



GME Accountability and Community Benefit



Introduction

Institutions that receive graduate medical education (GME) funding have little accountability for how those funds are spent. Using Community Health Needs Assessments (CHNA) which nonprofit and tax exempt hospitals must now complete as mandated by the Affordable Care Act (ACA), we examined CHNAs to determine to what extent they can be used as a marker for GME accountability.

Objective

Given the recent IOM report calling for a restructuring of GME, and the IRS based requirement enacted in the ACA, requiring all tax exempt hospitals assess the needs of their community and devise implementation plans to address these needs:

1. Do community needs assessments identify a workforce need?
2. Do implementation plans address any workforce needs through changes or increases in GME funding?

Study Design

Methods: Using Texas, a total of 61 hospitals accepting GME dollars were identified. Hospitals were then identified as having to complete the CHNA requirement or not. Those who did not have to complete a CHNA did often participate in a Regional Health Partnership plan (RHP).

Texas is divided into 20 RHPs which conducted assessments and put forth proposals for interventions under Medicaid Waiver 1115. Every assessment and plan or proposal was reviewed and later searched for any mention of "graduate medical", "residency", "medical education", or "resident physician".

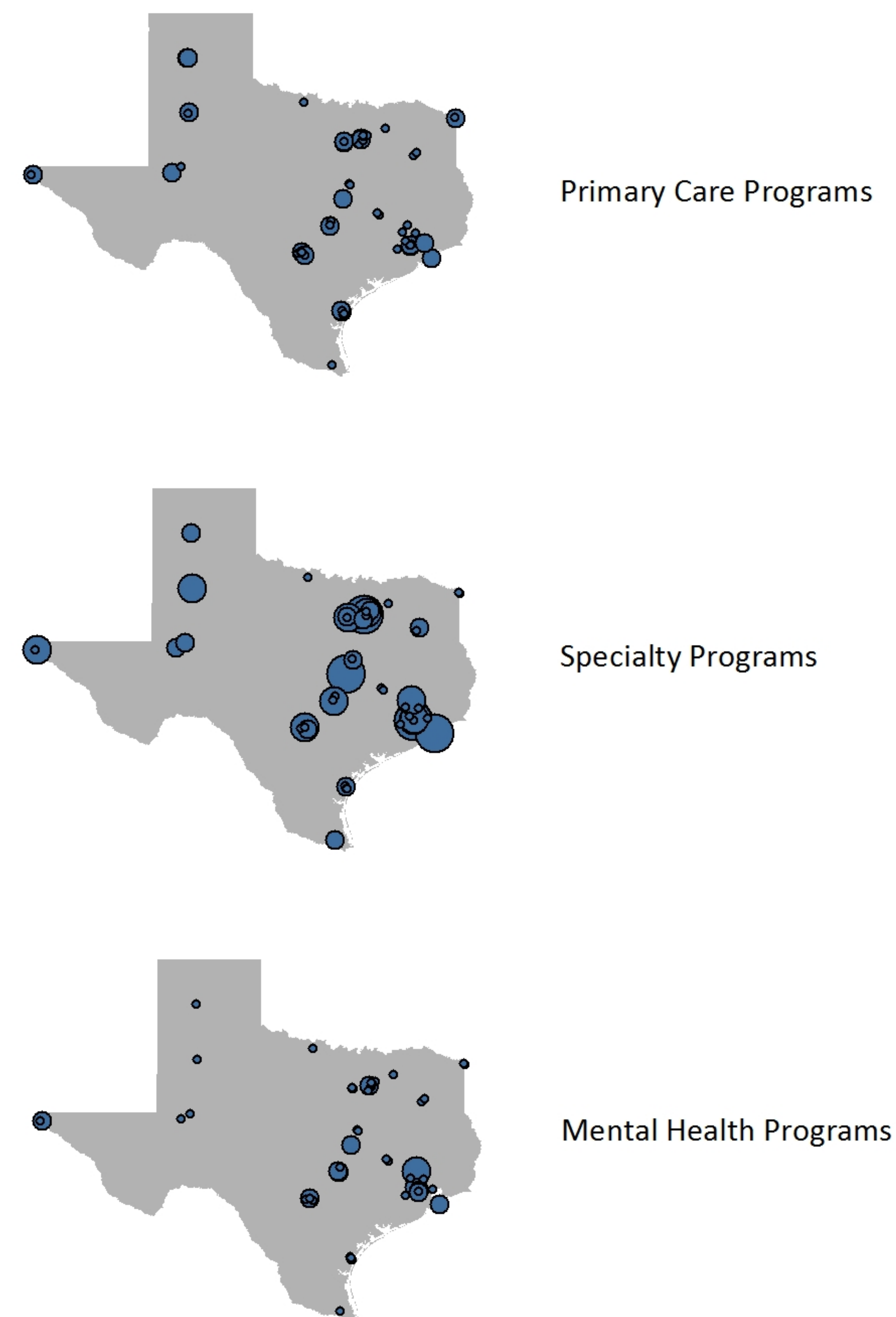
Outcome Measures

Hospital based community assessments mentioning workforce needs were identified. The implementation plans of these assessments were then reviewed for any mention of GME funding to address workforce needs.

