



THE CENTER FOR
PROFESSIONALISM & VALUE
IN HEALTH CARE

Using Outcomes for Focusing and Growing Training Funding

What does GME output do for us?

U.S. Health System Performance: A National Scorecard

The United States would have to improve its performance on key indicators by 50 percent or more to reach benchmark rates.

by **Cathy Schoen, Karen Davis, Sabrina K.H. How, and Stephen C. Schoenbaum**

US is last among industrial nations in preventable deaths (ranked 19th)

Could prevent 100,000 deaths Every Year!

Health Affairs, Sept, 2006

The Next Phase of Title VII Funding for Training Primary Care Physicians for America's Health Care Needs

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ABSTRACT

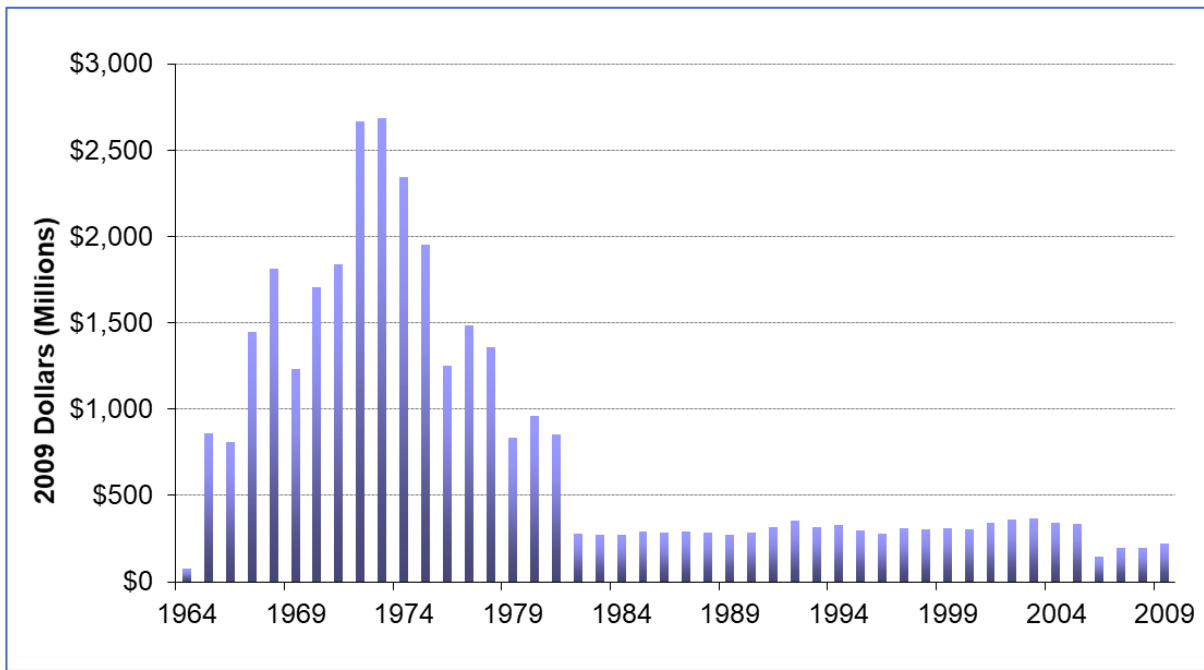
Health care reform will add millions of Americans to the ranks of the insured; however, their access to health care is threatened by a deep decline in the production of primary care physicians. Poorer access to primary care risks poorer health outcomes and higher costs. Meeting this increased demand requires a major investment in primary care training. Title VII, Section 747 of the Public Health Service Act previously supported the growth of the health care workforce but has been severely cut over the past 2 decades. New and expanded Title VII initiatives are required to increase the production of primary care physicians; establish high-functioning academic, community-based training practices; increase the supply of well-trained primary care faculty; foster innovation and rigorous evaluation of these programs; and ultimately to improve the responsiveness of teaching hospitals to community needs. To accomplish these goals, Congress should act on the Council on Graduate Medical Education's recommendation to increase funding for Title VII, Section 747 roughly 14-fold to \$560 million annually. This amount represents a small investment in light of the billions that Medicare currently spends to support graduate medical education, and both should be held to account for meeting physician workforce needs. Expansion of Title VII, Section 747 with the goal of improving access to primary care would be an important part of a needed, broader effort to counter the decline of primary care. Failure to launch such a national primary care workforce revitalization program will put the health and economic viability of our nation at risk.

Ann Fam Med 2012;10:163-168. doi:10.1370/afm.1367.

COGME recommended
\$560M in funding for
Title VII

We sought to explain:
To what end?

