

NORTHWEST OHIO COMMISSION ON GRADUATE MEDICAL EDUCATION & PHYSICIAN WORKFORCE



UNIVERSITY OF TOLEDO

Introductory GME Primer Information

Jeffrey P. Gold, MD

Provost & EVP - University of Toledo

Dean, College of Medicine

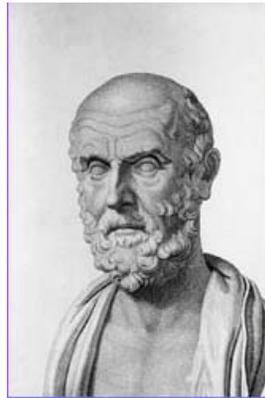
JANUARY 14, 2008



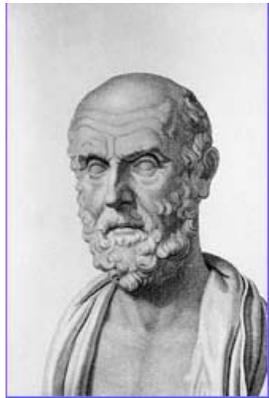
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Importance of Graduate Medical Education in NW Ohio



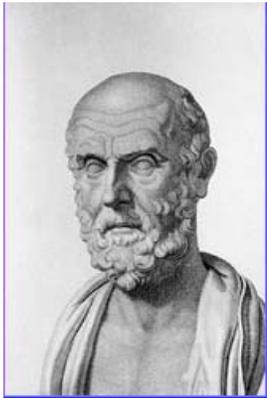
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Hippocratic Oath

Iuro per Apollinem medicum et Sanitiam et Remediatiam et deos universos et universas, scitores faciens, perficiam secundem possibilitatem et actionem et iudicium meum iuramentum hoc et conscriptionem istam. eum qui docuit me artem hanc introducere inter meos, et communicare in vita, et in quo indiget dationem facere, et genus quod ab ipso fratribus aequale iudicare eligam. et docebo artem hanc eos qui indigent discere absque pretio et conscriptione, et delusione et intemperantia et de reliqua universa disciplina traditionem facer filiis meis et eius qui me docu it et edoctis et temperatis et iuratis legi medicinali, alii autem nulli.

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Hippocratic Oath

I swear by Apollo Physician and Asclepius and Hygieia and Panacea and all the gods and goddesses, making them my witnesses, that I will fulfil according to my ability and judgment this oath and this covenant:

To hold him who has taught me this art as equal to my parents and to live my life in partnership with him, and if he is in need of money to give him a share of mine, and to regard his offspring as equal to my brothers in male lineage and to teach them this art - if they desire to learn it - without fee and covenant; to give a share of precepts and oral instruction and all the other learning to my sons and to the sons of him who has instructed me and to pupils who have signed the covenant and have taken an oath according to the medical law, but no one else.

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Importance of Graduate Medical Education in NW Ohio

- Maintenance & Growth of GME Programs
- Maintenance & Growth of UT College of Medicine
- Maintenance & Growth of Health Care Systems
- Maintenance & Growth of NW Ohio Economy
 - Corporate Retention & Attraction
 - Workforce/Family Recruitment & Retention
 - IP Transfer & Commercialization Start-Ups
- Maintenance & Growth of Ohio Economy
- Maintenance & Growth of US Economy

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Importance of Graduate Medical Education in NW Ohio



Ptolemaic Astronomy
Astrolabe

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Graduate Medical Education Primer

GOALS OF TODAY'S DISCUSSION



- 1) To introduce important GME concepts & define the vocabulary
- 2) To provide a brief overview of how GME is funded & administered
- 3) To review the historical & current view of GME in northwest Ohio
- 4) To discuss the University's strategy to craft our future

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Medical Education Glossary

Graduate Medical Education (GME)