This was repeated for regional health plans and their implementation projects.

Results

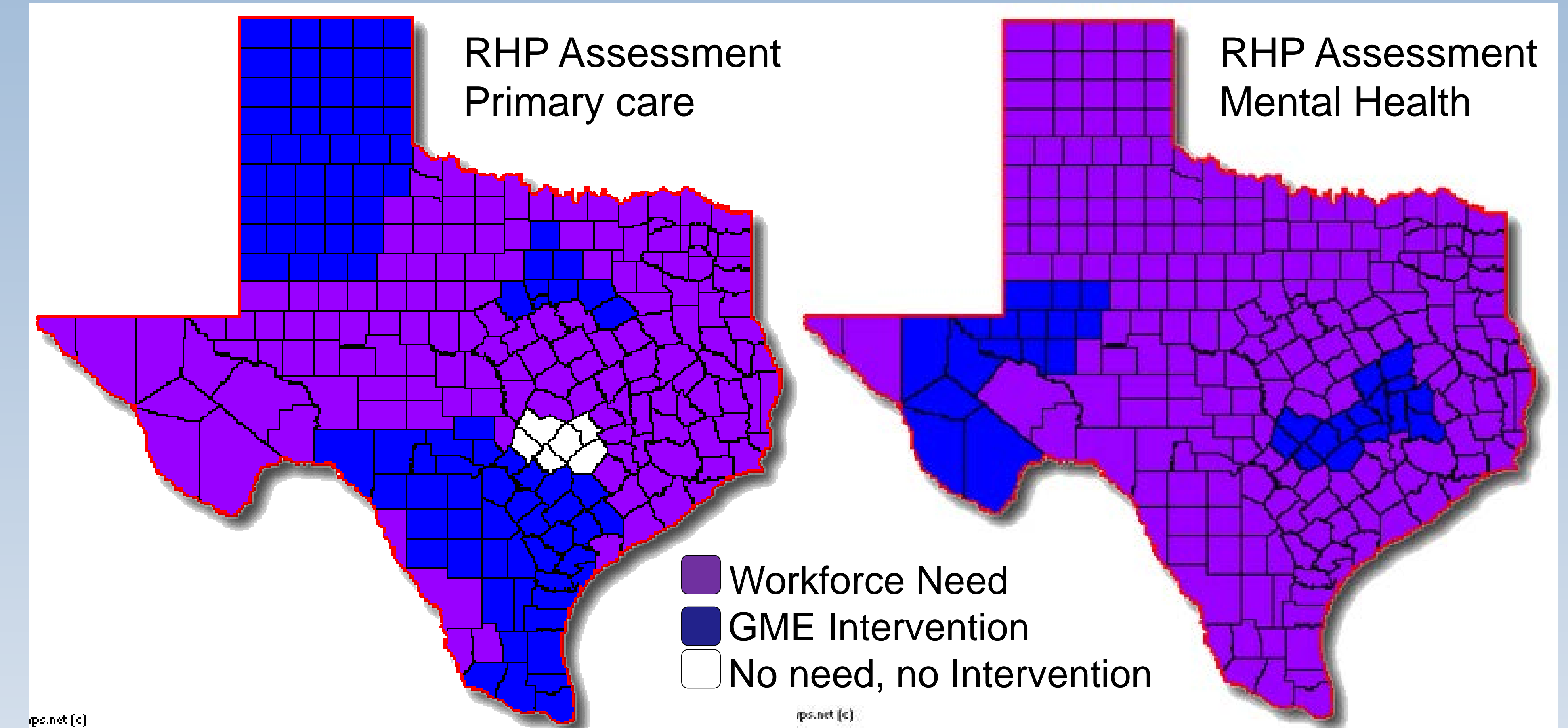
Number of Graduate Medical Education Programs per Hospital by Specialty Type in Texas, 2014



Number of Graduate Medical Education Programs per Hospital

- 0 - 1
- 2 - 7
- 8 - 20
- 21 - 194

Source Notes: AMA FREIDA Online, 2014



CHNAs identifying workforce needs-

- in primary care: 26/38
- in mental health: 34/38

Plans increasing GME slots-

- in primary care: 3/36
- in psychiatry: 1/36

RHPs identifying workforce needs-

- in primary care: 18/20
- in mental health: 20/20

Proposals increasing GME slots-

- in primary care: 5/20
- in psychiatry: 3/20

Conclusions

- In the case of GME funding, the CHNA could be used to more strategically direct GME funding, especially Medicaid GME funding
- The requirement for CHNAs and implementation plans is a mechanism that can direct population health interventions, including workforce interventions such as training sites
- CHNAs should include workforce needs assessments and intervention, and could meet state/federal GME accountability requirements