COUNCIL ON GRADUATE MEDICAL EDUCATION (COGME)
Diversity, Strategic Planning, and the Mental Health Workforce

Webinar and Conference Call
October 29, 2015

Council Members in Attendance:
Gamini Soori, MD, MBA, FACP, FRCP, CPE, Chair
Peter B. Angood, MD, FRCS(C), FACS, MCCM
Nida F. Degesys, MD
Kristin Goodell, MD, FAAFP
J. Nadine Gracia, MD, MSCE
Beth Roemer, MPH
Eric J. Scher, MD
David Squire, MPA
Karen Sanders, MD
D. Keith Watson, DO, FACOS, FAODME
Miechal Lefkowitz

Others Present:
Joan Weiss, PhD, RN, CRNP, FAAN, Senior Advisory, Division of Medicine and Dentistry; Designated Federal Official, Council on Graduate Medical Education
Candice Chen, MD, MPH, Director, Division of Medicine and Dentistry
Kandi Barnes, Management Analyst, Health Resources and Services Administration (HRSA)
Kimberly Huffman, Director, Advisory Committee Operations, HRSA
Janeshia Barnard, Advisory Committee Operations, HRSA
Mark Diamond, Division of External Affairs, HRSA
Diane Fabiyi-King, Division of External Affairs, HRSA
Lauren Spears, Division of Policy and Shortage Designation, HRSA
Crystal Straughn, Technical Writer, HRSA
Raymond Bingham, MSN, RN, Technical Writer, HRSA

Presenters:
Dr. Soori
Dr. Chen

Introduction
The Council on Graduate Medical Education (COGME, or the Council) convened its meeting at 10:30 a.m., on October 29, 2015. The meeting was conducted in webinar format at the headquarters of the Health Resources and Services Administration (HRSA), 5600 Fishers Lane, Room 12-94, Rockville, MD 20857.

Dr. Joan Weiss, Designated Federal Official, opened the meeting and conducted a roll call. She informed the Council that 10 members were present, and that by statute the meeting would have to stop if member attendance dropped below nine. Dr. Weiss suggested that the members introduce themselves.

COGME members

COGME acting chair Dr. Soori stated that he is a hematologist and oncologist with the Creighton School of Medicine and he also serves as the AMA Chair of the Council of Long Term Planning and Development. For the last seven years, he has been engaged in health care transformation and the introduction of value-based health care delivery in accordance with the federal Affordable Care Act (ACA).

Dr. Nida Degesys is a resident physician in emergency medicine at the University of California, San Francisco, and hopes to bring the perspectives of medical residents and emergency medicine to COGME.

Dr. Kristin Goodell is a family physician in Massachusetts. She spends half of her time seeing patients, and the other half as the director for Innovation and Medical Education at Harvard Medical School, working to expand opportunities in primary care education.

Beth Roemer is the Executive Director of Medical Education Strategy at Kaiser Permanente (KP) in Oakland, California. While not a physician, she works closely with the KP medical groups and GME program, which covers around 1,000 residents in 30 specialty programs.

Dr. Eric Scher is a practicing internist with a background in medical education. He is currently Chair of the Department of Medicine at Henry Ford Hospital, part of the Henry Ford Health System, and vice president for Medical Education for the Health System

David Squire, in his fifth year of service on COGME, is the Associate Dean of Finance and Operations at the School of Dentistry at the University of Utah, and former CEO of a state organization that looked at the health care workforce. His main interests are maldistribution of GME slots and the provision of health care in smaller rural and frontier areas.

Dr. Keith Watson is a surgical oncologist and is the COGME representative from the American Osteopathic Association. He is the President of Pacific Northwest University of Health Sciences (PNW). He added that PNW is creating interprofessional education experiences with pharmacists, nurses, physician assistants, and physicians.

