

Overview of Residency Programs Selected for CAA Sec. 126 Round Two Graduate Medical Education Slots

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Introduction

The Centers for Medicare & Medicaid Services (CMS) released data on the 99 hospitals that would receive residency slots via the second round of Consolidated Appropriations Act (CAA), 2021 Sec. 126 distributions on November 15, 2023. This analysis aimed to utilize the data released by CMS to identify the geographically rural status of the training sites of the selected residency programs as a follow-up analysis of *The Distribution of Additional Residency Slots to Rural and Underserved Areas.* ²

Methods

The CMS data included residency program Accreditation Council for Graduate Medical Education (ACGME) unique identification codes. The residency programs ACGME ID codes were merged with publicly available 2023 ACGME Accreditation Data System (ADS) and American Medical Association FREDIA data to identify the training sites for each residency program. This was compared with the number of required training months at rurally located sites using current ADS data to determine the total number of months residents train at each location. Geocoded training site data for each residency program was merged with the Federal Office of Rural Health Policy Rural Counties and Census Tracts list and the Inpatient Prospective Payment System (IPPS) 2024 County to CBSA Crosswalk File. Following the data merge, we identified whether a training site was 1) in a CMS geographically rural area as defined in section 1886(d)(2)(D) of the Social Security Act or 2) in a Federal Office of Rural Health Policy (FORHP) designated geographically rural area. Training site data was summarized at the program level to determine what percentage of time residents spent in geographically rural areas completing required rotations.

Hospital and Program Level Analysis

Most hospitals receiving residency slots in round 2 of CAA Sec. 126 slot distribution are paid under the Prospective Payment System (PPS) only. As shown in Table 1, PPS hospitals with special Rural Referral Center (RRC) payment status were the next most common type with 36 RRCs receiving slots. Two of the hospitals receiving residency slots are geographically located in a CMS and FORHP rural area, with nearly all remaining hospitals located in urban areas. Table 2 describes program characteristics. The majority of programs were associated with family medicine, internal medicine, and psychiatry specialties.

Table 1. Hospital Characteristics

Hospital Category	Number of Hospitals (%)		
Prospective Payment System (PPS)	58 (58.6%)		
Rural Referral Center (RRC)	36 (36.4%)		
Sole Community Hospital/ Rural Referral Center (RRC)	4 (4.0%)		
Children's Hospital (CH)	1 (1.0%)		

^{*}Data obtained from Sheps Center list of U.S. Hospitals (2022)

https://www.shepscenter.unc.edu/programs-projects/rural-health/list-of-hospitals-in-the-u-s/



Two of the hospitals receiving residency slots are geographically located in both a CMS and FORHP rural area, with all remaining hospitals located in geographically urban areas. Nearly all the hospitals with RRC status are located in urban areas. Table 2 describes the program characteristics. The majority of programs were associated with family medicine, internal medicine, and psychiatry specialties.

Table 2. Program Characteristics

Total Hospitals Receiving Slots	N=99		
DGME Slots per Hospital (Median, IQR)	2.2 (0.9-3.0)		
IME Slots per Hospital (Median, IQR)	2.4 (0.6-3.0)		
Residency Specialty	Number (%)		
Family Medicine	18 (18.2%)		
Psychiatry	18 (18.2%)		
Internal Medicine	15 (15.2%)		
Surgery	9 (9.1%)		
OBGYN	6 (6.1%)		
Pediatrics	5 (5.1%)		
Anesthesiology	4 (4.0%)		
Cardiovascular Disease	3 (3.0%)		
Child and Adolescent Psychiatry	3 (3.0%)		
Neurology	3 (3.0%)		
Emergency Medicine	2 (2.0%)		
Interventional Radiology - Integrated	2 (2.0%)		
Urology	2 (2.0%)		
Addiction Medicine	1 (1.0%)		
Addiction Medicine (Multidisciplinary)	1 (1.0%)		
Child Abuse Pediatrics	1 (1.0%)		
Consultation - Liaison Psychiatry	1 (1.0%)		
Pediatric Emergency Medicine	1 (1.0%)		
Physical Medicine and Rehabilitation	1 (1.0%)		
Pulmonary Critical Care	1 (1.0%)		
Transitional Year	1 (1.0%)		
Vascular Surgery - Integrated	1 (1.0%)		
HPSA Score (Median, IQR)	17.0 (15.0-18.0)		
Meets Rural Track Program Definition?	Yes - 3 (3%)		
(>50% Rural Training Time)	No - 96 (97%)		

^{*}Data are presented as median (IQR) for continuous measures, and n (%) for categorical measures.

Training Site Level of Analysis

The 99 residency programs selected by CMS have a total of 377 training sites. There are a total of 14 sites located in a CMS and FORHP geographically rural area associated with 12 residency programs. Only three of the 12 residency programs trained their residents for 50% or greater in a CMS or FORHP rurally located area. Of these three rural training programs there was one PPS hospital, one RRC, and one SCH/RRC. The three programs included two hospitals located within a geographically rural area with the third hospital serving as an urban training partner of a Rural Track Program.

Table 3. Section 126 Round 2 Awardees Training Residents in CMS Rural Areas

Hospital Name	Hospital Payment	State	Specialty	Percent of Required Rural Training*	DGME Slots Awarded	IME Slots Awarded
Magnolia Regional Health Center	RRC	MS	Internal Medicine	91.66	2.75	2.75
Upper Allegheny Health System	SCH/RRC	NY	Family Medicine	58.33	2.38	2.38
St. Mary's Medical Center	PPS	WV	Surgery	53.33	1.51	2.4
University of New Mexico Hospital	RRC	NM	Child Abuse Pediatrics	27.77	3	3
Forrest General Hospital	RRC	MS	Family Medicine	5.55	1.84	2.92
Rochester General Hospital	RRC	NY	Cardiovascular Disease	4.16	2.54	0
Pitt County Memorial Hospital	PPS	NC	Psychiatry	4.16	2.25	0
Covenant Healthcare	RRC	MI	Psychiatry	4.16	2.12	1.77
Atrium Health Floyd Medical Center	RRC	GA	Family Medicine	2.77	2	2
University of Minnesota Medical Center	PPS	MN	Psychiatry	2.08	3.01	2.06
Piedmont Athens Regional	PPS	GA	Internal Medicine	1.38	0.38	0.38
Mission Hospital Inc.	RRC	NC	Psychiatry	0.08	1.57	0

^{*}Calculated from ACGME Program Data found in WebADS (searched 11/30/2023)

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¹ Direct Graduate Medical Education (DGME) | CMS." https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/DGME.

² Rains J, Holmes GM, Pathak S, Hawes EM. The Distribution of Additional Residency Slots to Rural and Underserved Areas. JAMA. 2023;330(10):968–969. doi:10.1001/jama.2023.14452