Breakout Group 9: Discussion Questions
How can “buy-in” be achieved?

Based on your group’s discussion, what are the top two suggestions for moving this effort forward?

1) Define a purpose
   - Creating and defining feedback loops
   - Common data
     - Some mandatory, some selected (based on mission of institution)
   - Access to aggregate and de-identified data based on participation
   - Minimize administrative burden
     - including already available data
   - Ability to report outcomes to support funding

2) Privacy concerns
   - Define what level of aggregation protects privacy
   - System should not allow for institutions to be ranked
   - Defining the process of transparency vs. privacy issues
   - Pilots, mitigate unintended consequences
Should providing data be a requirement?

top two suggestions for moving this effort forward?

1) Mandatory reporting for federally or publicly funded GME programs over a well defined, limited set of common metrics

2) Initially to encourage voluntary reporting of specialty-specific metrics

Incentives or penalties?

• Budget neutral
• Reducing administrative burden by creating a single data repository that integrates all of the data
• Communicates the value of GME
• Gaining access to specialty-specific metrics if you are reporting voluntary data
• Aggregated data to benchmark own program in comparison to the performance of others

Barriers to mandatory reporting

• Institutional Cost
• Inability to collect data in under-resourced institutions
• Distrust in the data - misuse of data
• Infrastructure
• Lack of willingness to share their data
• Regional differences in payment
How should a national database be maintained and funded?

Based on your group’s discussion, what are the top two suggestions for moving this effort forward?

1) Inventory of current GME-related databases
2) Identification of audiences for data; needs assessment of stakeholders (e.g. education programs, researchers, policy/workforce, clinical care systems)
3) Realization of the funding required for collecting, as well as analyzing data
4) Options for governance: HHS, data commons model, CMMI/HRSA
5) Options for funding: redistribute current GME money or appropriate new money
What infrastructure is required?

Based on your group’s discussion, what are the top two suggestions for moving this effort forward?

1) Definition of Infrastructure
   1) People
   2) Widgets/Hardware
   3) Systems
   4) Processes/Control
   5) Collaborations
   6) Networks

2) Scale - Local, Regional, State, and National.

3) It will be predicated upon collaboration among existing and future data aggregators

4) There needs to be a business owner or trusted broker
5) The use will be formative and framed as a continuous improvement process

6) We will want to contemplate an independent organization to oversee data governance, sharing agreements, supervise honest broker, use guidelines, and a hosting center with technical expertise and granting infrastructure to seed interest

7) It was posited that we contemplate a pay for reporting incentive based on CMS core measure reporting for patients seen by residents

8) We will create a collaborative learning community to create best practices