Dr. Nadine Gracia, a pediatrician by training, is the Deputy Assistant Secretary for Minority Health and Director of the Office of Minority Health at the U.S. Department of Health and Human Services (HHS). She advises the HHS Secretary on programs and policies to advance health equity, and oversees the HHS action plan to reduce racial health disparities, which includes enhancing the diversity and cultural competency of the health care workforce.

Dr. Karen Sanders, an internist and rheumatologist by training, is the Deputy Chief of the Office of Academic Affiliations in the Department of Veterans Affairs (VA), which oversees all academic relationships with external academic partners as well as all training policies, funding, and innovation experiments for over 120,000 trainees that come through the VA system every year. She is also a Professor of Medicine at the Medical College of Virginia.

Michelle Lefkowitz works at the Centers for Medicare and Medicaid Services (CMS) in the Division of Acute Care. This Division writes the policy and regulations for how Medicare pays teaching hospitals for training residents and graduate medical education programs.

COGME support (non-members)
Dr. Candice Chen has a background as a primary care pediatrician, and is the Director of the HRSA Division of Medicine and Dentistry (DMD), which supports COGME.

Ray Bingham was introduced as the new technical writer with HRSA working with COGME.

Dr. Weiss turned the meeting over to Dr. Soori, Acting Chair of COGME. Dr. Soori stated that all COGME meetings are conducted in the public domain with time set aside for public comment. He noted that many attendees from the public represent important stakeholders of the GME enterprise. Dr. Soori asked Dr. Weiss to review the charter of COGME.

Dr. Weiss noted that COGME is authorized by Title VII, part E, subpart 1, section 762 of the Public Health Service Act as amended, and is governed by Provisions of the Federal Advisory Committee Act of 1972 as amended. COGME's main responsibility is to make recommendations on physician training, supply, and workforce issues to the HHS Secretary, as well as the Committee on Health, Education, Labor and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives. Dr. Weiss discussed the composition of the Council as required by statute. The usual term of service is four years, although this term can be extended. A quorum is nine members – if fewer than nine members attend, COGME can hold a hearing but not a business meeting. COGME members are special government employees during their service. Meetings are held twice a year and they are open to the public, with notices to the public placed in the Federal Register.

Dr. Weiss added that Dr. Marshala Lee, Chief of the Graduate Medical Education in the DMD, reviewed all 305 recommendations that COGME has made in its reports since its inception. Of these, about 65 have been fully implemented and about 100 have been partially implemented. The ACA added to COGME's responsibilities to develop, publish, and implement performance measures for programs under Title VII, part B which covers HRSA's diversity programs. These programs include the Centers of Excellence, Health Careers Opportunity, and Scholarships for Disadvantaged Students Programs and are intended to increase the number of students from disadvantaged backgrounds or underrepresented minorities going into the health professions. COGME is also required to develop and publish guidelines for longitudinal evaluations and recommend appropriation levels for these programs. COGME's charter requires it to submit reports, but it has no annual reporting requirement.

Dr. Weiss discussed that the composition of the Council is required by statute, to include the Assistant Secretary for Health (or designee), the Administrator of Centers for Medicare and Medicaid Services (or designee), and the Secretary for Health for the Department of Veterans Affairs (or designee). COGME is also required to include six members from the areas of practicing primary care physicians, national specialty physician organizations, and foreign medical graduates and medical students associations; four members from schools of medicine and osteopathic medicine and public and private teaching hospitals; and four members from

health insurer, business, and labor organizations. The usual term of service is four years, although some members can be extended. A quorum is nine members – if fewer than nine members attend, COGME can hold a hearing but not a business meeting. COGME members are special government employees during their service, and are compensated for their time in the performance of duties of COGME as well as any required travel. Meetings are held twice a year and they are open to the public, with notices to the public placed in the Federal Register.

Dr. Watson asked if there was any information regarding the timeline of implementation of COGME recommendations. He stated concern that recommendations from the most recent 10 years had been less effective than recommendations from previous years. Dr. Weiss replied that the specific timeline had not been examined, although that could be looked at in the future.

