

Resident Work Hours: A Look at the University of California Experience

Contemplating the Costs of Reducing
Work Hours for Physicians in Training

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The UC Health Sciences System

- n Largest health sciences instructional system in the nation
- n Fifth largest delivery system in California
 - n Eight acute care hospitals; five children's hospitals; and two psychiatric hospitals
- n Over 13,000 health professions students
 - n 2,700 Medical students
 - n Over 4,700 residents
- n 5,000+ faculty physicians
 - n Including community physicians with faculty appointments
- n 2,900 available beds; 140,000 hospital discharges

Graduate Medical Education Profile

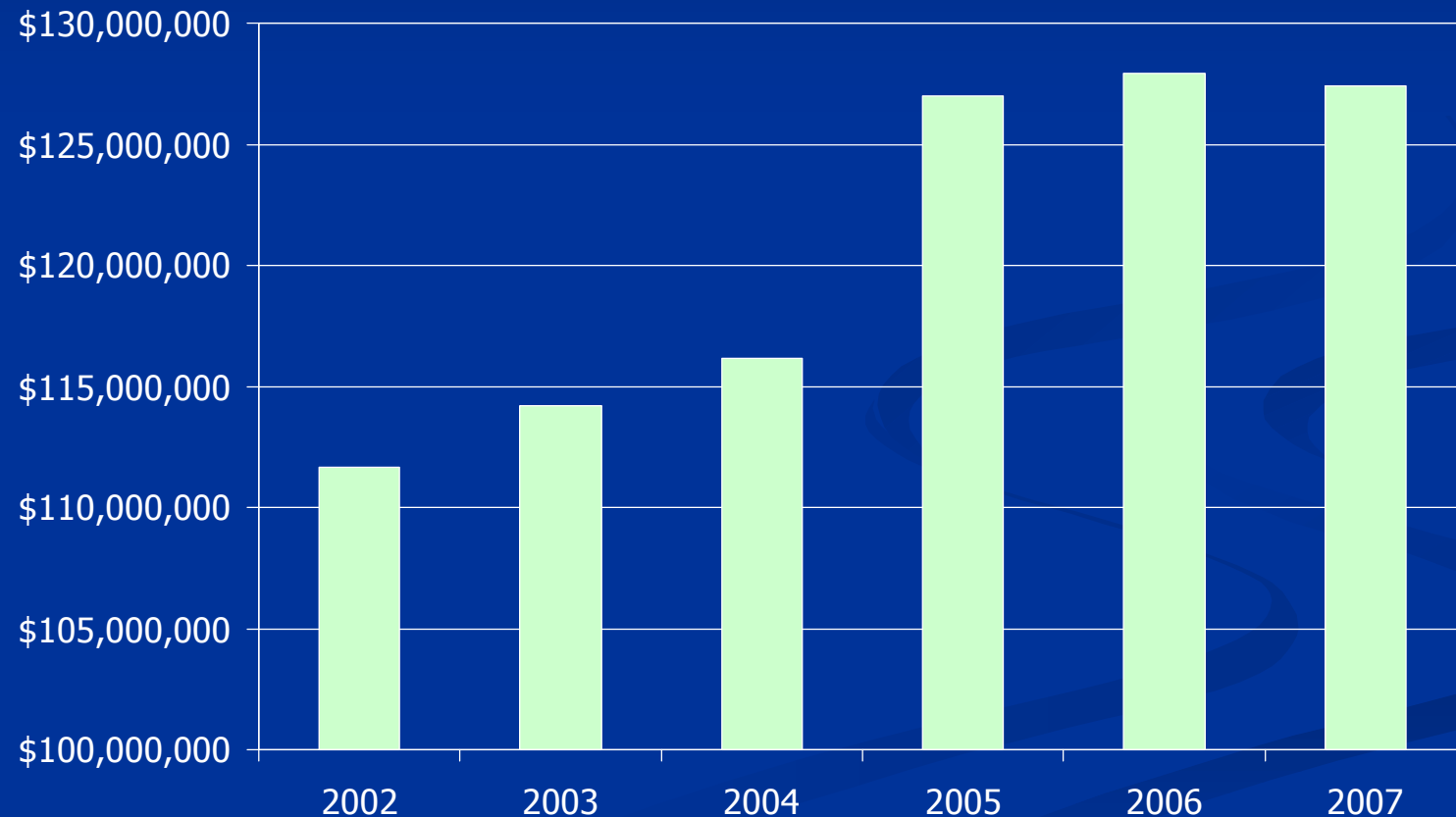
2006-2007

- n Actual enrollment: Over 4,700 residents
- n Total positions:
 - n Davis: 751
 - n Irvine: 641
 - n Los Angeles: 1,330
 - n San Diego: 636
 - n San Francisco: 1,397
- n More than 300 accredited UC programs in all ACGME and ABMS medical and surgical specialties and sub-specialties
- n Training base includes UC medical centers & affiliated county, VA, and community hospitals
 - n ~40% of residents rotating at UC sites at any given time

Medicare GME Support

Increased from \$111 million to \$127 million (2002-2007)

UC Systemwide GME Payments



UCSD Health Sciences: Case Study

- n 2 Hospitals ~ 540 Beds
- n Admissions: ~22,000
- n ADC: 371
- n Clinic Visits: ~465,000
- n ER Visits: ~60,000
- n FTEs: ~ 4,000; non-physician
- n Full time Faculty SOM: ~1,000

FY 2007 data

UCSD Physician Trainees

	2003-2004	2006-2007
Medical Students	488	500
Residents (ACGME)	551	636
Residents (Total)	647	748

Impact of 80 Hour Work Rule:

Additional Personnel

- n Physician Trainees: 101 additional
- n Hospitalists: Increased Salary and 2 FTEs
- n NP's , PA's and Nurse Midwives: 21 FTEs
- n Moonlighting coverage for inpatient care:
 - n BMT, Medicine, Cardiology, Reproductive Medicine, and Transplant Services

Impact of 80 Hour Work Rule:

Cost

Physicians: \$1,965,490

Physician Extenders: \$2,377,124

Total: \$4,342,614

FY 2007 data

UCSD Health Sciences: FY 2007 GME Funding Sources

(\$ in Millions)

n Medical Center Patient Care Revenue	\$10.5
n SOM Dept. Funds	\$8.4
n Direct GME Funds*	\$5.3
n State Support	\$2.5
n VA & Other Affiliate Programs	\$11.6

Total GME Expenses \$38.3

Shortfall : \$18.9 million

** Medicare and Champus reimbursement for Direct GME*

Lessons Learned: Impact of the 80 hour work week

- n Excess hours not covered by residents results in additional cost
- n Costs Vary:
 - n Size of the gap covered by other health care professionals
 - n Mix of personnel utilized
 - n Regional/Local Markets
 - n Medical and surgical specialty
 - n Staffing practices
- n Negotiating compliance with affiliated hospitals that are not owned or operated by the sponsoring institution is an ongoing challenge

Lessons Learned: Qualitative Impacts

Although there are some positive results, there has been:

- 1) Less time for education
- 2) Less direct patient care experience
- 3) Less continuity of care
- 4) Less sense of individual responsibility,
“shift work mentality.”
- 5) Potential for loss of professionalism

In Sum

- n Over the past 20 years, the public and medical education community have engaged in extensive dialogue and debate about the impact of reducing work hours on patient care, resident education, health care costs, and quality of life for physician trainees
- n We have learned that reducing work hours is a complex and costly endeavor
- n Before further reductions in work hours are adopted, we must better understand the anticipated public benefit and assure ourselves that we “do no harm”