Minutes of Meeting

April 22 - 23, 2010, Bethesda, Maryland

The Council of Graduate Medical Education (COGME) convened at the Doubletree Hotel in Bethesda, Maryland, at 8:30am April 22, 2010 for a two day meeting.

Members Present:

Russell G. Robertson, M.D., Chairman
Robert L. Phillips, M.D., MSPH, Vice Chairman
Denice Cora-Bramble, M.D., M.B.A.
Joseph Hobbs, M.D.
Mark A. Kelley, M.D.
Jerry Kruse, M.D., M.S.P.H.
Spencer G. Nabors, M.D. M.P.H., M.A.
Kendall Reed, D.O., F.A.C.O.S., F.A.C.S.
Sheldon M. Retchin, M.D., MSPH
Vicki Seltzer, M.D.
Jason C. Shu, MD, Member
Thomas Keane, M.D.
Wendy Braund, M.D., M.P.H., M.S.Ed (ASH)
Tzvi Hefter (CMS)

HRSA Staff Members:

Jerald M. Katzoff, Executive Secretary and Designated Federal Official
Daniel G. Mareck, M.D., Director, Division of Medicine and Dentistry

Members Absent:

Carole Pillinger, M.D. (DVA)
Leana Wen, M.A., B.S.
William L. Thomas, M.D.

Welcome

Dr. Russell Robertson, Chair, called the meeting to order and welcomed the COGME members and guests. Dr. Robertson announced the committee had a very aggressive schedule for the day and provided a brief summary of the work that had been conducted to-date pertaining to the 20th Report.

Presentations to the Council

After a few words from Dr. Robert Hall, Assistant Director, Department of Federal Affairs for the American Academy of Pediatrics (AAP), the Council heard multiple presentations from the various members of the AAP pertaining to the Nation's pediatric workforce.

Presentations were provided by: Beth Pletcher, M.D., Chair, Committee on Pediatric Workforce; Bonita (Bonnie) Stanton, M.D., Chair, Department of Pediatrics; Fan Tait, M.D., Associate Executive Director, Department of Community and Specialty Pediatrics; and David J. Tayloe, Jr, M.D., Immediate Past President, American Academy of Pediatrics.

The final presentation of the morning pertaining to the Nation's pediatric workforce was provided by Ayah Johnson, Ph.D., Chief, Graduate Medical Education Branch, Division of Medicine and Dentistry, Bureau of Health Professions, HRSA.

The next presentation of the morning was by Tim Dall, Managing Director of the Lewin Group. Mr. Dall provided an update on the current and future supply and demands for primary care clinicians on a state-level basis.

After lunch, the COGME heard from Dr. Roger Straw, the Director for the Office of Workforce Policy and Performance Management at BHPr. Dr. Straw discussed the current status of BHPr's workforce analysis and the Bureau's vision of the future. He also discussed Health Care Reform's vision of the future with respect to workforce analysis.

The next presentation of the day was by Paul Grundy, M.D., M.P.H., Global Director for IBM Healthcare Transformation and President, Patient Patient-Centered Primary Care Collaborative. Dr. Grundy's presentation focused on the point of view from large corporations, who are huge buyers of healthcare and how they group together to transform what they buy. Dr. Grundy detailed the efforts of large corporations to go fromhigh cost, low quality to high quality, low cost healthcare for their employees.

Following was a primary care panel presentation to discuss the relationship between primary care, population health, and health care costs. This panel was chaired by Robert Phillips, M.D., (COGME Vice Chair) and included David Goodman, M.D., Professor of Pediatrics and Health Policy and Director, Center for Health Policy Research at Dartmouth Institute for Health Policy and Clinical Practice, Paul Grundy, M.D., Judith Monroe, M.D., Director, Office of State, Tribal, Local, and Territorial Support (OSTLTS), CDC, and Perry Pugno, M.D.,Director of the American Academy of Family Physicians' (AAFP) Division of Medical Education.

The council then ended session for the day.

Beginning the second day of presentations was Ed Salsberg, M.P.A., Senior Associate Vice President and Director, Center for Workforce Studies, Association of American Medical Colleges (AAMC). Mr. Salsberg discussed in further detail the workforce components of Health Reform Legislation.

The next, and final, public presentation of the day was by Dr. Michael Whitcomb, Professorial Lecturer in Health Policy, School of Public Health and Health Services at George Washington University. Dr. Whitcomb's presentation focused on the major challenges to graduate medical education in the coming decade.

(Individual electronic copies of these presentations are available. Please send an e-mail to Shane Rogers to make your request)

The Council members then conducted a working lunch where they reviewed and discussed the recommendations to be included in the upcoming COGME 20th Report. The Council conducted a tentative vote of approval for the recommendations and agreed to send the 20th Report recommendations to various select constituency organizations for comment. The council members agreed to reconvene via teleconference after all of the comments had been received and processed.

On July 13, 2010, the COGME reconvened via a public teleconference call for the purpose of reviewing the comments provided by the various constituency organizations.

The council members then voted to approve the following recommendations for the 20th Report:

1. **The Number of Primary Care Physicians**
   Recommendation: Policies supporting physicians providing primary care should be implemented that raise the percentage of primary care physicians (general internists, general pediatricians, and family physicians) among all physicians to at least 40% from the current level of 32%, a percentage that is actively declining at the present time. The achievement of this goal should be measured by assessing physician specialty *once in practice*, rather than at the start of postgraduate medical training.
2. **Mechanisms of Physician Payment and Practice** Transformation for Primary Care
   Recommendation: To achieve the desired ratio of practicing primary care physicians, the average incomes of these physicians must achieve at least 70% of median incomes of all other physicians, as discussed in Section 2 of this report. Investment in primary care office practice infrastructure will also be needed to cope with the increasing burdens of chronic care and to provide comprehensive, coordinated care. Payment policies should be modified to support both of these goals.
3. **The Premedical and Medical School Environment**
   Recommendation: Medical schools and academic health centers should develop an accountable mission statement and measures of social responsibility to improve the health of all Americans. This includes strategically focusing and changing the processes of medical student and resident selection and altering the design of educational environments to foster a physician workforce of at least 40% primary care physicians and a health system that meets societal needs.
4. **Graduate Medical Education**
   Recommendation: Graduate Medical Education (GME) payment and accreditation policies and a significantly expanded Title VII program should support the goal of producing a physician workforce that is at least 40% primary care, as discussed in Section 4. This goal should be measured by assessing physician specialty in practice rather than at the start of postgraduate medical training. Achieving this goal will require a significant increase in current primary care production from residency training and major changes in resident physician training for the practice environment of the future.
5. **The Geographic and Socioeconomic Maldistribution of Physicians**
   Recommendation: So long as inequities exist, policies should support, expand, and allow creative innovation in programs that have proven effective in improving the geographic distribution of physicians serving medically vulnerable populations in all areas of the country.