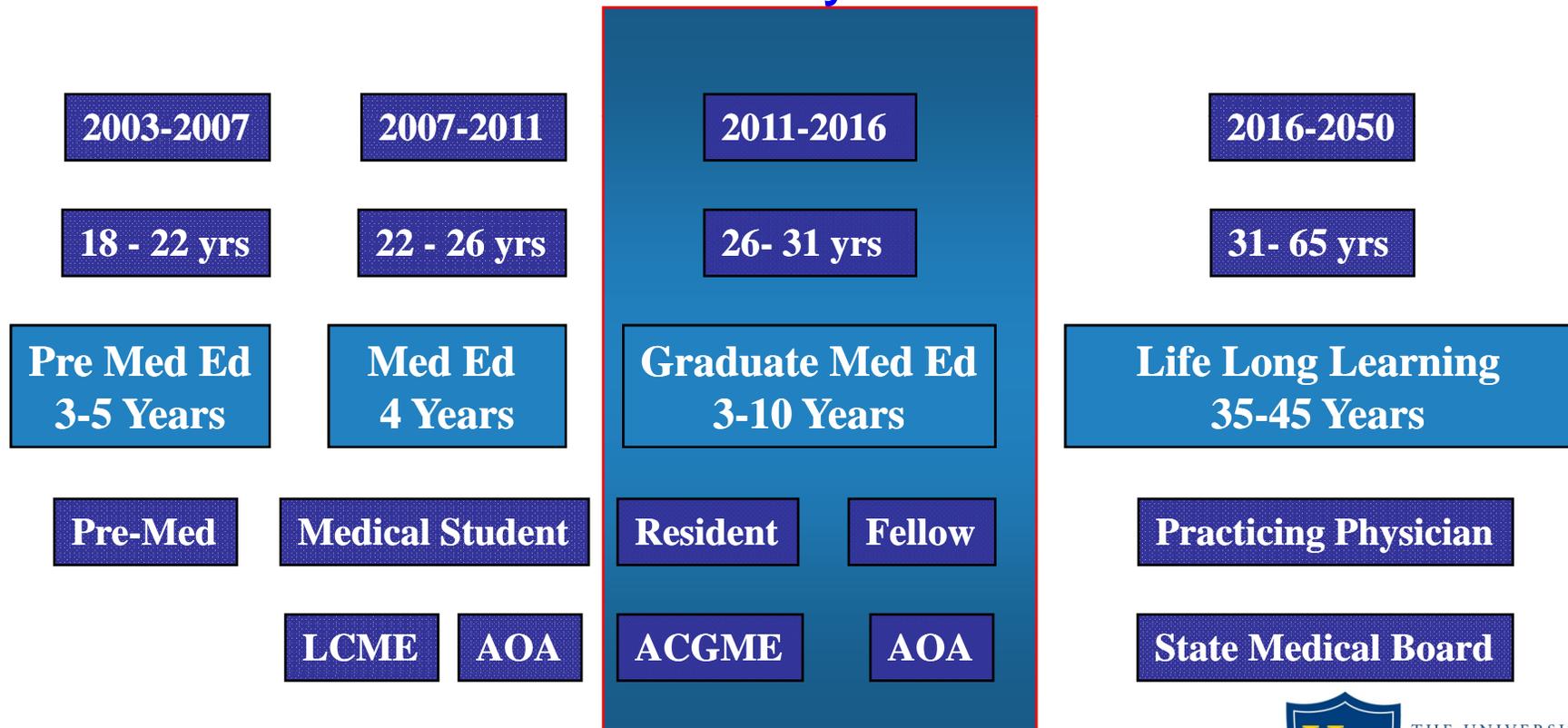
The period of accredited didactic and clinical education in a medical specialty which follows the completion of an accredited recognized undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty, also referred to as residency education.

http://www.acgme.org/acWebsite/GME_info/gme_glossary.asp



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Medical Education Glossary



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Medical Education Glossary

Allopathic Physician

A graduate from an allopathic school of medicine receives an M.D. degree. The system of medical practice which treats disease by the use of remedies which produce effects different from those produced by the disease under treatment. MDs practice allopathic medicine.

Osteopathic Physician

A graduate from an osteopathic school of medicine receives an D.O. degree from an AOA accredited medical school. The system of medical practice founded on the philosophy of holistic treatment of people.

<http://www.medterms.com>

<http://www.osteopathic.org>



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Medical Education Glossary

Resident

A licensed physician in an ACGME or AOA accredited graduate medical education specialty program following graduation from an accredited US or international medical school. [Internal Medicine, Surgery, Pediatrics, Obstetrics & Gynecology]

Fellow

A licensed physician in a program of graduate medical education accredited by the ACGME or AOA who has completed the requirements for eligibility for first board certification in the specialty. [Gastroenterology, Neurosurgery, Cardiology]

http://www.acgme.org/acWebsite/GME_info/gme_glossary.asp



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Medical Education Glossary

AMG-American Medical Graduate

A graduate from a medical school accredited by the Liaison Committee on Medical Education within the United States or Canada.

IMG-International Medical Graduate

A graduate from a medical school outside the United States and Canada (and not accredited by the Liaison Committee on Medical Education). IMGs may be citizens of the United States who are elsewhere or more commonly non-citizens who are admitted to the United States by US Immigration authorities.

http://www.acgme.org/acWebsite/GME_info/gme_glossary.asp



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Medical Education Glossary

ACGME

The Accreditation Council for Graduate Medical Education accredits teaching institutions (teaching hospitals) and residency training in allopathic programs. It operates through 26 residency review committees, a Transitional Year Committee, and the Institutional Review Committee (IRC). The ACGME approves standards for GME, hears appeals, and other administrative issues.

AOA

Responsible for the accreditation of undergraduate and graduate medical education programs. Founded in 1897 by a group of students from the American School of Osteopathy in Kirksville, MO, the American Osteopathic Association aimed to organize the efforts of individual physicians and colleges to advance the osteopathic medical profession.

LCME

The Liaison Committee on Medical Education accredits programs of medical education leading to the M.D. in the United States and in collaboration with the Committee on Accreditation of Canadian Medical Schools (CACMS), in Canada.

http://www.acgme.org/acWebsite/GME_info/gme_glossary.asp

<http://www.ama-assn.org/ama/pub/category/2376.html>



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How is GME funded?

The **federal government** funds Graduate Medical Education (GME) through the Center for Medicare and Medicaid Services. CMS funds residencies through teaching hospitals in two ways:

- Direct Graduate Medical Payments (DME)
- Indirect Medical Education Payments (IME)

The **state government** funds Graduate Medical Education (GME) through the Department of Health Medicaid Services. Ohio funds residencies in underserved areas through teaching hospitals in two ways:

- Direct Graduate Medical Payments (DME)
- Indirect Medical Education Payments (IME)

The **hospital systems** fund Graduate Medical Education (GME) directly.

- Direct Graduate Medical Payments (DME)

http://www.amsa.org/pdf/Medicare_GME.pdf



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How is GME funded?

The **federal government** funds GME Direct and Indirect Education dollars through a complex formula based upon Medicare volume and payments, which have been generally fixed historically.

The **state funds** GME Direct and Indirect Education dollars through a complex formula based upon Medicaid volume and payments, geographic need, and historical precedent.

