

# New Paradigms for Physician Training for Improving Access to Health Care

Client: U.S. Department of Health and Human Services, Health Resources and Services Administration

## Overview

Insight worked with the Health Resources and Services Administration's Council on Graduate Medical Education (COGME) to develop a congressional report on the problems caused by limited access to healthcare for rural and urban uninsured populations. For more than 25 years, COGME has advised Congress and the Secretary of the U.S. Department of Health and Human Services on the adequacy of the supply and distribution of physicians in the United States; current and future shortages of physicians; and related graduate medical education, accreditation, and financing issues.

COGME's 18th Report to Congress confronted the issues of poor access to care across the United States and reviewed the potential for a mandatory service structure for physicians to alleviate these problems. Through expert presentations, white papers, and direct research, COGME reviewed the issues of access pertaining to rural and uninsured urban populations; historical experiments with mandatory service prescriptions; global models of care; and the issues, barriers, and potential impact of a mandatory service system in the United States. The report questioned the implementation of mandatory service and presented a review of alternative strategies that could improve access to health care in rural and urban areas.

The COGME report presented five recommendations to Congress, addressing specifically the needs to —

- Expand and create new models of training that focus on delivering care in areas of high medical need.



- Support federal loan programs through the National Health Service Corps, the U.S. Department of Defense, the U.S. Department of Veterans Affairs, and state-based loan repayment to increase the number of physicians serving in underserved areas.
- Create incentives that encourage medical schools to recruit and prepare physicians for clinical practice in underserved areas.
- Establish a national medical school (or system of medical schools).
- Fund targeted physician training that creates a clinical physician workforce to serve populations in areas of limited access to medical care.

## Products

Final report, *New Paradigms for Physician Training for Improving Access to Health Care* (2007)