COUNCIL ON GRADUATE MEDICAL EDUCATION (COGME)
Webinar and Teleconference
Sponsored by the Health Resources and Services Administration (HRSA)

Meeting Minutes
August 19, 2021

Council Members in Attendance
Appointed Members
Erin Fraher, PhD, MPP, Chair
Thomas Tsai, MD, MPH, Vice Chair
Ted Epperly, MD
R. Armour Forse, MD. PhD, FRCS(C), FACS, FCCM, FASMBS
Peter Hollmann, MD
Beulette Y. Hooks, MD, FAAFP
Byron Joyner, MD, MPA
Linda Thomas-Hemak, MD, FACP, FAAP
Surendra Varma, MD
Kenneth Veit, DO, MBA, FAOFP

Federal Representatives
John Byrne, DO (Designee of the Department of Veterans Affairs)
CAPT Paul Jung, MD (Designee of the Health Resources and Services Administration)
Leith J. States, MD, MPH (Designee of the Assistant Secretary for Health)

Health Resources and Services Administration Staff Present:
Shane Rogers, Designated Federal Officer, COGME
Kennita R. Carter, MD, Subject Matter Expert, COGME; Chief, Graduate Medical Education, Division of Medicine and Dentistry, HRSA
Raymond Bingham, MSN, RN, Writer and Editor, Division of Medicine and Dentistry, HRSA
Janet Robinson, Advisory Council Operations, HRSA
Kimberly Huffman, Advisory Council Operations, HRSA

Thursday, August 19, 2021

Welcome and Roll Call

Mr. Shane Rogers, the Designated Federal Officer for the Council on Graduate Medical Education (COGME or the Council), convened the third COGME meeting of fiscal year (FY) 2021 at 10:00 a.m. on Thursday, August 19, 2021. The meeting was sponsored by the Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), and was conducted virtually using a videoconference meeting platform. Mr. Rogers noted that the Council roster now contained its full complement of 18 members. He turned the meeting over to the COGME chair, Erin Fraher, PhD, MPP.

Dr. Fraher conducted a roll call, welcoming three new members to the Council: appointed members Dr. Byron Joyner and Dr. Linda Thomas-Hemak, and Dr. John Byrne, the federal

representative designee from the Department of Veterans Affairs. The presence of a quorum was confirmed, allowing the meeting to proceed.

Dr. Fraher noted the need for the Council to continue to meet through a virtual platform, in response to the ongoing COVID-19 pandemic. She expressed her gratitude for the hard work and contributions of front-line clinicians, and acknowledged the stresses they faced in providing care during the pandemic. She also welcomed the efforts of HRSA in funding programs to promote resilience and reduce burn-out within the health workforce.

Presentation: CMS Rule-Making Update: Section 126 of the Consolidated Appropriations Act

Renate Dombrowski
Technical Advisor, Division of Acute Care
Centers for Medicare & Medicaid Services

Dr. Fraher introduced Renate Dombrowski, technical advisor in the Division of Acute Care, Centers for Medicare & Medicaid Services (CMS). Ms. Dombrowski presented a brief overview of Section 126 of the 2021 Consolidated Appropriations Act (CAA), as it related to changes in graduate medical education (GME). She noted that the legislation provided for 1,000 new GME residency slots over five years, starting in FY 2023. To be eligible, a hospital must qualify in at least one of four categories: 1) hospitals in rural areas, 2) hospitals already training in excess of their GME cap, 3) hospitals in states with new medical schools or branch campuses, and 4) hospitals that serve health professional shortage areas. Furthermore, applicants must demonstrate that they will fill any slots they receive within five years.

Ms. Dombrowski reviewed some of the deliberations within CMS on the distribution of these new slots. She noted that CMS had proposed limiting the additional full-time equivalent slots to one residency position per hospital per year, in order to make the positions available to a wider range of hospitals. She also discussed some of the provisions under which hospitals located in urban areas can sponsor rural training tracks to be eligible for the new slots. She reinforced that CMS had not issued its final rule and welcomed feedback from the Council.

Discussion: CAA Letter

Dr. Fraher and Dr. Armour Forse led a discussion of a draft letter to the Secretary containing recommendations on the implementation of Section 126 of the CAA.

