Graduate Medical Education: Better Data = Better Policy

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Health Workforce Technical Assistance Center Webinar

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Our Center seeks to provide policymakers with better data and research to shape GME investment decisions

GME projects completed 2013-2017

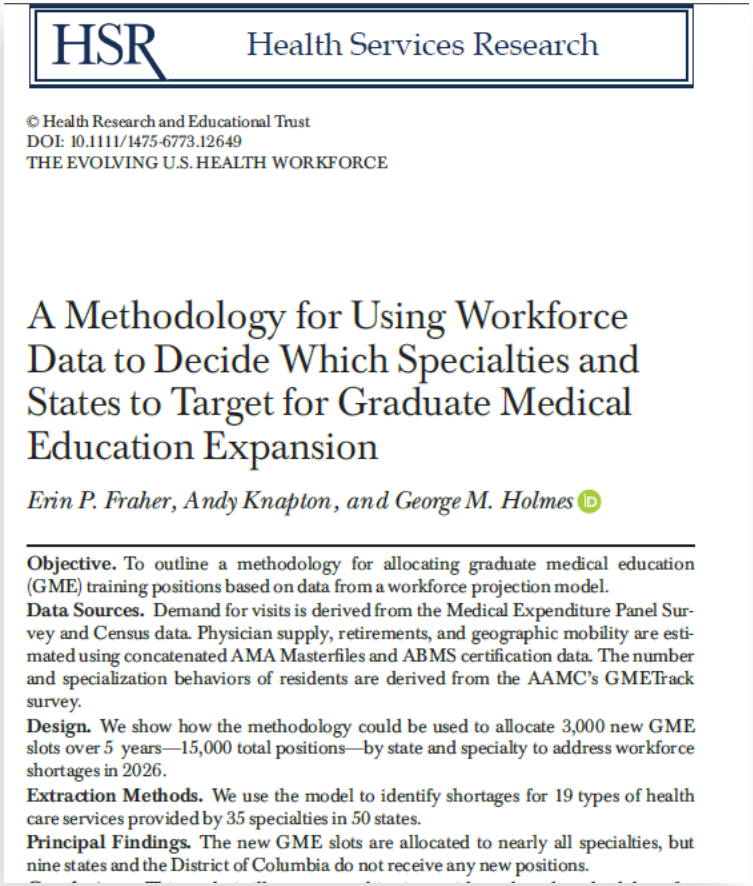
1. A Methodology for Using Workforce Data to Target GME Expansions by State and Specialty
2. Lessons Learned from State Efforts to Reform Medicaid GME
3. Mapping the Flows of Residents from Training to Practice

In progress, 2017-2018

4. Exploring the Magnitude and Timing of Physician Specialty Changes During Training
5. GME Policy Toolkit that States Can Use to Evaluate ROI for Public Funds Invested in GME Training
6. Assessing the ROI of Pediatric Residency Programs

Study 1: Using data from projection model to target GME expansions by state and specialty

- Findings suggest expanding GME in states with:
  - Poor health outcomes and high health care utilization (AR, MS, AL)
  - Large, growing populations (TX, CA)
  - Aging populations (FL)
  - Low resident/population numbers (ID, WY, MT, AK, NV)
- First certificate specialties and cardiology received largest # of slots
- Conclusion: data are good but experts needed to interpret findings



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THE EVOLVING U.S. HEALTH WORKFORCE

A Methodology for Using Workforce Data to Decide Which Specialties and States to Target for Graduate Medical Education Expansion

