Graduate Medical Education

Definitions:

- LCME - Liaison Committee on Medical Education, accredits medical schools undergraduate program
- ACGME Accreditation Council on Graduate Medical Education
  - Institutional Program
  - RRCs – Residency Review Committees (a total of 24)
Graduate Medical Education
Institutional Office

Associate Dean for Clinical Affairs
Assistant Dean for Graduate Medical Education
Institutional Designated Officer
Graduate Medical Education Committee

UPR School of Medicine
33 Residency Programs 432 Residents

- Primary Specialties
  - Family Medicine
  - Internal Medicine
  - OB-GYN
  - Pediatrics
  - General Surgery
  - Psychiatry
  - Emergency Medicine
  - Neurology
  - Physical Medicine
  - Pathology

- I.M. Subspecialties
  - Cardiology
  - Endocrinology
  - Nephrology
  - Hematology-Onco
  - Gastroenterology
  - Infectious Diseases
  - Pneumology
  - Rheumatology
  - Geriatrics

UPR School of Medicine
32 Residency Programs 432 Residents

- Surgical Subspecialties
  - ENT
  - Neurosurgery
  - Urology
  - Orthopedics
  - Pathology Subspecialties
    - Forensic Pathology
    - Laboratory medicine

- Pediatric Subspecialties
  - Neonatology
  - Hematology-Onco
  - Critical care
  - Radiology
UPR School of Medicine
Clinical Teaching Sites

- University Hospital
- University Pediatric Hospital
- Centro Medico de P.R.
- S. J. Veterans Administration Medical Center
- Centro Cardiovascular de P.R.
- S.J. City Hospital
- Hospital of the University of P.R. Carolina
- Hospital Panamericano
- Pavia Hospital
- Centro de Diagnostico de Trujillo Alto

Graduate Medical Education
University of Puerto Rico

- Graduate Medical Education (GME) used to be a hospital based enterprise i.e., hospitals would be their own program sponsors e.g., UDH
- In 1980 the UPR School of Medicine assumed the responsibility for directing/administering GME Residency Programs in collaboration w/ Dept. Health

In year 2000 GME Office under UPR School of Medicine assumed major responsibility in fiscal and administrative affairs.
As part of Institutional Requirements Standards, UPR SOM GME Office was visited in February 2001.
In May 2001 the ACGME Institutional Review Committee forwarded a report with an unfavorable proposed action.

This was based on failure of the institution to demonstrate substantial compliance with the Institutional Requirements.
A total of 12 citations were listed by the IRC.

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Inadequate Institutional oversight of its programs – (cited on previous visits)
While majority of programs have full accreditation, they are on short cycles i.e., 2-3 yrs
Faculty scholarly activity – lack of certified faculty & poor resident performance in board exams.
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University of Puerto Rico

<table>
<thead>
<tr>
<th>Institution</th>
<th>Int. Medicine</th>
<th>Pediatrics</th>
<th>Family Medicine</th>
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<tbody>
<tr>
<td>St. Luke</td>
<td>8</td>
<td>0</td>
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<tr>
<td>UPR</td>
<td>41</td>
<td>28</td>
<td>68</td>
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<td>VA</td>
<td>42</td>
<td>21</td>
<td>50</td>
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<tr>
<td>La Concepcion</td>
<td>14</td>
<td>6</td>
<td>43</td>
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<td>Damas</td>
<td>13</td>
<td>5</td>
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<td>Caguas</td>
<td>8</td>
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<tr>
<td>SJCH</td>
<td>5</td>
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Board Passing Rate: 1999-2001

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Citations # 3

- Statement of commitment – no written statement of institutional commitment to GME that is supported by governing authority, the administration & teaching staff

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University of Puerto Rico

Citations # 6 & 7

- GMEC Responsibilities – Did not provide regular review of all ACGME accreditation letters or monitoring of correction plans to correct Program citations.
- Curriculum Topics – GMEC did not ensure residents’ curriculum that would provide regular review of ethical, socioeconomic, medical/legal & cost-containment issues that affect GME & medical practice.
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University of Puerto Rico

Citations # 8

- Internal Reviews – they were not conducted in compliance w/ Institutional Requirements i.e., several IRs were not conducted at approximately the midpoint between ACGME program surveys.

