US-07

SELECTING A REPRESENTATIVE SAMPLE OF STATES FOR A SURVEY ABOUT GME FUNDING AND POLICY

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Purpose of Study:
We will describe the methods used to select a representative number of U.S. states for a survey of graduate medical education (GME) decision makers at the state level. The ultimate aim of our study (via structured interviews of key stakeholders and decision-makers) is to synthesize lessons learned from state-based initiatives to finance and expand GME training. To obtain a representative sample of states, we sought both balance and diversity among geographic, demographic, and physician-workforce factors.

Population Studied, Data Sources, and Study Design:
We based our state-selection criteria on multiple data sources, including the 2010 U.S. Census, the AAMC 2011 State Physician Workforce Data Book, the 2011 Kaiser Commission on Medicaid and the Uninsured and the American Medical Association's Graduate Medical Education database, (collected via GMETrack). We based state selection criteria on the following variables: percent of state population living in an urban area, ratio of total number of physicians to 100,000 population, GME residents to 100,000 population, percent IMG of total active residents and fellows in state on Dec 31 2010, percent active physicians who completed GME in state, and percent of nonelderly population who were uninsured during 2009-2010. We also created a variable for percent of 2011 graduates likely to be generalists in internal medicine, pediatrics, family medicine, surgery, and psychiatry. In addition to seeking balance and diversity in our selection of states, we sought states that have actively pursued new policies in financing and/or allocating GME slots over the past 10 years. To identify states active in GME policymaking, we reviewed published literature, white papers, and position papers. To verify that our state sample reflected national norms and diversity, we used box and whisker plots to compare selected states to both the national average and to unselected states.

Key Findings:
Our methodology resulted in a sample of states that vary widely by geographic and demographic as well as health workforce factors. Our final sample includes all WWAMI states (Washington, Wyoming, Alaska, Montana, and Idaho) plus California, Florida, Georgia, Illinois, Maryland, Massachusetts, Michigan, New Jersey, New York, North Carolina, Tennessee, Texas, Utah, and Vermont.

Implications of Findings and Policy Relevance:
Our state selection criteria represent a novel method of using existing geographic, demographic and health workforce datasets to select a representative sample of states for a qualitative study. Although states vary greatly in their population and health workforce demographics, our sample of states should provide useful information that applies to GME policy-making processes in all states.