Current **federal and state** laws impede hospitals from creating new residency programs by instituting caps on the number of residents per hospital. The caps do not adjust for population growth meaning or rebalancing of physician specialties. The number of funded residency positions are commonly referred to as ‘cap positions’ or ‘slots’ and were fixed in 1996.

http://www.amsa.org/pdf/Medicare_GME.pdf



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How is GME funded?

DME-Direct Graduate Medical Education Payment

This is the direct cost of resident training including resident salary, fringe benefits, attending physician compensation, etc. This is known as Medicare's contribution to the Per Resident Amount (PRA). Typically \$45-55K/resident/year.

IME-Indirect Graduate Medical Education Payment

This is to cover the indirect costs associated with training residents including ordering more tests, longer patient stays, sicker patient populations, greater technological needs, and to offset the lack of private insurance's contribution to GME. Typically \$0-120K/resident/year.

Indirect GME Service

This is the average patient care "replacement for service equivalent".
Typically \$165-255K/resident/year

http://www.amsa.org/pdf/Medicare_GME.pdf



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Regional GME Sites

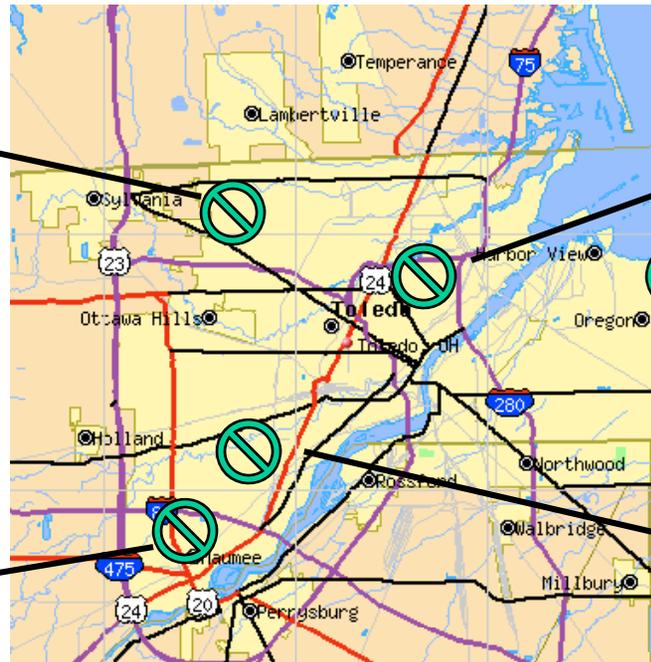
Promedica Hospitals

Mercy Hospitals

Firelands Hospital

St. Luke's Hospital

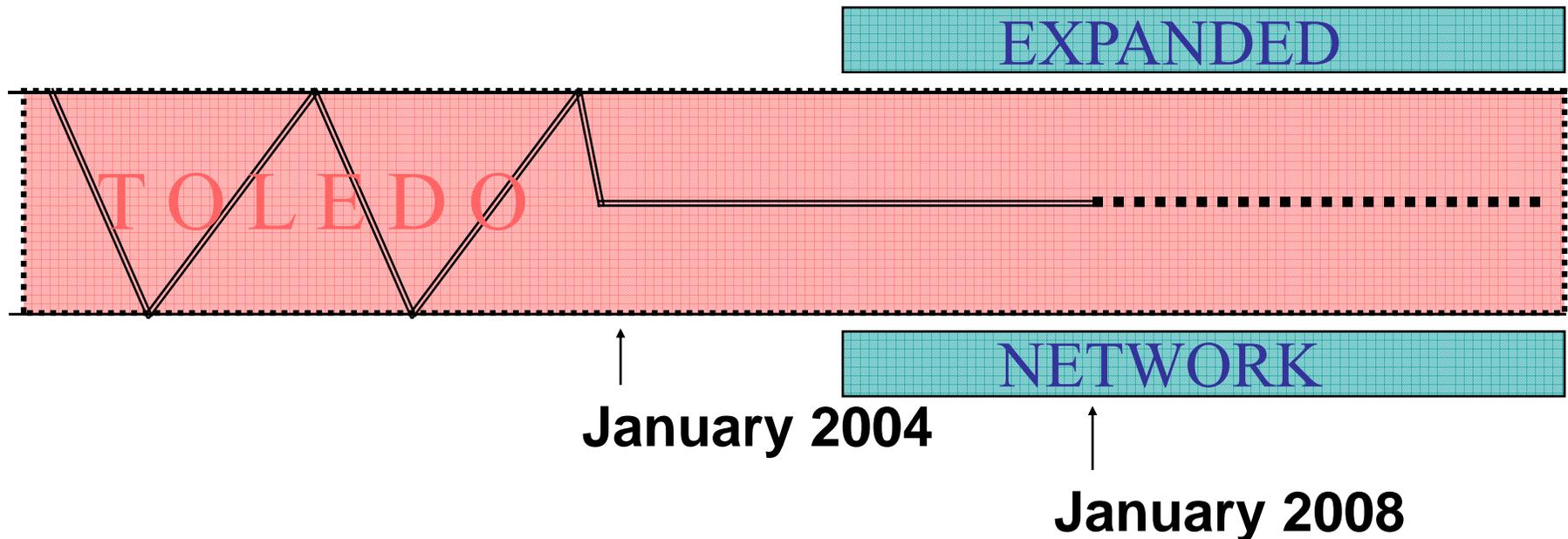
UT Medical Center



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Clinical Medical Education

CURRENT UT AFFILIATION STATUS



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How is GME distributed in NW Ohio?

