ORH
VHA Office of Rural Health

Fact Sheet

MONTHLY SUMMARY OF VETERAN RURAL HEALTH POLICIES AND PUBLICATIONS

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IN THIS ISSUE:

The Redistribution of Graduate Medical Education Positions in 2005 Failed to Boost Primary Care or Rural Training

The U.S. government spends $13 billion annually on Graduate Medical Education with little accountability to address physician shortages in certain specialties or rural areas. In 2005, Medicare reassigned 3000 residency positions to produce more trainees in primary care and rural areas. The results showed that of the 304 hospitals that received additional trainees only 12 were rural. Rural hospitals received 3% or 83 of the additional trainee slots. The additional primary care residencies did have a positive impact on primary care, but specialty care training grew twice as much (1,585 primary care vs. 3,433 non-primary care positions). Since 2005, 48 hospitals decreased their primary care training while increasing their specialty care training. The goals of shifting more positions to primary care and rural areas were not met. The current Medicare Graduate Medical Education payment system rewards hospitals that have a higher ratio of residents to beds. Rural facilities are at a disadvantage in this equation as they cannot support higher ratios. The authors conclude that small changes within the large Graduate Medical Education landscape are not likely to solve physician shortages in primary care and rural areas. Instead, future Graduate Medical Education payment formulas should be changed to separate them from the hospital prospective payment system to more fully align training positions with need. Citation: Chen, C., Xierali, I., Piwnica-Worms, K., Philips, R., (2013). A review of the 2005 legislative action to shift 3,000 additional GME training positions to primary care and rural areas. *Health Affairs, 32, no. 1 (2013): 102-110. Available: http://content.healthaffairs.org/content/32/1/102.full* ◆

Did You Know?

- The U.S. Government spends $13 billion annually on Graduate Medical Education.
- The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 redistributed nearly 3,000 residency positions among the nation's hospitals in 2005 to provide more primary care and rural health training.
- Only 83 of the shifted training positions were in rural settings. ◆

Utilization of Multidisciplinary Services for Diabetes Care in the Rural Setting

This study attempted to quantify utilization of allied health services by diabetics in rural Australia, and identify reasons for underutilization. Strong evidence supports a multi-disciplinary approach to diabetes management. Like their American counterparts, Rural Australians use medical services less frequently than their urban counterparts. Rural Australian diabetics have higher rates of morbidity and mortality compared to their urban counterparts. In this study, 268 patients with a diabetes diagnosis were mailed a 10-page survey with quantitative questions about their demographics, diabetes medical history and questions about their use of allied health resources. Of the 117 respondents, 75.2% reported seeing a Diabetes Educator, and 36.8% reported having a formal diabetes management plan. Participants listed several reasons for not seeing an allied health practitioner in the last year. 48% said they did not need the services, and 44.1% said they had not been referred. The data did not cite the lack of available services or travel barriers as a major reason for low utilization. In fact, the allied health service utilization rate compared favorably to the general and urban populations. The authors concluded that service utilization could be improved with greater patient education highlighting the need for allied health services. Increased use of formal diabetes management plans will also improve visit frequency to allied services. Citation: Madden, J., Barnard, A., Owen, J., (2013). A self-administered mail survey of 268 patients with diabetes. *The Australian Journal of Rural Health. (online) 2013. Available: http://onlinelibrary.wiley.com/doi/10.1111/ajr.12006/pdf* ◆

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