

'Aligning GME Policy with the Nation's Health Care Workforce Needs' policy paper released by ACP

7 September 2011

"Federal funds must be used efficiently to align spending with workforce policy goals and ensure that taxpayers are getting optimal value from their investment in GME (graduate medical education)," the American College of Physicians (ACP) noted today. The organization made these and other comments when its latest policy paper, *Aligning GME Policy with the Nation's Health Care Workforce Needs*, was released today.

ACP has long been concerned about the shortage of [primary care physicians](#) in the United States, particularly the supply of internal medicine specialists (internists). Internists specialize in primary and comprehensive care of adults and [adolescents](#) and are at the forefront of managing chronic diseases. Internists' skills will increasingly be necessary to take care of the growing population of patients with chronic diseases, the paper says.

"Numerous studies have shown that systems with a sufficient supply of primary [care physicians](#) have better outcomes at lower costs," pointed out Virginia L. Hood, MBBS, MPH, FACP, president of ACP. "Yet the nation is facing a severe shortage of internists and other primary care physicians for adults - an estimated 44,000-46,000 by 2025." The figure Dr. Hood cited does not take into account the increasing demand for primary care services as 32 million uninsured American obtain coverage through the reforms in the Patient Protection and Affordable Care Act (ACA).

In its 26-page policy paper, ACP provides 11 recommendations to preserve sufficient funding to support GME in the United States while ensuring that such spending is used effectively. The paper recommends policies to strengthen transparencies, accountabilities and value, including aligning financing with an assessment of workforce needs,

weighting funding to support programs that train primary care physicians and other specialties facing shortages, and funding pilots of innovative models to train physicians in the specialties and with the skills needed to meet societal needs. The recommendations are made with the perspective that the federal deficit is at an all-time high and that there is an increased commitment to fiscal responsibility. In fact, the paper points out, entitlement programs, such as Medicare, are facing greater scrutiny.

"Congress needs to ensure sufficient funding for Graduate Medical Education to ensure that the United States has enough physicians with the skills needed to take care of an aging population with more [chronic diseases](#) and to reverse a growing shortage of primary care physicians," said Dr. Hood, who is a professor of Medicine at the University of Vermont. "At the same time, GME funding should be better aligned with an assessment of workforce needs and all payers should contribute to GME.

"The federal government should also partner with the medical profession to support innovative models of ambulatory training and exposure to team-based approaches to patient care," Dr. Hood continued. "While implementing such changes will require collaboration among all the stakeholders in primary care training, it will also require changes to GME financing and the support of those who pay for health care."

Beyond its concern for [primary care](#), ACP notes in its policy paper that it feels strongly that the GME system should ensure that the nation has an adequate supply of the types of physicians needed to treat patients, that they enter the workforce with the knowledge and skills required to provide the highest quality care, and that all Americans have

access to such care. The nation will not be able to expand access, improve health outcomes, and decrease health care expenditures without a national [health care](#) workforce policy and the appropriate direction of funding to achieve these goals.

Provided by American College of Physicians

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