Institution	MD	DO	Total
University of Toledo Medical Center	232.22	0.0	232.22
Mercy Health Partners	148*	42*	190*
ProMedica Health System	57*	0*	57*
Firelands Regional Medical Center	0.0	16.0	16.0
St. Luke's Hospital (began in 2007)	4.0	0.0	4.0

(*As presented on 1/14/2008)



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How is GME funded in NW Ohio?

Institution	# DME	\$ DME	\$TOTAL
University of Toledo Medical Center	151.9	\$9.3M^	\$17.5M^
Mercy Health Partners	174.1	\$20.9M*	\$32.3M*
ProMedica Health System	57.0*	\$6.5M*	\$9.7M*
Firelands Regional Medical Center	16.0	\$1.5M*	\$2.5M*
St. Luke's Hospital (began in 2007)	4.0	\$0.4M*	\$0.6M*
TOTAL	418.9	\$38.6M*	\$62.6M*

(^funding based on 124.4 slots as 22.5 slots are currently aggregated)

(*Estimates)



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**Regional Health Status, PLI Cases &
Overall Comparative Costs**

Region

United States

State of Ohio

Lucas County

Regional incidence adults (cases/100K/yr)
State Health Facts & Ohio Department of Health



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Regional comparative MI rates

<u>Region</u>	<u>Rate</u>
United States	160
State of Ohio	233
Lucas County	270

270/100K
Cases/Yr

Regional incidence adults (cases/100K/yr)
State Health Facts & Ohio Department of Health



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Regional comparative cancer rates

<u>Region</u>	<u>Rate</u>
United States	186
State of Ohio	200
Lucas County	213

213/100K
Cases/Yr

Regional incidence adults (cases/100K/yr)
State Health Facts & Ohio Department of Health



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Regional comparative mortality rates

<u>Condition</u>	<u>Ohio</u>	<u>Lucas Co</u>
Infant Mortality	760	810
Neonatal Mortality	250	290
Vascular Mortality	351	402
Suicide Mortality	10.7	13.1

Regional incidence adults (cases/100K/yr)
State Health Facts & Ohio Department of Health



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Ohio Health Care Costs

Ohio Health \$\$	\$665.4 B
– % OH GSP	16%
– % US GNP	13%
Ohio State \$\$	\$13.3 B
– % OH Budget	41%
– % US Budget	17%

