Brave New World: Creating Training Programs for Health Care Reform

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2012 APPD National Meeting
San Antonio, TX

Alpert School of Medicine of Brown University
Health Care in America
Why Worry Now?

Social Security, Medicare, and Medicaid as a Percentage of GDP

% of GDP

20 18 16 14 12 10 8 6 4 2 0


Medicare and Medicaid
Social Security

Source: Congressional Budget Office.
Is There Any Money Left?

Medicare Hospital Insurance Trust Fund Expected to be Insolvent by 2017

<table>
<thead>
<tr>
<th>Estimate</th>
<th>Year costs exceed income</th>
<th>Year HI trust fund assets exhausted</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>2008</td>
<td>2014</td>
</tr>
<tr>
<td>Intermediate</td>
<td>2008</td>
<td>2017</td>
</tr>
<tr>
<td>Low</td>
<td>2018</td>
<td>2028</td>
</tr>
</tbody>
</table>

Note: HI (Hospital Insurance). Income includes taxes (payroll and Social Security benefits taxes, railroad retirement tax transfer), income from the fraud and abuse program, and interest from trust fund assets.

Source: 2009 annual report of the Boards of Trustees of the Medicare Trust Funds; CMS, Office of the Actuary.
What’s the Bottom Line for USA?

Medicare DME & IME Payments
Fiscal Year 2010 Estimates

<table>
<thead>
<tr>
<th>Payments</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>DME Payments</td>
<td>$3 billion</td>
</tr>
<tr>
<td>IME Payments</td>
<td>$6.54 billion</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$9.54 billion</td>
</tr>
</tbody>
</table>
Freestanding Children’s Hospitals at Risk?

- Children’s Hospital GME Training Program
  - Freestanding children’s hospitals lack a significant Medicare funding source
  - Congress appropriated $300 million for 1 year of GME funding (DME+IME)
  - Obama budget for 2013 would diminish funding 67% (from $205 to $88 million)
Obama signs health care bill; Senate takes up House changes

March 23, 2010

President Obama signed sweeping health care reform legislation into law Tuesday, hailing the moment as the latest example of America facing up to major challenges for the benefit of all its people.

The bill constitutes the biggest expansion of federal health care guarantees in more than four decades, and its enactment was a giant victory for Obama and Democrats after a brutal legislative battle dating back to the start of his presidency.

No Republicans supported the bill in either the House or Senate, and Democratic leaders needed a separate bill that calls for changes in the new law in order to get enough support in the House to pass the measure.

Source: articles.cnn.com/2010-03-23/politics/health.care.main

Source: www.healthcare.gov/law/full/index.html
Introduction to the ACA

• Brief summary of impact on:
  o Consumers
  o Pediatric Providers
  o GME
1. General Summary For Consumers

- Expands health insurance coverage to 32 million MORE Americans by 2019
- Prevents denials of care and coverage
- Makes healthcare insurance more affordable for families
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- Expands health insurance coverage to 32 million MORE Americans by 2019

**Number Uninsured and Uninsured Rate: 1987 to 2009**

- **Uninsured rate:**
  - 1987: 16.7%
  - 2009: 6%

- **Number uninsured:**
  - 1987: 15
  - 2009: 50.7

ACA Projections

- 23 million
- 6%
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Under fire, Blue Cross Blue Shield of Texas offers to cover medical expenses for Crowley baby

By JAN JARVIS
jarvis@star-telegram.com

Houston has health insurance. The news, announced on a Web site set up for the Crowley baby, ended his family's weeklong fight after the newborn was denied health insurance because he needed surgery to repair a heart defect — what the insurance company called a pre-existing condition.

Doug and Kim Tracy's battle with Blue Cross Blue Shield of Texas garnered national attention, coming on the heels of historic healthcare legislation signed by President Barack Obama a week ago, which will require insurance companies to cover pre-existing conditions.
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  - Non-grandfathered plans MUST cover well child care without a co-pay
  - Plans MUST cover a minimum well-child standard
  - Young adults may stay on their parent’s policy through age 26
  - Parents will choose their child’s doctor
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- Prevents denials of care and coverage
- Makes healthcare insurance more affordable for families
  - Expansion of Medicaid Coverage
  - Maintain state Children’s Health Insurance Programs
  - Provision for premium tax credits and cost-sharing subsidies
  - Creation of insurance exchanges

Source: www.kff.org/healthreform/upload/8061.pdf
2. General Summary For Providers

- Provides Medicare bonus payments for primary care physicians
- Increases Medicaid primary care payments
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A New Donut Hole?

