

**Bureau of Health Professions
Division of Medicine and Dentistry
Federal Update**

**Accreditation Council On Graduate
Medical Education**

September 28, 2004

Rosemont, Illinois

**Tanya Pagán Raggio, M.D. M.P.H.
Division Director**

**Bureau of Health Professions
Health Resources and Services Administration**

Bureau of Health Professions Mission

To improve the health status of the population by providing national leadership and resources to develop, distribute and retain a diverse, culturally competent health workforce that provides the highest quality care for all, especially the underserved.

Vision

A nation in which access to quality health care is universal, health workforce shortages are eliminated, health disparities are overcome, prevention is emphasized, and health outcomes are optimal for all

BHPr Goals and Strategies

- **Eliminate Health Barriers**
 - Assure the appropriate supply, diversity, composition and distribution of the health professions workforce
- **Eliminate Health Disparities**
 - Assure the availability of a full range of healthcare skills and services to populations bearing a disproportionate share of disease and disability

BHPr Goals and Strategies

(cont'd)

- **Assure Quality of Care**

Improve the knowledge, skills, competencies and outcomes of health professions workforce.

- **Improve Public Health and Health Care Systems**

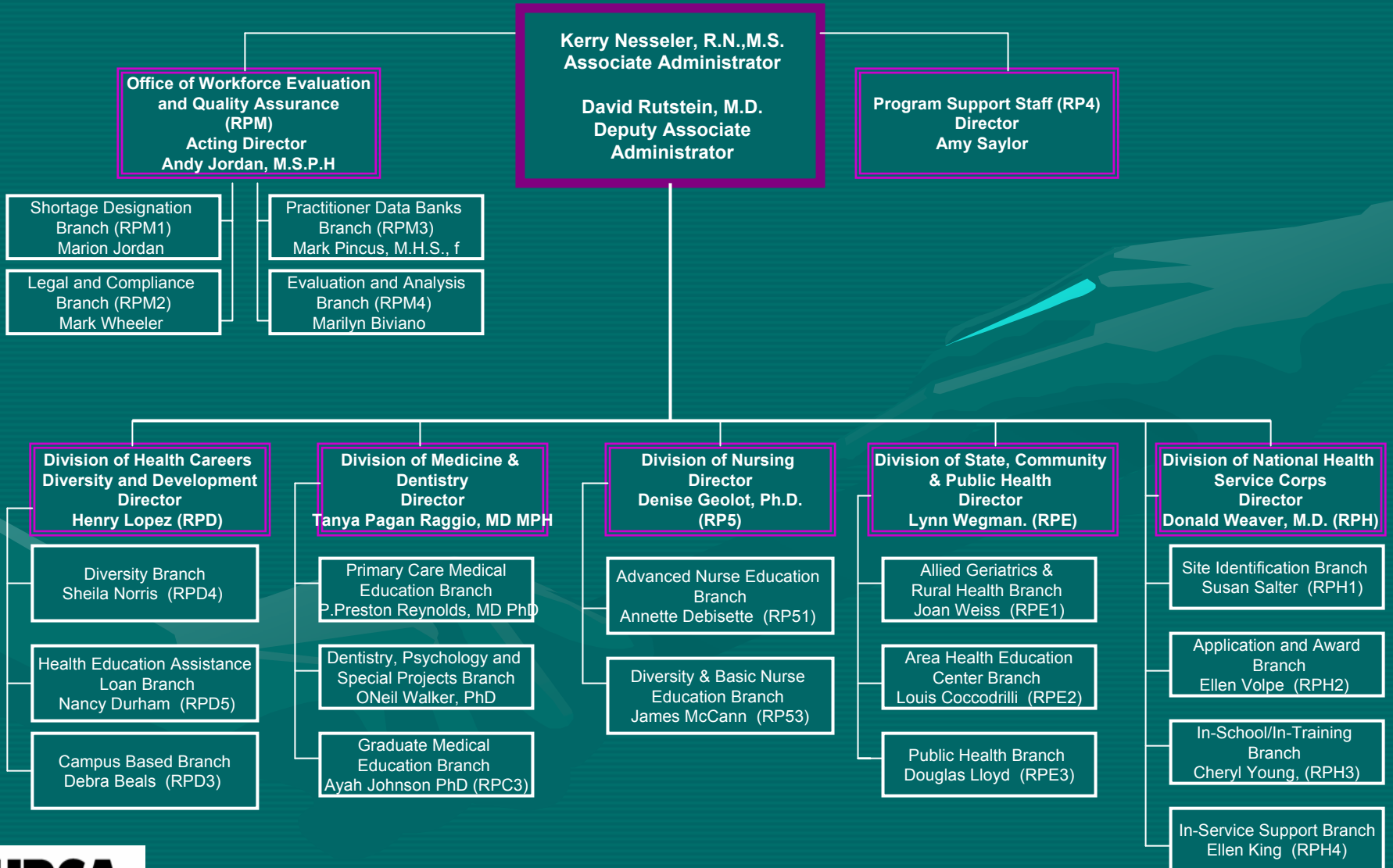
Assure the infrastructure to support an efficient and effective health professions workforce.