Dr. Soori asked for approval of the minutes from the May 2015 COGME meeting. Drs. Watson and Gracia requested that the minutes be amended to reflect that they had not been in attendance. With these corrections, the minutes were approved by consensus.

COGME Diversity Document

Dr. Soori proceeded to a discussion of the COGME document in development on supporting diversity in the health professions. Dr. Chen reviewed the work on the draft document. She reminded the Council of the discussion during the May 2015 COGME meeting covering the additional duties assigned to COGME from the ACA, specifically to review and make recommendations on healthcare workforce diversity programs. During that meeting, the Council heard from speakers about several programs designed to address diversity in the health professions, as well as a speaker from the National Center for Health Workforce Analysis (NCHWA), which conducts performance measures and evaluations for those programs. One concern that emerged from the Council was a lack of evidence on the effectiveness of these programs in achieving diversity.

Dr. Chen worked with NCHWA to initiate a "rapid response agreement" with the University of Washington for a literature review of health workforce diversity programs over the last 10 years. Dr. Chen stated that she was very impressed with the thoroughness of the work, and noted that these types of rapid response requests are a potential resource for COGME.

Dr. Soori stated he had already spoken with many COGME members over the phone about the document. He believed there was a consensus that workforce diversity was a critical topic and that the document had value and met the charge of COGME. If the Council members felt the document did not meet the standards of a full report, it could be classified as a resource paper.

Dr. Watson commented that the tracking of diversity programs is a sensitive issue. Institutions that receive Title VII grant funds have limited control over the outcomes, as the choice of practice site is made by the individual and is influenced by job availability. In addition, federal funding for Title VII programs has fluctuated, limiting the ability of COGME to recommend appropriate funding levels. Lastly, he questioned whether accreditation requirements and curriculum models could be modified to accommodate a culturally diverse student population with outcomes based on skill acquisition and competency, not just completing class

requirements. Dr. Soori asked if this cultural accommodation was feasible, and Dr. Watson replied that COGME has gone on record as embracing the concept of competency-based education, adding that the Accreditation Council for Graduate Medical Education (ACGME) has piloted programs in this area. He did not believe that cultural accommodations provided a particular advantage to students from minority or underserved backgrounds.

Dr. Goodell supported the concept of competency-based education, stating her belief that ACGME and many medical schools were shifting towards evaluating students based on skill competence rather than on "time in the seat." For example, some programs in primary care have proposed shortening the time in medical school and residency for students who master the competencies. Dr. Goodell asked what could be measured to most fairly evaluate the effectiveness of diversity programs.

Dr. Gracia stated that the HHS Office of Minority Health is working to implement the National Standards for Culturally and Linguistically Appropriate Services (National CLAS Standards) in health care to ensure not only increased diversity, but also increased cultural competency of the health care workforce. She added that addressing cultural competency needs to involve ongoing education in order to provide health care services that are respectful of and responsive to the needs of diverse communities. She stressed the importance of understanding culture as a broad concept, covering not only race, ethnicity, and language, but also elements such as socioeconomic status, geography, disability status, and sexual orientation and gender identity. Health care providers need to understand how these elements factor into one's health beliefs and practices, health seeking behaviors, the health care experiences.

Dr. Soori stated that he gained appreciation of cultural competency from a June meeting of the American Medical Association's Council on Ethics. He related that his wife had written a paper in a medical ethics class exploring the scientific data on the impact of cultural competency in the efficacy of the treatment. He added that the nursing profession may be ahead of medicine in this area, citing Madeleine Leininger's Sunrise Model in cultural competency.

Mr. Squire asked how the Council could incentivize GME accrediting bodies to consider community-based and competency-based education processes. He recommended that COGME review models from across the nation that try to promote diversity and match training opportunities with local and regional workforce needs. Dr. Goodell, Dr. Gracia, Ms. Roemer, Mr. Squire, and Dr. Watson volunteered to serve on a workgroup with Mr. Bingham to revise and edit the document, before a final review by the Council.

