

Proposal for Poster Presentation

PROPOSAL TITLE: Health Workforce Implications of the New U.S. Accreditation Standards for Duty Hours and the Learning Environment

Primary presenter (and primary contact):

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ABSTRACT:

Background/Rationale:

New U.S. Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements (CPRs) became effective July 1, 2011. They primarily address duty hours, resident supervision, and patient coverage transitions. The weekly duty limit of 80 hours was retained, but the maximum shift length for first year (PGY-1) residents was limited to 16 hours. PGY-1 residents require on-site supervision (an attending or a more senior resident) at all times. Monitoring of care transitions (“hand-offs”) is also required.

Objectives:

As the VA currently supports over 10,000 resident positions through which about 36,000 residents rotate at 125 facilities in over 2,200 ACGME-accredited programs, we sought to:

- Determine the health workforce and resource needs of the new ACGME CPRs
- Assess the readiness of VA teaching facilities to meet the ACGME requirements
- Identify areas that may prove challenging as VA facilities attempt to meet the new CPRs

Design:

All VA teaching facilities were surveyed in February 2011 about their readiness to meet the new accreditation standards.

Setting: The largest integrated healthcare training and provider in the U.S. – a national system of 152 hospitals, 6 independent outpatient clinics, and 798 community-based outpatient clinics providing integrated care to U.S. Veterans.

Participants: VA healthcare facilities and VA's Office of Academic Affiliations.

Main outcome measures:

- Additional clinical workforce needs to meet new requirements
- Other resource needs and system adjustments to meet new requirements

Results:

- Overall response rate was 94% (118 of 125 possible)
- 72 facilities projected additional workforce needs (61% of all respondents; 73% of respondents with >10 resident positions)
- >85% of facilities had engaged in planning, with varying degrees of affiliated university involvement
- Projected additional workforce needs system-wide: 235 physicians (mainly hospitalists), 121 physician residents, 153 physician assistants or nurse practitioners, and 50 ancillary support staff
- Projected additional recurring staffing costs: ~\$90 million
- Average cost per facility: \$1.2 million
- 82% of facilities planning to add staff predicted difficulties in hiring – about half of which were attributed to local workforce shortages

Conclusions:

The new ACGME duty hour and learning environment standards entail considerable additional workforce costs and recruitment challenges. Our cost estimates are more than twice those projected in an ACGME-commissioned study. However, whereas the ACGME-commissioned study was based upon theoretical assumptions, our study asked facilities what they actually intended to do. Finding these resources in a time of constricting healthcare budgets will increase the strain on the academic healthcare community. Since additional funding is not readily available, the necessary resources will inevitably have to be diverted from other operations.

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