

# Teaching Hospital Characteristics

AAMC

February 2026

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# AAMC-Member Teaching Hospitals by Category, 2026

AAMC-Member Teaching Hospital Category	Number of Members	Percentage
Integrated	102	41.8%
Independent	105	43.0%
Specialty	7	2.9%
Children's	16	6.6%
Veteran's Affairs	14	5.7%
<b>Total</b>	<b>244</b>	<b>100.0%</b>

Notes: Counts exclude corresponding members. Integrated and independent institutions are all short-term, general, nonfederal AAMC members.

Source: AAMC membership data, December 2025

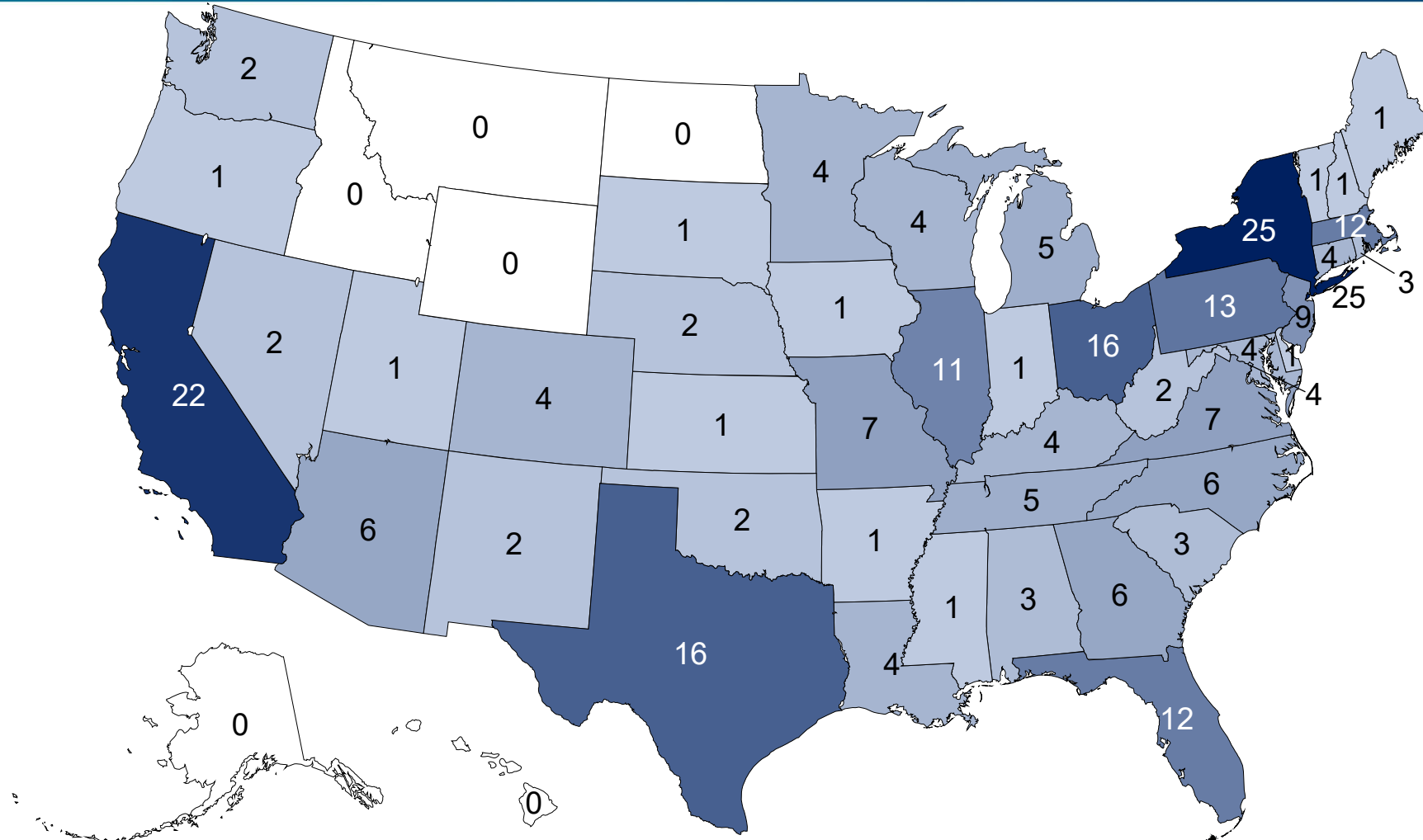
# AAMC-Members by Ownership Category, 2024

Ownership category	Number of Members	Percentage
Church	7	3.4%
For-profit	3	1.4%
Municipal/county/city	19	9.2%
Other not-for-profit	152	73.4%
State government	26	12.6%
<b>Total</b>	<b>207</b>	<b>100.0%</b>

Notes: Data reflect short-term, general, nonfederal, integrated and independent AAMC-member hospitals. Short-term, general, nonfederal designation obtained from the FY2024 American Hospital Association file. Excludes all corresponding members as well as specialty, children's, VA, and other federal hospitals.

Source: AAMC membership data, December 2025. Ownership categories obtained from the FY2024 American Hospital Association Annual Survey Database.

# AAMC Member Hospitals Geography, December 2025



**Notes:** Includes independent, integrated, children's, specialty, VA, and other federal hospitals. Counts include only full members. Integrated and independent institutions are all short-term, general, nonfederal AAMC-member teaching hospitals.

