INTRODUCTION

Although the nation’s Graduate Medical Education (GME) system produces skilled clinicians, greater attention is needed to align its educational goals with the nation’s delivery system expectations. Deficiencies among newly trained physicians, lack of understanding about the fiscal impact physicians have on healthcare costs, and the resistance to engage new technology for the benefit of patient safety and quality outcomes are just a few of the challenges facing the GME system (see Figures 1 and 2).

GME remains heavily reliant on inpatient care, even as health care is predominantly—and increasingly—delivered in non-hospital settings. Some training has moved from the inpatient to the outpatient setting, and the concept of competency-based assessment has been introduced, but more has changed on paper than in practice.

Three reports, the 1980 and 1993 Macy reports and the 1981 AAMC report, focus on the lack of GME training in the area of cost effective use of scarce resources. Physicians generate 75% of costs and overuse diagnostics and therapeutic technologies. The more recent reports contain pleas to residency programs to teach and demand residents to learn about the cost of what they do, to promote wise clinical decision making, and to advocate better use of the published evidence, better known as evidence-based medicine, in devising clinical strategies.

The integration of electronic health records (EHR) could advance medical diagnostics, therapeutics, and information technology, significantly improving health outcomes. However, we have fallen short in consistently using technology to improve the quality and efficiency of health care.

As the US Congress enacts policy changes, and pays, providers, and patients focus on delivery system reform, it is important not only to understand the changes needed in the organization and financing of health care services, but also to make sure that physicians who will work in the new system are adequately prepared to function in it.

STAKEHOLDERS

American Osteopathic Association
American Association of Colleges of Osteopathic Medicine
Centers for Medicare and Medicaid Services
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

RECOMMENDATIONS

• Strengthen opportunities to train in outpatient settings
• Prepare residents to control healthcare costs by providing relative values
• Devote training time to patient care with the greatest educational value and base training time on competency measures
  • eliminate a portion or the entire third year of training in the primary care residencies (pediatrics, internal medicine and family practice) by eliminating activities that do not improve board scores or patient outcomes.
• Train for quality outcomes by using electronic medical records and evidence-based guidelines
• Teach use of diagnostic and therapeutic procedures and pharmaceuticals with consideration of their impact on cost and on optimal patient care outcomes
• Teach skillful management of patients during care transitions through care coordination
  • encourage teamwork and the use of allied medical health professionals by delegating responsibility and decision making to team members providing low cost and efficiency.

References