The Role of COGME in Workforce Development

Dr. Soori moved the discussion to the role of COGME in physician workforce development. He noted that one charge of COGME is to make evaluations and projections on supply and demand of physicians, access to care, and the health care workforce distribution. He raised the concern of current shortages in the mental health workforce. He stated that, as an oncologist, he cannot always find a clinical counselor or a psychiatrist if a patient needs a referral. This shortage is a national and global issue, not just a local or regional issue.

Dr. Chen added that the current issues of physician workforce are embedded within the larger health care workforce. For example, the last primary care projection from NCHWA found a potential shortage of over 20,000 primary care physicians. However, an increased usage of nurse practitioners and physician assistants in primary care could drop the projected shortage of physicians in this area to as low as 6,000. The question moving forward is, where do the members believe COGME can make the most impact with its limited resources?

Dr. Sher added that the distribution of GME programs and the development of the physician workforce are strategically important on a national level. However, workforce development alone will not fix issues of health care access, which has to do with insurance (or lack of insurance) in rural areas, maldistribution, and lack of providers.

Dr. Soori concurred that COGME can have only limited influence on the broader issues of access to care, which depends more on community resources and insurance coverage than on physician supply. Even in communities where most people have insurance, patients cannot be seen in a timely manner primarily because existing providers in the community are saturated in terms of capacity. Even increasing the use of other mid-level practitioners or increased efficiencies of team-based care will not fully address the physician shortage issues.

Dr. Goodell commented that in Massachusetts where she practices, there is no physician shortage and 98% of patients are insured. However, she still has trouble finding a psychiatrist when a patient needs a referral. She asked if some issues related to health care access can be addressed by new models such as team-based care, mentioning Project ECHO, a telemedicine program started in New Mexico to improve access to care for rural hepatitis C patients. She asked if COGME can recommend that residency programs include training in these newer models of care like team-based care, telemedicine, and other emerging concepts that the Council thinks might help meet the needs of the nation. Dr. Weiss responded that COGME does look to put forward such recommendations because they are specific, measurable, and can be picked up by the field.

Dr. Soori stated that something to learn from the diversity report is the help available to COGME through NCHWA and other resources. He suggested that COGME could address an issue such as access to mental health care in communities by looking into the mental health segment of the physician workforce and its distribution in inner cities and other communities.

Ms. Roemer asked if it would be appropriate for COGME to recommend more training in behavioral health care for primary care physicians, or increase the use of team-based models that include social workers, clinical psychologists and other mental health practitioners. Dr. Weiss reminded the Council that HRSA has a commitment to integrate mental health into primary care and that the HRSA Division of Medicine and Dentistry (DMD) under Dr. Chen's leadership is promoting more programs in interprofessional education. She pointed out that HRSA funds several education programs in mental and behavioral health, including training for psychiatrists, social workers, advanced practice nurses, and the paraprofessional workforce.

Dr. Soori brought up a recent change in health care delivery requiring physicians to meet certain quality metrics, one of which is screening patients for depression. Other quality initiatives also call for increased mental health screening. This screening could increase demands for mental

health services, complicating the shortage of practitioners. Dr. Scher replied that maldistribution is a major issue in many states, which may have major urban centers with adequate resources but large rural areas that are underserved. Dr. Degesys stated that most emergency department (ED) physicians would agree that there are problems with access to outpatient behavioral health care, while finding inpatient care is easier. Unfortunately, sometimes EDs are inappropriately used for outpatient mental health services. Mr. Squire noted the need for different states and regions to have the flexibility to organize their training programs in a manner that best meets their workforce needs.