**Source:** AAMC membership data, December 2025.

# Comparison of Hospitals by Bed Size, 2024

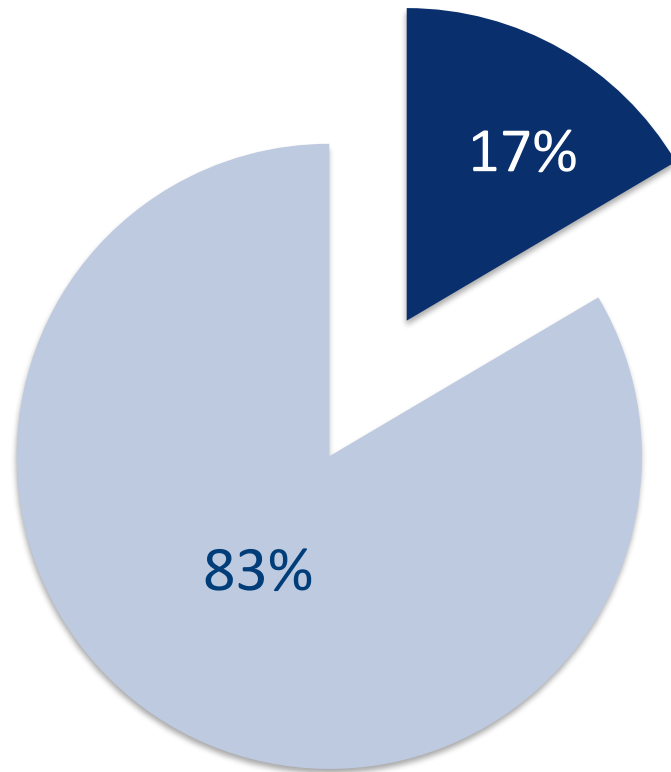
Bed Size	AAMC-Member Integrated and Independent Hospitals		All Hospitals	
	No. of Hospitals	Percent of AAMC Hospitals	No. of Hospitals	Percent of All Hospitals
Fewer than 200 beds	6	2.9%	2,999	71.5%
200-299 beds	8	3.9%	455	10.8%
300-399 beds	24	11.7%	284	6.8%
400-499 beds	24	11.7%	157	3.7%
500+ beds	144	69.9%	300	7.2%
<b>Total</b>	<b>206</b>	<b>100.0%</b>	<b>4,195</b>	<b>100.0%</b>

**Notes:** Data reflect short-term, general, nonfederal hospitals. AAMC-member hospitals reflect integrated and independent AAMC members, excluding corresponding members, as well as specialty, children's, VA, and other federal hospitals.

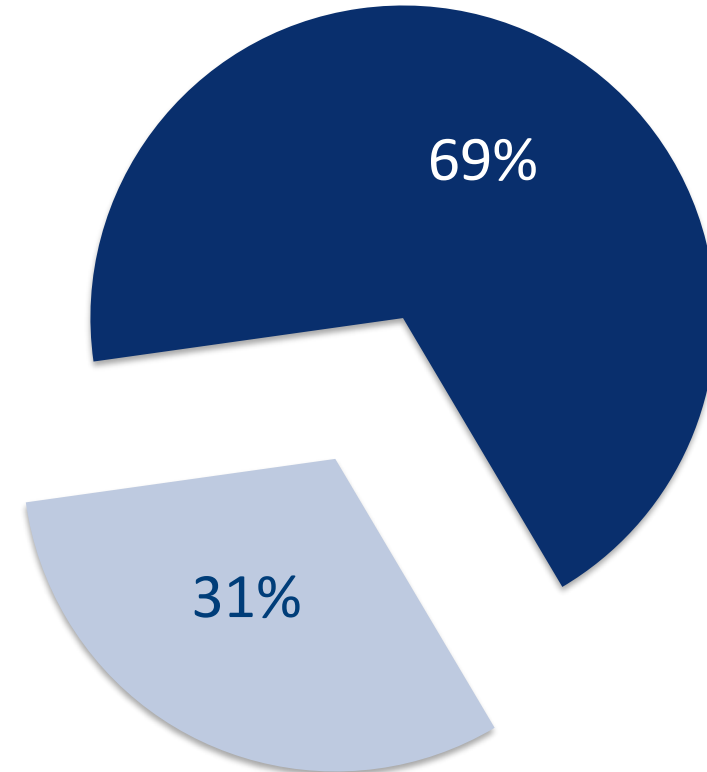
**Source:** AAMC analysis of FY2024 American Hospital Association Annual Survey Database. AAMC membership data, December 2025.

# The Role of AAMC-Member Teaching Hospitals in Graduate Medical Education, 2024

**AAMC-Member Teaching Hospitals as a Percent of All Teaching Hospitals**



**Residents Educated at AAMC-Member and Other Teaching Hospitals**



■ AAMC Teaching  
■ Other Teaching

**Notes:** Data reflect short-term, general, non-federal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members.  
**Source:** AAMC analysis of FY2024 American Hospital Association Annual Survey Database. AAMC membership data, December 2025

# Residents Educated at AAMC-Member and Other Teaching Hospitals, 2024

Bed Size	AAMC-Member Teaching Hospitals			All Other Teaching Hospitals		
	No. of Hospitals	Percent of All AAMC-Member Teaching Hospitals	Median No. of Residents	No. of Hospitals	Percent of All Other Teaching Hospitals	Median # of residents
Fewer than 200 beds	6	3.4%	53	241	32.2%	12
200-299 beds	7	4.0%	43	185	24.7%	19
300-399	20	11.4%	112	144	19.3%	36
400-499	21	11.9%	131	77	10.3%	46
500+	122	69.3%	491	101	13.5%	103
<b>Total</b>	<b>176</b>	<b>100%</b>	<b>340</b>	<b>748</b>	<b>100%</b>	<b>24</b>

**Notes:** Data reflect short-term, general, nonfederal hospitals. Teaching hospitals are defined as having intern and resident to bed ratio greater than zero (FY2026 IPPS Correction Notice to the Final Rule impact file) and reported number of FTE residents in the FY2024 AHA annual survey. The counts of hospitals reflect such a definition.

**Source:** AAMC analysis of FY2024 American Hospital Association Annual Survey Database. AAMC membership data, December 2025