BHPr Goals and Strategies Accomplished By

- Providing grants to training institutions and loans and scholarships to disadvantaged students
- Working to improve access and help close gaps in services by building partnerships to create community based interdisciplinary training opportunities
- Programs demonstrating success in placing a high proportion of graduates in underserved areas or graduate significant numbers of disadvantaged students receive the highest priority for funding

Proposed

Bureau of Health Professions



Division of Medicine and Dentistry

Consists of Three Branches

Primary Care Medical Education Branch

Graduate Medical Education Branch

Dental and Special Projects Branch

Title VII, Section 747 2004

Primary Care Medical Education Branch

- Responsible for development of guidelines and implementation of grants, cooperative agreements and contracts
- Administers approximately 480 grants and multiyear contracts totaling \$82 million dollars

Title VII, Section 747

Primary Care Medical Education Branch

- **Pre doctoral Training in Primary Care**
- **Residency Training in Primary Care**
- **Faculty Development in Primary Care**
- **Academic Administrative Units in Primary Care**
- **Physician Assistant Training in Primary Care**
- **Residency Training in General and Pediatric Dentistry**

Interagency, Cooperative Agreements and Contracts

- HRSA-AMERSA-SAMHSA/CSAT*
Faculty Development in Substance Abuse
- AMERICAN MEDICAL STUDENT ASSOCIATION (AMSA)
Leadership Program for Residents and Faculty
Cultural Competency
- SOCIETY OF TEACHERS OF FAMILY MEDICINE (STFM)
Curriculum Development
- ASSOCIATION OF PHYSICIAN ASSISTANT PROGRAMS (APAP)
Curriculum Development
- PACIFIC ASSOCIATION FOR CLINICAL TRAINING
Continuing Clinical Education

*Health Resources and Services Administration-Association for Medical Education and Research in Substance Abuse-Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment

Program Training History

Over the program's 25 year history we have trained:

- 438,000 predoctoral students in family medicine**
- 64,000 residents in family medicine**
- 36,000 residents in general internal medicine and general pediatrics**
- 40,000 physician faculty**
- 4,500 dental residents**
- 61,000 physician assistants**

Research Findings

- **Funding programs results in sustained curricular change**
- **Graduates of funded medical schools are more likely to enter primary care practice**
- **Without this program, 7,000 fewer family physicians would have been practicing in 2000**
- **About 10% of recent medical school graduates entered a medically underserved community (MUC) practice, compared with 30-40% of graduates from funded programs**

Research Findings (cont'd)

- Residents in pediatric dentistry in funded programs are much more likely to be underrepresented minorities and to serve underserved populations after entering practice
- 75% of faculty developed are retained in academia and serve MUCs
- Graduates have skills to meet the needs of underserved communities

Primary Care Medicine and Dentistry Training

Has made a significant contribution to the development of clinicians who choose to serve the underserved for part or all of their careers

Focuses on Public Health, Prevention, and the Interdisciplinary model of health care delivery to underserved communities and vulnerable populations

Children's Hospital Graduate Medical Education Payment Program

- Provides funds to freestanding children's hospitals to support the training of pediatric and other residents in graduate medical education (GME) programs
- Compensates for the disparity in the level of Federal funding of GME in children's hospitals versus other hospitals

