

# AAMC Presentation to COGME

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April 7, 2016

Learn Serve Lead

Association of American Medical Colleges **Workforce Projections** 

### **Optimizing GME**

### **Transition to Residency**

### **AAMC** Resources

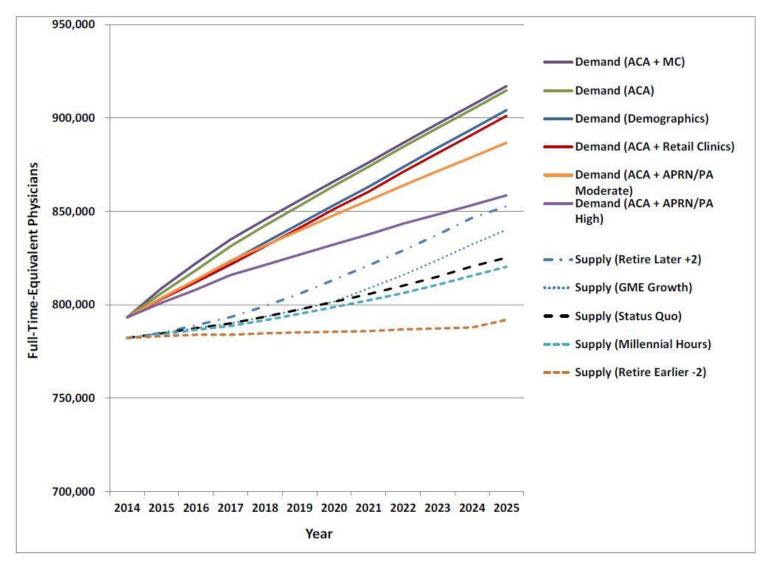


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### **Workforce Projections**