# Medicare Underpaid GME Costs by \$3.47 billion in FY2023

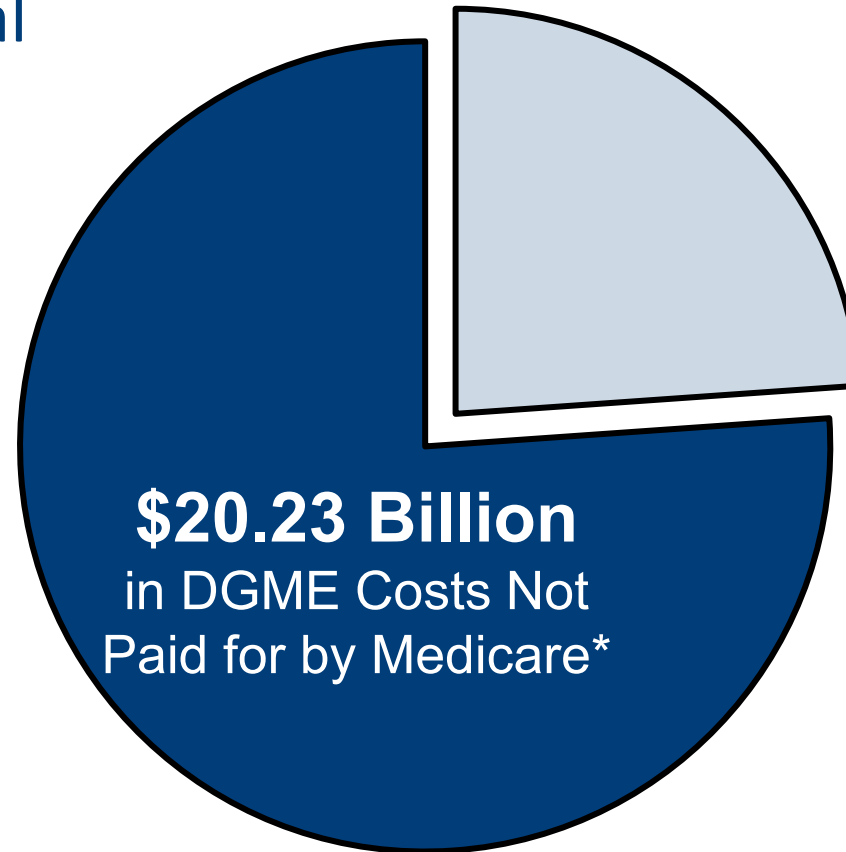
<b>Per Resident Amount, FY2023</b>	
<b>Total Number of Trainees</b>	<b>132,491</b>
Number of Trainees in Accredited Allopathic and Osteopathic Programs	127,170
DGME Allowed Full Time Equivalents (FTEs)	101,282
<b>Average Cost Per Trainee</b>	<b>\$199,929</b>
Average Cost Per Resident Amount (PRA)*	\$135,867
Average Medicare DGME payment per Resident (based on Medicare's share of the PRA)	\$73,473
<b>Total Cost of Training in US Teaching Hospitals</b>	<b>\$26.49 billion</b>
Medicare Share of Teaching Costs for All Residents	\$9.73 billion
Total Medicare DGME Payment	\$6.26 billion
<b>Medicare underpayment (based on Medicare share of DGME costs)</b>	<b>\$3.47 billion</b>

\*The amount Medicare uses which represents the maximum payment from Medicare per resident assuming 100% of care is borne by Medicare

Source: AAMC Analysis of FY2023 Hospital Cost Reporting Information System (HCRIS) data, July 2025 release. If FY2023 data is not available, FY2022 data is used.

# Medicare Covered Only 24% of All DGME Costs for US Teaching Hospitals in FY2023

Total Teaching Hospital  
DGME Costs FY2023  
**\$26.49 Billion**



**\$6.26 Billion**  
in Medicare DGME  
Payments

**\$20.23 Billion**  
in DGME Costs Not  
Paid for by Medicare\*

## DGME Costs Not Paid for by Medicare

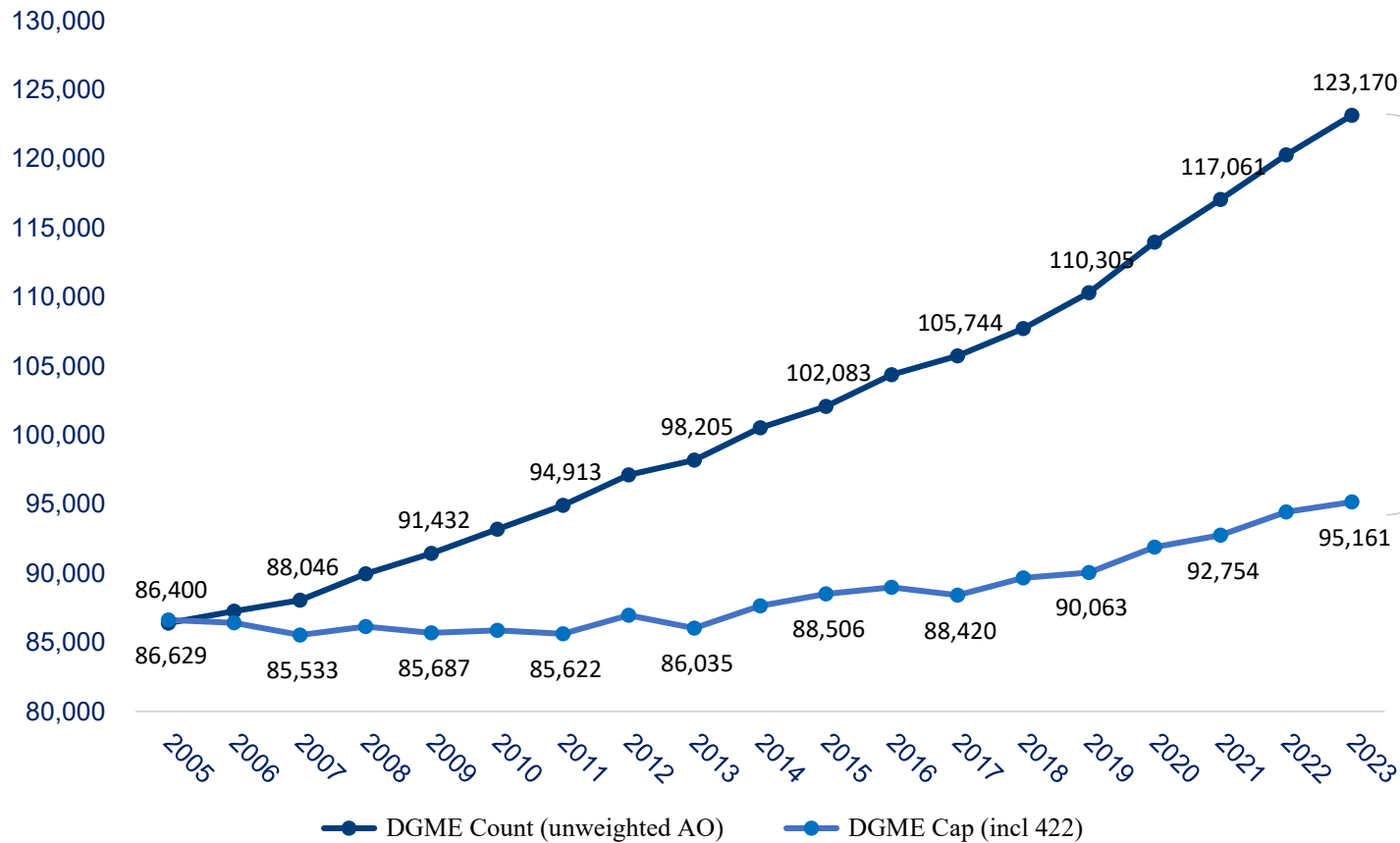
- \$16.75B costs not covered because it is not Medicare's "share" of teaching costs
- \$3.47B Medicare's underpayment for teaching costs due to:
  - Trainee cap below the count
  - Limitations on allowable Per Resident Amount costs

Notes: This analysis was restricted to hospitals that were included in the FY2026 IPPS impact file released by CMS. The total training costs include intern and resident salary, fringe, and other costs.