Dr. Soori stated his appreciation for the robust discussion on this topic, recognizing there was a palpable sense of need to address the area of workforce training in behavioral and mental health. COGME could take more time to explore the topic, and engage other resources such as NCWHA to research the data and the demographic information. Dr. Chen encouraged the Council members to think broadly in making recommendations, and avoid getting caught up in the details of implementation. Dr. Weiss encouraged Council members to engage other organization in dialogue regarding COGME's reports and recommendations, to help move the field forward.

Selection of Topic for 2016 – Call for a National Strategic Plan for GME

In moving to the next agenda item, Dr. Soori reviewed the topics of past COGME reports, which have addressed minorities in medicine, women in medicine, physician workforce reforms, and financing of GME. In May 2015, COGME sent a letter to the HHS Secretary advocating for the development of a national strategic plan for GME, and requested funds to develop and implement the plan. The Secretary replied that implementation is outside of COGME's charge.

Dr. Soori indicated that developing a strategic plan provided the opportunity to look at GME in a holistic, comprehensive manner. At this time, many stakeholders agree that there is a shortage of physicians and poor distribution of the physician workforce to serve the needs of the country, while disparities in access to care remain. Since 1997, federal GME funding has remained flat. In addition, in the previous year over 600 medical school graduates did not get matched into residencies in the first round, which impairs the physician pipeline and leaves students and their families worrying about the future after compiling often $150,000 to $200,000 of student debt. Many stakeholders now feel that the current GME enterprise is too costly, lengthy, and inefficient. COGME has the opportunity to be innovative in both the structure and funding of GME, developing a road map that Congress and HHS can refer to in the ongoing years.

Dr. Chen reinforced the concept of examining the goal of GME and building the financing and structure to achieve that goal. She stated that some of the goals of a national strategic plan would be to better align the GME system with national priorities, maximize efficiencies presently lacking in the system, add transparency to the funding of GME, and establish an enduring method for continuing to realign physician training with the needs of the country. A strategic plan would articulate a clear vision and mission statement for GME; set specific goals and objectives for the GME enterprise; and identify the public and private organizations and agencies that would have responsibility for accomplishing those goals. Another issue is provider wellness, as students move through the stress of medical education and residency programs.

Dr. Watson noted in particular the problem of maldistribution, which will require direct effort to solve. He suggested establishing more residency programs in rural and underserved areas, better reimbursement for health professionals choosing to practice in those areas, and new standards to cover training outside of academic health centers. Dr. Scher called for looking to see if medical schools are providing their graduates with the skills that society needs, suggesting that discussion was needed on curriculum reform, developing more residency and fellowship programs in underserved areas, and examining the role that telemedicine can play. Dr. Goodell added that she believed one problem was letting hospital systems decide who to train and what skills to teach, instead of looking to address the needs of society and establish the right balance of different specialties. She added that the Association of American Medical Colleges is a strong advocate for preserving academic medical centers in their current form and funding, which could create some tension in the development of a strategic plan.

Dr. Soori stated that he expected the April COGME meeting to "create a road map," with the goal of accomplishing the report next year. He requested the perspective of CMS because CMS is a major funder of GME and this funding is a major issue for academic health centers and in many communities they provide much of the care to the disadvantages segments of our society including those who are underinsured or uninsured. Ms. Lefkowitz stated that CMS can only promulgate regulations within the existing law, limiting its ability to make regulations that meet specific workforce or health care goals.

Dr. Soori noted that many organizations have looked at indirect medical education (IME) funding and made proposals to eliminate or reallocate these funds, which would impact academic medical centers. A national strategic plan provided the opportunity to take a more global view of all GME funding, and look for ways to expand the pool of money from both federal and non-federal sources. A strategic plan does not have to get to the granular level of funding, but it should provide guidance and a vision to HHS and Congress in making these decisions.