Funding Children's Hospitals

- Since the inception of the program in 1999, more than \$1.0 billion has been disbursed
- The regional distribution of funds is as follows:
 - Midwest – approximately 29 percent
 - West- approximately 21 percent
 - Northeast – approximately 21 percent
 - South – approximately 27 percent

Children's Hospital GME (cont'd)

Legislative Authority

- **Healthcare Research and Quality Act of 1999 (Sec. 340E of PHS Act)**
- **Children's Health Act of 2000 (PL 106-310, Title XX)**
- **Social Security Act (Sec. 1886)**

U.S. Children's Hospitals Training Physicians

- There are nearly 80 “free-standing” children’s hospitals in the U.S
- Of these hospitals nearly 61 provide GME training for:
 - Approximately 30% of the Nation’s pediatricians
 - Nearly 50% of the pediatric sub-specialists
 - Physicians in many other specialties

U.S. Children's Hospitals Treating the Underserved

- Approximately 35 percent of all children are uninsured or depend on public insurance.
- Approximately 45 percent of freestanding children's hospitals' gross revenue from inpatient care is attributable to public insurance (Medicaid)

Patient Care

- Freestanding children's hospitals treat approximately

52 percent of all children's needing heart and lung transplants

42 percent of all children's with cancer, and

40 percent of the five most costly and complex conditions

Authorization/Appropriations/ Disbursements (in millions)

Fiscal Year	Authorization	Appropriation	Disbursements to Children's Hospitals
2000	\$280	\$40	\$37.5
2001	\$285	\$235	\$226.8
2002	Such sums as necessary	\$285	\$276.2
2003	Such sums as necessary	\$290	\$276.5
2004	Such sums as necessary	\$303	To be updated by 09/30/2004

Council on Graduate Medical Education (COGME)

- COGME Authorized in 1986
- Addresses GME and the physician workforce issues
- members are healthcare workforce professionals and medical educators

Council on Graduate Medical Education (COGME)

- Two draft reports approved at July 2004 Meeting
- Physician Workforce Policy Guidelines for the U.S 2000-2020
- Update on Minorities in Medicine
- Resource Paper Published in July 2004
 - *State and Managed Care Support for Graduate Medical Education: Innovations and Implications for Federal Policy*

Advisory Committee on Training in Primary Care Medicine and Dentistry (Advisory Committee)

- Advisory Committee established in 1998 (Public Law 105-392)
- Addresses Title VII, section 747 grant programs and activities
- Members are physicians, dentists, and physicians assistants, including students, residents or fellows
- Annual 2004 Draft Report:
 - *Preparing Primary Health Care Providers to Meet America's Future Health Care Needs: The Critical Role of Title VII, Section 747*

Advisory Committee on Training in Primary Care Medicine and Dentistry (Advisory Committee)

- Advisory Committee Recommendations include developing educational innovations in the use of information technology to:
 - enhance quality of care
 - prevent medical errors
 - support evidence-based practice
 - increase patient and provider communication

Advisory Committee on Training in Primary Care Medicine and Dentistry (Advisory Committee)

- **Advisory Committee Recommendations include:**

Integrating:

- **interdisciplinary team models**
- **community collaboration**
- **culturally effective care**
- **scientific advances and emerging population needs**

(see 2004 Draft Report, pp. 23-25 for all recommendations)

Graduate Psychology and Geropsychology Education Training Grant Program

- Interdisciplinary doctoral training of clinical health psychologists
- 20 new three-year continuation grants awarded in 2004
- 7 new three-year continuation grants awarded in 2003
- Approximately \$5 million of annual grant funding

National Research Service Awards (NRSA)

- Grants made to primary care departments of accredited schools of medicine or teaching hospitals
- Support allows institutions to offer post-graduate fellowships training individuals in primary care medicine and research
- Fellows gain experience in applied research and expand their knowledge of primary medical care research methodology
- In FY2004, \$7.4 million awarded to 19 institutions

Other Programs in DSPB

- Podiatric Primary Care Residency Training Grant Program

Contact Information

Tanya Pagán Raggio, MD MPH

Director

**Bureau of Health Professions
Division of Medicine and Dentistry**

(301) 443-8305

tpaganraggio@hrsa.gov

Or

traggio@hrsa.gov