Erin P. Fraher, Andy Knapton, and George M. Holmes

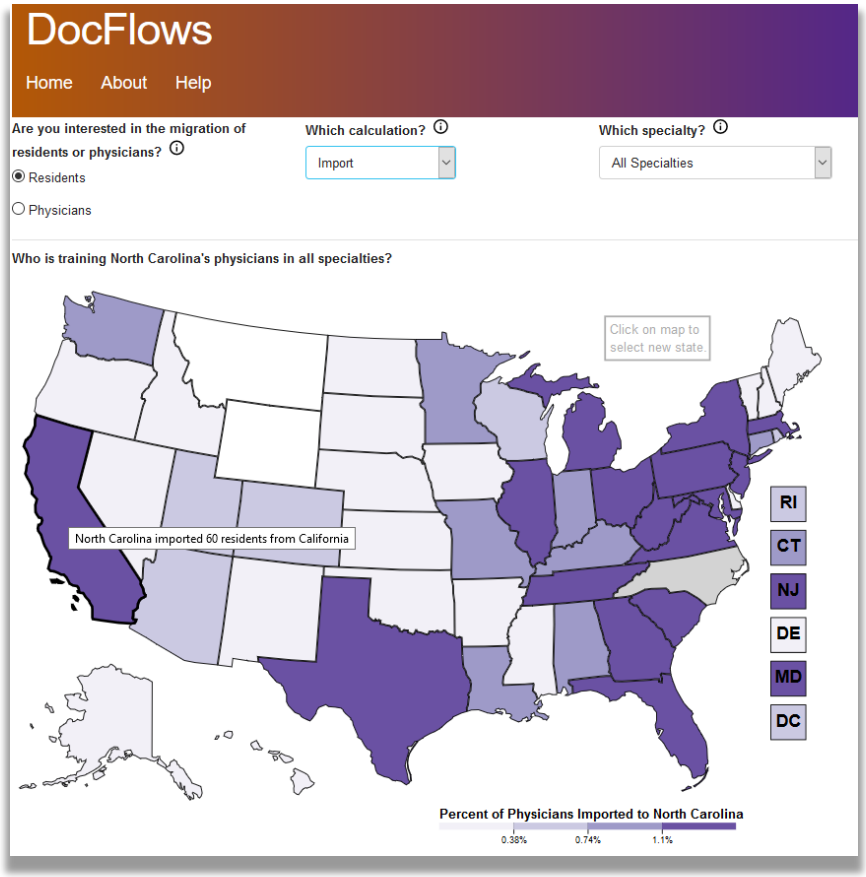
Objective. To outline a methodology for allocating graduate medical education (GME) training positions based on data from a workforce projection model.
Data Sources. Demand for visits is derived from the Medical Expenditure Panel Survey and Census data. Physician supply, retirements, and geographic mobility are estimated using concatenated AMA Masterfiles and ABMS certification data. The number and specialization behaviors of residents are derived from the AAMC's GMETrack survey.
Design. We show how the methodology could be used to allocate 3,000 new GME slots over 5 years—15,000 total positions—by state and specialty to address workforce shortages in 2026.
Extraction Methods. We use the model to identify shortages for 19 types of health care services provided by 35 specialties in 50 states.
Principal Findings. The new GME slots are allocated to nearly all specialties, but nine states and the District of Columbia do not receive any new positions.

Study 2: Lessons learned from state efforts to reform Medicaid GME

- Much focus on GME at national level but states are policy laboratories
- States actively seeking data and metrics to better target GME funding and evaluate return on investment
- Oversight bodies play critical role in interpreting metrics, educating legislature and navigating competing interests
- We heard loud call for increased accountability and transparency
- Findings not earth shattering but study (literally) gives voice to critical enablers and barriers to GME reform

Study 3. DocFlows App provides states with data on migration of residents after training

- Data visualization tool allows users to query, download and share maps showing interstate moves by residents and actively practicing physicians in 36 specialties
- Stakeholders: HRSA, COGME, MedPAC, ACGME, professional associations, state policy makers
- DocFlows available at: docflows.unc.edu



Study 4. Developing a better understanding of physician specialty changes during training

- Estimating the magnitude and timing of residents' branching and switching behaviors during training
- Study provides information about how increases in PGY1 slots in primary care, general surgery and other "shortage" specialties will affect the number of residents who exit training and enter practice:
  - in shortage specialties; versus
  - in subspecialties that were not the intended target for GME expansions

Study 5. Toolkit for state policymakers to evaluate ROI for public funds invested in GME

- Will produce “toolkit”, from basic to advanced, that states can use to measure workforce outcomes
- Toolkit will describe data sources, variables and methodology needed to assess different workforce outcomes
- Outcomes will include specialty choice, rural/urban location, HPSA status, Medicaid participation
- Will propose set of summary measures for institutions and training programs to use to assess their “accountability” in meeting national and state physician workforce goals

Study 6. Workforce outcomes of pediatric residency training programs in the US

- Will measure workforce outcomes of 220 pediatric residency training programs in US
- Builds on work by Chen et al but is cohort analysis that focuses on both program- and institutional-level outcomes
- Analyzes where 2011 cohort is in 2016: number who are practicing in state, in rural areas and HPSAs, practicing as generalists, and accepting Medicaid patients
- Workforce outcomes will be summarized in “dashboard” (in data visualization, if resources allow) that allows comparisons between training programs

So what?
Our Center's impact

Shaping policy:
Our GME work is used by HRSA, COGME, MedPAC, GAO, the National Academy of Medicine, National Governors Association, states and wide range of policy makers

Developing new methods and tools:
Developed innovative methodologies and data visualizations that have advanced the field of workforce research

Building science of workforce research:
Through manuscripts, policy briefs, webinars, presentations and other dissemination venues, we reach key audiences who use findings

Mentoring the next generation:
Eleven (masters, doctoral, professional) students have worked with our HWRC over past 4 ½ years

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