Source: AAMC's analysis of FY2023 Hospital Cost Reporting Information System (HCRIS) data, July 2025 release. If FY2023 data is not available, FY2022 data is used.

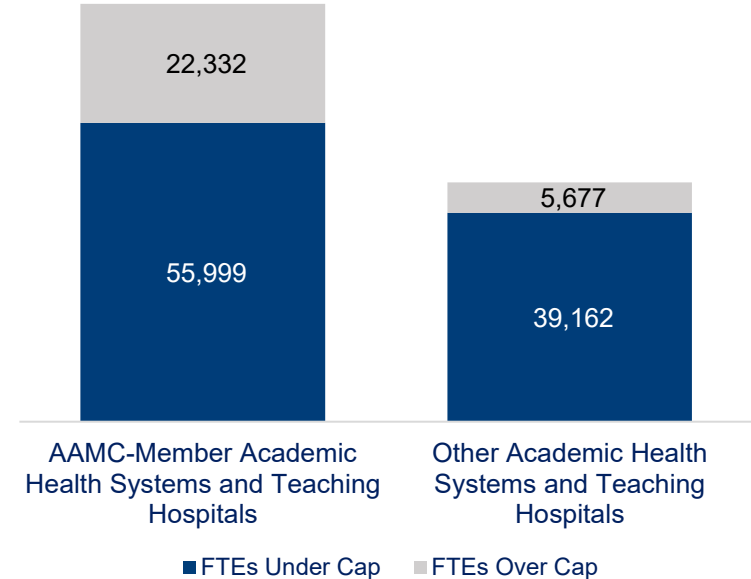
# Trends in GME Cap and Count Growth at Academic Health Systems

## DGME Cap & Count FY1998-2023



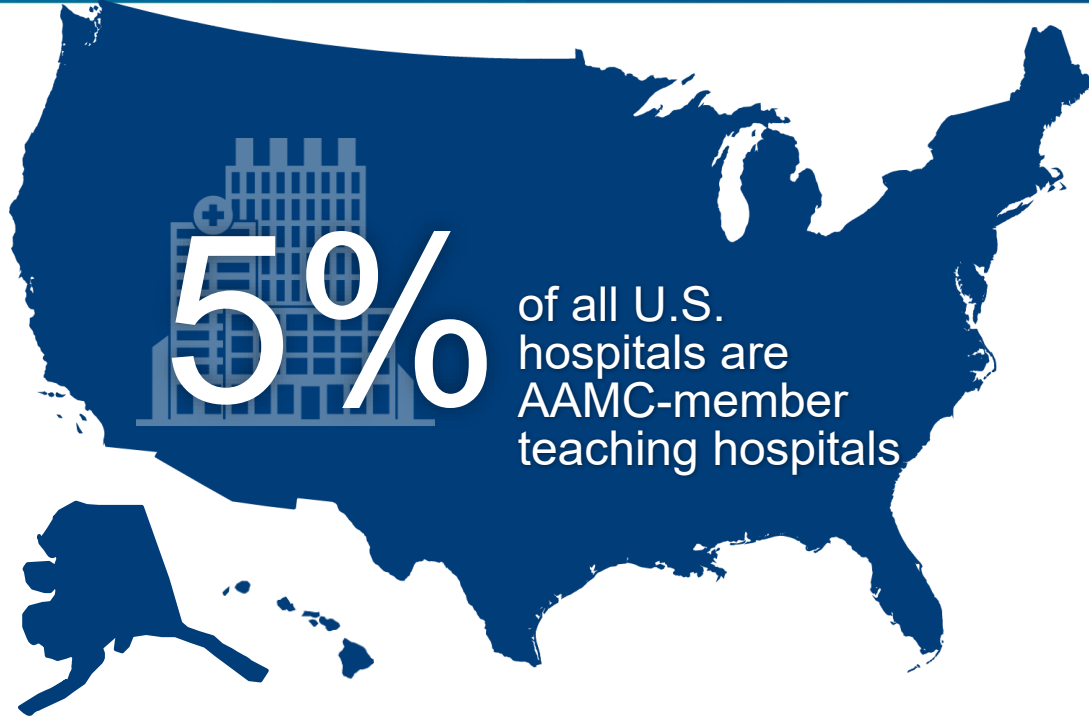
Analysis of the latest Medicare cost report data for academic health systems indicates that Direct Graduate Medical Education (DGME) intern and resident FTE counts have steadily increased year over year, **greatly outpacing growth** in approved DGME caps, which determines Medicare funding limits. Out of the 229 AAMC-member academic health systems and teaching hospitals, 91% are over the cap.

### FY2023 DGME FTE Count over Cap




**Notes:** DGME counts include allopathic and osteopathic residents. Includes redistributed slots under Section 422, Section 5503, and Section 5506. DGME counts are unweighted FTEs.  
**Source:** AAMC's analysis of FY2023 Hospital Cost Reporting Information System (HCRIS) data, July 2025 release.

