# Primary Care Residency Expansion (PCRE) Program and Implications for GME Reform



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**OCTOBER 1, 2013**

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# My interest in primary care

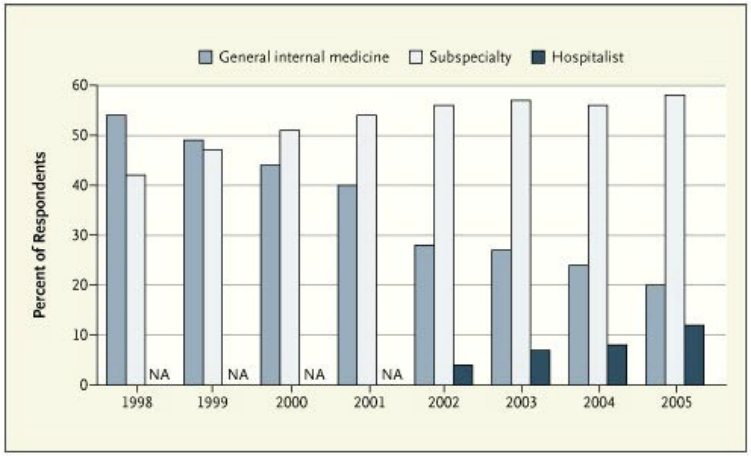
Grew up with a family physician

Worked for Americorps in a community health center (FQHC)

Enriched my understanding of medicine through public health, economics, anthropology, and sociology

Pursued further health policy education and exposure to health systems that have a strong primary care base

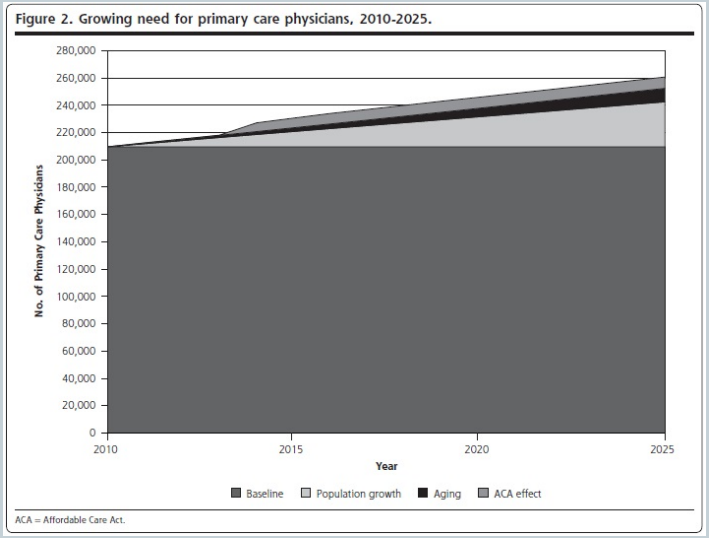

# Why is primary care important now?




Primary care isn't doing so well…

Now a family medicine resident working with urban underserved patients in an FQHC, which received the PCRE grant

And the projected need is growing rapidly




Sources: Bodenheimer T. Primary Care – Will It Survive? *NEJM*. 2006;355(9):861-864.
Petterson SM, Liaw WR, Phillips RL, et al. Projecting US Primary Care Physician Workforce Needs 2010-2025. *Ann Fam Med*. 2012;10:503-509.

# Background of the PCRE Program


"This issue of primary care physicians is absolutely critical. How do we get more primary physicians, number one; and number two, how do we give them more power so that they are the hub around which a patient-centered medical system exists?"
President Obama, Tele-Town Hall meeting, June 8, 2010

"Primary care providers are the backbone of our health care system. For too long, communities across the country have suffered from a shortage of primary care providers. Without action, experts project a continued shortfall due to an aging population and fewer medical students choosing to go into primary care."
Mary Wakefield PhD RN, June 18, 2010

# Background of the PCRE Program

- Department of Health and Human Services award to strengthen health care workforce in Fall 2010 under the Affordable Care Act (ACA)
- Majority goes to improving and expanding the primary care workforce under the Prevention and Public Health Fund of the ACA
- Health Resources and Services Administration (HRSA) announces the Primary Care Residency Expansion (PCRE) program

# What is the PCRE Program?

- Administered by HRSA
- $168 million over five years (2011-2015)
- Expanded enrollment in accredited primary care residency programs (family medicine, general internal medicine, and general pediatrics)
- Priority given to programs affiliated with a Rural Health Clinic, Community Health Center, Sole Community Hospital, Critical Access Hospital, or other Community Based Settings

# What is the PCRE Program?

Residents supported by the Primary Care Residency Expansion Program over five years

| PGY | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|---|---|---|---|---|
| 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 0 | 1 | 1 | 1 | 1 |
| 3 | 0 | 0 | 1 | 1 | 1 |
| Total | 1 | 2 | 3 | 3 | 3 |

