CHILDREN'S HOSPITAL ASSOCIATION

Champion's for Children's Health

CHILDREN'S HOSPITALS

Graduate Medical Education Payment Program

CHGME DELIVERS VALUE TO HEALTH CARE FOR ALL CHILDREN

Congress enacted the Children's Hospital Graduate Medical Education Payment Program (CHGME) in 1999 with the goal of providing freestanding children's hospitals with the same federal GME funding that other teaching hospitals receive through Medicare. In 1998, children's hospitals received less than 0.5 percent of the level of federal GME support that adult teaching hospitals received. The unintended inequity in federal GME funding was a serious financial disadvantage for children's hospitals.

Today, thanks to CHGME, the payments made to children's hospitals on a per resident basis, as a percent of Medicare payments, have risen to approximately 68 percent. This has enabled children's hospitals to sustain and strengthen their teaching programs as well as continue to increase services dedicated to children's unique health care needs.

In response to local and national needs for additional pediatricians and pediatric subspecialists, children's hospitals have improved and strengthened their teaching programs. The CHGME program has accounted for more than 74 percent of the growth in the number of new pediatric subspecialists being trained nationwide. Since CHGME began, children's hospitals have increased their training by 45 percent, even though much of the increase has been over hospitals' resident training caps – the number of residents for which teaching hospitals are eligible to receive payment. Children's hospitals do not receive financial assistance for the residents they train over their cap level.

Beyond expanding teaching programs, CHGME funding has enabled children's hospitals to provide significant value to the patients and communities they serve including:

- Closing the gap in pediatric subspecialty care
- Building the supply of pediatricians in our communities
- Supporting advanced pediatric research
- Advancing the quality of pediatric medical education
- Providing care for vulnerable and underserved children
- Supporting complex, state-of-the-art care for all children
- Pioneering community-based pediatric training

CLOSING THE GAP IN PEDIATRIC SUBSPECIALTY CARE

Children's hospitals across the country continue to experience significant staff shortages in some pediatric physician subspecialties. These ongoing shortages make it hard for families to access timely and appropriate care due to long wait times for medical appointments for their children – in some areas, certain subspecialty appointments such as developmental pediatrics need to be booked 13 weeks in advance. Children's hospitals are responding to this critical issue by serving as the training ground for the next generation of pediatricians and pediatric subspecialists.

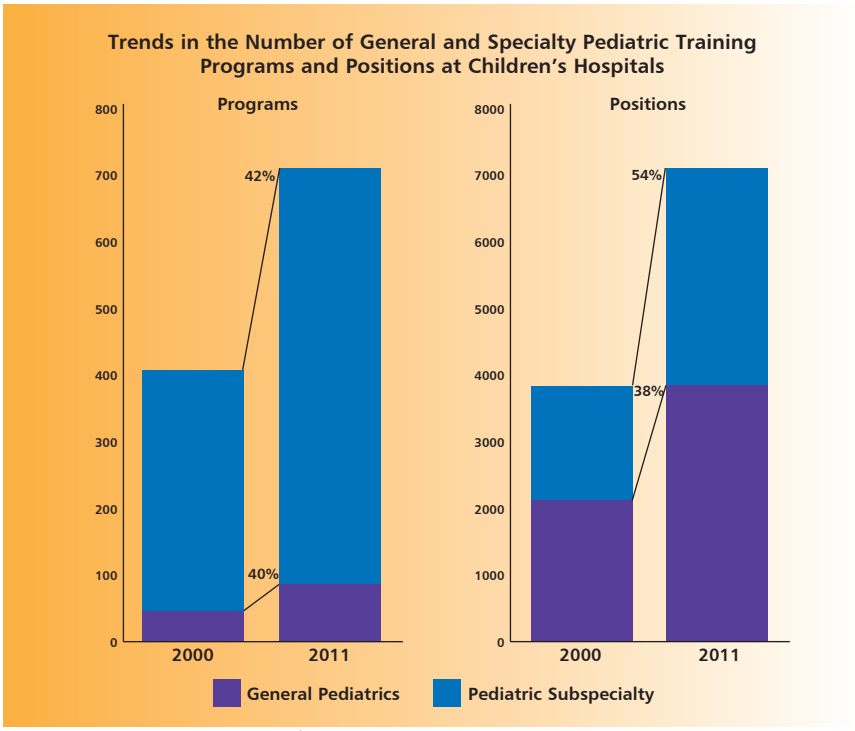
With CHGME funding, these hospitals:

- Reversed a decline in the number of pediatric residents trained
- Account for virtually all growth in pediatric subspecialty programs and in number of fellows trained
- Train almost 45 percent of all pediatricians and 51 percent of all pediatric specialists
- Increased the number of new training programs from 2000 to 2011 by 42 percent

For Example

Since 2008, **Children's Mercy Hospitals and Clinics** in Kansas City, MO, has initiated three new fellowship programs in the areas of critical care, ear, nose and throat, and cardiology.