# Overview of AAMC-Member Hospital Services



However, they provide:

27% of Medicaid hospitalizations 

32% of hospital charity care 



AAMC-member teaching hospitals operate:

100% of comprehensive cancer centers

68% of burn unit beds

56% of level-one trauma centers

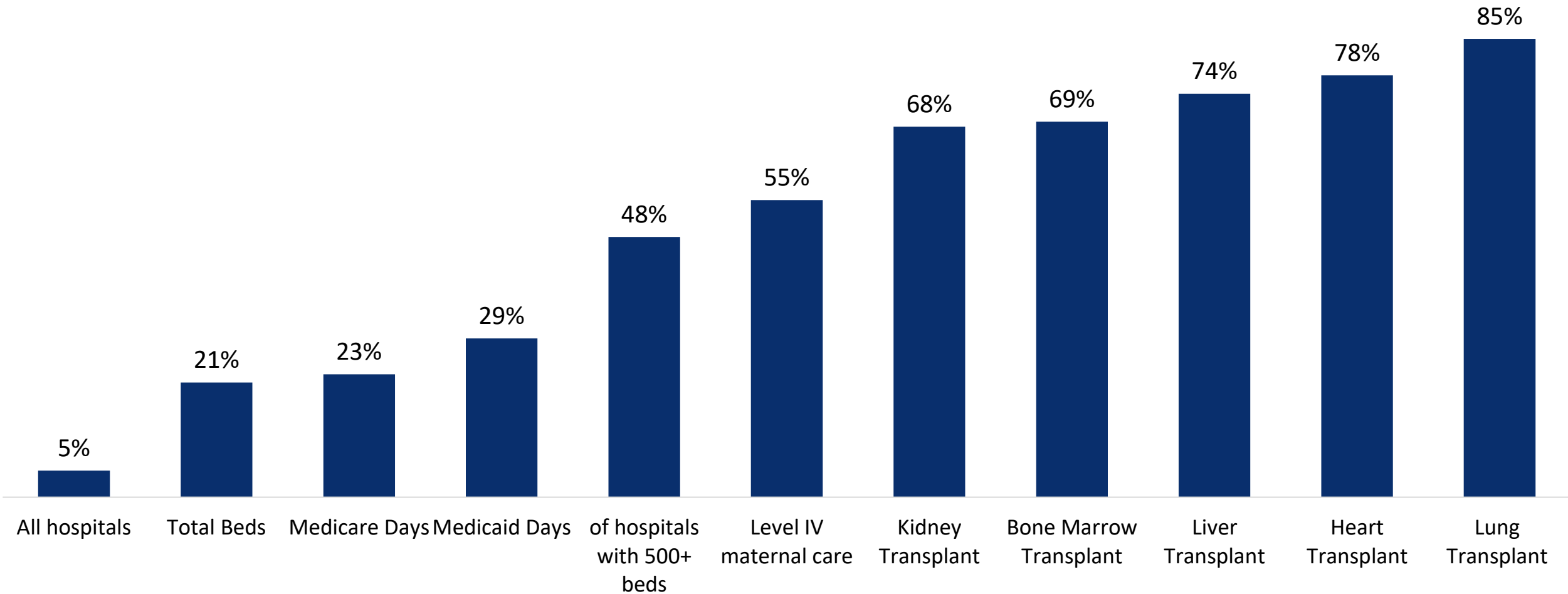
65% of pediatric ICU beds

Notes: Data reflect short-term, general, non-federal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members.

Source: AAMC analysis of FY2024 American Hospital Association Annual Survey Database, and the National Cancer Institute's Office of Cancer Centers, 2024. AAMC membership data,

December 2025

# AAMC Hospitals Provide a Disproportionate Share of Complex Care

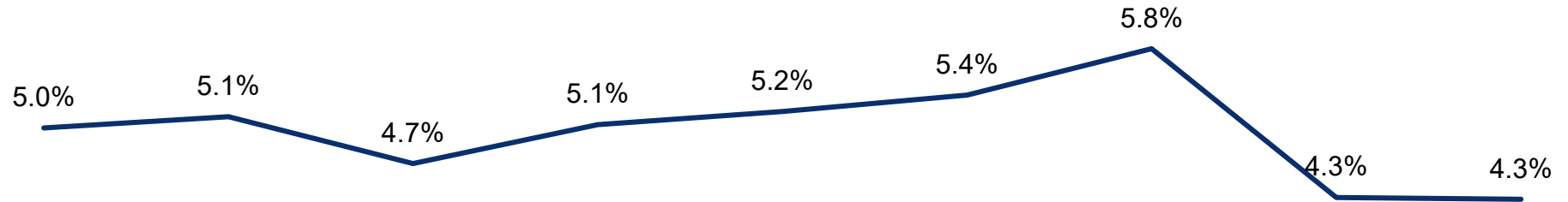


**Notes:** Data reflect short-term, general, non-federal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members. Level IV Maternal Care centers have “on-site medical and surgical care of the most complex maternal conditions and critically ill pregnant women and fetuses throughout antepartum, intrapartum, and postpartum care”.

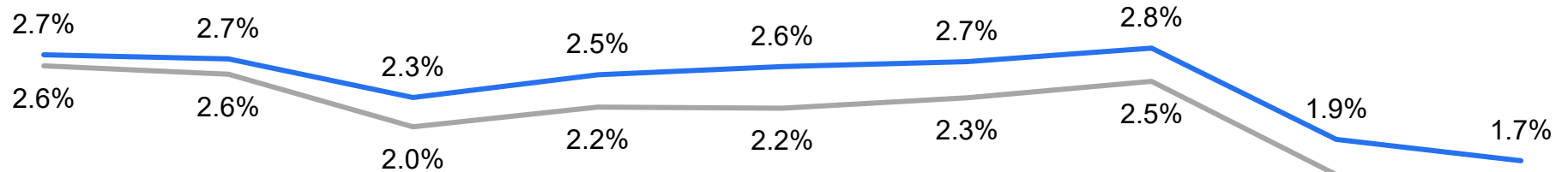
**Source:** AAMC analysis of FY2024 American Hospital Association Annual Survey Database. AAMC membership data, December 2025

# AAMC-Member Teaching Hospitals Treat Higher Rates of Outlier Cases, FY2016-2024

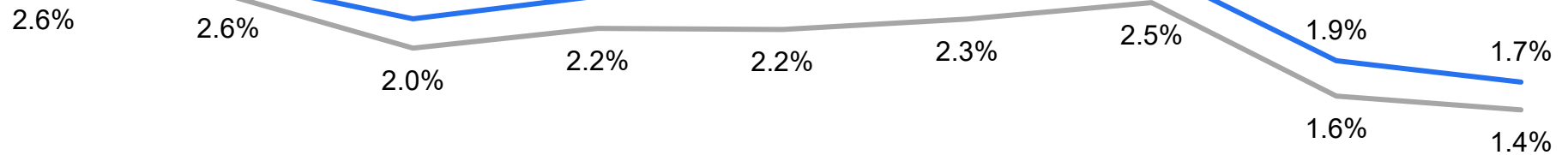
## AAMC HOSPITALS



## OTHER TEACHING



## NON-TEACHING



2016 2017 2018 2019 2020 2021 2022 2023 2024

— AAMC HOSPITALS — OTHER TEACHING — NON-TEACHING

Notes: This analysis controlled for payment factors (DRG weight, wage index, IRB ratio, and disproportionate patient percentage) and random hospital-specific effects.

