

Supplementary Appendix

This appendix has been provided by the author to give readers additional information about his work.

Supplement to: Iglehart JK. Health reform, primary care, and graduate medical education. *N Engl J Med* 2010; 363:584-90. DOI: 10.1056/NEJMhpr1006115.

Online Supplement

Recommendations of the Medicare Payment Advisory Commission to Increase Accountability for Receiving Medicare's Graduate Medical Education payments

1. The Congress should authorize the secretary to change Medicare's funding of graduate medical education (GME) to support the workforce skills needed in a delivery system that reduces cost growth while maintaining or improving quality.
 - The secretary should establish the standards for distributing funds after consultation with representatives that include accrediting organizations, training programs, health care organizations, health care purchasers, patients, and consumers.
 - The standards established by the secretary should, in particular, specify ambitious goals for practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice, including integration of community-based care with hospital care.
 - Performance-based GME fund under the new system should be allocated to an institution sponsoring GME programs only if that institution met the new standards established by the secretary, and the level of funding would be tied to the institution's performance on the standards.

The indirect medical education (IME) payments above the empirically justified amount should be removed from the IME adjustment and that sum would be used

to fund the new performance-based GME program. To allow time for the development of standards, the new performance-based GME program should begin in three years (October 2013).

2. The secretary should annually publish a report that show Medicare medical education payments received by each hospital and each hospital's associated costs. This report should be publicly accessible and clearly identify each hospital, the direct and indirect medical education payments received, number of residents and other health professionals that Medicare supports, and Medicare's share of teaching costs incurred.
3. The secretary should conduct workforce analysis to determine the number of residency positions needed in the United States in total and by specialty. In addition, analysis should examine and consider the optimal level and mix of other health professionals. This work should be based on the workforce requirements of health care delivery systems that provide high-quality, high-value, and affordable care.
4. The secretary should report to the Congress on how residency programs affect the financial performance of sponsoring institutions and whether residency programs in all specialties should be supported equally.
5. The secretary should study strategies for increasing the diversity of our health professional workforce (e.g., increasing the shares from underrepresented rural, lower income, and minority communities) and report on what strategies are most effective to achieve this pipeline goal.