Children's Hospital of The King's Daughters in Norfolk, VA, trains two pediatric fellows per year in its Child Abuse Pediatrics fellowship. The program collaborated in establishing a standardized curriculum for child abuse fellowships, which has led the way to accreditation of child abuse fellowships by the Accreditation Council for Graduate Medical Education. Due in part to their efforts, more pediatricians can now be trained to serve suspected victims of child abuse.



Note: Includes only American Board of Pediatrics Programs and excludes combined programs such as internal medicine/pediatrics. Data from the Graduate Medical Education Database, Copyright 2011, American Medical Association, Chicago, Illinois.

Since the start of its gastroenterology fellowship program, **Nationwide Children's Hospital** in Columbus, OH, has dramatically reduced waiting times for clinic appointments. In 2004, the average waiting time for non-emergency patients was 106 days. In 2010, it was 25 days.

BUILDING THE SUPPLY OF PEDIATRICIANS IN OUR COMMUNITIES

About 59 percent of the pediatric residents and fellows trained by CHGME hospitals practice in the same state where they trained.

For Example

Over the past ten years more than 60 percent of the residents from **Phoenix Children's Hospital** have pursued a career in primary care. Approximately 65 percent of the resident graduates practice in Arizona and/or return to the state within three years after fellowship training.

Photo by Paul Vincent Kuntz, Texas Children's Hospital, Houston, TX

In a public-private partnership, **Texas Children's Hospital** in Houston made a commitment to the Harris County Hospital District (HCHD) to provide services to any child presenting to HCHD's Ben Taub General Hospital and requiring hospitalization, regardless of ability to pay. This commitment permitted HCHD to shift resources from pediatric inpatient care and expand pediatric outpatient primary and subspecialty care services across the Houston and Harris County communities.

Between 2005 and 2009, 460 physicians graduated from the residency program at **Children's Memorial Hospital** in Chicago. Of the 460 graduates, 150 have remained on staff as either an attending physician or a community pediatrician with admitting privileges at Children's Memorial Hospital.

SUPPORTING ADVANCED PEDIATRIC RESEARCH

In fiscal year 2010, CHGME children's hospitals and their affiliated pediatric departments conducted about 19 percent of all National Institutes of Health-sponsored pediatric research. CHGME funding also provides flexibility in pediatric training, which enables residents and fellows additional time and opportunity to engage in research, which is essential in improving children's health care.

For Example

Cincinnati Children's Hospital Medical Center has formed "Institutes" which integrate clinical care and research. For example, the clinical fellows at the Heart Institute are being cross trained with research fellows. The fellows collaborate on how best to serve the patient and accelerate the flow of knowledge from bench to bedside.

In 2010, a cardiologist from **Children's Hospital & Medical Center** in Omaha, NE, received the 2010 Arthur E. Weyman Young Investigator's Award. This is the first time that a pediatric cardiologist has received this prestigious award.

In 2009, residents from **Rainbow Babies & Children's Hospitals** in Cleveland published a number of scientific papers including one detailing a newly recognized virus in children with gastrointestinal illness.

PROVIDING CARE FOR VULNERABLE AND UNDERSERVED CHILDREN

Children's hospitals have increased diversity of residents' experience through extension training programs, rural rotations and experiences in neighborhood clinics. As a result, this has increased the likelihood that residents will practice in underserved areas.

Independent children's teaching hospitals serve a disproportionate share of vulnerable children from low-income families. In addition:

- They provide almost 21 percent of all low-income and 10 percent of uninsured pediatric days of care
- 45 percent of care provided is for children covered by Medicaid

For Example

The Downtown Health Center, a collaboration between the **Children's Hospital of Wisconsin** and The Medical College of Wisconsin, is staffed with a dozen pediatric faculty and up to a dozen residents and medical students training daily. Last year, they cared for 6,600 newborns, children and adolescents. More than 16,000 visits and 83,000 phone calls yearly to the clinic came from a population that is 80 percent African American and 15 percent Latino. Close to half – 42 percent –have annual incomes below $10,000. Ninety two percent are enrolled in Medicaid and/or CHIP and 3 percent are uninsured. Most are children with special health care needs.

Rady Children's Hospital in San Diego created a pediatric dental residency program in order to provide dental care for underprivileged children and children with special health care needs.

Children's Hospital Medical Center of Akron in Ohio sends their pediatric hematology/oncology fellows to the hospital's Hemostasis and Thrombosis Center (HTC), where they serve the largest Amish/Mennonite population in the world. Currently the HTC is providing services to approximately 146 individuals, both pediatric and adult, with bleeding disorders from this community. This is greater than 40 times the expected rate of prevalence.

ADVANCING THE QUALITY OF PEDIATRIC MEDICAL EDUCATION

Photo by Nancy Levine, Seattle Children's, Seattle, WA

Children's hospitals incorporate new programs aimed at teaching the next generation of physicians (and their teachers) how to systematically improve the quality of clinical care and patient safety. They are also adopting innovative teaching techniques to enhance the training process itself.

For Example

Children's Hospital Boston instituted a new curriculum within the pediatric residency program that includes a three month rotation wherein residents spend a defined, structured block of time focused on research training and academic skill development. The program has resulted in significant increases in the number of residents who see productive research accomplishments during their residency and offers all pediatric residents an enhanced foundation for future academic careers.

Physicians at Intermountain Healthcare's **Primary Children's Medical Center** in Salt Lake City use information systems to guide care management and plan discharges. Intermountain Healthcare's Enterprise Data Warehouse, an extension of Intermountain's electronic medical record, enables residents, fellows and faculty at Primary Children's Medical Center to use patient data to conduct innovative health services research that has led to cost-effective, improved care for febrile infants and children with asthma and bronchiolitis, as examples. Residents learn how health information technology can drive best practices through decision support and guided documentation.

Photo by Allen S. Kramer, Texas Children's Hospital, Houston, TX

SUPPORTING COMPLEX, STATE-OF-THE-ART CARE FOR ALL CHILDREN

Children's teaching hospitals provide a high proportion of the most complex services and procedures for the sickest children in the country, including:

- 61 percent of all days of care for pediatric transplants
- 50 percent of all pediatric days of care for cardiac surgery
- 53 percent of all pediatric days of care for children with cancer

For Example

Seattle Children's Hospital serves as the major pediatric referral center in a five-state region – Washington, Wyoming, Alaska, Idaho and Montana. Pediatric medical students and pediatric residents do part of their training in a rotation at practice-based clinical sites away from the academic medical center in these states. CHGME funding has been instrumental in developing three new clinical training sites in Montana, Idaho and Wyoming. The support has provided an impetus to develop a pediatric primary care residency program with training in Alaska.

In Aurora, CO, **The Children's Hospital** treats:

- 100 percent of bone marrow, heart and lung transplant patients
- 100 percent of the major operating room procedures for lymphatic, hematopoietic and other neoplasm patients
- 97.6 percent of the major cardiothoracic repair of heart anomaly work patients

Children's Healthcare of Atlanta requires all residents and hematology and oncology fellows to receive training and education in treating sickle cell anemia. In 2009, 63 residents received this training. Additionally, the hematology and oncology department provided advanced training in treating sickle cell anemia to 12 fellows.

PIONEERING COMMUNITY-BASED PEDIATRIC TRAINING

Children's hospitals have strengthened partnerships within the community by engaging in community outreach and providing primary care to the medically underserved. With CHGME funding, 80 percent of participating hospitals have been able to provide community benefits such as child abuse prevention, community outreach, mental health services and wellness programs.

For Example

Children's hospitals are training a new generation of pediatricians to create successful community partnerships and integrate public health concepts into the everyday practice of medicine to improve the health of underserved communities. One such project at **Children's National Medical Center** in Washington recognized a need for teen pregnancy prevention. Residents designed a curriculum and conducted classes with adolescent girls in the community over an 18 month period.

The Children's Hospital of Philadelphia requires all residents to engage in a community advocacy project by the end of their three years of training. As a result, each year 30 residents participate in the Home Health visitation program; 30 to 40 residents either conduct teaching sessions for adjudicated youth in their facilities or participate at the health resource center of local high schools; and 30 to 40 residents go to the People's Emergency Shelter to conduct teaching sessions for mothers on health related topics.

Residents trained at **Connecticut Children's Medical Center** in Hartford engage in a community longitudinal experience, which helps them better understand the needs of patients as individuals and as members of communities. Residents engage in a long term project in the local community such as advocating successfully for new legislation to promote healthier food choices in schools or participating in the investigations of the State Child Advocate.

Since its enactment, the CHGME program has not only made progress towards achieving equity with Medicare, it has also been one of the most important investments in strengthening children's health care in America. Children's hospitals have responded to rising pediatric shortages, which often result in long delays in a child's ability to see a specialist. Despite efforts to train more providers, severe shortages continue. As shown by the examples above, CHGME has proven to be a successful program, but more work needs to be done to address the ongoing shortages and to establish and maintain equity with Medicare GME funding.

Photo by Kent Spiry, Baystate Children's Hospital, Springfield, MA

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