Source: AAMC analysis of MedPAR Medicare Fee-for-service claims data from FY2016-FY2024.

# Outpatient Visits by Bed Size and Teaching Status, 2024

Bed Size	Median Outpatient Visits		
	AAMC-Member Teaching Hospitals	Other Teaching Hospitals	Nonteaching Hospitals
Fewer than 200 beds	146,480	123,843	50,524
200-299 beds	262,415	195,040	159,264
300-399 beds	279,869	236,862	201,723
400-499 beds	404,197	274,356	180,439
500+ beds	935,516	445,789	532,371
<b>Total</b>	<b>627,451</b>	<b>199,620</b>	<b>58,731</b>

Notes: Data reflect short-term, general, nonfederal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members.

Source: AAMC analysis of FY2024 American Hospital Association Annual Survey Database. AAMC membership data, December 2025.

# Comparison of Length of Stay, Case Complexity and Occupancy Rates Among Hospitals by Teaching Status, 2024

	Median Length of Stay (in days)*	Aggregate Case Mix**	Median Occupancy Rate
AAMC-Member Teaching Hospitals	6.2	2.28	80%
Other Teaching Hospitals	4.9	1.91	68%
Nonteaching Hospitals	4.6	1.75	45%

\*Length of stay is not adjusted to reflect complexity of patient population (i.e., case mix)

\*\*Based on 2024 Medicare claims data

Notes: Data reflect short-term, general, nonfederal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members.

Source: AAMC analysis of FY2024 American Hospital Association Annual Survey Database and of 2024 MedPAR Medicare FFS claims data. AAMC membership data, December 2025.

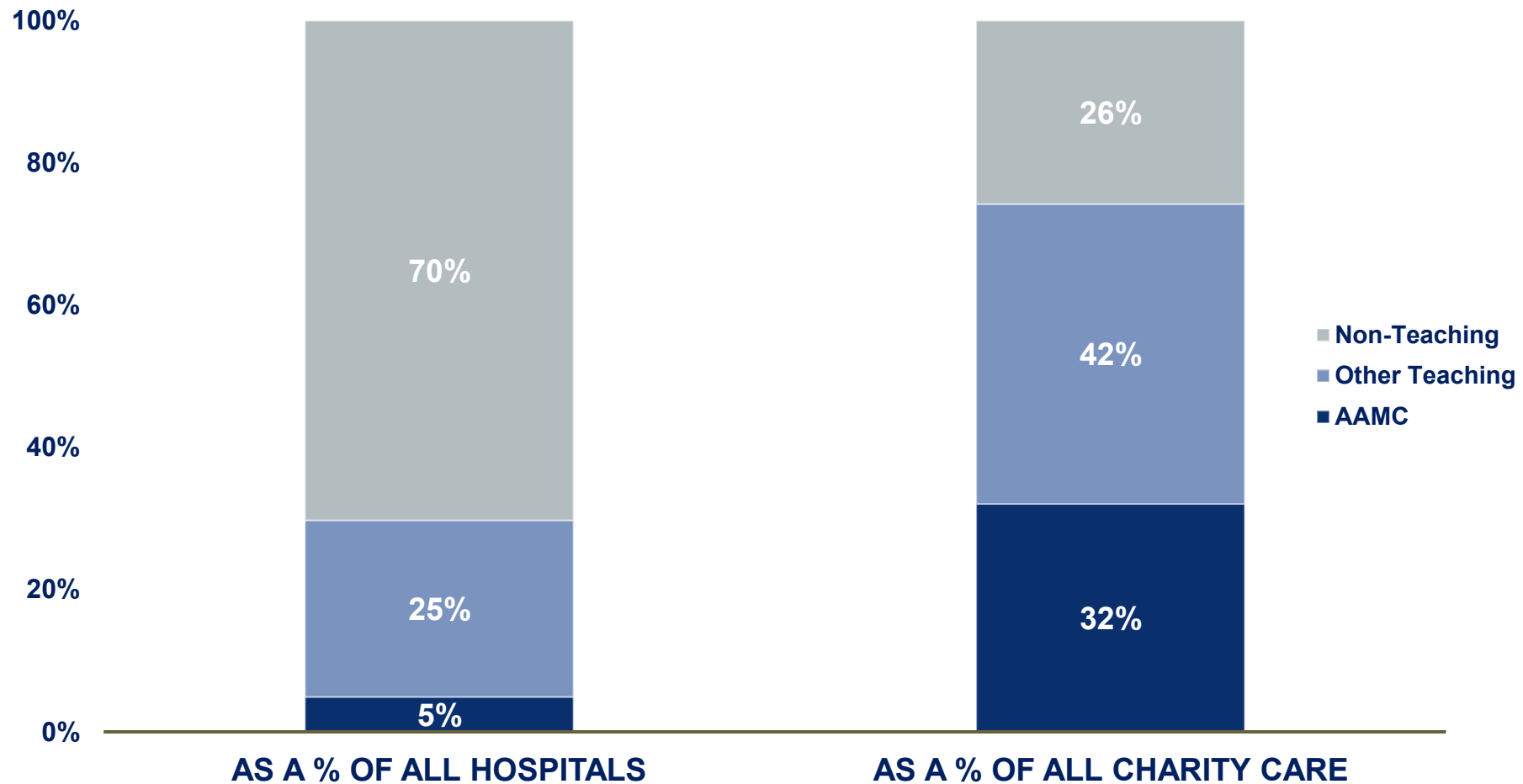
# AAMC-Member Teaching Hospitals Treat Higher Rates of Transfers Cases, 2024

	Transfer Cases Share of All Medicare Inpatient Stays	Aggregate Case Mix for Transfer Cases
AAMC-Member Teaching Hospitals	12.0%	2.81
Other Teaching Hospitals	7.0%	2.31
Nonteaching Hospitals	4.2%	2.03

Notes: Data reflect short-term, general, nonfederal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members.