# Profile of PCRE grant recipients

- By the numbers…
  - 78 primary care residency programs awarded
  - 180 new primary care residency positions created
  - 900 new residents supported
  - 540 new residents will have graduated and entered practice by 2015

# One-pager: Projected workforce impact

Projected impact of the PCRE program using historical trends in graduate placement*

| Specialty | Total PCRE funded residents | PCRE funded residents projected to work in: | | |
|---|---|---|---|---|
| | | Primary care | HPSAs | Rural areas |
| Family Medicine | 425 | 393 (93%) | 131 (31%) | 85 (20%) |
| Internal Medicine | 285 | 114 (40%) | 73 (26%) | 42 (15%) |
| Pediatrics | 190 | 97 (51%) | 42 (22%) | 19 (10%) |
| Total | 900 | 604 | 246 | 146 |

Sources: American Medical Association Physician Masterfile 2012, *National Plan and Provider Enumeration System, HRSA Health Professional Shortage Area (HPSA) designation, U.S. Department of Agriculture Rural Urban Continuum Codes.*

* Categories are not mutually exclusive

# Survey of PCRE Program residency directors

- All program directors whose residency program received the PCRE grant
- Anonymous, self-administered online questionnaire
- 8-13 items, depending on the responses to the first set of questions
- https://ucsf.co1.qualtrics.com/SE/?SID=SV_0pjox7pUslMca3P

Qualtrics Online Surveys

# Preliminary survey results

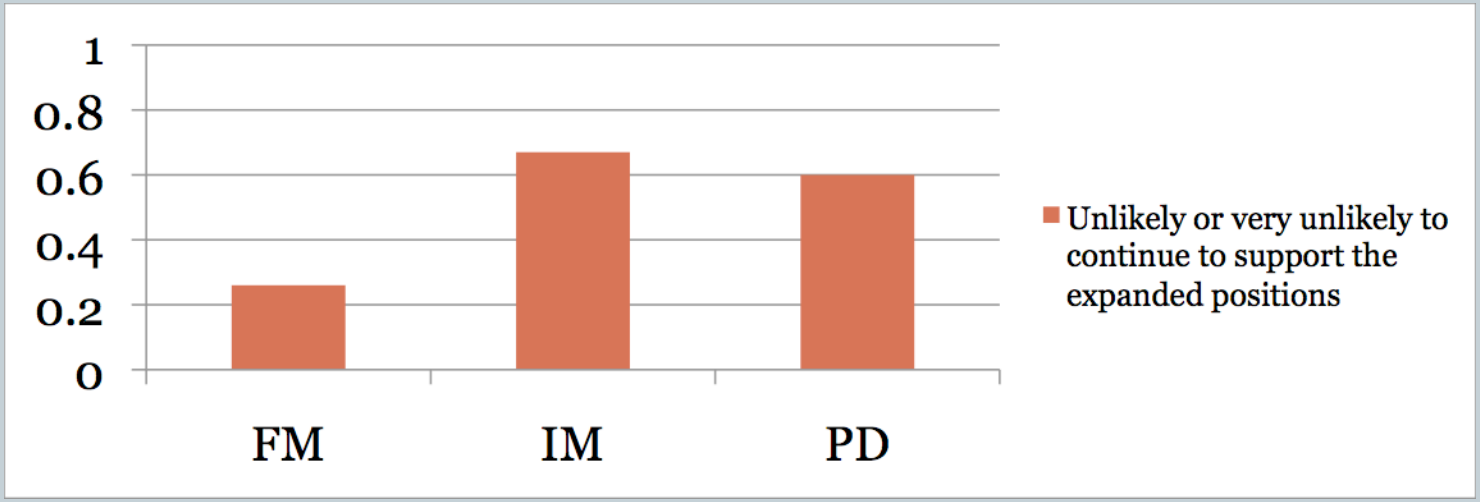
- As of 10/1, there have been 35 responses out of 78 programs, 45% response rate
  - 53% of Family Medicine (FM) programs
  - 33% of Internal Medicine (IM) programs
  - 36% of Pediatrics (PD) programs
- Ambulatory care site location:
  - 54% of residents are placed in an FQHC
  - 28% of residents are placed in a critical access hospital
  - 13% of residents are placed in a rural health clinic

# Preliminary survey results

- As a result of the PCRE Program:
  - 61% undertook curriculum innovations
  - 39% developed a new primary care or rural health track
  - 21% increased the diversity of their residency class
- Infrastructure added to support the expanded residents:
  - 47% hired new clinical faculty or preceptors
  - 25% added new continuity clinic site(s)
  - 22% added new specialty rotation site(s)
  - 19% extended clinic hours
  - 16% hired new administrative staff