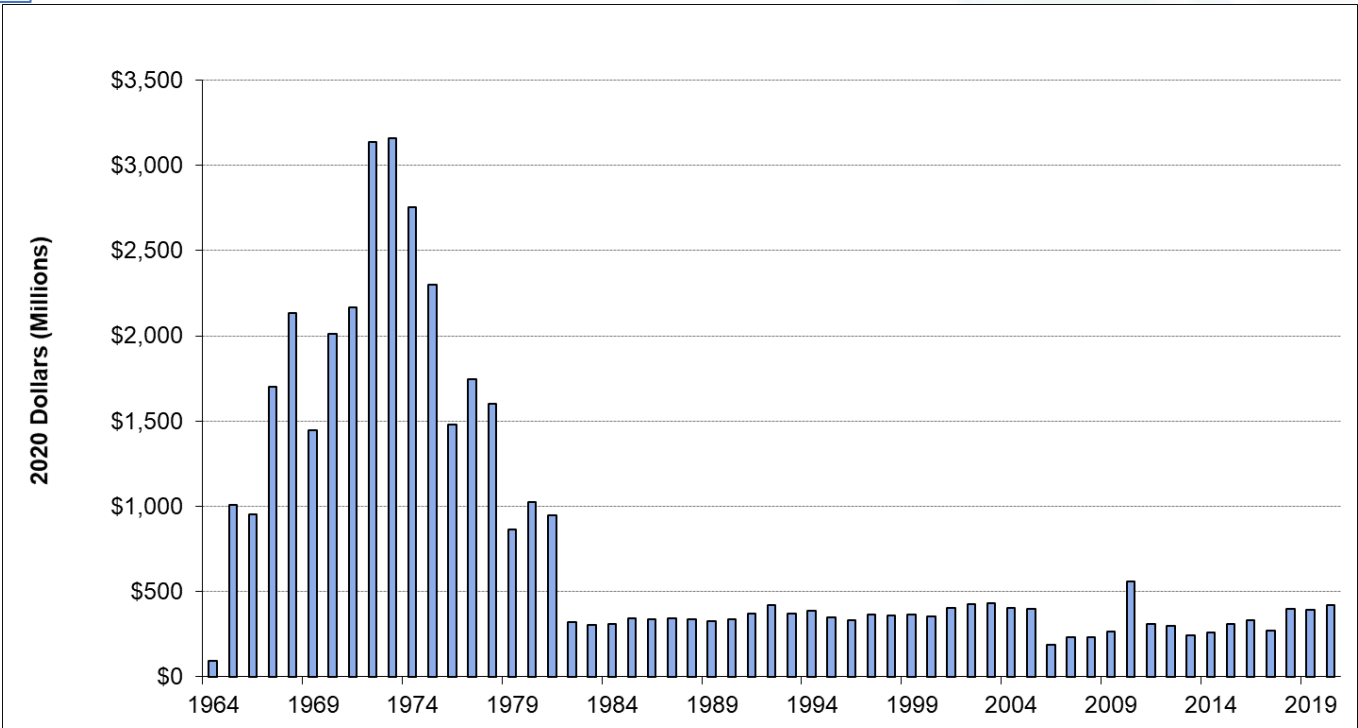




Longitudinal “Title VII” from HRSA and 2012 paper. Included more than what Title VII was at the time to be comparable
 But reflective of considerable deflection

Was part of Congressional Testimony by Fitzhugh Mullan

Remains fairly flat if you don't include Teaching Health Center funding



2012 Recommended Focus	Recommended 2012	Adjusted 2021	Actual 2021	Actual 2021
Investment in community-based training and longitudinal experiences	\$200.00	\$236.00	2000 residency positions in community-based sites and THCs	\$126.50
Undergraduate medical education	\$100.00	\$118.00		\$50.00
Rural Training Tracks	\$30.00	\$35.40		\$10.50
Expand primary care faculty	\$50.50	\$59.59	50 faculty development fellowships	\$0.00
Establish high-functioning academic ambulatory practice models for training	\$100.00	\$118.00	200 sites; to support infrastructure and team-based training	\$0.00
Reconnect training hospitals to their communities	\$50.00	\$59.00	Community Oriented Primary Care training	\$0.00
Innovation grants	\$25.00	\$29.50	New models of training, population management, and community engagement; +rigorous evaluation	\$0.00
Evaluation, analysis, data management	\$4.50	\$5.31	evaluation and analysis of Title VII outcomes	\$5.66
			Primary Care Training and Enhancement	\$48.92
			Oral Health Training Programs	\$40.67
			Interdisciplinary Ed	\$235.90
			Public Health/Preventive Medicine	\$17.00
Totals in Millions	\$560.00	\$660.80		\$535.16

So, what's a good new number?

- It depends, to what end?
- Expand THCs
 - THCs and Children's Hospital GME are the only federal GME funding with outcomes evaluation (~\$500M of \$19 Billion)
 - Could easily justify going to \$500M
- Exemplar, academic training sites still useful
- Community Engagement also an AAMC priority now
- **I suggest \$750M - \$1B**
 - THCs are still a difficult to integrate with traditional programs, time for a Medicare funding shift

If Outcomes Sustain THCs...