Source: AAMC analysis of MedPAR Medicare Fee-for-service claims data from FY2024.. AAMC membership data, December 2025

# Proportion of Charity Care Costs Provided at Hospitals by Teaching Status, 2024



**Notes:** Data reflect short-term, general, nonfederal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members. Charity care is defined as the revenue forgone as a result of care provided without the expectation of payment. As these labels are rounded percentages, the totals for each bar may not add up to 100%.

**Source:** AAMC analysis of FY2024 American Hospital Association Annual Survey Database. AAMC membership data, December 2025.

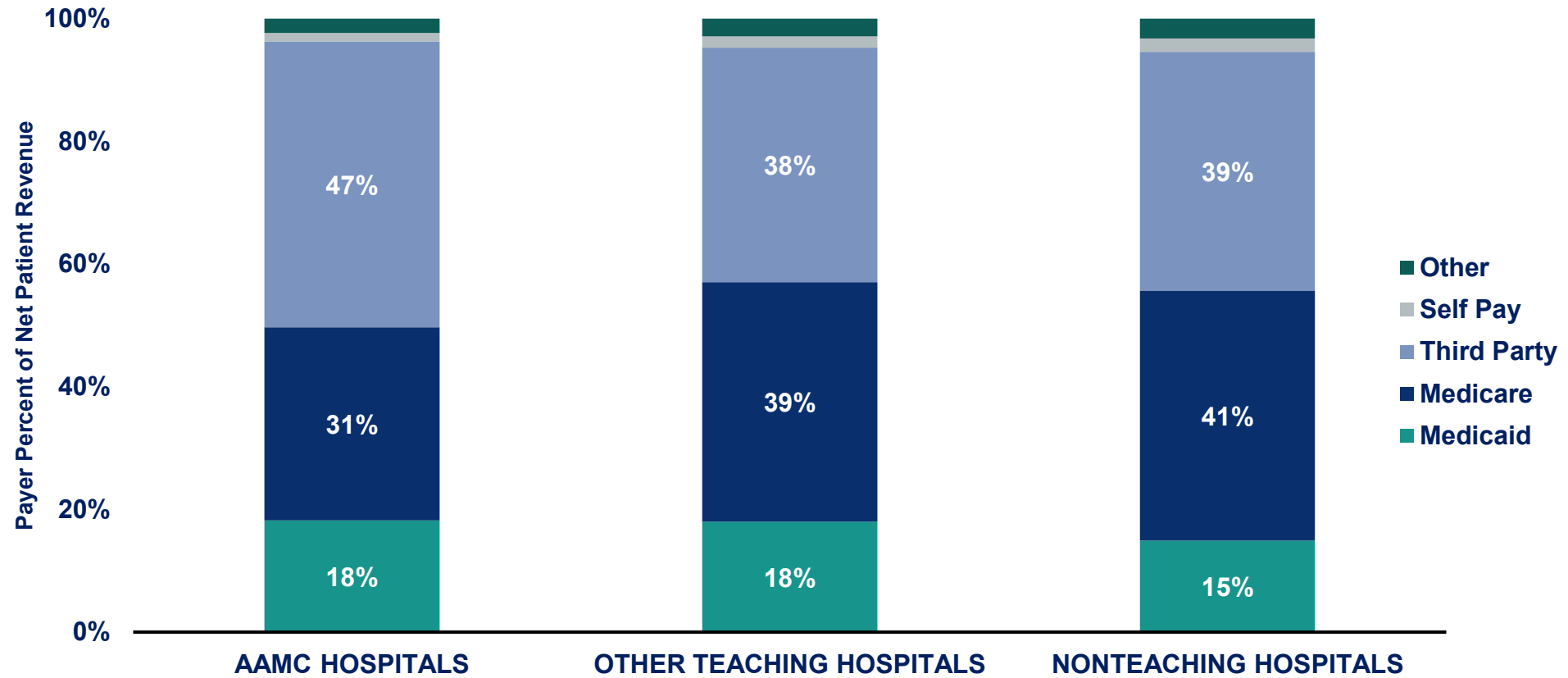
# Median Charity and Uncompensated Care Costs Provided at Hospitals by Teaching Status, 2024

	Number of Hospitals	Median Amount (Millions of dollars)	
		Charity Care Costs	Uncompensated Care Costs
AAMC-Member Teaching Hospitals	206	\$24.6	\$39.0
Other Teaching Hospitals	1,042	\$6.2	\$11.0
Nonteaching hospitals	2,947	\$0.9	\$2.2

**Notes:** Data reflect short-term, general, nonfederal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members. Charity care is defined as care provided without the expectation of payment. Excludes hospital's bad debt and is measured in terms of costs, not charges.

**Source:** AAMC analysis of a special tabulation using FY2024 American Hospital Association Annual Survey Database. AAMC membership data, December 2025.

