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Title

Congress finally added GME slots- did they do the trick?

Priority 1 (Research Category)

Economic or policy analysis

Presenters

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Abstract

Context: Graduate medical education (GME) has slowly expanded since the Balanced Budget Act of 1996 when a “cap” on residency training positions was placed for federal funding. However, the expansion does not meet the workforce needs of the US. In 2021, Congress passed legislation to provide 1000 new training positions across the US. Federal rules for equitable distribution were instituted that aimed to ensure training needs would be met. Objective: This analysis identifies whether the first 200 allocated GME slots met the rules instituted by the federal government and if the slots had local impact on care, identified as the impact quotient. Population Studied: 200 residency slots (200 FTE DGME, 200 FTE IME) allocated in 2023. Data set and analysis: The sponsoring institution data, including site, address, specialty, and DGME and IME volume was provided by CMS. The impact quotient was compiled based on the number of graduates who remain in high HPSA areas at least 3 years after graduation by percentile. Results: 100 sponsoring institutions received new GME slots that comprised the full 200 funded positions. All 100 institutions met one of four criteria denoted in the federal rulemaking (rurality, new medical school in state, high HPSA, or currently training over their cap). 60 slots were allocated to primary care. The impact quotient of the institutions which previously trained residents was variable and higher for primary care programs that received new slots as compared to other specialties. Discussion: Workforce shortages, specifically in primary care, can be positively impacted by increased federal funding and instituting new training slots and locations in the US. Training location has a significant impact on where the residency graduate goes on to practice, with 70% of trainees continuing to train within 100 miles of their residency. Additionally, trainees who experience low-cost, high-value training “imprint” this type of care and continue to practice in this style after graduation. To adequately address workforce shortages, legislation should aim to place trainees in locations with highest need for future physicians, and locations that have demonstrable outcomes of retention in high need areas. This evaluation may impact subsequent federal GME allocation rulemaking.