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Ohio Health Care Costs

Ohio Health

US State Rank

Personal PC Expenditures #6

Expenditures / GSP #8

State Hosp Exp / Pt Day #14

State Health Exp / GSP #8

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Ohio Health PLI Costs

Ohio 2005 PLI Pay Outs 5025

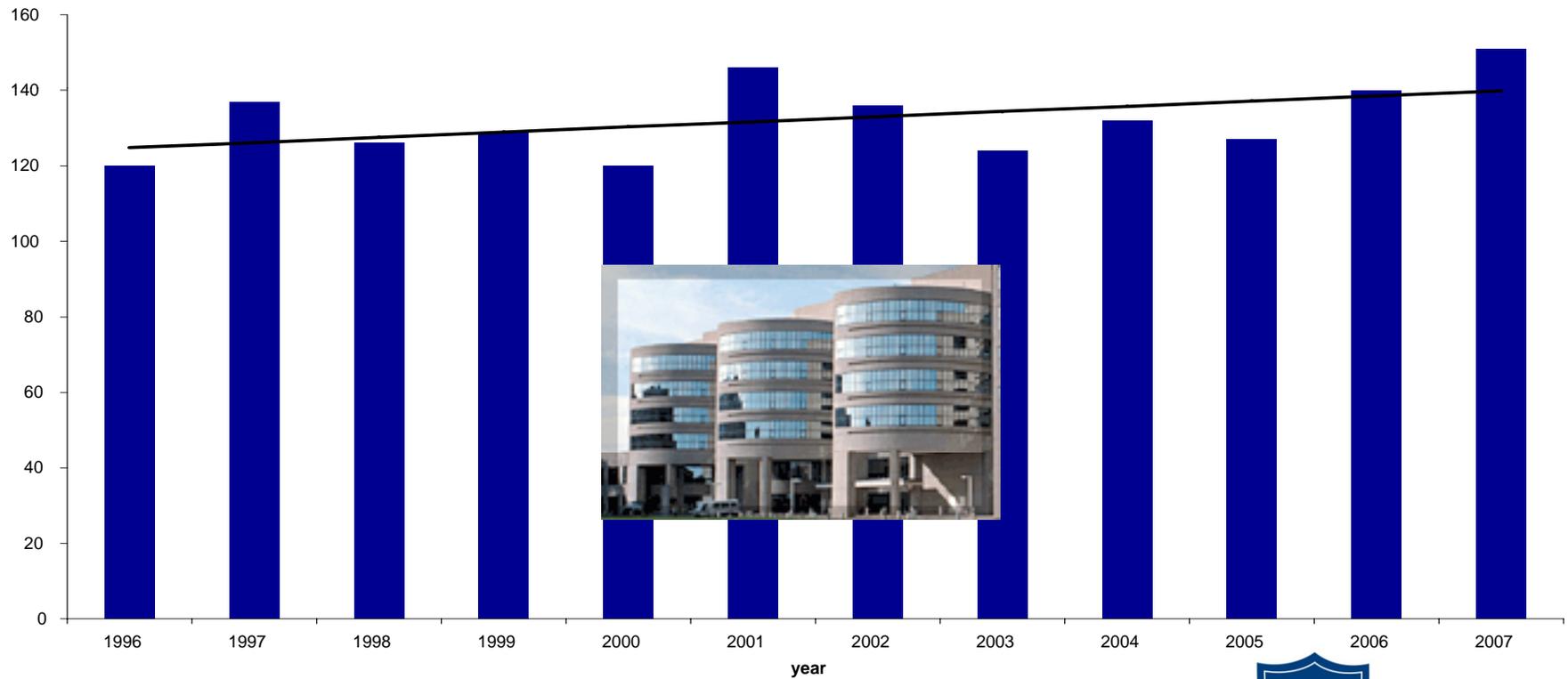
NW Ohio PLI Pay Outs 2613

26% Higher Average \$\$ / Case

55% Higher Payout Likelihood

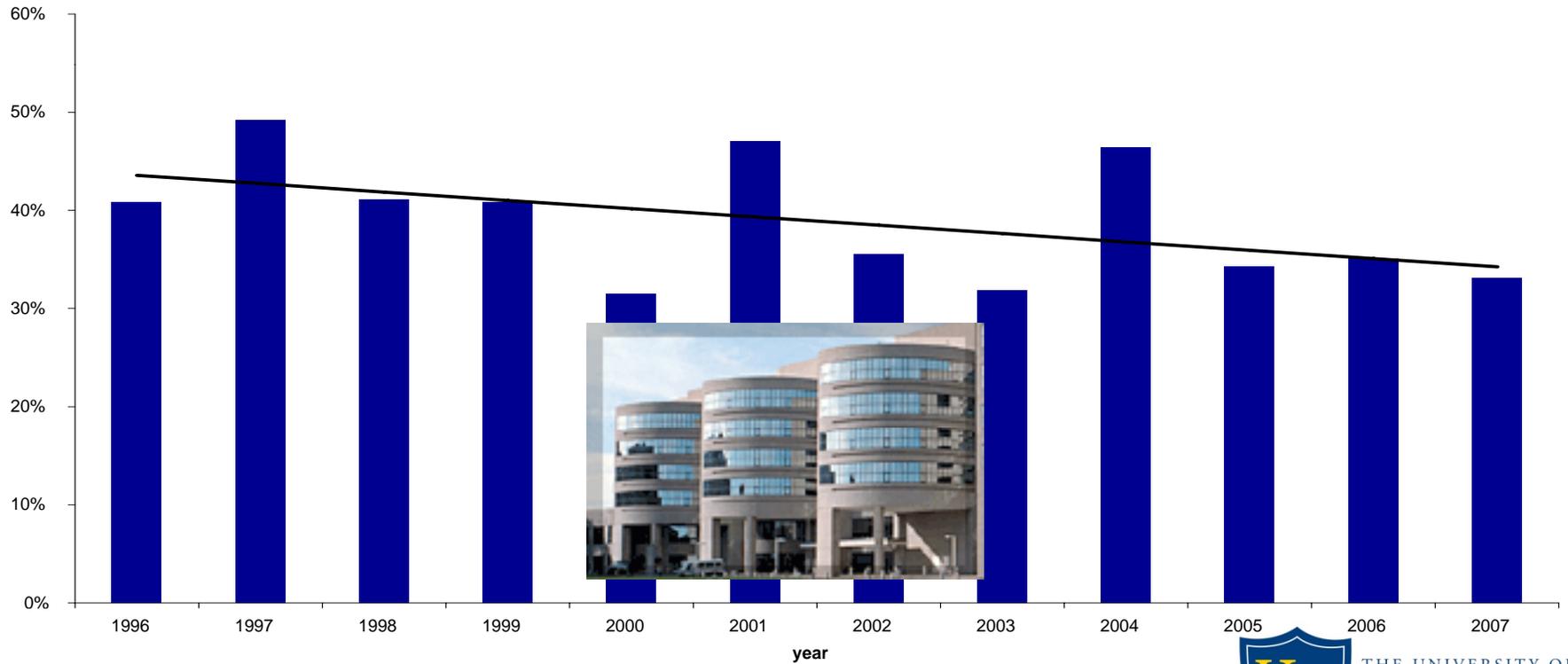
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Number of Graduating Seniors at UT COM



