Gaps in Residency Training: Preparing Doctors for a 21st Century Delivery System

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Health Policy Fellowship 2012
Graduate Medical Training

- Inpatient based
- Cottage industry
- Autonomy rules
- Volume versus value
- Compensation for commitment
- Time based training periods
New Wave Health Delivery System

- Outpatient based healthcare
- Nontraditional settings
- Increases in insured Americans
- Office-based procedure proficiency
- Medical team approach
- Electronic health records
- Payment for quality (Outcome Measurements)
Aging America

- Increase in aging population
- Changing disease burden
- Changing demographics
- Coordination of healthcare

Figure 1: Number of Persons 65+, 1900 - 2030 (numbers in millions)

- U.S. Administration on Aging
Individuals Aged 65-79 with Chronic Conditions

Population Diversity

- Ethnic and culture awareness
- Disease epidemics
- Racial Multiplicity
Rising number of medical errors
Wrong side surgeries
Prescription medication errors or adverse reactions
Duplication of services or testing
Unnecessary healthcare cost
* $2.5 trillion in 2009
* 17.6% gross domestic product
* Wasted medical services
* Medical services duplication
* Excessive medical tests
* Non-evidence based medicine
* Hospital cost /Readmissions

Figure 2: How is the U.S. health care dollar spent?

Hospital care and physician/clinical services combined account for half (51%) of the nation’s health expenditures.
### Figure 3

**Table. Direct GME Costs and Funding Sources**

<table>
<thead>
<tr>
<th>Source of GME Funding</th>
<th>Total Amount</th>
<th>Amount Paid to Teaching Hospitals per Resident*</th>
<th>Corresponding Actual Cost to Teaching Hospital per Resident</th>
<th>Approximate “Balance”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare DME (2007)†</td>
<td>$2.9 billion</td>
<td>$27 358</td>
<td>$39 000</td>
<td>−$11 642</td>
</tr>
<tr>
<td>All government GME funding‡, except IME</td>
<td>$11.1 billion</td>
<td>$104 717</td>
<td>$130 000§</td>
<td>−$25 283</td>
</tr>
<tr>
<td>All government GME funding‡, + 0.5 IME (2007)¶</td>
<td>$14.1 billion</td>
<td>$133 018</td>
<td>$130 000§</td>
<td>+$3018</td>
</tr>
</tbody>
</table>

DME = direct medical education; GME = graduate medical education; IME = indirect medical education.

* Applied across 106 000 medical residents.

† Because Medicare accounts for about 30% of hospital discharges, this should theoretically cover 30% of the total direct cost of training a resident.

‡ Includes Medicare DME, state and federal Medicaid, Veterans Administration, Department of Defense, Health Resources and Services Administration, and the National Institutes of Health. (Note that some states provide IME reimbursement, but for the purposes of these calculations, we are applying all state monies to cover direct costs.)

§ Total estimated direct cost to teaching hospital per resident per year. For derivation, see text.

¶ IME is not intended to cover direct costs, but it is our premise that the portion of current IME monies that are considered “overpayment” is a necessary subsidy to fully support current direct expenses.
Medical Education Duration & Cost

- US undergraduate education
- UK undergraduate education
- Shortening GME and physician readiness
- Medical education indebtedness
GME Stakeholders

* American Osteopathic Association
* American Association of Colleges of Osteopathic Medicine
* Centers for Medicaid and Medicare
* Commission of Osteopathic College Accreditation
* American Medical Association
* American Council for Graduate Medical Education
* Health and Human Services
* Medicare Payment Advisory Committee
* Council of Intern and Residents
GME for the 21st Century

- Training for quality outcomes
- Prepare the resident to control healthcare costs
- Examine competency or “skills based” training
- Encourage teamwork and the use of allied medical health professionals
- Institute a workable electronic health record
GME for the 21st Century

- Skillful management of patient focused treatments in care transition
- Teach evidence-based guidelines
- Reinforce Patient Centered Medical Home Model
- Examine the training program to prevent “Physician Burnout”
Figure 1: A Profile of Older Americans: 2011; Administration on Aging, U.S. Department of Health and Human Services accessed at http://www.aoa.gov/aoaroot/aging_statistics/Profile/2011/docs/2011profile.pdf

Figure 2: Martin A.B. et al., “Growth In US Health Spending Remained Slow in 2010; Health Share of Gross Domestic Product Was Unchanged from 2009,” Health Affairs, 2012.
Figure 3: Threats to Graduate Medical Education Funding and the Need for a Rational Approach: A Statement From the Alliance for Academic Internal Medicine; Ann Intern Med. 4 October 2011;155(7):461-464 accessed through http://annals.org/article.aspx?articleid=477648
Thanks for the Memories

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