Graduate Medical Education Funding: Making an Impact in Primary Care with Community Based Training

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Abstract

The Council on Graduate Medical Education (COGME) recommends providing resident physician training opportunities in community settings representative of those in which the physicians will eventually practice. Data show residents are more likely to practice in or near areas in which they receive training.

Federally qualified health centers (FQHCs) improve access to affordable care for millions of Americans. In the next ten to fifteen years, over 10,000 providers, especially primary care and dental providers will be needed to staff FQHCs strategically located where people are most in need of access. A 4% increase in vacancies for providers - from 9% in 2000 to a current 13% vacancy rate - indicates the need for effective strategies to fill these positions in order to maintain access to care.

Centers for Medicare and Medicaid Services (CMS) regulations can make direct graduate medical education (DGME) payments to certain non-hospital settings, including federally qualified health centers (FQHC), rural health clinics, and Medicare Advantage organizations. Nevertheless, as of December 2004, the Office of the Inspector General reports that fewer than ten of these organizations have sought payment under this provision.

By encouraging training in FQHCs, rural health clinics, and Medicare Advantage organizations, quality of future care will be enhanced, costs of providing care to uninsured and underserved patient populations will be reduced, and access will be increased. This proposal should be embraced not only by funders of GME, but also by the organizations that accredit primary care residencies.