- After 2014, all bets are off!
- Parity is for E & M codes only, thus Well Child Care is not impacted
- Procedure codes not impacted, thus pediatric specialists may see very limited benefits
3. General Summary For GME

- Increasing Supply of Health Care Workforce
- Enhancing Health Care Workforce Education
- Strengthening Primary Care
3. General Summary For GME

- Increasing Supply of Health Care Workforce

1997 Balanced Budget Act
- Froze Medicare supported GME positions at 1996 levels
- Medicare-funded residency slots stable at 100,000 per year

Source: www.aamc.org/newsroom/reporter/april11/184178/addressing_the_physician_shortage_under_reform.html
3. General Summary For GME

- Increasing Supply of Health Care Workforce

Aging population
- 15 million more Americans will become eligible for Medicare
- One-third of physicians are expected to retire

Source: www.aamc.org/newsroom/reporter/april11/184178/addressing_the_physician_shortage_under_reform.html
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ACA Passed
  - 32 million more Americans will receive insurance cards

Source: www.aamc.org/newsroom/reporter/april11/184178/addressing_the_physician_shortage_under_reform.html
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Projected Physician Shortages

- 1995
- 2000
- 2005
- 2010
- 2015
- 2020
- 2025

130,600
91,500
39,600

Source: www.aamc.org/newsroom/reporter/april11/184178/addressing_the_physician_shortage_under_reform.html
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- Increasing Supply of Health Care Workforce

- ACA redistributes 65% of unused residency slots (3-year look-back)

- Reallocated slots preferentially directed to meet primary care needs in underserved areas

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H.R.2251 - Resident Physician Shortage Reduction Act of 2009

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http://www.govtrack.us/congress/bill.xpd?bill=h111-2251
http://www.govtrack.us/congress/bill.xpd?bill=s111-973
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- Enhancing Health Care Workforce Education
- Strengthening Primary Care
3. General Summary For GME

- Increasing Supply of Health Care Workforce
- Enhancing Health Care Workforce Education
  - Technical fixes
    - Resident time in non-hospital settings counts towards training
    - Didactic time in hospital settings counts towards IME payments
    - Vacation/sick/approved leave time now included in FTE count

Sources: www.aamc.org/download/187428/data; AAMC Reporter 6/11
3. General Summary For GME

- Increasing Supply of Health Care Workforce

- Enhancing Health Care Workforce Education
  - Financial Incentives
    - Loan repayment
    - National Health Service Corps Funding

Sources: www.aamc.org/download/187428/data; AAMC Reporter 6/11
3. General Summary For GME

- Increasing Supply of Health Care Workforce
- Enhancing Health Care Workforce Education

3. General Summary For GME

- Increasing Supply of Health Care Workforce
- Enhancing Health Care **WORKFORCE** Education
  - ACA fosters **INTERPROFESSIONAL** models of education/training

  “…creating both academic and clinical experiences for students that advance the goal of health professionals working in collaboration to provide the very best patient-centered care.”

- Health Resources & Services Administration (HRSA)

Source: AAMC Reporter, June 2011
3. General Summary For GME
Interprofessional Education/Practice:
Europe, UK, and Canada

1987 - Centre for the Advancement of Interprofessional Education (UK)
• Establishes IPE Nationwide
3. General Summary For GME
Interprofessional Education/Practice:
Europe, UK, and Canada

2004 – European Interprofessional Education Network
3. General Summary For GME
Interprofessional Education/Practice:
Europe, UK, and Canada

2005-6 – Canadian Interprofessional Health Collaboration
• Funded by Health Canada
• Membership is free
• Professional students branch
• Western Canada IHC formed in 2007
3. General Summary For GME
Interprofessional Education/Practice:
Europe, UK, and Canada

2007-8 – Accreditation of Interprofessional Health Education (Canada)
- National Collaborative of 8 Organizations (including AFMC)
- Accredits IPE for 6 health professions: PT, OT, SW, Pharmacy, RN, MD
3. General Summary For GME
Interprofessional Education/Practice:
USA

- 2009 – American Interprofessional Health Collaborative
  - Modeled on CIHC
  - Paid membership (Institutional & Individual)
3. General Summary For GME
Interprofessional Education/Practice:
USA

2009 – InterProfessional Education Collaborative
• Membership: AAMC, AACON, AACOM, AACOP, ADEA, ASPH
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2011 – Report 1: Competencies for Interprofessional Collaborative Practice
3. General Summary For GME

