U.S. Department of Health and Human Services
Health Resources and Services Administration

REPORT TO CONGRESS

Children's Hospitals Graduate Medical Education Payment Program

Executive Summary

This report to Congress is in response to section 340E(b)(3)(D) of the Public Health Service Act, which states:

> *(D) REPORT TO CONGRESS.— Not later than the end of fiscal year 2018, and the end of fiscal year 2022, the Secretary, acting through the Administrator of the Health Resources and Services Administration, shall submit a report to the Congress—*
>
> *(i) summarizing the information submitted in reports to the Secretary under subparagraph (B);*
>
> *(ii) describing the results of the program carried out under this section; and*
>
> *(iii) making recommendations for improvements to the program.*

The Children's Hospitals Graduate Medical Education (CHGME) Payment Program provides financial support for graduate medical education to eligible freestanding children's teaching hospitals. The CHGME Payment Program is authorized under section 340E of the Public Health Service Act (42 U.S.C. § 256e) and is administered by the Health Resources and Services Administration. Congress originally authorized the CHGME Payment Program in 1999 and subsequently reauthorized it in 2000, 2006, 2014, and 2018. Additionally, the 2014 reauthorization of the CHGME Payment Program expanded eligibility to include a limited number of newly qualified hospitals.

The Health Resources and Services Administration based this report to Congress on information collected from participating hospitals across 4 years of reporting (academic years 2017-2018 through 2020-2021), which aligns with the data provided in the fiscal year 2018 report to Congress. For the 4-year reporting period, the report addresses the following statutory reporting requirements:

(i) types of training by area of specialization (e.g., general pediatrics, internal medicine/pediatrics, and pediatric subspecialties);
(ii) number of training positions;
(iii) types of training related to the health care needs of different populations, including underserved children;
(iv) changes in residency training; and
(v) practice location of program completers.

Sections VI through IX of this report summarize the required information submitted to the Secretary listed above and describe the results of the CHGME Payment Program. The statute further requires the Secretary of Health and Human Services to make recommendations for improvements to the program. Section X of the report outlines these recommendations.

HRSA
Health Resources & Services Administration

Children's Hospitals Graduate Medical Education Payment Program Report to Congress

Table of Contents

Executive Summary i
Table of Contents ii
List of Figures ii
List of Tables iii
Acronym List iii
I. Legislative Language 4
II. Introduction 4
III. Overview 5
IV. CHGME Hospitals and Training Programs 6
V. Changes in Training Programs and Curricula 9
VI. Training Related to the Needs of Underserved Populations 12
VII. Quality of Care, Patient Safety, Innovation in Medicine, and Expanding the Training Program 14
VIII. Resident Demographics 19
IX. Practice Locations of Residents Following Completion of the CHGME Payment Program 22
X. Recommendations 27
XI. Conclusion 27
APPENDIX: CHGME Hospitals by U.S. Census Regions 29

List of Figures

Figure 1: CHGME Extended Reporting Hospitals: Percentage of CHGME Payment Program Completers Practicing in-State by U.S. Census Region (AY 2017-2018 through AY 2020-2021) 24
Figure 2: CHGME Extended Reporting Hospitals: Practice Location of Program Completers by Specialty Category by Percentage Remaining in the State where Residency was Completed (AY 2017-2018 through AY 2020-2021) 25

List of Tables

Table 1: CHGME Hospitals Characteristics (AY 2017-2018 through AY 2020-2021) 7
Table 2: CHGME Programs and Residents by Specialty (AY 2017-2018 through AY 2020-2021) 7
Table 3: Most Frequently Offered Residency Programs by Specialty/Subspecialty (AY 2017-2018 through AY 2020-2021)..... 8
Table 4: Capacity to Train in Sponsoring Institutions:* Number of Positions Approved and Filled, by Program Type (AY 2017-2018 and AY 2020-2021)..... 9
Table 5: CHGME Extended Reporting Residents and Programs (AY 2017-2018 and AY 2020-2021) 10
Table 6: CHGME Extended Reporting Hospitals Training Curricula Offered (AY 2017- 2018 and AY 2020-2021) 10
Table 7: CHGME Extended Reporting Programs: Training Curricula Offered by Modality (AY 2020-2021)..... 11
Table 8: CHGME Hospitals: Patient Count by Payment or Insurance Type (AY 2017-2018 and AY 2020-2021) 13
Table 9: Number of Residents Training in Designated Settings and Contact Hours with Patients by Specialty Area (AY 2017-2018 through AY 2020-2021)..... 13
Table 10: CHGME Extended Reporting Hospitals: Resident Exposure to Quality-of-Care Curriculum Topics, Number of Courses, and Training Activities (AY 2020-2021)..... 15
Table 11: CHGME Extended Reporting Hospitals: Patient Safety Initiatives, 4-Year Reporting Period (AY 2017-2018 through AY 2020-2021)*..... 16
Table 12: Number of Residents Supported in Specialty Area by Gender (AY 2017-2018 through AY 2020-2021) 19
Table 13: Number of Residents Supported in Specialty Area by Age Group (AY 2017-2018 through AY 2020-2021)..... 20
Table 14: Number of Residents Supported in Specialty Area by Race and Ethnicity (AY 2017-2018 through AY 2020-2021)..... 21
Table 15: In-State Employment Status for Program Completers by Employment State ..... (AY 2017-2018 through AY 2020-2021) 22
Table 16: CHGME Extended Reporting Hospitals: Type of Employment (AY 2017-2018 through AY 2020-2021)..... 25

Acronym List

AY	academic year
CHGME	Children's Hospitals Graduate Medical Education
CHIP	Children's Health Insurance Program
ER	emergency room
HRSA	Health Resources and Services Administration
FTE	full-time equivalent
FY	fiscal year
GME	Graduate Medical Education
PHS Act	Public Health Service Act

I. Legislative Language

This report is being provided by the Health Resources and Services Administration (HRSA) to Congress as required by section 340E(b)(3)(D) of the Public Health Service (PHS) Act, which states:

> *(D) REPORT TO CONGRESS.— Not later than the end of fiscal year 2018, and the end of fiscal year 2022, the Secretary, acting through the Administrator of the Health Resources and Services Administration, shall submit a report to the Congress—*
>
> *(i) summarizing the information submitted in reports to the Secretary under subparagraph (B);*
>
> *(ii) describing the results of the program carried out under this section; and*
>
> *(iii) making recommendations for improvements to the program.*

This report to Congress provides information collected from participating hospitals across 4 years of reporting (academic years (AY) 2017-2018 through 2020-2021).

II. Introduction

The Children's Hospitals Graduate Medical Education (CHGME) Payment Program provides financial support for graduate medical education (GME) in eligible freestanding children's teaching hospitals. Eligibility requirements include that the hospitals are excluded from the Medicare inpatient prospective payment system under section 1886(d)(1)(B)(iii) of the Social Security Act and do not operate under a Medicare hospital provider number assigned to a larger health care entity that receives Medicare GME payments.

In 1999, Congress authorized the CHGME Payment Program to compensate for the disparity in federal funding levels between freestanding children's hospitals and other teaching hospitals supported by Medicare GME payments administered by the Centers for Medicare & Medicaid Services. Medicare's GME payment is tied to the number of Medicare beneficiaries treated at teaching hospitals; therefore, teaching hospitals that treat few or no Medicare beneficiaries, such as freestanding children's hospitals, receive little or no federal GME payments.

Congress reauthorized the CHGME Payment Program for a period of 5 years in 2006, 2014, and 2018. Section 340E(b)(3) of the PHS Act requires all children's hospitals receiving CHGME Payment Program funding to submit an annual report and the 2018 reauthorization required that the program submit a report to Congress.

Under section 340E(b)(3)(B) of the PHS Act, CHGME payment recipients must report annually on the following information:

i. The types of resident training programs that the hospital provided for residents, such as general pediatrics, internal medicine/pediatrics, and pediatric subspecialties, including both medical subspecialties certified by the American Board of Pediatrics and non-medical subspecialties approved by other medical certification boards.

ii. The number of training positions for residents, the number of such positions recruited to fill, and the number of such positions filled.
iii. The types of training that the hospital provided for residents related to the health care needs of different populations, such as children who are underserved for reasons of family income or geographic location, including rural and urban areas.
iv. The changes in residency training for residents which the hospital has made during such residency AY (except that the first report submitted by the hospital shall be for such changes since the first year the hospital received payment from the CHGME Payment Program), including— (I) changes in curricula, training experiences, and types of training programs, and benefits that have resulted from such changes; and (II) changes for purposes of training residents in the measurement and improvement of the quality and safety of patient care.
v. The numbers of residents who completed their residency training at the end of such residency AY and care for children within the borders of the service area of the hospital or within the borders of the state in which the hospital is located. Such numbers shall be disaggregated with respect to residents who completed residencies in general pediatrics or internal medicine/pediatrics, subspecialty residencies, and dental residencies.