# Preliminary survey results

- 17% of program directors do not plan to maintain the expanded positions
- 45% of program directors who want to continue the expansion feel it is unlikely or very unlikely that their program will be able to accomplish this



# Preliminary survey results

- 31% of program directors do not have any funding secured to support the residents in the outlying years of 2016-2017.
  - Currently being recruited
- 72% of program directors do not have any funding secured to support the residents beyond the outlying years.
  - Only 17% have full funding secured

# Preliminary survey results

| Alternative sources of funding already established | Outlying years of 2016-2017 | Beyond 2017 |
|---|---|---|
| Hospital funds, including Medicare GME | 10 | 6 |
| Medicaid GME funds | 6 | 2 |
| Medical school or university funds, including departmental funds | 2 | 1 |
| Resident-generated income | 2 | 3 |
| Private health plans | 1 | 1 |
| Hospital association | 1 | 0 |
| Another HRSA grant | 1 (Teaching Health Centers grant) | 0 |
| State or county government | 1 (Department of Public Health) | 0 |
| Other: An expansion of state line item appropriations | 1 | 0 |

# Preliminary survey results

| Alternative sources of funding planning to pursue | Outlying years of 2016-2017 | Beyond 2017 |
|---|---|---|
| Hope that the PCRE grant will be renewed | 20 | 24 |
| Hospital funds, including Medicare GME | 11 | 16 |
| Medicaid GME funds | 6 | 9 |
| Medical school or university funds, including departmental funds | 9 | 11 |
| Resident-generated income | 5 | 6 |
| State or county government | 5 | 5 |
| Another HRSA grant: Teaching Health Centers grant; Title VII Residency Training in Primary Care grant | 2 | 4 |
| Private health plans | 1 | 3 |
| Private philanthropy | 2 | 2 |

# Reasons for expanding

- Demand outpacing supply:
  - “Our area has a great need for family physicians and we weren't able to keep up with the demand.”
  - “Critical primary care need in our state”

# Reasons for expanding

- Improved health care delivery to the underserved:
  - “Desire to train more primary care physicians to work in FQHC's and provide excellent care to urban underserved populations. Desire to provide more opportunity for underrepresented minority candidates to train in primary care.”

# Reasons for expanding

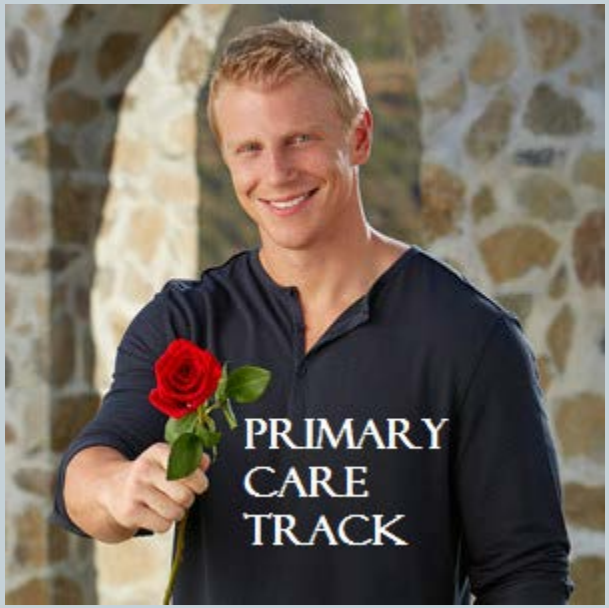
- Financial hardship:
  - “This allowed us to expand in a time of economic hardship and limited state budgets.”
  - “The hospital was threatening to shrink our program.”

# Reasons for expanding

- External pressures:
  - “Interest by the medical school to increase training options for primary care residents”
  - “Prepare for ACA, duty hour restrictions”
  - “Interest by another community hospital to establish a primary care residency program on its campus. The grant monies were an unexpected windfall in a process that had already been started strategically and had been committed to by the hospital systems.”

# Reasons for expanding

- Recruiting:
  - “Adding a PC track was a big recruiting bonus for us.”
  - “Desirable to the candidates that we were interviewing.”



# Impact of the PCRE program on the community or the residency program

- Curriculum innovation:
  - Telemedicine infrastructure at a Rural Health Clinic
  - “Highly likely we will stay at our larger size, and are currently exploring repurposing the two extra residents to an urban underserved track.”

# Impact of the PCRE program on the community or the residency program

- Better able to meet community needs:
  - "We are seeing an increase in community outreach, mitigation of health disparities, an increased awareness of medical home concepts, and improved care for underserved populations (refugees) at our expanded clinic."
  - "We continue to place more than 50% of our graduates in rural and semi-rural areas, and increase the providers for this community."