- Can we do the same for other Training Funding?
- In a low-burden, reliable way?
- Declare outcomes for new funding programs?
- Collaborate with health professional organizations, certifying boards, state licensure boards?
- Use geographic assessment of need vs. supply?
- **Did I mention in a low-burden, reliable way?**

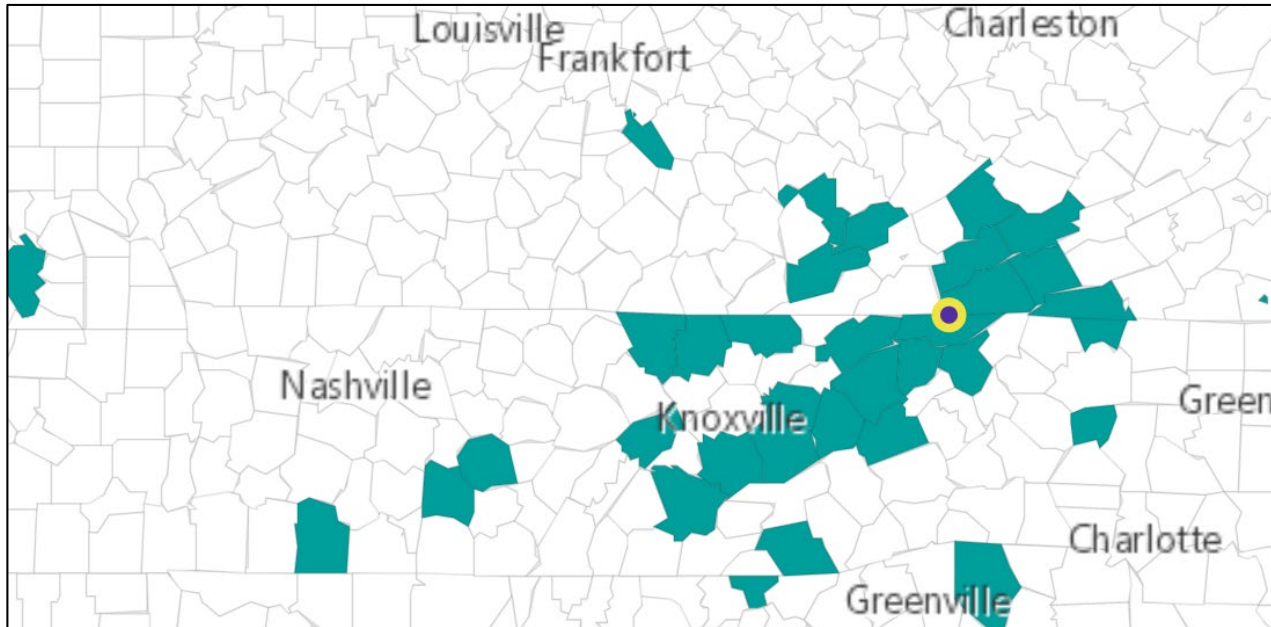
Evaluation & Strategic Funding

		total funds	Rank Diversity	Rank PC	Rank Rural	Rank Underserved
PCTE	Pacific Northwest University Health Sciences	\$1,788,115	NL	2	17	2
PCTE	A. T. STILL UNIVERSITY OF HEALTH SCIENCES	\$3,138,406	NL	6	4	15
PCTE	EAST CAROLINA UNIVERSITY	\$1,876,706	13	10	28	16
PCTE	MEHARRY MEDICAL COLLEGE	\$2,847,480	NL	12	34	14
PCTE	Loma Linda University	\$2,526,236	NL	34	55	63
PCTE	East Tennessee State University	\$1,735,781	tied for last	38	25	3
PCTE	Mercer University	\$2,252,186	NL	50	43	11
PCTE	EASTERN VIRGINIA MEDICAL SCHOOL	\$2,687,270	39	59	90	58
PCTE	Marshall University Research Corporation	\$1,805,034	68	61	30	20
PCTE	NORTHEAST OHIO MEDICAL UNIVERSITY	\$2,669,022	NL	77	58	149
PCTE	MEDICAL UNIVERSITY OF SOUTH CAROLINA	\$3,133,769	NL	113	46	9
PCTE	Georgetown University	\$2,656,078	79	127	107	75
PCTE	HARVARD COLLEGE	\$2,296,021	62	141	149	128
PCTE	Duke University	\$2,268,692	20	147	113	127
PCTE	CASE WESTERN RESERVE UNIVERSITY	\$2,442,494	tied for last	150	104	106
PCTE	Johns Hopkins University	\$1,217,122	56	159	120	110

USNews Medical School “Additional” Rankings



What is the relationship between workforce grants and HRSA's priority geographies?



East Tennessee State
Bristol Program supplies
rural/underserved areas of
four states

[Courtesy of HealthLandscape
Residency Footprint Mapper](#)

More Resources Will Need More Accountability—Is funding increasing access and equity?

Academic Medicine

[Measuring Graduate Medical Education Outcomes to Honor the Social Contract](#)

DOI: 10.1097/ACM.0000000000004592

JAMA Health Forum

[Increasing Transparency for Medical School Primary Care Rankings—Moving From a Beauty Contest to a Talent Show](#)

DOI:10.1001/jamahealthforum.2021.3419

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with how the Professions are Valued*

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