Discussion

There was a discussion regarding the appropriateness of COGME proceeding with the development of a strategic plan for GME. Concern was expressed that it was a huge project, and the idea appeared to be rejected by HHS. Dr. Watson stated that the strategic planning letter originated out of frustration that COGME had become ineffective. Dr. Soori replied that HHS is correct in defining the limits of COGME's charge, and Dr. Weiss added that HHS supported COGME's advisory role in strategic planning. Mr. Squire stated COGME would need to have the power, finances, and resources to draw the appropriate people to the table.

Dr. Soori reported that he had talked with most of the COGME members who could not be in attendance at this meeting, and all supported the idea of pursuing a COGME report calling for a national strategic plan. He discussed the need to establish a step-by-step workflow: 1) conduct a broad environmental analysis, looking at the opportunities and challenges and soliciting input from traditional stakeholders as well as nontraditional stakeholders; 2) to analyze this input for cohesive themes; 3) coalesce the ideas into the final report. COGME will need to ask the people who are true trainers of physicians where there are opportunities for innovation in GME.

Dr. Chen stated that development of the vision and mission of GME could be derived from past COGME reports and resource papers. She suggested small workgroups to cover different areas of the plan, and identified the need for a framework to include issues of maldistribution, over-emphasis on specialization, changes to curriculum, and training process and structure. The bottom line is to be accountable for the investments that are being made into GME.

Dr. Soori asked what resources were available to COGME through HRSA. Dr. Weiss replied that teleconferencing was available, and she would check on the availability of a shared drive to facilitate group work. Dr. Soori said that all COGME members would be involved, and the Council will have to come up with ways to gather appropriate input from stakeholders.

COGME Business Meeting

To open the business meeting, Dr. Weiss recounted that Dr. David Reines, the previous Chair, completed his term on COGME in May 2015, and that Dr. Soori had since served as the acting Chair since that time. Dr. Watson nominated Dr. Soori for the position of Chair. The motion was seconded and then approved by general consent. Dr. Soori suggested that the Council consider an arrangement in which the vice-chair serves for one year and moves to the position of chair the following year, and then remains for one more year as past chair, to provide continuity of leadership.

Dr. Weiss then discussed nominations for vice-chair, saying that an email would be sent in the coming weeks so that all members could be included, and members could nominate themselves or someone else to the position. This concluded the business meeting, and the lines were opened for public comment.

Follow-up: Dr. Kristen Goodell was elected Vice Chair.

Public Comments

Dr. Paul Rockey stated it is wrong that to say that the $16 billion in public dollars going to GME is its sole support – by and large GME is supported by the hard work of the residents and fellows. So, it is really medical student debt, family support, and the low wages of residents that support GME. He stated that $16 billion is one-half of one percent of total health care expenditures. Dr. Soori asked Dr. Rockey about other groups of stakeholders that COGME could contact. Dr. Rockey recommended the residency committee of the ACGME.

Dr. Marshala Lee reinforced the burden that medical school debt has on students, adding that this is especially a concern among minority students and can affect the diversity of the medical profession. She asked the Council to consider the question of whether medical residents are employees or students, as student loans accrue interest during residency, increasing the debt burden.

Referring to the discussion on workforce diversity, Holly Malve from the American Academy of Pediatrics encouraged COGME to take a broad view that emphasizes race and ethnicity and also includes other attributes such as gender, religious beliefs, sexual orientation, and disability.

Former COGME member Dr. Keya Sau encouraged COGME to address the limited access that physicians have to refer a patient for mental health care services, particularly for short-term rehabilitation or treatment settings. She stated that patients may not be able to live on their own, but there is no place to send them so they often end up back in the emergency room.

Conclusion

Dr. Soori summed up the meeting by stating that the Council had come to a consensus to complete the diversity document, begin work on the report calling for a national strategic plan for GME, and then perhaps write a focused report or a resource paper on workforce issues relating to behavioral health. It was discussed that completing the diversity document by the end of the calendar year was possible, while the strategic plan would be very time and labor intensive. Dr. Soori thanked the COGME members for their enthusiasm and support for these projects.

Dr. Weiss then adjourned the meeting at 3:30 p.m.