Citations # 9 & 10

- Evaluations by Residents of the teaching faculty was not performed
- Inadequate financial support – should residents have to attend courses on the mainland, they must pay for most or all of it themselves. Compensation of residents and distribution of resources for the support of education was not carried out w/ the advice of the GMEC.
- Inadequate financial support – in 1999 residents went into strike for better salaries.

Citation # 12

- Working Environment - Hospitals did not provide services or develop systems to minimize the work of residents that was extraneous to their educational programs e.g., non available call rooms for residents on call at home, poor messenger/transporter support services after hours (residents would have to do it on their own), after hour residents would have search for records themselves or do without them
Graduate Medical Education Financing

- **Sources:**
  - Medicare payments
  - Excess revenues from the clinical activity
  - State subsidy
    - Allocations to school
    - Medicaid funds
    - Tax-exempt status
  - Philanthropy

- Medicare: largest supporter of GME in the US
- Direct Medical Education ($28,000 average per resident in 2000)
  - Residents salaries
  - Fringe benefits
  - Teachers salaries
    - Based on:
      - Number of residents in a given hospital
      - Volume of Medicare patients
      - Estimated cost of medical education in 1984
  - Indirect Medical Education

50% of Medicare Payments to Hospital are ADD-ONS

- DRG – diagnosis related group
- IME – indirect medical education
- DME – direct medical education
- DHS – disproportionate share payments

<table>
<thead>
<tr>
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<th>Percentage</th>
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<tbody>
<tr>
<td>DRG</td>
<td>48%</td>
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<tr>
<td>IME</td>
<td>19%</td>
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<tr>
<td>DME</td>
<td>12%</td>
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<td>DHS</td>
<td>8%</td>
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<tr>
<td>CAPITAL</td>
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<tr>
<td>OUTLIER</td>
<td>5%</td>
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<td>All Other</td>
<td>2%</td>
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Graduate Medical Education Year 1998

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<tr>
<th></th>
<th>Puerto Rico</th>
<th>New York</th>
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<tbody>
<tr>
<td>Residents</td>
<td>825</td>
<td>15,500</td>
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<tr>
<td>GME Funds</td>
<td>5.4 million</td>
<td>494 million</td>
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<td>Funds per resident</td>
<td>6,545</td>
<td>31,870</td>
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Medical School Revenues, 1998

Community-Based Schools
Median Total Revenues=$80.2 million (N=17)

<table>
<thead>
<tr>
<th>Source</th>
<th>Mean (million)</th>
<th>% of total</th>
<th>UPR % of total</th>
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</thead>
<tbody>
<tr>
<td>Non-federal</td>
<td>40.11</td>
<td>15.8</td>
<td>54.90</td>
</tr>
<tr>
<td>Tuitions &amp; Fees</td>
<td>6.98</td>
<td>2.8</td>
<td>2.32</td>
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<tr>
<td>Endowments &amp; gifts</td>
<td>6.98</td>
<td>2.8</td>
<td>0</td>
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<tr>
<td>Hospital (MC etc.)</td>
<td>36.90</td>
<td>14.6</td>
<td>0</td>
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<tr>
<td>Grants &amp; contracts</td>
<td>66.43</td>
<td>26.2</td>
<td>25.6</td>
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<tr>
<td>Practice Plan</td>
<td>83.63</td>
<td>33</td>
<td>29.8</td>
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Comparison of Revenue Sources UPR School of Medicine and Public Schools in the US

Source: AAMC
Graduate Medical Education Financing: UPR School of Medicine

- State allocation:
  - 11 million state legislature for residents salary, fringe benefits and institutional office secretary
  - Tax exemption to residents subsidies
  - UPR assumed the salary of the clinical faculty in 2000-2001 (estimated 7 millions).

Graduate Medical Education UPR School of Medicine

- Any proposed system should provide:
  - Reliable funding
  - Teaching Sites
    - Hospital
    - Ambulatory
  - Commitment to Scholarly Activity
  - Compliance with ACGME requirements
    - Residents' Union