Current Metrics: What is Measured Now?
Graduate Medical Education Outcomes and Metrics
The National Academy of Sciences

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Bureau of Health Workforce (BHW)
Health Resources and Services Administration (HRSA)
HRSA Mission and Strategic Goals

Improving health and health equity through access to quality services, a skilled health workforce and innovative programs.
VISION – From education and training to service, BHW will make a positive and sustained impact on health care delivery for underserved communities.

MISSION – Improve the health of underserved and vulnerable populations by strengthening the health workforce and connecting skilled professionals to communities in need.
HRSA GME Programs

GME Payment Programs:

• **Children’s Hospital GME (CHGME)** - In AY 15-16, CHGME hospitals trained 6,877 resident FTE.

• **Teaching Health Centers GME (THCGME)** - In AY 17-18, THCGME is supporting 732 resident FTE.

Grant Programs:

• **Preventive Medicine Residency Program** - In AY 15-16, the program supported the training of 115 preventive medicine residents.
Statutory Reporting Requirements

Title VII of the Public Health Service Act - Grant Programs

• **Government Performance and Results Act (GPRA)**
  Initially enacted in 1993, requires agencies to engage in strategic planning, performance planning, and reporting. Program goals must be objective, quantifiable, and measurable.*

• **National Center for Health Workforce Analysis - Section 761(b)**
  Annually evaluates and develops and publishes performance measures and benchmarks for programs under Title VII

• **Council on Graduate Medical Education (COGME) – Section 762**
  The Council shall:
  • Develop, publish, and implement performance measures for programs under Title VII
  • Develop and publish guidelines for longitudinal evaluations

* GPRA Modernization Act of 2010
Statutory Reporting Requirements

CHGME (Section 340E of the Public Health Service Act)
25% of the annual CHGME payment is at risk if a hospital fails to meet the reporting requirement

Annual Reporting Required:
(i) Types of resident training programs
(ii) Number of training positions
(iii) Types of training related to health care needs of different populations, such as children who are underserved for reasons of family income or geographic location
(iv) Changes in residency training, including:
   (I) Curricula, training experiences, and types of training programs, and benefits that resulted
   (II) Changes in training in measurement and improvement in the quality and safety of patient care
(v) Number of residents who completed training and care for children within the borders of the service area of the hospital or with the State
Statutory Reporting Requirements

THCGME (Section 340H of the Public Health Service Act)

25% of the annual THCGME payment is at risk if a THC fails to meet the reporting requirement

Annual Reporting Required:

(A) Types of primary care resident training programs
(B) Number of approved training positions
(C) Number of residents who completed training and care for vulnerable populations living in underserved areas
Performance Measures

Annual Reporting:

- Training Program Characteristics
  - Types of partners/consortia
  - Total # accredited and filled positions

- Individual Trainee Characteristics
  - Demographics, including rural/disadvantaged background
  - Training hours/encounters in primary care, underserved, rural settings
  - Employment outcomes (intentions, prior year graduates)

- Training Site Characteristics
  - Vulnerable populations served
  - CHGME: Hospital discharges by payor type and zip code, patient safety initiatives

- Program Curriculum Changes

https://bhw.hrsa.gov/grants/reportonyourgrant
Outcomes – CHGME (AY 2015-2016)

Program Characteristics:

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Training Programs</th>
<th>Trainees</th>
<th>Program Completers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics</td>
<td>85</td>
<td>5,017</td>
<td>1,620</td>
</tr>
<tr>
<td>Pediatric Medical Subspecialties</td>
<td>411</td>
<td>2,713</td>
<td>854</td>
</tr>
<tr>
<td>Pediatric Surgical Subspecialties</td>
<td>71</td>
<td>285</td>
<td>59</td>
</tr>
<tr>
<td>Pediatric Dentistry</td>
<td>43</td>
<td>365</td>
<td>150</td>
</tr>
<tr>
<td>Adult Medical and Surgical Specialties</td>
<td>271</td>
<td>3,120</td>
<td>704</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>881</strong></td>
<td><strong>11,500</strong></td>
<td><strong>3,387</strong></td>
</tr>
</tbody>
</table>

Clinical Training Settings:

Program Outcomes:

- Supported the training of 48% of general pediatric and 53% of pediatric subspecialists residents
- CHGME-funded residents provided 4.7 million patient contact hours in medically underserved communities (MUCs)
- Approx. 62% of CHGME-funded residents remained in state
Outcomes – THCGME (AY 2015-2016)

Program Characteristics:

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Total Supported Residency Programs</th>
<th>Total Residents in Training</th>
<th>Total Disadvantaged or Rural Residents</th>
<th>Total Residents Graduated / Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>37</td>
<td>464</td>
<td>206</td>
<td>135</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>8</td>
<td>180</td>
<td>44</td>
<td>41</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>3</td>
<td>37</td>
<td>21</td>
<td>14</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>3</td>
<td>19</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>4</td>
<td>43</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>General Dentistry</td>
<td>3</td>
<td>14</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>59</td>
<td>758</td>
<td>293</td>
<td>210</td>
</tr>
</tbody>
</table>

Program Outcomes:

Through AY 15-16, the THCGME program has produced 384 new primary care physicians and dentists

- 70% are practicing in primary care
- 62% are practicing in a MUC and/or rural setting

https://bhw.hrsa.gov/health-workforce-analysis/research/program-highlights
Enhancing Data and Metrics

Improve Existing Measures: HRSA Trainee Data Collection Portal

GOALS

| Improve the accuracy of trainee data | Reduce data entry burden on grantees | Increase the visibility of HRSA support |

Utilize Existing and Developing Databases:

- National Provider Identifier (NPI)
- Medicare/Medicaid Claims
CHGME Quality Bonus System

Children’s Hospital GME Support Reauthorization Act of 2013

The Secretary may establish a quality bonus system, whereby the Secretary distributes bonus payments to hospitals participating in the program under this subsection or subsection (a) that meet the standards specified by the Secretary, which may include a focus on quality measurement and improvement, interpersonal and communications skills, deliver patient-centered care, and practicing in integrated health systems, including training in community-based settings. In developing such standards, the Secretary shall collaborate with relevant stakeholders, including programs accrediting bodies, certifying boards, training programs, health care organizations, health care purchasers, and patient and consumer groups.
Connect With Us

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