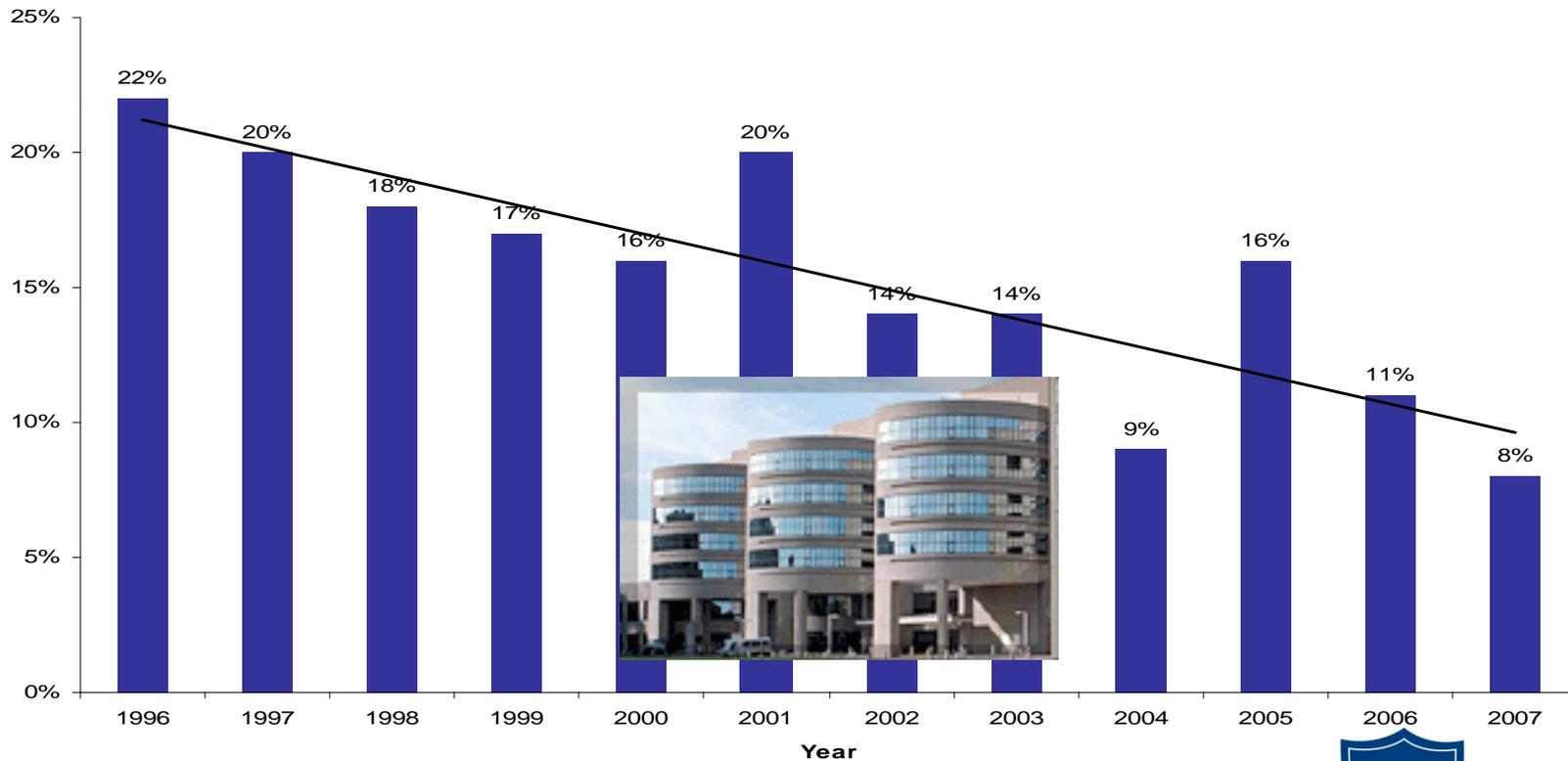
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Percent of Students Remaining in Ohio for Residency



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Percent of Students Remaining in Lucas County for Residency



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Higher Education

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Article published Friday, March 16, 2007

Med students get residency matches Fewer staying here for their training

By JC REINDL
BLADE STAFF WRITER

It was a day to celebrate for the 151 soon-to-be graduates of the University of Toledo medical school, the former Medical College of Ohio.

But for the city of Toledo, and possibly the quality of health care in northwest Ohio for next decade, the future didn't appear too bright yesterday during the university's letter-opening ceremony for Match Day.



Natalie Singer of Cincinnati and David Majors of Walnut, Calif., compare assignment letters for their medical residencies. The two students are among the 151 who will graduate soon from the University of Toledo medical school, the former

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THE CHRONICLE OF HIGHER EDUCATION

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Slump in Family-Medicine Residencies Raises Concern as Medical Students Get Match Day Assignments

By [KATHERINE MANGAN](#)

In medical schools across the country, thousands of students tore open envelopes on Thursday to find out where they will spend the next several years training to be doctors. General surgery and obstetrics and gynecology were hot; family medicine was not, and that has educators worried.

For the ninth year in a row, the number of family-medicine residency positions offered through the match dropped. And even though the percentage of slots that were filled was up slightly this year, fewer than half of them were taken by seniors in American medical schools. The rest went to graduates of foreign and osteopathic schools and other applicants.

The University of Toledo, however, is worried that its medical students aren't sticking around. Only 12 of its 150 medical seniors matched with residency programs in northwestern Ohio. That, combined with the region's aging physician work force, could lead to a physician shortage "of crisis proportions" unless area residency programs are beefed up, a blue-ribbon panel has concluded.

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THE UNIVERSITY OF TOLEDO MISSION

The mission of The University of Toledo is to improve the human condition; to advance knowledge through excellence in learning, discovery, and engagement; and to serve as a diverse, student-centered public metropolitan research university.

improve the human condition

excellence in learning,



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THE UNIVERSITY OF TOLEDO CORE VALUE II

Discovery, Learning and Communication – Vigorously pursue opportunities to develop and widely share new knowledge and expand the understanding of existing knowledge as well as develop the **knowledge, skills and competencies** of our students, employees and the community within a culture of lifelong learning.



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THE UNIVERSITY OF TOLEDO CORE VALUE VI

Wellness and Healing – Promote the physical and mental well-being of others, including our students, faculty and employees, and to provide the highest level of **disease prevention, treatment and healing** possible for those in need in the community and around the world.



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THE UNIVERSITY OF TOLEDO STRATEGIC DIRECTIONS

V. We will be recognized as a **transformational force in the ongoing evolution of our regional and national health care system.**

The University will pursue the following strategies to attain this goal:

2. Mature our educational, research and clinical relationships with the regional clinical practices and affiliate hospital systems in such that our **educational programs are protected and nurtured.**

8. Re-engineer and improve the **quality, quantity and diversity of graduate medical educational opportunities** in our health care system and in the region. We will enhance the recruitment and **retention of our graduates** into the broad spectrum of our graduate medical education programs. These programs will become **exemplars for the accreditation standards** in the selected disciplines.