In reviewing the latest updates to the draft letter, Dr. Fraher noted that the opening section introduced the Council and its charge related to GME, briefly outlined the three recent issue briefs from the Council on rural health workforce training and development, and described the main provisions of Section 126 in adding new GME training slots, which aligns with the recent COGME recommendations. The letter then acknowledged the complexity of the task of determining the allocation of the new GME slots, and suggested that CMS, with its focus on financing, and HRSA, with its focus on workforce, collaborate to identify the main legislative and rulemaking barriers and address health workforce disparities between rural and urban areas.

Dr. Forse noted that CMS had provided a public comment period on Section 126 of the CAA. He recalled that Ms. Dombrowski had said that of those commenting on the proposal to limit the new GME slots to one position per hospital per year, almost all were opposed, as was COGME. He understood that the proposal was an attempt to distribute the positions in a fair manner, but in practice the proposal would not be equitable or effective. It would place smaller rural hospitals or hospitals developing new programs at a disadvantage, because such a process would not meet program accreditation requirements. He believed the letter provided an opportunity for the Council to not only to express its opposition, but to provide CMS with some guidance.

In the discussion, there were some wording suggestions to make the recommendations in the letter more direct and explicit. There were also comments on the need to address both the expansion of current GME programs and the creation of new programs, especially in addressing the physician workforce needs of rural areas. There was further comment on tailoring programs to the physician specialties needed to serve rural and other underserved communities.

There was also discussion on return on investment related to the value of placing a program in a small community, where it has the opportunity to have a big impact on the workforce. However, many small communities may the lack the resources required to begin and maintain a rural residency program, and thus may need to partner with a larger urban institution with a more established infrastructure. There was a suggestion to draw on investments that HRSA has made in such initiatives as the Rural Residency Program Development Technical Assistance Center and the Teaching Health Center GME program to provide assistance and support. There was a further suggestion to include some language that COGME welcomes the effort to expand GME training in rural and underserved areas, but that the current expansion may not be sufficient.

After a break for lunch, a revised draft incorporating the major themes from the Council's discussion was reviewed, with minor editing comments offered. The Council voted by consensus, with no votes opposed, to approve the revised draft of the letter. [NOTE: The final letter was sent forward to the Secretary on August 20, 2021.]

Discussion: COGME 24th Report

COGME Chair Dr. Fraher led a discussion on the preparation of the Council's 24th report. She noted that the Council had previously determined the report would focus on rural health workforce development and training issues, as expressed in the Council's three rural health issue briefs. She proposed a rough outline of the report structure:

- Executive Summary
- Introduction, reviewing the Council's work on rural health policy and highlighting federal priorities around health equity, maternal health, and provider resiliency and burnout.
- Three chapters focused on the themes of the three issue briefs:
  - Rural health assessment.
  - Financing and sustainability.
  - Rural workforce training needs.
- Conclusion, emphasizing the impact of the COVID-19 pandemic in exacerbating rural/urban health disparities and reviewing the main legislative priorities.

Dr. Fraher noted that the members had reviewed all of the recommendations from the issue briefs, and by vote, selected six to prioritize in the report. The body of the report would focus on providing the background and rationale for each of the selected recommendations. In her review of the recommendations, she noted that they covered a logical flow from assessment of need to investment in workforce training to sustainability for the future.

Dr. Fraher summarized the thrust of each of the selected recommendations:

1. Provide federal funding for a comprehensive assessment of rural workforce needs.
2. Link workforce investments to population of health needs, in keeping with recommendations from the National Academy of Medicine.
3. Develop a set of measures and metrics to ensure value and return of investment.
4. Create sustainable programs that develop a pipeline to recruit trainees from rural and other underserved communities.
5. Ease financial and regulatory barriers to rural training.
6. Support and test sustainable alternative payment models focused on value-based care and team-based training.

There was a suggestion to organize the content along the following sections:

- Assessment and Planning.
- Measurement.
- Models.
- Sustainability and financing.
- Team-based care and support.

One member commented that the sustainability section should focus on financing, while the team-based care and support should cover non-financial aspects. There was discussion on strategic planning, creating a dynamic system in which outcome measures contribute to ongoing assessment in a continuous quality improvement loop, as assessment and measurement are needed to drive change. Other themes raised by the Council members included: recognizing that different rural communities have different needs, as some may need to focus on aging populations while others may need greater access to pediatric, obstetric and gynecologic, and maternal care; promoting community-based and place-based training; sustaining rural practices and preserving the current workforce, in addition to training for a future workforce; supporting wellness and resilience; developing faculty and preceptors to facilitate the workforce pipeline, along the Area Health Education Center (AHEC) model; stressing the importance of teamwork and collaboration; and creating incentives to promote rural practice.

