The Future Graduate Medical Education in Ambulatory Settings

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Abstract

Our healthcare system is at a crossroads. We don’t have enough physicians in underserved areas and despite increased enrollment in and numbers of medical schools, the 1997 Balanced Budget Act’s cap on residency slots has made it difficult to establish and fund enough residency positions to train physicians. We need to collaborate to fulfill both needs.

Training residents in Federally Qualified Community Health Clinics (FQCHCs) would provide access to care for underserved populations, as well as provide quality training opportunities for physicians at a lower cost. One 1995 California study calculated it cost $7,700 to train a resident in a CHC; another study by Brown University estimated an annual cost of $13,496. These cost estimates are modest compared with the cost of training in inpatient settings; in 1992, CMS paid an average of $56,000 per resident per year for hospital-based residents.

The most fiscally and academically efficient way to train residents in ambulatory settings will involve a collaborative effort between a hospital, community health clinic, and AHEC. But for this to happen, current rules must be changed. CMS should roll back the “all or substantially all” rule; allow cost sharing between hospitals and clinics; increase the cap on certain residencies; and shift their philosophy to encourage instead of penalize innovative programs that could improve quality and access and save money in the not so distant future.