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American Medical Association (AMA)
Association of American Medical Colleges (AAMC)

§ The LCME accreditation process is based upon a self study document and a site visit. The 129 LCME standards are described and quantified a document provided by the LCME titled "Standards and Explanatory Annotations" They are divided into five major categories.

<u>Standard (Summary)</u>	<u>Category</u>	<u>Number</u>
Institutional Setting	I	16
Education for MD	II	49
Medical Students	III	38
Medical Faculty	IV	14
Educational Resources	V	12

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American Medical Association (AMA) Association of American Medical Colleges (AAMC)

Functions and Structure of a Medical School (June 2007 - LCME)

B. Structure-General Design. The program of medical education leading to the M.D. degree must include at least 130 weeks of instruction. The medical faculty must design a curriculum that provides a general professional education, and that prepares students for entry into graduate medical education.... The curriculum must incorporate the fundamental principles of medicine and its underlying scientific concepts; allow students to acquire skills of critical judgment based on evidence and experience; and develop students' ability to use principles and skills wisely in solving problems of health and disease.

There must be comparable educational experiences and equivalent methods of evaluation across all alternative instructional sites within a given discipline. The LCME must be notified of plans for major modification of the curriculum.



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American Medical Association (AMA) Association of American Medical Colleges (AAMC)

Functions and Structure of a Medical School (June 2007 - LCME)

C. Clinical Teaching Facilities

The medical school must have, or be assured use of, appropriate resources for the clinical instruction of its medical students. A hospital or other clinical facility that serves as a major site for medical student education must have appropriate instructional facilities and information resources. *Required clerkships should be conducted in health care settings where resident physicians in accredited programs of graduate medical education, under faculty guidance, participate in teaching the students.*

There must be written and signed affiliation agreements between the medical school and its clinical affiliates that define, at a minimum, the responsibilities of each party related to the educational program for medical students. In the relationship between the medical school and its clinical affiliates, the *educational program for medical students must remain under the control of the school's faculty.*



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Clinical Medical Education UT STRATEGIC GOALS

- Goal 1: Continue to **benchmark and educate the community** on UME and GME related physician work force matters.
- Goal 2: Prepare for UT role in the implementation of **legislative commission**.
- Goal 3: Enhance **quantity, quality and diversity of all UT UME and GME** clinical teaching programs.
- Goal 4: Develop **congruence of mission**, vision & core values of all affiliated teaching hospitals & clinic systems in education.
- Goal 5: Develop a four (or more) **hospital system affiliation** agreement for all learners and clinical faculty.
- Goal 6: Develop community wide use of clinical teaching resources, **eliminate dependence on any single hospital** & clinic system other than UTMC.

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Clinical Medical Education
STRATEGIC GOALS

- ❖ Continue to **benchmark and educate the community** on UME and GME related physician work force matters
 - Fully understand regional & national challenges in UME & GME
 - Actively & transparently engage the broader NW Ohio community
 - Publicly share regional status and strategic plan at frequent intervals
 - Develop true & enduring accountability for process & outcomes

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Clinical Medical Education
STRATEGIC GOALS

- ❖ Prepare for UT role in the implementation of *legislative commission*:
 - o Enhance meaningful communication with stake holders
 - o Participate openly & actively with US & Ohio legislative processes
 - o Participate openly & actively with OSMA legislative processes
 - o Facilitate access to clear and objective UME & GME information
 - o Facilitate implementation of legislative commission recommendations

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Clinical Medical Education
STRATEGIC GOALS

❖ Enhance *quantity, quality and diversity of all UT UME and GME* clinical teaching programs :

- Optimize all existing opportunities to recruit & retain physicians
- Recognize, reward & enhance excellence in physician educators
- Work closely with national educators (ACGME, LCME...)
- Work closely with Academy of Medicine & OSMA processes
- Update and execute all educational contracts immediately
- Restore medical education responsibility to the hands of the educators

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Clinical Medical Education
STRATEGIC GOALS

- Goal 1: Continue to benchmark and educate the community on UME and GME related physician work force matters.
- Goal 2: Prepare for UT role in the implementation of legislative amendment.
- Goal 3: Enhance quantity, quality and diversity of all UT UME and GME clinical teaching programs.
- Goal 4: Develop ***congruence of mission***, vision & core values of all affiliated teaching hospitals & clinic systems in education.
- Goal 5: Develop a four (or more) ***hospital system affiliation*** agreement for all learners and clinical faculty.
- Goal 6: Develop community wide use of clinical teaching resources, ***eliminate dependence on any single hospital*** & clinic system other than UTMC.

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Clinical Medical Education
STRATEGIC GOALS

❖ Develop ***congruence of mission***, vision & core values of all affiliated teaching hospitals & clinic systems in education. :

- Engage affiliates BOT's, administrations & community leadership
- Pursue aligned missions, visions & values of affiliates in education
 - Prioritize educational programs in health professions
 - Prioritize retention of Ohio physician graduates
 - Rebalance primary care and specialty care program distribution
 - Separate educational programs from market share competition
 - Strive for educational excellence and specialty diversity
 - Invest in the quality of the programs with facilities and personnel
 - Prioritize faculty development and educational commitment



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Clinical Medical Education
STRATEGIC GOALS

- Develop community wide use of clinical teaching resources, *eliminate dependence on any single hospital & clinic system other than UTMC* :
 - Leverage all community clinical resources to address challenges
 - Enhance “steerage” to all faculty and UME/GME programs
 - Link UME to all GME programs as deemed appropriate
 - Facilitate cross coverage and joint recruitment/retention
 - Establish several new residencies under UT-COM management, ie:
 - Dermatology, Ophthalmology, Otolaryngology, Plastic Surgery
 - Add new CMS GME CAP positions where ever possible
 - Partner with well respected national GME leaders
 - Partner with well respected legislators

Northwest Ohio Commission

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 **Centers for Medicare & Medicaid Services**

Crafting the Future

Testimony

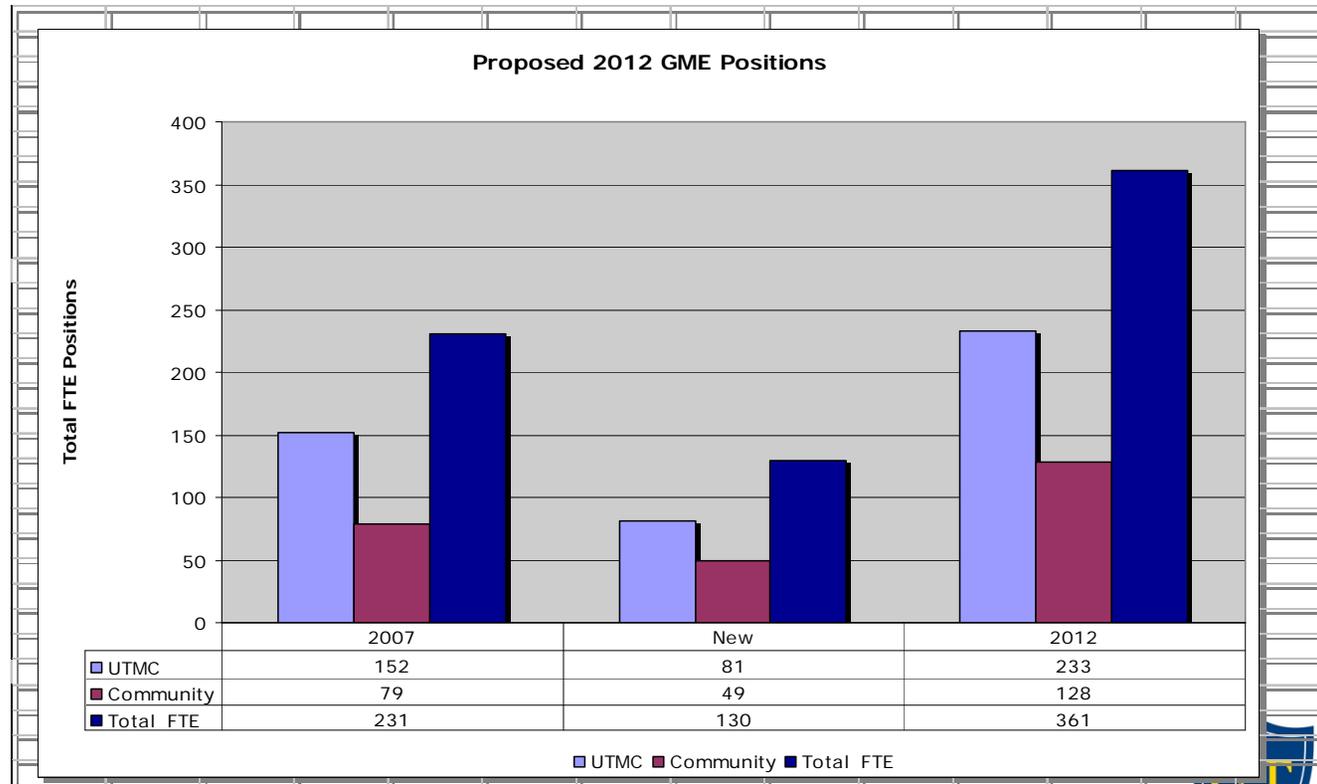
Friday, January 25, 2008

Chicago, Illinois

154 GME slots for the community



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Dr. Richard A. “Buz” Cooper

Richard A. Cooper, M.D. is a Professor of Medicine and Senior Fellow in the Leonard Davis Institute of Health Economics at the University of Pennsylvania.

Following two years on the faculty of the Harvard Medical School, Dr. Cooper became Chief of the Hematology Section in the Department of Medicine of the University of Pennsylvania and subsequently Director of Penn’s Cancer Center, positions he held for 14 years. In 2005, Dr. Cooper returned to Penn in the Leonard Davis Institute.

His more recent work in health policy has centered on projecting the future needs for physicians and non-physician clinicians. He has long championed the notion of impending physician shortages and called for remedial actions, positions that most major organizations now support. His recent work has focused on finding solutions to the problem of physician shortages through changes in undergraduate and graduate medical education.

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Dr. Michael E. Whitcomb

Dr. Michael E. Whitcomb was appointed editor-in-chief of Academic Medicine, the journal of the Association of American Medical Colleges ("AAMC"), in November 2001, and has been instrumental in establishing the journal as one of the finest international publications in the field of medical education.

Until 2006, Dr. Whitcomb simultaneously served as the AAMC's senior vice president for medical education and director of the Division of Medical Education, as well as the director of the AAMC Institute for Improving Medical Education. Throughout his career, Dr. Whitcomb held the position of dean of the schools of medicine at both the University of Missouri-Columbia and the University of Washington, and he established the Center for Health Policy Studies at Ohio State University and served as its first director. Dr. Whitcomb was also a Robert Wood Johnson Health Policy Fellow of the Institute of Medicine.

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THANK YOU

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“Contraria horum.....primum no nocere.”

Above all..... do no harm.



THANK YOU