

Grade:

Comments:

11. Establishes an all-payer system to support GME

Health care insurance companies benefit from having a trained physician workforce. Rather than relying completely on Medicare to fund GME, insurance companies should contribute some of the costs of developing the workforce.

Grade:

Comments:

12. Funds the National Health Care Workforce Commission

The Commission has been established but not funded. This body can be very beneficial by assessing health care workforce needs and establishing goals.

Grade:

Comments: