

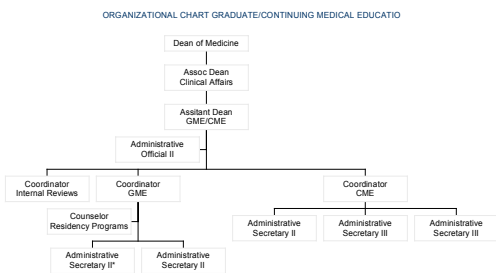
University of Puerto Rico School of Medicine

Graduate Medical Education
August 2002

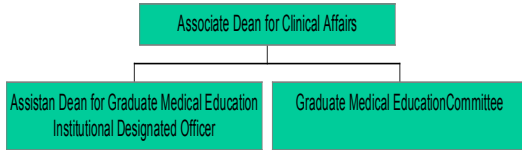
Graduate Medical Education

- 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)

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Graduate Medical Education Institutional Office



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-Oncology
 - 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

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- 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

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- In year 2000 GME Office under UPR School of Medicine assumed major responsibility in fiscal and administrative affairs.

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- 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*.

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- 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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Citation # 1

- 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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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.

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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.

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Citation # 12

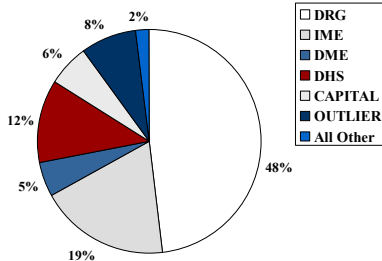
- Working Environment - Hospitals did not provide services or develop systems to minimize the work of residents that was extraneous to their educational programs e.g., non available call rooms for residents on call at home, poor messenger/transporter support services after hours (residents would have 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

Commonwealth Task Force
AHC

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



Graduate Medical Education Financing

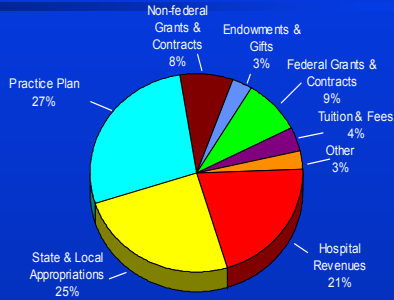
- Medicare: largest supporter of GME in the US
- Direct Medical Education (\$28,000 average per resident in 2000)
 - Residents salaries
 - Fringe benefits
 - Teachers salaries
 - Based on:
 - Number of residents in a given hospital
 - Volume of Medicare patients
 - Estimated cost of medial education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

Commonwealth Fund Task
Force AHC

Graduate Medical Education Year 1998

	<i>Puerto Rico</i>	<i>New York</i>
<i>Residents</i>	825	15,500
<i>GME Funds</i>	5.4 million	494 million
<i>Funds per resident</i>	6,545	31,870

Medical School Revenues, 1998 Community-Based Schools Median Total Revenues=\$80.2 million (N=17)



Source: AAMC

Comparison of Revenue Sources UPR School of Medicine and Public Schools in the US

Revenues	Mean (millions)	% of total	UPR	% of total
State & Local Appropriations	40.11	15.8	54.90	48.0
Tuitions & Fees	6.98	2.8	2.32	2.0
Endowments & gifts	6.98	2.8	0	0
Hospital (MC etc.)	36.90	14.6	0	0
Grants & contracts	66.43	26.2	26.8	24.0
Practice Plan	83.63	33	29.8	26.0

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
