



Do Fellowship Programs Train Physicians to Become Faculty?

David L. Brown, M.D.
Chair, Anesthesiology Institute
Cleveland Clinic

Do Fellowship Programs Train Physicians to Become Faculty?

2011 Training Data: ACGME and ABA Sources

Subspecialty	Programs	Positions approved	ABA fellows
CCM	48	144	88
Pain	80	341	203
Peds Anes	46	208	186
Adult CT Anes	56	166	139

Do Fellowship Programs Train Physicians to Become Faculty?

- ACGME accredited programs (n=~600)
 - primarily a clinical training setting
- Non-accredited programs (unknown numbers)
 - significant variability in training setting
- Research underpinnings?
- Education focus?

Do Fellowship Programs Train Physicians to Become Faculty?

Perceived deficits in fellowship graduates

- Clinically adequate if good program and good fellow matched
- Independent clinical decision-making may still lack based on core training program
- Almost all lack research grounding; unless fellowship extended – or - development program offered as young faculty
- Clear mentorship path and resources appear to be key

Do Fellowship Programs Train Physicians to Become Faculty?

NEJM 2011

The NEW ENGLAND JOURNAL of MEDICINE

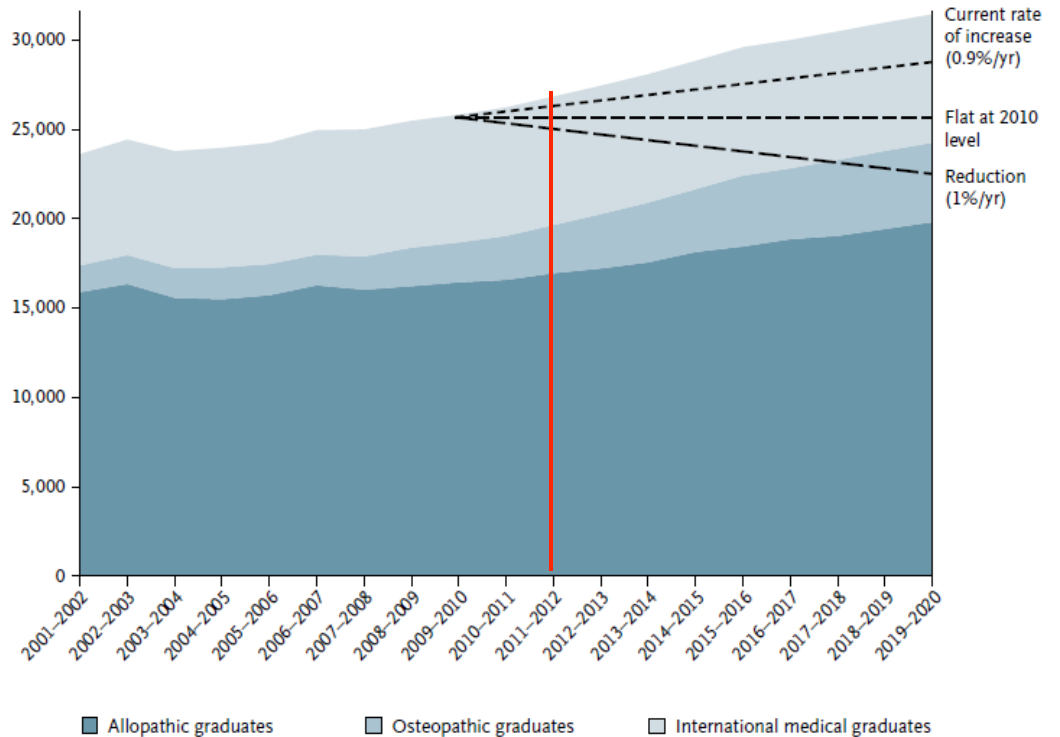
HEALTH POLICY REPORT

**The Uncertain Future of Medicare
and Graduate Medical Education**

John K. Iglehart

**RECOMMENDATION OF THE
BOWLES-SIMPSON COMMISSION**

For every 10 residents per 100 beds, a teaching hospital receives a 5.5% add-on adjustment to its Medicare payment rate for hospital care. By reducing it to 2.2%, which the Medicare Payment Advisory Commission had estimated would more accurately reflect indirect costs, the Bowles-Simpson commission said Medicare's reduced GME support would cut federal expenditures by \$6 billion by 2015 and by \$60 billion by 2020.²



Do Fellowship Programs Train Physicians to Become Faculty?

Proposed Reductions in Medicare IME Payments to AAMC Teaching Hospitals: National and State Economic Impacts

February 2011

*Table 1
Summary of Economic, Employment, and Government Revenue Loss
Due to Recommended IME Federal Payment Reductions for COTH members*

State	Rank	Total Economic Impact Loss	Employment Loss	Tax Loss	IME Reduction
New York	1	\$ 2,668,008,809	17,787	\$ 160,080,529	(576,261,520)
Pennsylvania	2	\$ 935,246,834	6,235	\$ 56,114,810	(261,859,356)
Massachusetts	3	\$ 767,254,926	5,115	\$ 46,035,296	(205,842,013)
California	4	\$ 636,273,762	4,242	\$ 38,176,426	(176,988,844)
Ohio	5	\$ 589,538,758	3,930	\$ 35,372,325	(160,907,391)
Michigan	6	\$ 562,165,987	3,748	\$ 33,729,959	(149,943,704)
Illinois	7	\$ 524,886,583	3,499	\$ 31,493,195	(143,913,596)
Connecticut	8	\$ 361,856,927	2,412	\$ 21,711,416	(90,963,219)

IME Cuts Could Cost the US Over 72,600 Jobs and \$653 Million in State and Local Revenue

Reduced IME Payments Could Mean a \$10.9 Billion Loss to the US Economy


Do Fellowship Programs Train Physicians to Become Faculty?



Distribution Methodology

- First, hospitals in states with new medical schools;
- Second, hospitals that have exceeded their resident cap at the time of enactment of the legislation;
- Third, hospitals that emphasize training in community health center or community-based settings or in hospital outpatient departments;
- Fourth, hospitals eligible for electronic health record (HER) incentive payments, and;
- Fifth, all other hospitals.

September
Twenty-Three
2011

TO: Chief Executive Officers
FROM: Kenneth E. Raske, President 
RE: Congress Introduces New Resident Cap Relief I

Requirements

- at least 50% of slots are used for a shortage specialty residency program;
- the total number of slots is not reduced prior to the increase; and
- the ratio of residents in a shortage specialty program is not decreased prior to the increase.

Today, U.S. Senate Finance Committee Members Bill Nelson (D-FL) and Charles Schumer (D-NY), along with Senate Majority Leader Harry Reid (D-NV), introduced the Resident Physician Shortage Act of 2011. The legislation would increase the number of residency positions that

Do Fellowship Programs Train Physicians to Become Faculty?

- How do we adequately fund real scholars – academic physicians in the era of shrinking resources
- This will be a “will” issue – do we have it?