CHGME payment recipients must report annually on residents in full-time equivalent (FTE) resident training positions in any training program sponsored by the CHGME hospital or in a training program sponsored by an entity other than the CHGME hospital, but for which more than 75 percent of the training time occurs at the hospital.[1] All data included in this report are individual, resident-level data and not FTE data, as an FTE position does not necessarily equate to one individual. Multiple individual residents spending less than 100 percent of their time training in a hospital can sum to one FTE. For example, a CHGME payment recipient may use one FTE position to fund two residents at 50 percent time; thus, the number of FTEs does not correspond on a one-to-one basis with the number of individuals trained.

Sections VI through IX of this report summarize the required information submitted to the Secretary under subparagraph (B) of section 340E(b)(3) of the PHS Act and describe the results of the CHGME Payment Program. Section X of the report provides recommendations for improvements to the program.

III. Overview

Since its inception in AY 1999-2000, the CHGME Payment Program has responded to pediatric health workforce needs by supporting eligible freestanding children's hospitals to support and add new training programs, expanding the numbers of residents training in their hospitals, and integrating recent advancements in medical practice and technology into clinical training. In

[1] Each individual GME program has a "Sponsoring Institution." The Accreditation Council on Graduate Medical Education defines a "Sponsoring Institution" as the "institution (or entity) that assumes the ultimate financial and academic responsibility for a GME program." This definition is provided on page 8 of the Glossary of Terms, published March 10, 2023, accessed July 28, 2023, from the organization's website: https://www.acgme.org/globalassets/PDFs/ab_ACGMEglossary.pdf.

AY 2020-2021, the CHGME Payment Program supported 930 residency programs training 13,772 medical residents at 59 children's hospitals across the nation.

All participating 59 CHGME hospitals report a minimum set of performance measures to capture the capacity of children's hospitals to train residents in pediatric care. Under section 340E(b)(3) of the PHS Act, hospitals with at least one resident who is in an FTE resident training position in any training program sponsored by the children's hospital or is in a training program sponsored by another entity but spends more than 75 percent of their time training at the children's hospital must submit an annual report pertaining to such residents. This report refers to these 51 hospitals as "extended reporting" hospitals. Those hospitals that did not have at least one resident spending more than 75 percent of their time training at the children's hospital are referred to as "limited reporting" hospitals. There are eight "limited reporting" hospitals.

IV. CHGME Hospitals and Training Programs

CHGME Hospital Location and Characteristics

The CHGME Payment Program has grown from 58 hospitals in AY 2016-2017 to 59 hospitals in 30 states, the District of Columbia, and Puerto Rico in AY 2020-2021. Additionally, one of the initial four newly qualified hospitals since AY 2013-2014 changed its type and became eligible under the original program's statute, no longer being considered newly qualified. The hospitals receiving CHGME funding are distributed geographically across the four U.S. Census Regions. See Appendix A for a list of CHGME hospitals by Census Regions.

CHGME hospitals are largely not-for-profit and range from small community hospitals or specialty hospitals with limited services (such as rehabilitation services) to large academic medical centers that serve as tertiary referral centers for very sick children from across the United States and worldwide. Despite these variations in size and service mix across the hospitals, the overall average patient service volume and case mix across all hospitals have been stable during the reporting period. Table 1 provides a summary of the characteristics of all the hospitals participating in the CHGME Payment Program during the reporting period.

Table 1: CHGME Hospitals Characteristics (AY 2017-2018 through AY 2020-2021)

Hospital Characteristic	AY 2017-2018	AY 2018-2019	AY 2019-2020	AY 2020-2021
Total Number of Hospitals	58	58	59	59
Number Not-for-Profit	54	54	55	55
Number For-Profit	2	2	2	2
Number of State-Owned[2]	2	2	2	2
Bed Size (Median)	273	272	289	287
Inpatient Discharges (Median)	10,738	10,625	10,355	10,731
Case Mix Index (Median)	1.64	1.64	1.68	1.67

Data source: CHGME Hospital applications to the Health Resources and Services Administration.[3]

CHGME Training Programs

In AY 2020-2021, the CHGME Payment Program supported 930 GME training programs for 13,772 residents. The CHGME payment recipients reported a net increase of 1,037 residents (8 percent) and a decrease of 18 programs (2 percent) between AY 2017-2018 and AY 2020-2021.

Table 2 shows the number of residency programs and residents trained at CHGME hospitals directly supported by CHGME funds during the reporting period. Pediatrics and combined pediatrics, pediatric medical subspecialties, and adult medical/surgical subspecialties were the most commonly supported programs and residents. In AY 2020-2021, the CHGME Payment Program supported the training of nearly 52 percent of all pediatric residents and 50 percent of pediatric specialists trained in the United States.[4]

Table 2: CHGME Programs (P) and Residents (R) by Specialty (AY 2017-2018 through AY 2020-2021)

Specialty	(P) AY 2017-2018	(P) AY 2018-2019	(P) AY 2019-2020	(P) AY 2020-2021	(R) AY 2017-2018	(R) AY 2018-2019	(R) AY 2019-2020	(R) AY 2020-2021
Pediatrics and Combined Pediatrics*	94	95	95	98	5,352	4,634	5,433	5,628
Pediatric Medical Subspecialties	415	436	430	430	3,038	2,942	3,055	2,904
Pediatric Surgical Subspecialties	71	77	70	67	291	331	322	238
Adult Medical/ Surgical Subspecialties**	325	313	286	294	3,650	3,340	4,037	4,572
Dentistry	43	41	41	41	404	402	403	430
Total	**948**	**962**	**922**	**930**	**12,735**	**11,649**	**13,250**	**13,772**

[2] Represent state- and territory-owned hospitals.
[3] The source data for Table 1 is Medicare Cost Reports periods that vary across hospitals and may reflect hospital fiscal year, federal fiscal year, or calendar year periods that do not align precisely with AY periods.
[4] Percentages are based on the Accreditation Council for Graduate Medical Education's Data Resource Book for AY 2020-2021.

Data source: CHGME hospital performance reports.
*Pediatrics includes general pediatrics and combined pediatric programs (internal medicine/pediatrics, pediatrics/medical genetics, pediatrics/physical medicine and rehabilitation, and pediatrics/psychiatry/child and adolescent psychiatry).
**Includes family medicine and internal medicine.

The CHGME Payment Program also supports dental and adult medical and surgical residents, such as internal medicine and orthopedic surgery, who are receiving additional training in the management of pediatric diseases and injuries, plus a variety of pediatric specialty and subspecialty training programs. Primary care and pediatric emergency medicine were the most frequently supported residency programs over the reporting period (Table 3).

Table 3: Most Frequently Offered Residency Programs by Specialty/Subspecialty (AY 2017-2018 through AY 2020-2021)

Subspecialty	AY 2017-2018	AY 2018-2019	AY 2019-2020	AY 2020-2021
Primary Care*	113	113	111	114
Pediatric Emergency Medicine	30	31	33	32
Pediatric Cardiology	28	28	28	30
Pediatric Hematology-Oncology	28	30	30	31
Pediatric Critical Care Medicine	28	28	27	28
Neonatal-Perinatal Medicine	27	27	26	26
Child Neurology	25	24	24	23
Child and Adolescent Psychiatry	23	29	24	24
Pediatric Gastroenterology	22	21	21	21
Pediatric Anesthesiology	21	22	20	21
Pediatric Surgery	21	21	20	20
Pediatric Endocrinology	19	20	18	18
Pediatric Infectious Disease	19	19	21	22
Orthopedic Surgery	19	18	16	15
Pediatric Pulmonology	17	19	19	18

Data source: CHGME hospital performance reports.
*Primary care includes general pediatrics, family medicine, and combined pediatric programs.

Institutions that support accredited GME training programs have a specific number of approved resident positions per program determined by an accrediting body (the Accreditation Council for Graduate Medical Education).[5] CHGME hospitals designated as the accredited sponsoring institution are required to report on positions approved by the accrediting body and filled positions. In AY 2021-2022, the CHGME Payment Program supported half of the pediatric residents and pediatric specialists trained in the United States. Table 4 below shows fill rates by

[5] The majority of CHGME trainings programs are accredited through the Accreditation Council for Graduate Medical Education. Dental residencies are accredited by the American Dental Association, Commission on Dental Accreditation.

sponsoring institution and shows an increase in the number of available positions and positions filled for all specialties and subspecialties in sponsoring institutions. The table further demonstrates increases in the position fill rates in primary care programs from 77 to 83 percent, dental programs from 85 to 92 percent, and overall program total from 79 to 83 percent over the 4-year reporting period.

Table 4: Capacity to Train in Sponsoring Institutions:* Number of Positions Approved and Filled, by Program Type (AY 2017-2018 and AY 2020-2021)

Program Type	Positions Approved AY 2017-2018	Positions Approved AY 2020-2021	Filled Positions AY 2017-2018	Filled Positions AY 2020-2021
Primary Care Programs**	1,727	1,812	1,324	1,500
Pediatric Medical/ Surgical Subspecialties	1,515	1,588	1,223	1,287
Adult Medical/Surgical Subspecialties	54	55	49	50
Dentistry	149	154	127	142
Total	**3,445**	**3,609**	**2,723**	**2,979**

Data source: CHGME hospital performance reports.
*Limited to residency programs in which the CHGME hospital is designated as the accredited sponsoring institution.
**Primary care includes general pediatrics, family medicine, and combined pediatric programs.

V. Changes in Training Programs and Curricula

CHGME hospitals must submit information on changes in residency training for residency programs with at least one resident spending more than 75 percent of their training time in the hospital and for residents in FTE resident training positions in any training program sponsored by a CHGME hospital. As previously noted, of the 59 CHGME hospitals in AY 2020-2021, 51 extended reporting hospitals must submit information on changes in training (see Table 5).

Table 5: CHGME Extended Reporting Residents and Programs (AY 2017-2018 and AY 2020-2021)

Specialty	CHGME Extended Reporting Programs			CHGME Extended Reporting Residents		
	AY 2017-2018	AY 2020-2021	Percent of All Extended Reporting Programs AY 2020-2021	AY 2017-2018	AY 2020-2021	Percent of All Extended Reporting Residents AY 2020-2021
Pediatrics and Combined Pediatrics	58	61	10.9%	3,262	3,832	61.4%
Pediatric Medical/Surgical Subspecialties	399	415	74.2%	2,258	2,093	33.5%
Adult Medical/ Surgical Subspecialties*	38	61	10.9%	159	132	2.1%
Dentistry	18	22	3.9%	139	186	3.0%
Total	**513**	**559**	**100.0%**	**5,818**	**6,243**	**100.0%**

Data source: CHGME hospital performance reports.
*Includes family medicine and internal medicine.

Changes in Curricula and Training Experiences: CHGME Extended Reporting Programs

CHGME hospitals reported offering several new courses and training over the reporting period. Consistent between AY 2017-2018 and AY 2020-2021, the most frequent courses and training experiences were in community-based pediatric rotations/clinical training; residency competency evaluation; research; and patient advocacy, health policy, and underserved populations. The most common training modalities used in AY 2020-2021 were clinical rotations, lectures/seminars, and workshops. Tables 6 and 7 describe the changes in curricula and training experience that occurred at extended reporting hospitals over the 4-year reporting period (AY 2017-2018 through AY 2020-2021).

Table 6: CHGME Extended Reporting Hospitals Training Curricula Offered (AY 2017-2018 and AY 2020-2021)

Training Curricula	Number and Percent of Courses Offered in AY 2017-2018		Number and Percent of Courses Offered in AY 2020-2021	
Community-Based Pediatric Rotations/Clinical Training	1,589	40.0%	1,884	41.1%
Resident Competency Evaluation	522	13.1%	526	11.5%
Research	444	11.2%	520	11.3%
Patient Advocacy, Health Policy, Underserved Populations	289	7.3%	327	7.1%

Training Curricula	Number and Percent of Courses Offered in AY 2017-2018		Number and Percent of Courses Offered in AY 2020-2021	
Effective Communication and Leadership Development	188	4.7%	192	4.2%
Social and Safety Net Programs	155	3.9%	176	3.8%
Dental Care	119	3.0%	99	2.2%
Health Promotion	119	3.0%	133	2.9%
Cultural and Core Competency	111	2.8%	150	3.3%
Health Care Quality/Improvement	96	2.4%	108	2.4%
Basic Science	90	2.3%	116	2.5%
Behavioral Health and Development	86	2.2%	128	2.8%
Patient-Centered Delivery Model	83	2.1%	136	3.0%
Adoption Education and Care Delivery	42	1.1%	44	1.0%
Environmental Exposure	38	1.0%	43	0.9%
All Courses*	**3,971**	**100.0%**	**4,582**	**100.0%**

Data source: CHGME hospital performance reports.

Table 7: CHGME Extended Reporting Programs: Training Curricula Offered by Modality (AY 2020-2021)

Training Curricula	Clinical Rotation (n=2,352)		Lecture / Seminar (n=867)		Workshop (n=678)		Practicum (n=250)		Grand Rounds (n=245)		Faculty Development (n=190)	
	#	%	#	%	#	%	#	%	#	%	#	%
Community- Based Pediatric Rotations/ Clinical Training	1,082	46.0%	298	34.4%	287	42.3%	40	16.0%	115	46.9%	62	32.6%
Resident Competency Evaluation	184	7.8%	135	15.6%	43	6.3%	117	46.8%	28	11.4%	19	10.0%
Research	85	3.6%	184	21.2%	123	18.1%	48	19.2%	42	17.1%	38	20.0%
Patient Advocacy, Health Policy, Underserved Populations	212	9.0%	32	3.7%	46	6.8%	13	5.2%	17	6.9%	7	3.7%
Effective Communication and Leadership Development	31	1.3%	48	5.5%	65	9.6%	3	1.2%	4	1.6%	41	21.6%
Social and Safety Net Programs	141	6.0%	17	2.0%	7	1.0%	8	3.2%	1	0.4%	2	1.1%
Dental Care	88	3.7%	7	0.8%	0	0.0%	3	1.2%	1	0.4%	0	0.0%
Health Promotion	76	3.2%	21	2.4%	15	2.2%	5	2.0%	12	4.9%	4	2.1%

Training Curricula	Clinical Rotation		Lecture / Seminar		Workshop		Practicum		Grand Rounds		Faculty Development	
	(n=2,352)		(n=867)		(n=678)		(n=250)		(n=245)		(n=190)	
	#	%	#	%	#	%	#	%	#	%	#	%
Cultural and Core Competency	94	4.0%	17	2.0%	23	3.4%	3	1.2%	11	4.5%	2	1.1%
Health Care Quality and Improvement	69	2.9%	19	2.2%	8	1.2%	3	1.2%	0	0.0%	9	4.7%
Basic Science	45	1.9%	36	4.2%	30	4.4%	1	0.4%	4	1.6%	0	0.0%
Behavioral Health and Development	86	3.7%	16	1.8%	19	2.8%	1	0.4%	4	1.6%	2	1.1%
Patient-Centered Delivery Model	104	4.4%	16	1.8%	8	1.2%	2	0.8%	2	0.8%	4	2.1%
Adoption Education and Care Delivery	35	1.5%	6	0.7%	0	0.0%	2	0.8%	1	0.4%	0	0.0%
Environmental Exposure	20	0.9%	15	1.7%	4	0.6%	1	0.4%	3	1.2%	0	0.0%

Data source: CHGME hospital performance reports.
*Percentages will not add up to 100 as more than one training curriculum topic may be noted by a hospital.

VI. Training Related to the Needs of Underserved Populations

CHGME hospitals reported on the types of trainings provided to residents to prepare them to care for different populations, such as children underserved based on family income or geographic location. HRSA assessed residents' exposure to financially underserved children by examining payment or insurance type data by hospital setting (inpatient, outpatient, and emergency room (ER) visits). CHGME hospitals reported a high proportion of patients using Medicaid/Children's Health Insurance Program (CHIP), programs designed for low-income individuals. In AY 2020-2021, 54 percent of inpatients used Medicaid/CHIP, along with 46 percent of outpatients and 63 percent of ER patients (Table 8).

CHGME hospitals also reported providing a large number of uncompensated care encounters across the inpatient (3,810 discharges), outpatient (288,153 visits), and ER settings (58,849 visits) in AY 2020-2021, although the aggregated number of uncompensated visits decreased compared to AY 2017-2018.

Table 8: CHGME Hospitals: Patient Count by Payment or Insurance Type (AY 2017-2018 and AY 2020-2021)

Payment or Insurance Type	AY 2017-2018 Inpatient Discharges	AY 2020-2021 Inpatient Discharges	AY 2017-2018 Outpatient Visits	AY 2020-2021 Outpatient Visits	AY 2017-2018 ER Visits	AY 2020-2021 ER Visits
Private Insurance	221,120	196,600	6,317,227	7,111,605	766,874	661,922
Medicaid/CHIP	312,890	263,946	6,852,401	7,043,403	1,987,989	1,390,625
Medicare*	2,823	2,482	84,001	89,370	2,911	3,558
Other Public	12,611	12,400	353,732	404,615	57,401	43,784
Self-pay	6,262	5,162	225,768	332,378	87,327	63,875
Uncompensated	6,262	3,810	403,530	288,153	106,971	58,849
Total	**561,968**	**484,400**	**14,236,659**	**15,269,524**	**3,009,473**	**2,222,613**

Data source: CHGME Hospital applications to HRSA.
*Medicare benefits may be available to children with certain conditions and disabled adult children of persons who receive Social Security retirement or disability benefits.

CHGME hospitals reported on care provided to vulnerable populations in clinical training sites and the contact hours with patients in primary care, medically underserved, and geographically underserved settings (Table 9). CHGME clinical training sites also provide services and train residents to care for patients across many vulnerable population groups, including low-income families, uninsured/underinsured and chronically ill patients, military families, and those with mental health and/or substance use disorders. In AY 2020-2021, pediatric residents supported by the CHGME Payment Program had more than 1.1 million primary care patient encounters and had more than 3.1 million contact hours in medically underserved communities. Pediatric medical subspecialty residents had an additional 1.4 million contact hours in medically underserved communities. The decrease in the number of training sites reported may be related to the decreasing number of training programs reported as described earlier in section IV of this report.

Table 9: Number of Residents Training in Designated Settings and Contact Hours with Patients by Specialty Area (AY 2017-2018 through AY 2020-2021)

1 Training in a Primary Care Setting
2 Training in a Medically Underserved Area
3 Training in a Rural Area

Specialty Area	Academic Year	Number of Residents[1]	Contact Hours[1]	Patient Encounters[1]	Number of Residents[2]	Contact Hours[2]	Number of Residents[3]	Contact Hours[3]
Pediatrics and Combined Pediatrics	**AY 17-18**	2,777	1,067,177	1,250,883	2,087	3,222,616	51	23,960
	AY 18-19	2,839	906,954	1,140,936	1,981	2,987,365	63	25,144
	AY 19-20	2,901	985,487	1,281,149	2,282	3,097,001	55	24,360
	AY 20-21	3,124	920,989	1,143,777	2,249	3,183,208	50	22,376
Pediatric Medical Sub-specialties	**AY 17-18**	397	318,016	283,476	814	929,180	3	1,200
	AY 18-19	276	211,953	151,497	1,023	1,063,056	3	1,200
	AY 19-20	387	189,415	213,767	703	981,859	4	2,480
	AY 20-21	526	167,960	102,848	927	1,449,496	3	1,200

Specialty Are	Academic Year	Number of Residents[1]	Contact Hours[1]	Patient Encounters[1]	Number of Residents[2]	Contact Hours[2]	Number of Residents[3]	Contact Hours[3]
Pediatric Surgical Sub-specialties	**AY 17-18**	15	12,897	5,408	114	8,341	0	0
	AY 18-19	13	4,070	5,363	172	120,990	0	0
	AY 19-20	11	6,183	3,888	51	83,317	2	1,277
	AY 20-21	19	2,898	3,088	115	237,730	0	0
Adult Medical and Surgical Sub-specialties*	**AY 17-18**	318	107,095	73,217	745	353,978	0	0
	AY 18-19	233	86,914	75,319	689	360,605	0	0
	AY 19-20	537	166,956	114,874	1,177	444,029	38	7,208
	AY 20-21	668	103,674	91,852	1,119	435,369	2	160
Dentistry	**AY 17-18**	38	53,822	47,006	156	213,233	0	0
	AY 18-19	46	98,170	50,920	169	257,160	0	0
	AY 19-20	47	40,038	54,228	145	184,522	0	0
	AY 20-21	65	84,635	65,490	160	275,529	0	0
Totals for All Residents	**AY 17-18**	3,545	1,559,007	1,659,990	3,916	4,807,348	54	25,160
	AY 18-19	3,407	1,308,061	1,424,035	4,034	4,789,176	66	26,344
	AY 19-20	3,883	1,388,079	1,667,906	4,358	4,790,728	99	35,325
	AY 20-21	4,402	1,280,156	1,407,055	4,570	5,581,332	55	23,736

Data source: CHGME hospital performance reports.
*Includes family medicine and internal medicine.

VII. Quality of Care, Patient Safety, Innovation in Medicine, and Expanding the Training Program

For each training topic on quality improvement and patient safety, HRSA asked CHGME hospitals to indicate whether they addressed the area in the most recent AY, whether it was newly offered since the previous AY, whether training in the topic had been expanded or improved, or whether there was no change in the curricular area.

All programs frequently offered training topics in health care quality, quality measurement, and quality improvement in AY 2020-2021 (Table 10). The leading health care quality topics were evidence-based medicine and practice guidelines and were added or expanded between AY 2017-2018 and AY 2020-2021. The leading quality measurement topics were interdisciplinary care and performance measurement and indicators. The leading quality improvement offerings were physician and patient education and use of practice guidelines. As shown in Table 11, residents in all CHGME extended reporting hospitals received training on a wide variety of safety initiatives. Some of the leading safety initiatives in AY 2020-2021 focused on infection prevention and control; the availability of translators; root cause/error analysis; voluntary, mandatory, and/or confidential error reporting systems; and rapid response teams.

Table 10: CHGME Extended Reporting Hospitals: Resident Exposure to Quality-of-Care Curriculum Topics, Number of Courses, and Training Activities (AY 2020-2021)

Quality of Care Topics	Offered in AY 2020-2021	Added Since AY 2017-2018	Expanded Since AY 2017-2018*
Health Care Quality			
Evidence-based medicine	1,361	3	984
Practice guidelines	796	0	787
Health care disparities	674	52	691
Systematic literature reviews/meta-analysis	652	0	725
Quality characteristics	482	0	587
Ambulatory care sensitive conditions	275	10	456
Volume-outcomes	122	0	149
Small area variation	26	0	35
Quality Measurement			
Interdisciplinary care	1,046	0	850
Performance measurement and indicators	521	0	529
Structure/process/outcome measures	462	26	539
Sentinel event	423	0	474
Benchmarking	309	11	559
Agency for Healthcare Research and Quality Clinical Performance Measures for Ambulatory Care	187	0	57
Severity/risk adjustment	171	0	167
Agency for Healthcare Research and Quality Pediatric Quality Indicators	140	0	89
Consumer Assessments of Health Plans	62	24	114
Health Plan Employer Data and Information Set	45	0	17
Quality Improvement			
Physician education	2,293	366	1,749
Use of practice guidelines	910	0	855
Patient education	761	0	652
Facilitated relay of clinical data to providers	415	0	548
Organizational changes	377	0	606
Promotion of disease self-management	375	0	473
Audit and feedback approaches	334	0	497
Physician reminder systems	230	0	462
Patient reminder systems	220	0	423
Financial incentives	32	0	62

Data source: CHGME hospital performance reports.

*Expanded by including the topic in other forms of training such as didactics and/or research, adding faculty to train in the area of quality, adding more time to the curriculum to teach about quality, adding teaching materials, etc.

Table 11: CHGME Extended Reporting Hospitals: Patient Safety Initiatives, 4-Year Reporting Period (AY 2017-2018 through AY 2020-2021)*

Type of Initiative	Patient Safety Initiatives	AY 17-18 (n=49)		AY 18-19 (n=50)		AY 19-20 (n=51)		AY 20-21 (n=51)	
		#	%	#	%	#	%	#	%
Error Analysis	Root cause/ error analysis	48	98.0%	41	82.0%	43	84.3%	47	92.2%
	Chart audits	39	79.6%	30	60.0%	32	62.7%	35	68.6%
Rapid Recognition and Response Practices	Rapid response team	43	87.8%	44	88.0%	43	84.3%	45	88.2%
	Mock codes for residents	35	71.4%	36	72.0%	38	74.5%	44	86.3%
	Pediatric Early Warning Score systems	33	67.3%	32	64.0%	35	68.6%	38	74.5%
	Electronic monitoring systems	N/A	N/A	20	40.0%	25	49.0%	29	56.9%
	Electronic sepsis monitoring	N/A	N/A	14	28.0%	14	27.5%	20	39.2%
	1:1 inpatient monitoring of at-risk patients	N/A	N/A	26	52.0%	31	60.8%	37	72.5%
Error Reporting	Voluntary and confidential error reporting system	45	91.8%	N/A	N/A	N/A	N/A	N/A	N/A
	Mandatory error disclosure	34	69.4%	N/A	N/A	N/A	N/A	N/A	N/A
	Required error reporting system	29	59.2%	N/A	N/A	N/A	N/A	N/A	N/A
	Voluntary, mandatory, and/or confidential error reporting systems	N/A	N/A	44	88.0%	44	86.3%	46	90.2%
Medication Safety Practices	Computerized physician order entry	43	87.8%	N/A	N/A	N/A	N/A	N/A	N/A
	Elimination of look-/sound-alike drugs	36	73.5%	38	76.0%	40	78.4%	42	82.4%
	Medication administration bar coding	36	73.5%	31	62.0%	36	70.6%	36	70.6%
	Standard-ization of drug dosing	35	71.4%	38	76.0%	38	74.5%	41	80.4%
	Medication reconciliation	34	69.4%	38	76.0%	42	82.4%	43	84.3%
	Automatic drug dispensing	32	65.3%	38	76.0%	36	70.61%	41	80.4%
	Logic-based forcing functions	29	59.2%	27	54.0%	27	52.93%	29	56.97%

Type of Initiative	Patient Safety Initiatives	AY 17-18 (n=49)		AY 18-19 (n=50)		AY 19-20 (n=51)		AY 20-21 (n=51)	
		#	%	#	%	#	%	#	%
Evidence-Based Infection Control Practices	Hand hygiene	43	87.8%	N/A	N/A	N/A	N/A	N/A	N/A
	Infection prevention and control	42	85.8%	46	92.0%	48	94.1%	50	98.0%
	Catheter-related bloodstream infections	39	79.7%	41	82.0%	42	82.4%	43	84.3%
	Surgical site infections	39	79.7%	40	80.0%	40	78.4%	42	82.4%
	Appropriate use of prophylactic antibiotics in surgery	37	75.6%	38	76.0%	39	76.5%	41	80.4%
	Ventilator-associated pneumonia	37	75.6%	37	74.0%	36	70.6%	37	72.5%
	Bloodborne pathogens	N/A	N/A	24	48.0%	27	52.9%	31	60.8%
Secure Data Storage and Exchange Practices	Electronic medical records	46	93.9%	N/A	N/A	N/A	N/A	N/A	N/A
Evidence-Based Safe Practices	Institution of protocols	43	87.8%	39	78.0%	41	80.4%	44	86.3%
	Timely shock recognition and treatment	33	67.3%	29	58.0%	34	66.7%	36	70.6%
	Error prevention training	31	63.3%	34	68.0%	40	78.4%	42	82.4%
	Simulation lab	30	61.2%	N/A	N/A	N/A	N/A	N/A	N/A
	Preventing patient falls and slips	N/A	N/A	31	62.0%	37	72.53%	36	70.6%
	Addressing aggressive patients	N/A	N/A	27	54.0%	32	62.7%	34	66.7%
	Pediatric venous thrombo-embolism prevention	N/A	N/A	23	46.0%	26	51.0%	30	58.9%
	Pressure ulcer prevention	N/A	N/A	25	50.0%	31	60.8%	33	64.6%
	Preventing unplanned extubations	N/A	N/A	24	48.0%	31	60.8%	33	64.8%
	Safety coach program and employee safety initiative	N/A	N/A	23	46.0%	31	60.8%	31	60.8%
	Use of bar code technology for breast milk	N/A	N/A	17	34.0%	24	47.1%	27	52.9%
Effective Communication Practices	Availability of translators	44	89.8%	44	88.0%	48	94.1%	49	96.1%
	Reducing hand-offs	36	73.5%	32	64.0%	33	64.6%	36	70.6%
	Restructuring of inpatient ward team	19	38.9%	N/A	N/A	N/A	N/A	N/A	N/A
	Handheld computers	16	32.7%	16	32.0%	18	35.3%	22	43.1%
	Discharge planning	N/A	N/A	34	68.0%	38	74.5%	39	76.5%

Type of Initiative	Patient Safety Initiatives	AY 17-18 (n=49)		AY 18-19 (n=50)		AY 19-20 (n=51)		AY 20-21 (n=51)	
		#	%	#	%	#	%	#	%
Patient Safety Education and Professional Development	Resident participation in quality assurance committees	38	77.7%	40	80.0%	40	78.4%	38	74.5%
	Formalized support mechanisms for residents	37	75.6%	26	52.0%	28	55.0%	31	60.8%
	Patient safety morning report	37	75.6%	34	68.0%	36	70.6%	35	68.7%
	Logs and literature reviews	29	59.2%	32	64.0%	34	66.7%	34	66.7%
	Influenza immunization program	N/A	N/A	20	40.0%	27	52.9%	31	60.8%
	Nutrition ordering and nutrition education	N/A	N/A	20	40.0%	27	52.9%	27	52.9%
	Improve Care Now Inflammatory Bowel Disease collaborative	N/A	N/A	14	28.0%	19	37.3%	21	41.2%

Data source: CHGME hospital performance reports.

*Percentages will not add up to 100 as more than one safety initiative topic may be noted by a hospital. "N/A" indicates payment recipients did not have that type of patient safety initiative available as an option for a given year.

VIII. Resident Demographics

Tables 12 through 14 display the demographics of individual residents who trained at CHGME hospitals during the reporting period. The majority of residents for which demographic information was available were females younger than 40 years of age, and non-Hispanic or non-Latino. Note that the number of residents for whom racial and ethnicity data were either not available or not reported decreased over the reporting period.

Table 12: Number of Residents Supported in Specialty Area by Gender (AY 2017-2018 through AY 2020-2021)

Specialty Area	Academic Year	Female	Male	Not Reported	Total
Pediatrics and Combined Pediatrics	**AY 17-18**	3,701	1,587	64	5,352
	AY 18-19	3,279	1,314	41	4,634
	AY 19-20	3,717	1,686	30	5,433
	AY 20-21	3,830	1,768	30	5,628
Pediatric Medical Sub-specialties	**AY 17-18**	1,901	1,087	50	3,038
	AY 18-19	1,770	1,151	21	2,942
	AY 19-20	1,872	1,181	2	3,055
	AY 20-21	1,840	1,063	1	2,904
Pediatric Surgical Sub-specialties	**AY 17-18**	117	167	7	291
	AY 18-19	137	191	3	331
	AY 19-20	131	191	0	322
	AY 20-21	116	122	0	238
Adult Medical and Surgical Sub-specialties*	**AY 17-18**	1,467	2,159	24	3,650
	AY 18-19	1,373	1,946	21	3,340
	AY 19-20	1,629	2,383	25	4,037
	AY 20-21	1,801	2,738	33	4,572
Dentistry	**AY 17-18**	233	165	6	404
	AY 18-19	227	169	6	402
	AY 19-20	232	168	3	403
	AY 20-21	244	185	1	430
Totals for All Residents	**AY 17-18**	7,419	5,165	151	12,735
	AY 18-19	6,786	4,771	92	11,649
	AY 19-20	7,581	5,609	60	13,250
	AY 20-21	7,831	5,876	65	13,772

Data source: CHGME hospital performance reports.
*Includes family medicine and internal medicine.

Table 13: Number of Residents Supported in Specialty Area by Age Group (AY 2017-2018 through AY 2020-2021)

Specialty Area	Academic Year	29 and under	30-39	40 and above	Not Reported	Total
Pediatrics and Combined Pediatrics	**AY 17-18**	2,195	2,944	67	146	5,352
	AY 18-19	1,933	2,577	65	59	4,634
	AY 19-20	2,963	2,350	73	47	5,433
	AY 20-21	2,074	3,381	124	49	5,628
Pediatric Medical Subspecialties	**AY 17-18**	124	2,474	145	295	3,038
	AY 18-19	138	2,617	161	26	2,942
	AY 19-20	329	2,579	127	20	3,055
	AY 20-21	140	2,601	135	28	2,904
Pediatric Surgical Subspecialties	**AY 17-18**	22	232	19	18	291
	AY 18-19	31	278	17	5	331
	AY 19-20	44	263	12	3	322
	AY 20-21	35	182	16	5	238
Adult Medical and Surgical Subspecialties*	**AY 17-18**	750	2,469	163	268	3,650
	AY 18-19	629	2,366	141	204	3,340
	AY 19-20	1,333	2,403	148	153	4,037
	AY 20-21	720	3,373	260	219	4,572
Dentistry	**AY 17-18**	129	235	15	25	404
	AY 18-19	146	230	20	6	402
	AY 19-20	200	186	11	6	403
	AY 20-21	139	250	27	14	430
Totals for All Residents	**AY 17-18**	3,220	8,354	409	752	12,735
	AY 18-19	2,877	8,068	404	300	11,649
	AY 19-20	4,869	7,781	371	229	13,250
	AY 20-21	3,108	9,787	562	315	13,772

Data source: CHGME hospital performance reports.
*Includes family medicine and internal medicine.

Table 14: Number of Residents Supported in Specialty Area by Race and Ethnicity (AY 2017-2018 through AY 2020-2021)

Specialty Area	Academic Year	Hispanic or Latino (All Races)	Non-Hispanic or Non-Latino White	Non-Hispanic or Non-Latino Asian	Non-Hispanic or Non-Latino Black or African-American	Non-Hispanic or Non-Latino American Indian or Alaskan Native	Non-Hispanic or Non-Latino Native Hawaiian or Pacific Islander	Non-Hispanic or Non-Latino More than One Race	Not Reported	Total
Pediatrics and Combined Pediatrics	**AY 17-18**	461	2,705	789	219	8	6	14	1,150	5,352
	AY 18-19	446	2,513	800	201	9	3	18	644	4,634
	AY 19-20	509	3,108	1,064	267	14	17	44	410	5,433
	AY 20-21	569	3,199	1,144	314	16	15	53	318	5,628
Pediatric Medical Subspecialties	**AY 17-18**	198	1,651	549	142	3	21	10	464	3,038
	AY 18-19	249	1,721	566	142	4	21	8	231	2,942
	AY 19-20	264	1,863	642	158	6	17	10	95	3,055
	AY 20-21	215	1,713	641	137	7	13	12	166	2,904
Pediatric Surgical Subspecialties	**AY 17-18**	20	174	47	2	2	2	0	44	291
	AY 18-19	22	217	48	8	1	2	3	30	331
	AY 19-20	24	225	49	6	1	2	3	12	322
	AY 20-21	13	142	31	2	1	0	0	49	238
Adult Medical and Surgical Subspecialties*	**AY 17-18**	346	1,674	541	144	10	18	37	880	3,650
	AY 18-19	315	1,597	538	137	9	20	24	700	3,340
	AY 19-20	326	2,315	790	161	11	18	25	391	4,037
	AY 20-21	360	2,698	940	198	16	16	22	322	4,572
Dentistry	**AY 17-18**	38	189	73	21	2	1	0	80	404
	AY 18-19	46	201	68	12	2	1	0	72	402
	AY 19-20	53	233	84	22	2	1	1	7	403
	AY 20-21	47	254	97	20	2	0	2	8	430
Totals for All Residents	**AY 17-18**	1,063	6,393	1,999	528	25	48	61	2,618	12,735
	AY 18-19	1,078	6,249	2,020	500	25	47	53	1,677	11,649
	AY 19-20	1,176	7,744	2,629	614	34	55	83	915	13,250
	AY 20-21	1,204	8,006	2,853	671	42	44	89	863	13,772

Data source: CHGME hospital performance reports.
*Includes family medicine and internal medicine.

IX. Practice Locations of Residents Following Completion of the CHGME Payment Program

CHGME extended reporting hospitals are required to report information about the practice locations of residents completing training to provide insight into physician distribution patterns (Table 15). This information is collected once, at the completion of training, regarding the residents' first place of employment. Hospitals receiving CHGME funding are distributed geographically across the U.S. Census Regions.[6] During the reporting period, the number of residents completing the CHGME Payment Program and remaining to practice in-state varied most in the south region. On average, CHGME extended reporting hospitals located in the west region reported the highest number of residents remaining in the same state 1 year post completion of residency training (Figure 1). Pediatrics and combined pediatrics residents were more likely to remain in-state 1 year post completion of their residency training (Figure 2). Additionally, most residents were working in academic medical centers and private practices 1 year post completion of residency training through the CHGME Payment Program (Table 16).

Table 15: In-State Employment Status for Program Completers by Employment State (AY 2017-2018 through AY 2020-2021)

State	AY 2017-2018 Completers		AY 2018-2019 Completers		AY 2019-2020 Completers		AY 2020-2021 Completers	
	In-State	Out-State	In-State	Out-State	In-State	Out-State	In-State	Out-State
AK	0	2	0	2	0	3	0	7
AL	39	7	41	7	59	9	63	9
AR	0	2	24	5	36	6	32	3
AZ	0	9	32	13	10	16	42	26
CA	71	57	128	44	338	95	149	66
CO	10	27	28	15	34	22	27	24
CT	0	7	14	5	8	12	13	11
DC	1	13	30	15	34	16	27	12
DE	0	4	14	6	11	12	12	6
FL	17	16	16	27	15	44	22	44
GA	27	12	49	12	63	36	107	24
HI	2	1	6	1	10	8	14	1
IA	0	6	0	7	0	7	0	5
ID	0	3	0	2	0	2	0	1
IL	26	26	52	42	49	42	54	32
IN	0	13	0	13	0	13	0	10
KS	0	10	0	8	0	11	0	6
KY	0	5	0	10	0	11	0	14
LA	6	6	2	6	2	12	11	9
MA	11	25	55	22	204	39	134	28
MD	0	11	3	15	0	32	0	30
ME	0	2	0	3	0	5	0	5

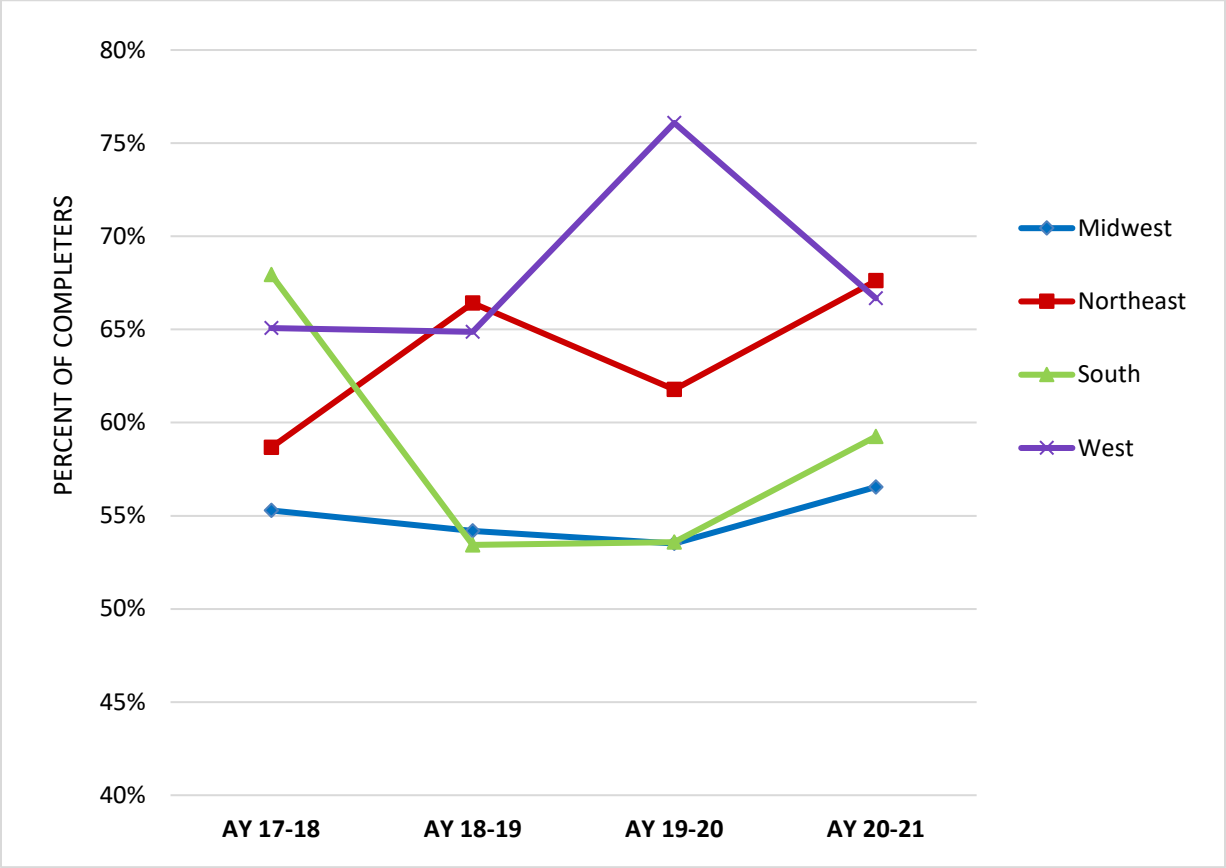
[6] A map of the states in each of the U.S. Census Regions is available at the U.S. Census Bureau website at: https://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf.

State	AY 2017-2018 Completers		AY 2018-2019 Completers		AY 2019-2020 Completers		AY 2020-2021 Completers	
	In-State	Out-State	In-State	Out-State	In-State	Out-State	In-State	Out-State
MI	24	14	32	28	23	25	21	27
MN	41	9	1	21	0	13	3	14
MO	76	16	60	23	65	24	72	29
MS	0	3	0	7	0	3	0	5
MT	0	6	0	2	0	1	0	4
NC	0	13	0	17	0	27	0	35
ND	0	2	0	4	0	0	0	5
NE	3	1	3	6	2	5	9	2
NH	0	1	0	2	0	2	0	3
NJ	0	10	0	25	0	17	0	21
NM	0	2	0	8	0	6	0	7
NV	0	0	0	3	0	4	0	4
NY	0	38	0	48	0	65	0	48
OH	129	37	125	45	103	52	143	39
OK	0	6	0	4	0	8	0	8
OR	0	10	0	16	0	11	0	13
PA	165	17	192	51	205	67	187	58
RI	0	3	0	2	0	9	0	1
SC	0	9	0	9	0	7	0	16
SD	0	2	0	3	0	4	0	0
TN	3	8	5	17	4	27	8	39
TX	157	27	47	74	143	75	232	79
UT	10	8	9	8	53	7	2	12
VA	0	16	10	16	7	26	8	18
VT	0	1	0	0	0	1	0	1
WA	43	16	50	21	45	28	44	29
WI	25	11	31	8	40	10	22	17
WV	0	3	0	6	0	3	0	7
WY	0	0	0	3	0	1	0	2
PR	5	0	41	0	22	0	21	1
Outside the U.S.	0	22	0	18	0	31	0	21
Totals	891	577	1,100	775	1,585	1,013	1,479	938
Percent	60.7%	39.3%	58.7%	41.3%	61.0%	39.0%	61.2%	38.8%

Data Source: CHGME hospital performance reports.

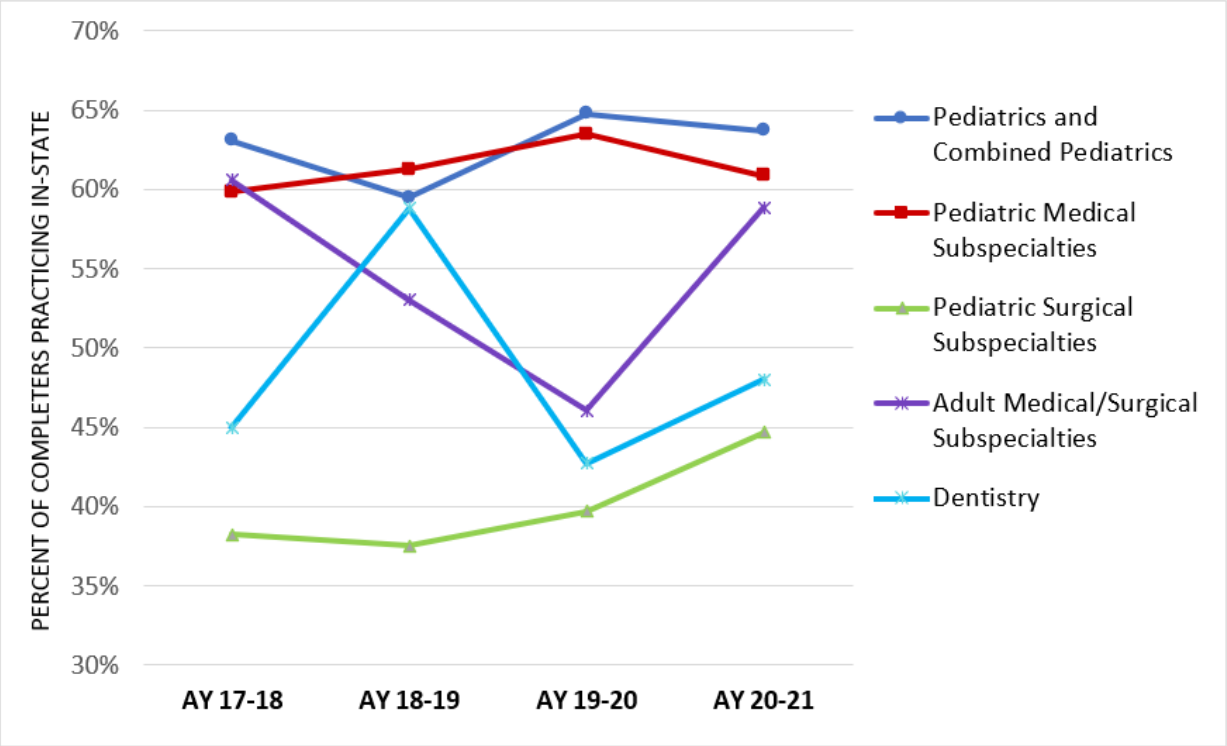
Note: Totals in this table are based on available employment location data from hospitals at time of residency completion and may not total to other program completer counts. The percent row shows the percentages of the totals by AY.

Figure 1: CHGME Extended Reporting Hospitals: Percentage of CHGME Payment Program Completers Practicing in-State by U.S. Census Region (AY 2017-2018 through AY 2020-2021)



Data source: CHGME hospital performance reports.
Note: The figure does not include a completer from Puerto Rico.

Figure 2: CHGME Extended Reporting Hospitals: Practice Location of Program Completers by Specialty Category by Percentage Remaining in the State where Residency was Completed (AY 2017-2018 through AY 2020-2021)



Data source: CHGME hospital performance reports.

Table 16: CHGME Extended Reporting Hospitals: Type of Employment (AY 2017-2018 through AY 2020-2021)

Type of Employment	AY 2017-2018 Completers		AY 2018-2019 Completers		AY 2019-2020 Completers		AY 2020-2021 Completers	
	Number	%	Number	%	Number	%	Number	%
Academic medical center – additional training (e.g., fellowship)	667	32.4%	605	33.1%	927	35.8%	877	39.1%
Academic medical center – faculty physician	413	20.1%	368	20.2%	443	17.1%	422	18.8%
Private practice	294	14.3%	213	11.7%	242	9.4%	248	11.1%
Academic medical center – staff physician	155	7.5%	241	13.2%	285	11.0%	146	6.5%
Non-academic medical center	113	5.5%	47	2.6%	94	3.6%	85	3.8%

Type of Employment	AY 2017-2018 Completers		AY 2018-2019 Completers		AY 2019-2020 Completers		AY 2020-2021 Completers	
	Number	%	Number	%	Number	%	Number	%
Academic medical center – hospitalist	86	4.2%	100	5.5%	100	3.9%	68	3.0%
Academic medical center – other academia	50	2.4%	80	4.4%	121	4.7%	50	2.2%
Non-academic medical center – hospitalist	43	2.1%	35	1.9%	34	1.3%	17	0.8%
Non-academic medical center – outpatient clinic	43	2.1%	57	3.1%	56	2.2%	51	2.3%
Government – military	23	1.1%	11	0.6%	9	0.3%	17	0.8%
Public setting – community/rural/ migrant health center	23	1.1%	19	1.0%	25	1.0%	13	0.6%
Public setting – health department	6	0.3%	1	0.1%	3	0.1%	2	0.1%
Government – federal	3	0.1%	3	0.2%	8	0.3%	8	0.4%
Government – state government	2	0.1%	2	0.1%	0	0.0%	3	0.1%
Government – National Health Service Corps	1	0.0%	0	0.0%	1	0.0%	0	0.0%
Private industry– pharmaceuticals/ biotechnology/ software	1	0.0%	1	0.1%	2	0.1%	0	0.0%
Private industry– other	0	0.0%	7	0.4%	3	0.1%	0	0.0%
Academic medical center – faculty/staff physician	N/A	N/A	N/A	N/A	N/A	N/A	154	6.9%
Area Health Education Center	N/A	N/A	N/A	N/A	N/A	N/A	1	0.0%
Federally Qualified Health Center or Look-alike	N/A	N/A	N/A	N/A	N/A	N/A	9	0.4%
Other clinical site	N/A	N/A	N/A	N/A	N/A	N/A	6	0.3%
Other health	N/A	N/A	N/A	N/A	N/A	N/A	10	0.4%

Type of Employment	AY 2017-2018 Completers		AY 2018-2019 Completers		AY 2019-2020 Completers		AY 2020-2021 Completers	
	Number	%	Number	%	Number	%	Number	%
center								
Rural health clinic	N/A	N/A	N/A	N/A	N/A	N/A	6	0.3%
U.S. Department of Veterans Affairs hospital or clinic	N/A	N/A	N/A	N/A	N/A	N/A	1	0.0%
Other	136	6.6%	34	1.9%	224	8.7%	45	2.0%
Not currently employed	0	0.0%	2	0.1%	9	0.3%	3	0.1%
Total Completers	**2,059**	**100%**	**1,826**	**100%**	**2,586**	**100%**	**2,242**	**100.0%**

Data source: CHGME hospital performance reports. "N/A" indicates payment recipients did not have that type of employment available as an option for a given year.

X. Recommendations

Section 340E(b)(3)(D)(iii) of the PHS Act requires that this report include recommendations for improvements to the CHGME Payment Program. The CHGME Payment Program's Quality Bonus System is authorized by section 340E(h)(6)(b) of the PHS Act to distribute bonus payments to CHGME payment recipients that meet standards specified by the Secretary, which may include a focus on quality measurement and improvement, interpersonal and communications skills, delivering patient-centered care, and practicing in integrated health systems, including training in community-based settings.

HRSA began engaging stakeholders in 2017 and implemented the CHGME Payment Program's Quality Bonus System in Fiscal Year (FY) 2019. To qualify for the Quality Bonus System payment, HRSA has required CHGME payment recipients to submit documentation for individual-level demographic data for all trainees annually since FY 2020. Additionally, starting in FY 2022, QBS required CHGME payment recipients to submit training data and post-residency employment data. HRSA plans to implement a new behavioral health training measure in FY 2024 to better integrate behavioral health in primary care. HRSA recommends continuing the current collection of reporting requirements included in section 340E (b)(3)(B) of the PHS Act and proceeding with the development of the CHGME Quality Bonus System.

XI. Conclusion

As reflected in this report to Congress, the CHGME Payment Program provides valuable financial support to freestanding children's teaching hospitals across the nation. Over the 4-year reporting period, the program supported nearly 1,000 training programs each year, in which more than 11,000 residents received training. Additionally, in AY 2021-2022, hospitals supported by the CHGME Payment Program trained half of the pediatric residents and pediatric specialists trained in the United States. CHGME Payment Program funds support curriculum development

and exposed residents to many of the leading health care transformation topic areas such as evidence-based medicine, quality of care, interdisciplinary teams, patient safety, and performance measurement and indicators. These curriculum components are integral for equipping the pediatric workforce with the necessary skills to provide efficient, high quality clinical care. CHGME Payment Program funds also assisted hospitals in providing clinical services and training residents to care for patients across some of the most vulnerable population groups, including low-income families, uninsured/underinsured and chronically ill patients, military families, and those with mental and/or substance use disorders. The CHGME Payment Program continues to be successful in supporting pediatric hospitals in their efforts to train a skilled pediatric workforce and decrease pediatric workforce shortages.

APPENDIX: CHGME Hospitals by U.S. Census Regions

No.	Hospital	State
Midwest Region		
1	Ann & Robert H. Lurie Children's Hospital of Chicago	IL
2	La Rabida Children's Hospital	IL
3	VHS Children's Hospital of Michigan, Inc.	MI
4	Gillette Children's Specialty Healthcare	MN
5	Children's Health Care	MN
6	St. Louis Children's Hospital	MO
7	The Children's Mercy Hospital	MO
8	Children's Hospital and Medical Center	NE
9	Children's Hospital Medical Center	OH
10	Children's Hospital Medical Center of Akron	OH
11	Dayton Children's Hospital	OH
12	The Cleveland Clinic Foundation	OH
13	Nationwide Children's Hospital	OH
14	University Hospitals Cleveland Medical Center	OH
15	Children's Hospital of Wisconsin, Inc.	WI
Northeast Region		
16	Connecticut Children's Medical Center	CT
17	The Children's Hospital Corporation	MA
18	Franciscan Hospital for Children, Inc.	MA
19	Children's Specialized Hospital	NJ
20	Blythedale Children's Hospital, Inc.	NY
21	Children's Hospital of Pittsburgh	PA
22	The Children's Hospital of Philadelphia	PA
23	St. Christopher's Hospital for Children	PA
24	Emma Pendleton Bradley Hospital	RI
South Region		
25	The Children's Hospital of Alabama	AL
26	University of South Alabama	AL
27	Arkansas Children's Hospital	AR
28	Children's National Medical Center	DC
29	The Nemours Foundation	DE
30	Johns Hopkins All Children's Hospital, Inc.	FL
31	Variety Children's Hospital	FL
32	The Nemours Foundation	FL
33	Egleston Children's Hospital at Emory University, Inc.	GA
34	Scottish Rite Children's Medical Center, Inc.	GA
35	Children's Hospital	LA

36	Kennedy Krieger Children's Hospital, Inc.	MD
37	St. Jude Children's Research Hospital, Inc.	TN
38	Driscoll Children's Hospital	TX
39	Children's Medical Center of Dallas	TX
40	Texas Children's Hospital	TX
41	Cook Children's Medical Center	TX
42	Seton Family of Hospitals	TX
43	Christus Santa Rosa Health Care Corporation	TX
44	El Paso Children's Hospital Corporation	TX
45	Children's Hospital of The King's Daughters, Inc.	VA
West Region		
46	Phoenix Children's Hospital, Inc.	AZ
47	Children's Hospital & Research Center at Oakland	CA
48	Children's Hospital Los Angeles	CA
49	Rady Children's Hospital – San Diego	CA
50	Children's Healthcare of California	CA
51	Lucile Salter Packard Children's Hospital at Stanford	CA
52	Valley Children's Hospital	CA
53	Long Beach Memorial Medical Center	CA
54	Children's Hospital Colorado	CO
55	Kapi'olani Medical Center for Women and Children	HI
56	Intermountain Health Care, Inc.	UT
57	Seattle Children's Hospital	WA
58	MultiCare Health System	WA
Puerto Rico*		
59	University Pediatric Hospital / Puerto Rico Department of Health	PR

*Puerto Rico is not part of any U.S. Census Region.