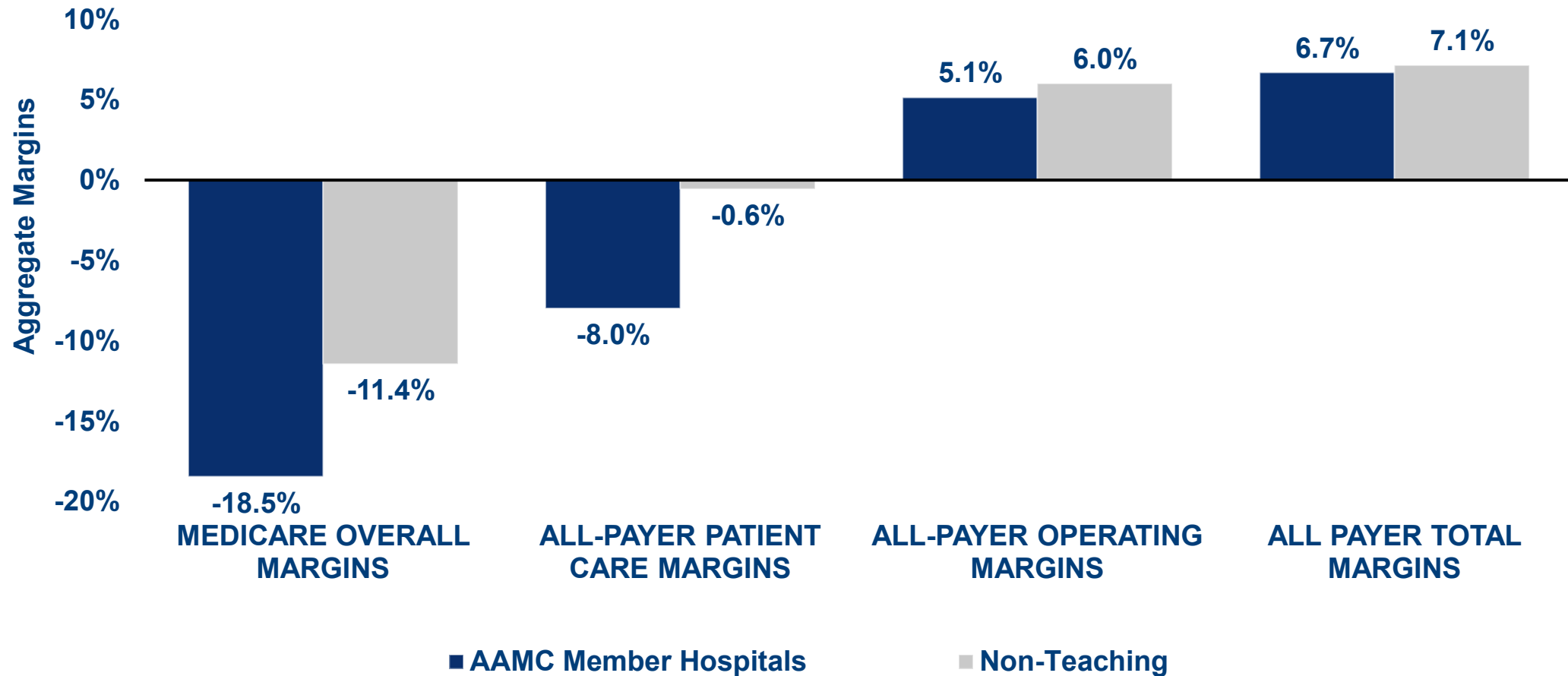
# Net Patient Revenue Payer Mix at Hospitals by Teaching Status, 2024



**Notes:** Data reflect short-term, general, nonfederal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members. Gross patient payer mix is defined as net patient revenue from each source divided by total net patient revenue.

**Source:** AAMC analysis of FY2024 American Hospital Association Annual Survey Database. AAMC membership data, December 2025.

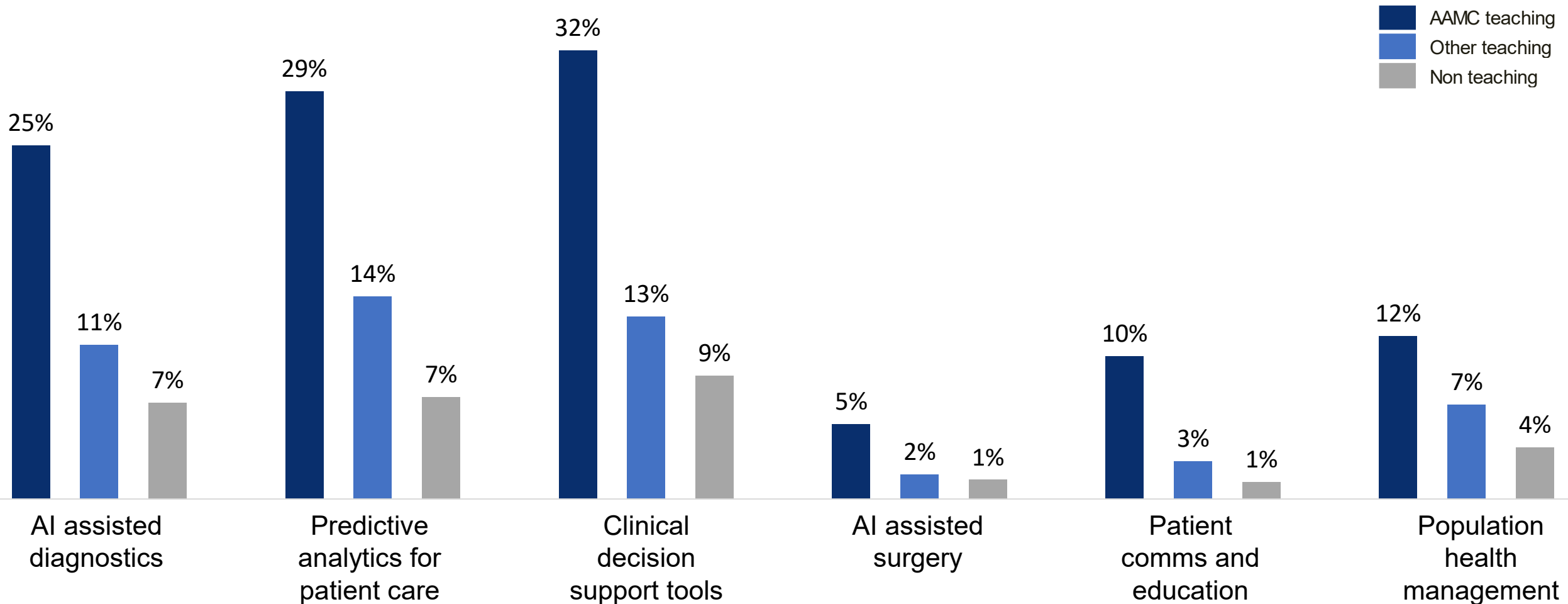
# Aggregate Margins at AAMC-Member and Non-Member Teaching Hospitals, FY2023



**Notes:** Margins are as reported, after sequestration, and excludes outlier institutions, both high and low. General formula:  $(\text{Revenues} - \text{Expenses}) / \text{Revenues}$ . Operating Margin: revenues include all sources other than "Contributions, Donations, Bequests" and "Investment Income" and expenses include all hospital expenses.

**Source:** AAMC analysis of FY2023 Hospital Cost Reporting Information System (HCRIS), July 2025 release. AAMC membership data, September 2025.

# Percent of Hospitals That Reported Having Fully Integrated AI Initiatives, FY2024



Notes: Data reflect short-term, general, nonfederal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members.  
Source: AAMC analysis of FY2024 American Hospital Association Annual Survey Database. AAMC membership data, December 2025.