

Aligning Health System and Community Needs for Graduate Medical Education

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Texas Health Resources

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Introduction

- Traditionally, GME programs have not been prospectively aligned with the health care needs of the communities they serve.

Goals

- Describe a tactical approach to a feasibility assessment of developing system-wide graduate medical education programs to align with the health care needs of the communities served.

Methods

- Internal Assessment
 - Evaluate current educational activities within health system
 - Survey administrative and nursing leadership
 - Survey all physicians
 - Interview key individuals
 - Work with strategic planning department to assess areas of projected physician needs across system
 - Perform financial analysis to determine fiscal feasibility of GME

Methods, cont.

- External Assessment
 - Assess population projections across North Texas
 - Based on population, demographic, utilization, and other trends, project physician demand
 - Current status of GME in Texas and DFW
 - Potential funding sources: Federal, State, Local, Philanthropic

Texas Health Resources

- Large health care provider in North Texas
- 13 hospitals
- 469,309 ER visits
- 26,885 deliveries
- 89,452 surgeries
- 3,679 physicians

Why Develop System-Wide GME

- Organization is undergoing a 10 year strategic initiative, where graduate medical education and research are perceived to be integral components.
- Commissioned an 'Opportunity Assessment' for the readiness and value of GME

Internal Assessment

- Current educational activities in THR
 - 1 hospital in Dallas sponsors an IM program (24 residents), and a Colorectal Surgery fellowship (1 fellow). This hospital also has GME rotators from other hospitals in Dallas, as well as students from UTSW.
 - 1 hospital in Fort Worth has GME rotators in a few specialties from the county hospital.

Internal Assessment

- The five largest hospitals were identified in the GME opportunity assessment as potential sites for sponsoring programs.
- These hospitals were located in Dallas (866 beds), Fort Worth (710 beds), Arlington (417 beds), Plano (368 beds), and Bedford (330 beds).
- Other smaller hospitals to be considered for rotations or independent programs at a later date

Internal Assessment

- Surveys sent to administrative and nursing leaders across the system
 - Experience with GME at THR or other institutions
 - Sense of 'institutional commitment' to GME
 - Feasibility of having residents at specific entities
 - Financial and work implications

Internal Assessment

- Surveys sent to all medical staff (>3500) via e-mail and blast fax.
 - Personal experience with GME
 - Interest in engaging in GME
 - Potential specialties/programs of need
 - Support (financial, facilities, time) from local and system leadership

Internal Assessment

- Interviews with Key Stakeholders
- Strategic Planning Department
 - Each hospital performs an environmental assessment that results in projected physician needs by specialty
 - Specialties with strategic impact, potential centers of excellence, emerging technologies identified

Internal Assessment

- Financial Assessment
 - Financial stability of different entities
 - Impact of projected physician/service needs
 - How would GME impact financial bottom line for entity? THR as a whole?
 - Generic P&L template for a GME program developed
 - Potential revenue based on bed#, in-patient Medicare utilization, CMI, calculated at different entities

Dallas-Fort Worth

- Dallas-Fort Worth is the 4th largest MSA (Metropolitan Statistical Area) in the nation
- Population is expected to dramatically increase over the next 10 years.
- DFW had the largest growth in the US this year
- Compared to other comparably sized markets, DFW has proportionately fewer residency programs

External Assessment

ACGME Programs by MSA			
	MSA Rank	# Programs	# Positions
Chicago	3rd	364	3,878
DFW	4th	115	1,656
Philadelphia	5th	218	2,544
Phoenix	13th	60	724

Selected Programs

		Chicago	DFW	Phila.	Phoenix
Internal Medicine	#Program	18	4	10	4
	#Position	1,392	225	882	197
Family Medicine	#Program	18	5	7	5
	#Position	367	133	141	111
OB-GYN	#Program	12	4	9	2
	#Position	212	117	169	58
Surgery	#Program	8	3	8	3
	#Position	337	125	232	109
Emergency Medicine	#Program	7	1	5	1
	#Position	172	48	205	42

Sponsored Programs in DFW

	PHD	JPS	MHS	BUMC	UTSW
Int Med	√		√	√	√
CIR Surg	√			√	√
Fam Med		√	√	√	√
OB-GYN		√	√	√	√
Surgery		√	√	√	√
Psych		√			√
Peds					√
Emer Med					√
Anes					√
Radiology				√	√
Cardiology				√	√
Gastro				√	√
Ortho		√			√
Pathology				√	√
Vas Surg				√	√
Int Rad				√	√
PM&R				√	√
Int Card				√	√
Car Elect				√	√
Nuc Rad				√	√
Nephro				√	√
Ortho foot				√	√
Ped Uro				√	√
Oncology				√	√
Ger Med		√			√
Sports Med		√			√
Trans		√			√

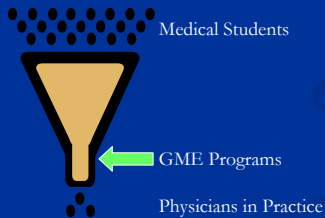
*Note: There are 64 more programs at UTSW. **Vast majority of programs in Dallas

Texas Legislature Responds!

- Medical School capacity increased:
 - Texas Tech increasing El Paso regional program to full four year separate school by '09.
 - Texas A&M will expand to two complete medical schools in Bryan and Temple. Number of medical students to more than double in 5 yrs.
 - UT Southwestern, UTMB and Texas A&M are considering Austin/Round Rock for new campuses.

This is good, BUT...

GME is the bottleneck



Outcomes

- Texas will feel the projected physician shortage particularly acutely:
 - Physicians who train in Texas are three times as likely to practice there
 - Without more GME positions to match the increase in med school graduates, more will go out of state at a cost of about \$200,000 per student
 - Texas ranks 45th in the nation in the number of physicians per population

Outcomes

- External Assessment identified projected community needs in Family Medicine, Internal Medicine, Surgery, OB-GYN, Emergency Medicine, Orthopedics, Medical Subspecialties (Cardiology, GI, Allergy, etc.), and Surgical Subspecialties (Cardiothoracic, Vascular, etc)

Outcomes

- Internal assessment determined that identified hospitals have clinical volume and variety to support robust graduate medical education programs that reflect the needs of the communities they serve.
- Survey and interview results of administrative leadership demonstrated overall interest in GME, although there was a lack of prior experience

Outcomes

- Survey and interview results of nursing leadership showed strong support for GME, as well as some experience
- Physician response was mostly strongly supportive of GME, with many individuals with previous teaching experience. Some opposition from physicians who chose to practice in a 'resident-free' environment.

Barriers

- Cap issues
 - One entity was known to have a cap because of its internal medicine program – any future programs would not generate any federal revenue
 - Another large hospital was found to have a very low cap because of outside rotators present in the cost report from 1996

Financial Considerations

- High initial expenditures to set up programs, recruit faculty, etc
- Projected revenue varies at different entities due to different rates of Medicare utilization
- Texas is one of three states that does not pay for GME through Medicaid
- Philanthropic contributions possible, but not a 'sure thing'

Other Issues

- Potential affiliations with medical school partners
 - Two medical schools in DFW
 - **ALL** medical schools in Texas are increasing enrollment and expanding to new sites

Benefits of Alignment

- Community health needs addressed
- Health System is able to better manage projected physician shortage by recruiting from GME programs
- Enhance research mission
- Elevate system reputation locally and nationally

Next Steps

- Continue to foster relationship with ACGME and RRCs as programs develop
- Start-up is **CRITICAL** given CMS cap regulations
- Pursue cap issue at institution that is capped because of outside rotators

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