GME REFORM

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COGME Meeting

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Societal Forces Affecting GME Today

- 1. Changing patient demographics and disease burden
- 2. Evolving health care system: site of care and teams
- 3. New technologies for care delivery, information and education
- 4. Focus on quality and patient safety
- 5. Unsustainable growth in costs of care
- 6. Specialty and geographic mix of physicians



Tensions Within GME Today

- 1. Service vs. Education
- 2. Autonomy vs. Supervision
- 3. Duty Hours vs. continuity/experience
- 4. Subjective vs. objective evaluation
- 5. Who will teach, supervise, evaluate?
- 6. Accountable to whom?



Goals of GME Reform

- 1. New content for new competencies
- 2. Greater diversity of patients, illness and sites of training
- 3. Interprofessional and interdisciplinary training to prepare for teams
- 4. Flexibility and individualization of training with competency-based approach
- 5. Intelligent use of enabling technologies



Goals of GME Reform

- 6. Greater engagement with the patients, families and communities served
- 7. Smoother and more efficient transitions across the educational continuum
- 8. Alignment of physician specialty and location with societal needs
- 9. More complete institutional and faculty engagement
- 10. Accountability to the public



Enablers of Reform

- 1. Faculty development
- 2. Assessment tools/research
- 3. Flexible funding
- 4. Regulations that support goals of reform



Macy Regional GME Meetings

Date	Host	Location	Lead
February 1, 2016	Vanderbilt University	Nashville	Donald Brady, MD
February 17, 2016	The University of Texas System/MD Anderson Cancer Center	Houston	Diane Bodurka, MD
March 30, 2016	University of California, San Francisco	San Francisco	Bobby Baron, MD
March 31, 2016	University of Washington/WWAMI	Spokane	Suzanne Allen, MD
May 6, 2016	Partners/MGH	Boston	Debra Weinstein, MD
May 23, 2016	University of Michigan	Ann Arbor	Joseph Kolars, MD



Why will GME Reform Work Now?

- 1. GME links Education and Delivery in the institutions at a critical time of reform of both: change can happen at the local level.
- 2. GME programs and trainees can be a positive force in achieving the goals of health care reform: a part of the solution, rather than a problem.
- 3. GME can be a positive force to humanize medicine: a return to the patient and the person.