Interprofessional Collaborative Practice Core Competency Domains

Source: IPEC Report, Core Competencies for Interprofessional Collaborative Practice. AAMC, 2011
3. General Summary For GME
Interprofessional Education/Practice: USA

2011  Report 2: Team-based Competencies: Building a Shared Foundation for Education & Clinical Practice
  • Action Strategies to Implement IPEC Competencies
    ◆ Education campaign: Team-based care improves outcomes
    ◆ Building partnerships “to move toward a system that educates health professionals in working collaboratively”
3. General Summary For GME

Interprofessional Education/Practice: Two Peer Reviewed Journals

Journal of Interprofessional Care
- Began 1986; Bimonthly

Journal of Research in Interprofessional Practice and Education
- Began 2009; 3 Issues every 2 years
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3. General Summary For GME

- Increasing Supply of Health Care Workforce
- Enhancing Health Care Workforce Education
- Strengthening Primary Care
  - Community based research
  - Patient Centered Outcomes Research (PCOR)
  - New practice and payment models
    - “Collaborative healthcare workforce” (AAMC); health care teams, team-based care
    - Nurse-managed clinics (NPs) in underserved areas - $15M from ACA
Collaborative, Inter-disciplinary, Team-based, Interprofessional, …

• Members of two or more health professions working collaboratively (non-competitively) to provide optimal patient care

• Relatively flat hierarchy; open communications; skill-set synergies

• Peer model (no more “physician extenders,” “mid-level” providers, “allied” health professions: just several disciplines working together)

• Most effective, efficient w/teamwork or interprofessional training - promotes disciplinary understanding, mutual respect, and role clarity
Encouraging News from Studies

- Collaborative care improves
  - quality of care
  - clinical outcomes
  - medication adherence (substantially)
  - patient satisfaction
  - job satisfaction (across provider types)

- Collaborative care reduces
  - medication errors
  - hospital visits
  - but NOT physician income

Sources: Legault et al, JABFM March-April 2012; Pittman & Wililams 2012
Legislative Forces
Only part of the picture…
# Market Forces

<table>
<thead>
<tr>
<th>Source</th>
<th>2010 Mean Salary</th>
<th>Percent Medicare Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Academy of Pediatrics</td>
<td>$165,720</td>
<td>100%</td>
</tr>
<tr>
<td>American Academy of Nurse Practitioners</td>
<td>$89,450 (~54%)</td>
<td>~85%</td>
</tr>
<tr>
<td>American Academy of Physician Assistants</td>
<td>$87,500 (~53%)</td>
<td>~85%</td>
</tr>
</tbody>
</table>

Sources:  
- www.bls.gov/oes/current/oes291065.htm
Market Forces

Sources:
Rough G. For many, a nurse practitioner is “The” doctor. The Arizona Republic, Feb. 21, 2009
Market Forces

Prevention and Public Health Fund Allocations

- Additional primary care residency slots: $168 million (PCRE)
- Additional NP training: $30 million
- Additional PA training: $32 million

Market Forces

Prevention and Public Health Fund Allocations

- $168 million (PCRE)
- $32 million
- $30 million

Only part of the picture...
Watch MedPAC!

MedPAC is heavily influential and seeking complete reform of GME funding

- Should Medicare be in the GME business at all?
- Recommendation that Congress convene an expert group to come up with new standards to link payments with national incentives on quality and outcome.
- Timeline to completion - 3 years
- Incentivize primary care and ensure high quality primary care experiences
“Medicare (should) publish information about how much it pays each teaching hospital for GME-information that is sometimes not even available to the residency-program directors and teaching hospital faculty. GME payments…may be allocated as the institution’s chief executive and board of directors see fit without regard to the GME mission”

NEJM, 364:8 p.694
Hasbro Children’s Hospital
The Pediatric Division of Rhode Island Hospital
A Lifespan Partner

Legislative Forces

Regulatory Forces

Market Forces

ACGME
Opportunity Knocks

- Shall we increase pediatric residency slots, and if so, who pays?
- Shall we increase primary care exposure and incentives, and if so, who pays?
- What should primary care training look like?
- Shall we (APPD) become more politically active as an advocacy group?
Should We be Thinking Anew?

- Multidisciplinary medical home?
- Fewer pediatricians, but more **allied** professionals and **extenders**?
- Accountable care organizations?
  - Financial risks shared between hospitals and community practitioners?
- Let market forces reign?

Hasbro Children’s Hospital
The Pediatric Division of Rhode Island Hospital
*A Lifespan Partner*
Where Shall We Go Next?

- What is our role in defining, integrating, and educating all providers who contribute to the health care outcomes of children?