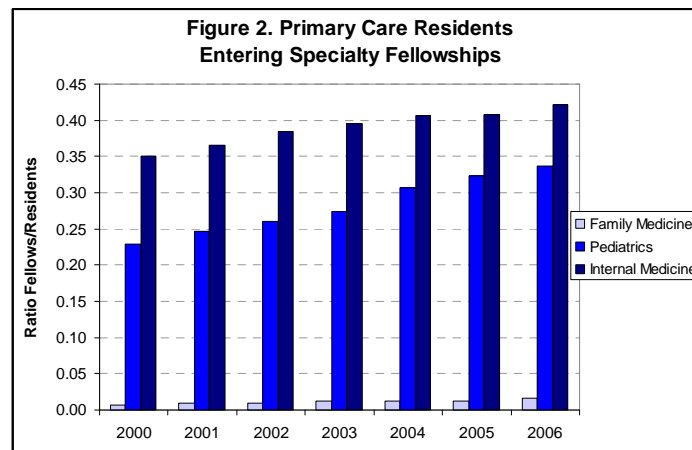
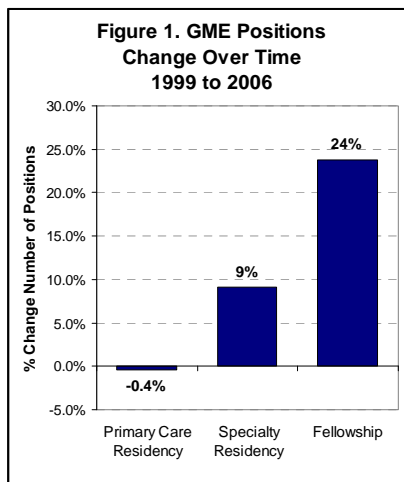


Graduate Medical Education: The Key to the Future of Primary Care?

In order for a physician to obtain a license to practice in the US, they must complete a (state) specified number of years in a U.S. graduate medical education (GME) training program. Therefore, GME is the gateway to the physician workforce in this country.

Federal funding is a critical factor in GME with huge potential to influence and shape the future physician workforce. Medicare supports the expenses associated with GME providing approximately \$8 billion to teaching hospitals in 2006 for direct (DGME) and indirect (IME) costs. Medicaid also contributes to GME expenses, paying \$3.2 billion in combined federal and state funds in 2005¹.

These funds are provided to teaching hospitals without restrictions on the types of physicians they train. The only Medicare GME reform of recent years was in the Balanced Budget Act of 1997 which capped the number of residents eligible for Medicare support at each existing teaching hospital. Because this cap applies to hospitals as a whole and not to individual residency programs, hospitals can change the complement of residents they train so long as they stay within their overall cap. For example, a hospital can eliminate family practice positions in favor of new cardiology fellowships and remain within cap. Indeed, the trend in GME has been towards more specialty and fellowship positions and fewer primary care positions (Figure 1). Even within primary care the trend has been toward increasing specialization following residency training (Figure 2).



Data source: Annual JAMA Graduate Medical Education published data, September 2000-2007. Both Graphs.

A growing and aging population, the prospect of expanded health care coverage, and strategies to mitigate the rising cost of health care all point to a need for more primary care physicians. The GME trends documented here, abetted by current Medicare GME policy, indicate fewer primary care physicians will be entering the workforce at a time when more are needed^{2,3}.

It is time to look critically at the financing of graduate medical education and consider modifications in Medicare GME funding to meet the future primary care physician workforce needs of the U.S.. Potential policy reforms include:

- **required hospital primary care outputs,**
- **add-on hospital payments for primary care residents,**
- **direct incentive payments to primary care residents,**
- **modified hospital reimbursement rules that recognize and incentivize community based training, and**
- **Medicare cap expansions for primary care positions.**

Modifications in Medicare GME policy will be essential to reform the health care system as a whole and assure balance, access, and efficiency in U.S. health care.

References:

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