The following members volunteered for a writing workgroup to finalize the 24th report:
Dr. Fraher, Chair,
Dr. Tsai, Vice Chair,
Dr. Peter Hollmann,
Dr. Byron Joyner,
Dr. Thomas-Hemak,
Dr. Surendra Varma, and
Dr. Keith Veit.

Discussion: Potential Topics for the COGME 25th Report

COGME Vice Chair Dr. Thomas Tsai led a planning discussion on the Council's 25th report. The members supported continuing with the workflow of developing shorter issue briefs and letters to remain current and responsive to immediate needs and challenges, then bringing these elements together to create the overarching framework for its report. Potential report topics raised in the discussion included:

- Advancing health equity through a diverse and inclusive health workforce, to cover:
  - The GME system in the Indian Health Service (IHS).
  - Racial and ethnic minorities in the physician workforce.
  - Other populations often overlooked, including lesbian, gay, bisexual, transgender, and queer individuals, and those with disabilities.
- Addressing disparities in rural communities.
- Enhancing the delivery of behavioral and mental health care.
- Expanding the role of telehealth.
- Improving resiliency and reducing burnout in the physician and health care workforce.

Dr. Tsai noted that the themes of diversity, equity, and inclusion had been resonant throughout the Council's discussion, with some specific examples, such as the IHS, that the Council could take a deeper look at in its upcoming meetings.

Public Comment

There were two oral public comments offered:

- Dr. Karen Mitchell from the American Academy of Family Physicians underscored the importance of focusing on diversity and inclusion in the medical profession. She emphasized creating pathways for diverse students to learn about careers in medicine and other health professions, starting as early as middle school; developing individuals to serve as role models and mentors; and providing financial support.

- Mr. John Aguilar, also with the American Academy of Family Physicians, expressed support for the Council's position on the distribution of new GME slots provided in its response letter on Section 126 of the CAA. He stressed the importance of aligning the new GME positions with physician workforce needs and specialty areas, particularly in primary care.

Business Meeting

Mr. Rogers informed the Council members of the upcoming meeting dates:

- March 24-25, 2022 (webinar).
- September 12, 2022 (webinar).

Mr. Rogers provided a brief update on the Council's consultation letter in response to the 2020 Coronavirus Aid, Relief, and Economic Security (CARES) Act. He reminded the Council members that section 3402 of the CARES Act required the Department of Health and Human Services (HHS) to develop a comprehensive and coordinated strategic plan for its healthcare

workforce programs, with HRSA designated as the lead agency for the plan's development.

Mr. Rogers stated that the legislation specifically called for input from two of HRSA's advisory committees, COGME and the Advisory Committee on Training in Primary Care Medicine and Dentistry. HRSA decided to seek input and consultation from the agency's three other health workforce advisory committees:

- Advisory Committee on Interdisciplinary, Community-Based Linkages.
- National Advisory Council on Nurse Education and Practice.
- National Advisory Council on the National Health Service Corps.

The legislation originally called for a due date for the plan of March 2021. However, with the change in administration and the rapid changes required by the pandemic response, HRSA requested and received a six-month extension, so the plan is now due to be submitted to Congress on September 7, 2021. In response to a question, Mr. Rogers said that all consultation letters from the advisory committees would be included in the published plan in an appendix.

Meeting Adjourn

Dr. Fraher thanked the members of the public for their comments and their engagement in this meeting, underscoring the importance of the Council's work. She also thanked the HRSA staff for their support of the Council.

Mr. Rogers adjourned the meeting at 3:45 p.m.

Acronym and Abbreviation List

AHEC	Area Health Education Center
CAA	Consolidated Appropriations Act (2021)
CARES Act	Coronavirus Aid, Relief, and Economic Security Act
CMS	Centers for Medicare & Medicaid Services
COGME	Council on Graduate Medical Education
FY	Fiscal Year
GME	Graduate Medical Education
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
HIS	Indian Health Service

The COGME Rural Health Issue Brief series:

Issue Brief 1 (IB1) [published July 2020]: *Special Needs in Rural America: Implications for Healthcare Workforce Education, Training, and Practice*

Issue Brief 2 (IB2) [published February 2021]: *Investing in a Health Workforce that Meets Rural Needs*

Issue Brief 3 (IB3) [published June 2021]: *Training Needs to Prepare the Healthcare Workforce for Rural Practice*