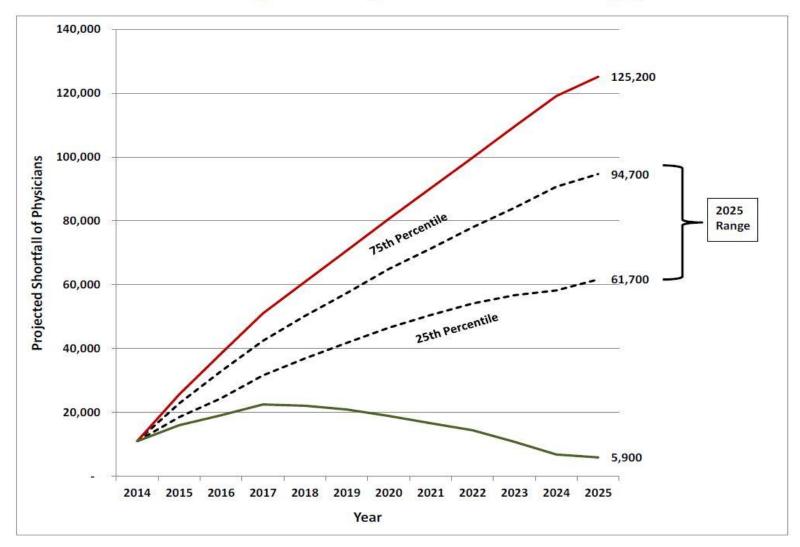


#### Exhibit 1: Projected Total Supply and Demand for Physicians, 2014-2025



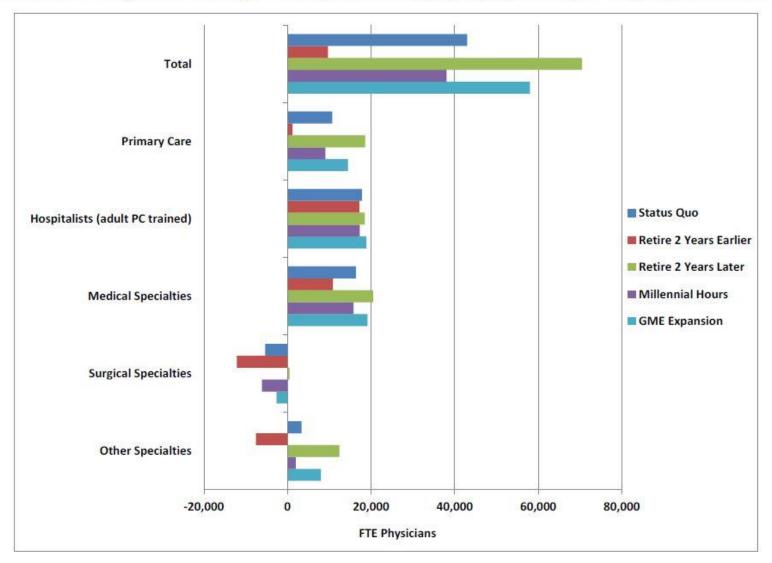


#### Exhibit 2: Total Projected Physician Shortfall Range, 2014-2025



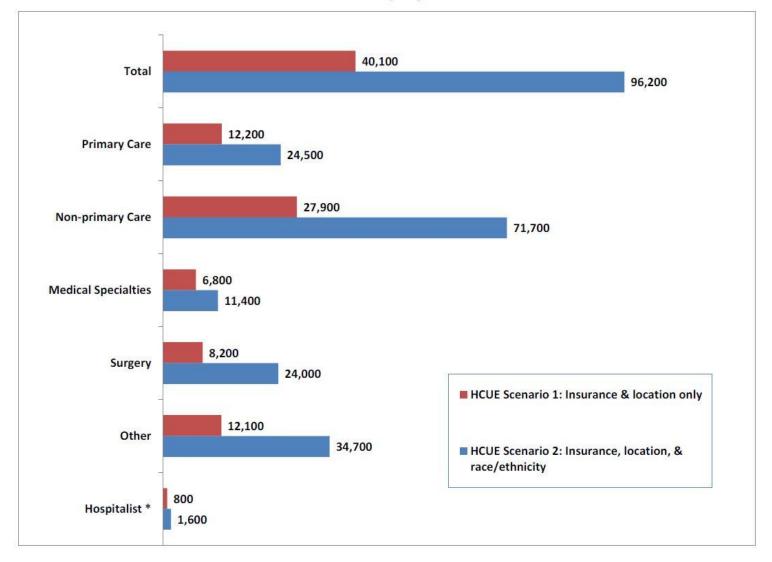


#### Exhibit 14: Projected Change in Physician Supply by Specialty Category, 2014-2025





#### Exhibit 17: Estimated Additional Physicians Needed if U.S. Had Achieved Health Care Utilization Equity in 2014





# **Optimizing GME**



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### Introduction



To address the challenges GME faces today, and driven by our mission to serve and lead the academic medicine community to improve the health of all, the Association of American Medical Colleges (AAMC) is committed to leading a comprehensive and sustained effort to optimize GME.



### **Accountability Metrics**



#### **Priority: Accountability Metrics**

- Cost of services
- Evaluate potential funding policies
- Accountability measures



# **Aligning Positions**



Janis M. Orlowski, MD Chief Health Care Officer

#### **Priority: Aligning Positions**

- Identify data about unmatched students
- Workforce data needs
- Societal needs assessment
- Public discussion on residency workforce



### Learning Environment – Institutions/Faculty



John E. Prescott, M.D. Chief Academic Officer

#### **Priority: Learning Environment – Institutions**

- Policy statement
- Improve learning environment
- Essential elements of learning environment
- Affirm essential elements
- Disseminate essential elements

#### **Priority: Learning Environment – Faculty**

- Essential elements for faculty
- Align faculty essential elements
- Disseminate Strategy



### **Public Funding**



Atul Grover, M.D., Ph.D. Chief Public Policy Officer

#### **Priority: Public Funding**

- Build on-line community of activists for public investment in GME
- Demonstrate activist community's impact on Congress
- Build case for GME as a societal good in peer-reviewed literature
- Develop resources to educate about IME's importance; need to advocate for it



### Competencies



John E. Prescott, M.D. Chief Academic Officer

#### **Priority: Competencies**

- Implement 13 core EPAs in 10 sites to determine feasibility
- Develop learning community for core EPAs
- Identify ways to assess learner domains beyond medical knowledge
- Holistic review for GME