# Impact of the PCRE program on the community or the residency program

- Enduring changes to the program and culture of primary care:
  - “Primary care is discussed much more often as a career option than ever before. Our curriculum is more outpatient oriented than ever before.”
  - “Will keep new Primary care component [and] will decrease size of categorical program”

# The challenge

- “Our program has really revolutionized under the PCRE program. I would hope that funding for primary care will somehow be prioritized because otherwise we will be the first program to go, as we are not seen as a financially valuable program.”

# Overview of current GME funding structure

- Medicare: $9.5 billion
  - Direct: $3 billion
    - Covers resident stipends and fringe benefits. Pays for salaries of supervising faculty. Subsidizes educational overhead costs.
  - Indirect: $6.5 billion
    - Adds on to Medicare's prospective payments. Subsidizes the capital costs and inefficiencies of running educational programs.
- Medicaid: $3.87 billion in 42 states and DC
- US Department of Veterans Affairs
- US Department of Defense
- Bureau of Health Professions
- State and local governments
- Teaching institutions
- Private insurers

Source: Metzler IS, Ganjawalla K, Kaups KL, Meara JG. The critical state of graduate medical education funding. *The Bulletin*. American College of Surgeons. November 8, 2012. http://bulletin.facs.org/2012/11/critical-state-of-gme-funding/

# Potential sources of financial support

- Renewal of the PCRE grant?
- Medicare GME?
- Medicaid GME?
- Medical school or university funds?
- Another HRSA grant?

# Future directions

- Too early to evaluate the true impact of the PCRE program, but important to begin the discussion
- The effect of the program could be even greater if better targeted at specific residency programs
- Can use the protocol developed by Chen, et al. to evaluate residency programs based on specific measures of interest, such as % of graduates in primary care, FQHCs, rural areas, etc.


Chen C, Petterson S, Phillips RL, Mullan F, Bazemore A, O'Donnell SD. Toward Graduate Medical Education (GME) Accountability: Measuring the Outcomes of GME Institutions. Academic Medicine. 2013;88(9):1-14.

# Implications for GME reform

- Council on Graduate Medical Education (COGME)
  - Increase the proportion of primary care physicians to be at least 40% of the physician workforce
  - Funding for new GME positions directed at high priority specialties such as family medicine and general internal medicine, and programs that train physicians working in regions with relatively lower per capita supplies of physicians
- Medicare Payment Advisory Commission (MedPAC)
  - Recommended increasing accountability and pay for performance, public disclosure of Medicare payment and teaching costs, and analysis of workforce data
- IOM study on Governance and Financing of Graduate Medical Education
  - Recommendations anticipated in Spring 2014

Council on Graduate Medical Education. 20th Report: Advancing Primary Care. December 2010.
Council on Graduate Medical Education. 21st Report: Improving Value in Graduate Medical Education. August 2013.
Medicare Payment Advisory Commission. *Graduate Medical Education Financing: Focusing on Educational Priorities. Report to the Congress: Aligning Incentives in Medicare.* Washington, DC:MedPAC;2010.

# Discussion questions

- Are there other ways to analyze the data that would be useful?
- What other obstacles do you foresee for the continued support of the PCRE positions?
- Can you think of other sources of funding to support the PCRE positions?
- How do you think GME payments should be structured?
- Should there be regulation on GME positions funded by hospitals outside of government funding?
- Should we be tackling payment reform and medical student debt first?

# Thank You!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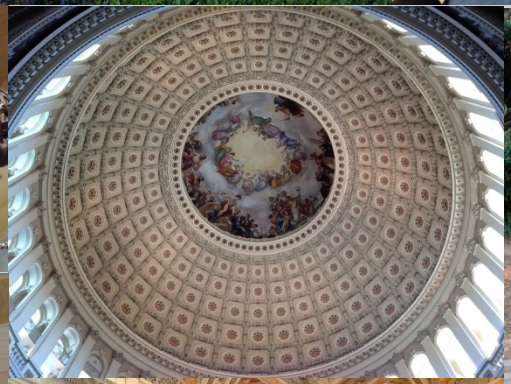

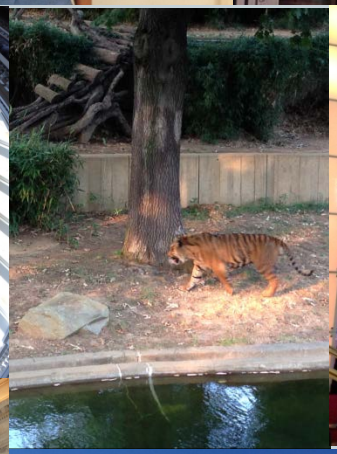


Millennium Stage