



# Utah Graduate Medical Education Demonstration Project

## Utah Medical Education Council



### Physician Workforce Projections

#### 1994-2000

- COGME January, 1994 projections for 2000
  - Surplus of 115,000 specialists
  - Deficit of 35,000 generalists
  - Third party payers should explicitly pay for GME
  - GME largely funded by teaching hospitals from patient care
  - Accounting of GME funds remains unclear and are poorly coupled with physician workforce requirements
  - Teaching hospitals increasingly compete with non-teaching hospitals

- COGME January, 2005 projections for 2020

- Deficit of 96,000 physicians
- No recommendations of generalist/specialist mix

### Utah GME Environment, 1997

- Physician shortage (44<sup>th</sup> of 50 states)
- Federal GME funding capped
- GME pipeline insufficient for needs
- 442 residents
  - 25 training programs
  - 9 teaching hospitals
  - 4 sponsoring institutions
  - 73 fellows in 26 programs
- No alignment with workforce needs

### Utah Medical Education Council

- Quasi-governmental body
- Established 1997
- Broad representation appointed by Governor
  - Sponsoring institutions (3)
  - Insurance industry
  - Public
  - School of Medicine Dean

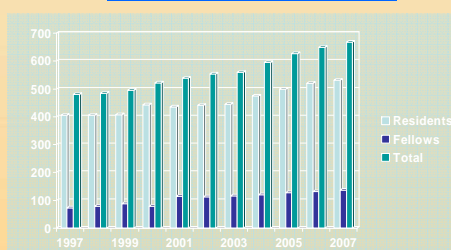
### CMS Waiver Goals 2002-2010

- Allocate resources based on workforce needs
- Track workforce needs to determine GME funding priorities
- Establish independent body to coordinate workforce and educational objectives
- Manage residency positions on a statewide basis
- Direct funds to the individual programs with the greatest impact on workforce needs
- Hold each program accountable

### Impact of Initial Waiver

- Established a neutral public body
  - Legal safe haven for discussion
  - Promoted collaboration
- Collected workforce and cost data
- Established statewide goals
- Developed methodology for resource distribution to meet the goals
- Aligned program size with state needs
- Expanded number of residents
- Allocated new positions based on needs

### GME Growth in Utah 1997-2007



### Utah 1997-2007

1997	2007
442 Residents	568 residents (29%)
- 25 programs	- 30 programs
- 9 hospitals	- 9 hospitals
- 4 sponsors	- 3 sponsors
73 fellows in 26 programs	137 fellows in 34 programs (88%)

### Funding for Resident Expansion

- Retrospective accounting identified eligible positions under the CMS cap for continued funding
- Refined the Medicaid payment methodology which increased GME payments significantly (in jeopardy)
- Negotiated new position support with two major hospital systems

### Workforce Coordination

- Surveyed physician workforce to identify needs in 1998 and 2006 (survey planned for 2009)
- Shortage of all specialties – could not recommend shift in funding between programs
- Developed methodology to distribute new funds based upon workforce needs
- Worked with programs to encourage graduates to practice in Utah
  - Portion of funding at risk
  - Programs could develop own initiatives
  - Annual Accountability
  - Job board
  - Job fair
- Rural training opportunities
  - Stakeholder committee
  - Existing positions

### New Rural Training

- Family Medicine
- General Surgery
- Internal Medicine
- Obstetrics and Gynecology
- Pathology
- Pediatrics
- Psychiatry

### UMEC Capabilities

- React quickly to program changes
- Annual potential reallocation of funds if contract terms not met
- Unfilled positions revert to UMEC to redirect funds
- Target certain specialties for expansion without decreasing size of existing programs
- Budget neutral
- Minimal impact on Federal payment policies

### Results

- Training programs and teaching hospitals now accountable
- Medicaid funds can be used to reimburse their fair share of GME training costs (in jeopardy)
- Links GME funds to workforce objectives

### Pending Questions

- Has the UMEC increased trainee retention in Utah?
- Has alignment of funding and needs changed the specialty mix in Utah?
- Has emphasis on rural experiences improved rural physician recruitment?