### **Training Duration**



John E. Prescott, M.D. Chief Academic Officer

#### **Priority: Training Duration**

- Test models
- Engage stakeholders from licensing/accreditation bodies



### **Transition to Residency**

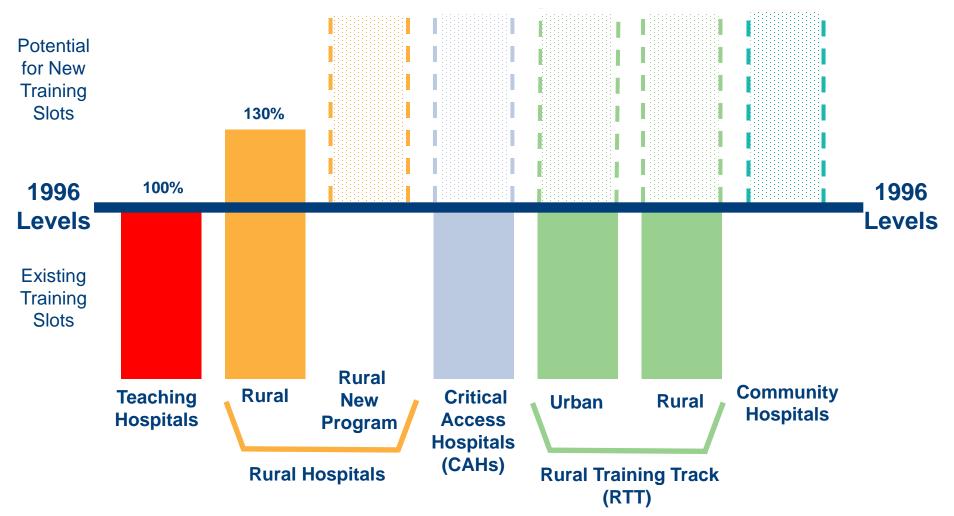


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## **AAMC** Resources



### **Opportunities Under Current Law to Expand Training**



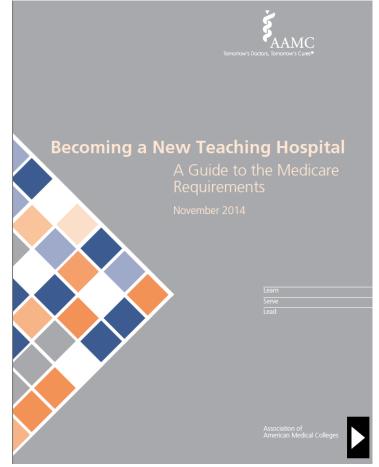
Rural hospitals, CAHs, and community hospitals have the opportunity under current law to begin new residency programs, train above their 1996 levels, and receive Medicare support. However, teaching hospitals are primarily restricted to their 1996 levels under the current Medicare caps.

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### AAMC Resources to Help Rural and/or Non-Teaching Hospitals Increase GME Slots

#### Rural Training Track Programs: A Guide to the Medicare Requirements





Becoming A New Teaching Hospital: A Guide to the Medicare Requirements



### **Strategies to Address Physician Shortages in Rural & Underserved Communities**



May 6, 2015 12 p.m. Capitol Visitor Center HVC-215

Michelle Nuss, M.D., FACP Georgia Regents University/ University of Georgia Medical Partnership Campus

**Elizabeth Petty, M.D.** University of Wisconsin School of Medicine & Public Health

**Connie Berry, M.A.** Texas Department of State Health Services, Primary Care Office



### **Title VII Health Professions Programs**

The Health Resources and Services Administration (HRSA) administers grant programs authorized under the Public Health Service Act supporting education and training activities designed to strengthen:

- Workforce **supply**, including primary care and interdisciplinary educational opportunities.
- Workforce **distribution**, including training opportunities in rural and underserved settings.
- Workforce **diversity**, including recruitment, retention, and faculty development.

AAMC joins Reps. Burgess and DeGette and Sen. Jack Reed in recommending **\$280 million** for the Title VII programs in FY 2017.



### **National Health Service Corps**

Scholarship

- Tuition and Fees + Stipend
- 1year scholarship = 1 year service (2 year min)

Students to Service (S2S)

- \$120,000 during residency for 3 years after
  Loan Repayment Program (LRP)
- \$10,000 \$25,000 per year of service
  State Loan Repayment Program (SLRP)
- Matches state recruitment programs



Learn	
Serve	
Lead	

Association of American Medical Colleges