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Teaching Hospital Characteristics

Association of American Medical Colleges

March 2025



Association of
American Medical Colleges

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AAMC-Member Teaching Hospitals by Category, 2023

AAMC-Member Teaching Hospital Category	Number of Members	Percentage
Integrated	103	39.5%
Independent	109	41.8%
Specialty	7	2.7%
Children's	18	6.9%
Veteran's Affairs	23	8.8%
Other Federal (NIH)	1	0.4%
Total	261	100.0%

Notes: Counts exclude corresponding members. Integrated and independent institutions are all short-term, general, nonfederal AAMC members.

Source: AAMC membership data, December 2024

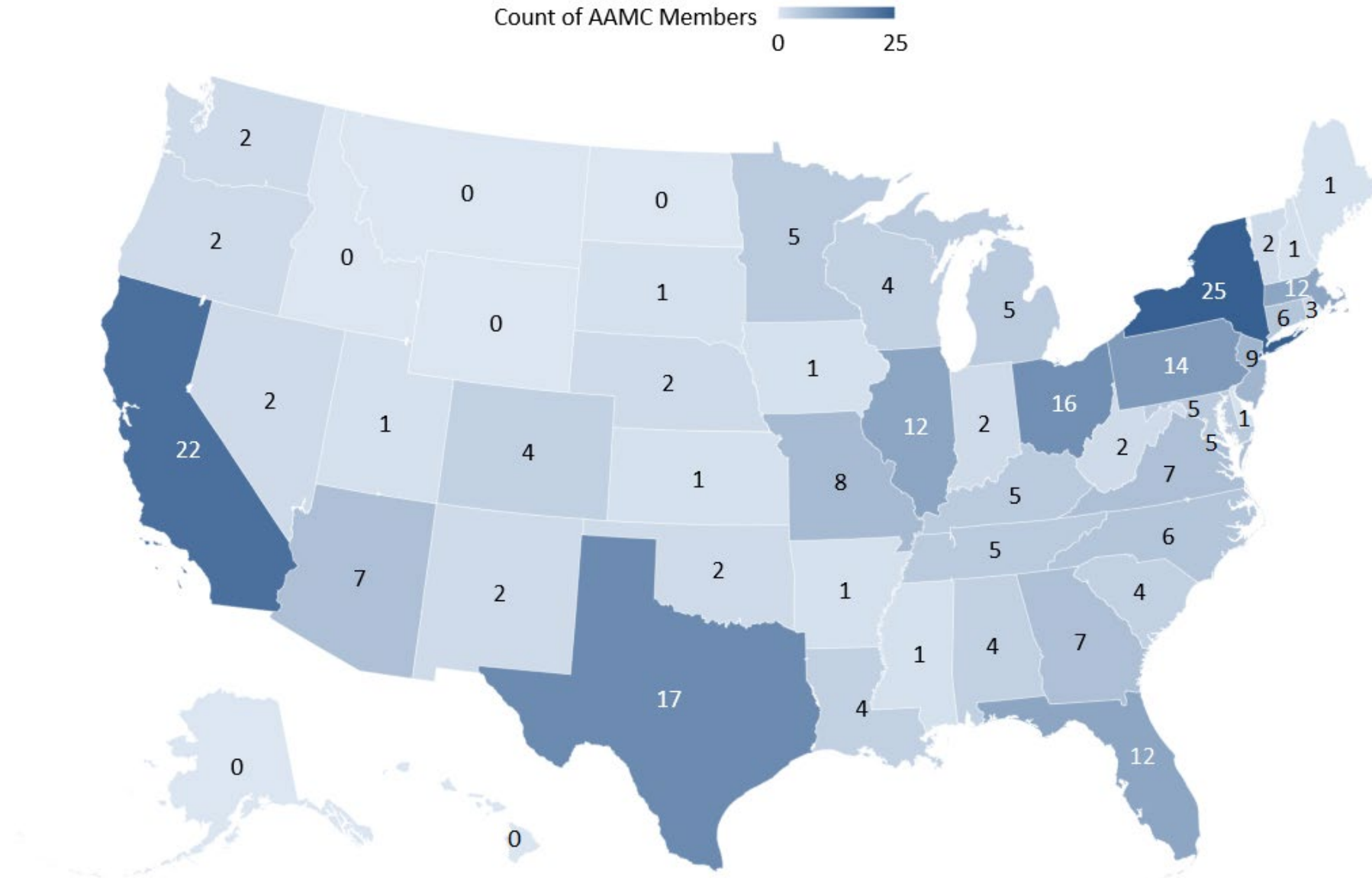
AAMC-Members by Ownership Category, 2023

Category	Number of Members	Percentage
Church	11	5.2%
For-profit	3	1.4%
Municipal/county/city	21	9.9%
Other not-for-profit	153	72.2%
State government	24	11.3%
Total	212	100.0%

Notes: Data reflect short-term, general, nonfederal, integrated and independent AAMC-member hospitals. Short-term, general, nonfederal designation obtained from the FY2023 American Hospital Association file. Excludes all corresponding members as well as specialty, children's, VA, and other federal hospitals.

Source: AAMC membership data, December 2024. Ownership categories obtained from the FY2023 American Hospital Association data.

AAMC Membership Geography, December 2024



Notes: Includes independent, integrated, children's, specialty, VA, and other federal hospitals. Counts exclude corresponding members. Integrated and independent institutions are all short-term, general, nonfederal AAMC-member teaching hospitals.

Source: AAMC membership data, December 2024.

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Comparison of Hospitals by Bed Size, 2023

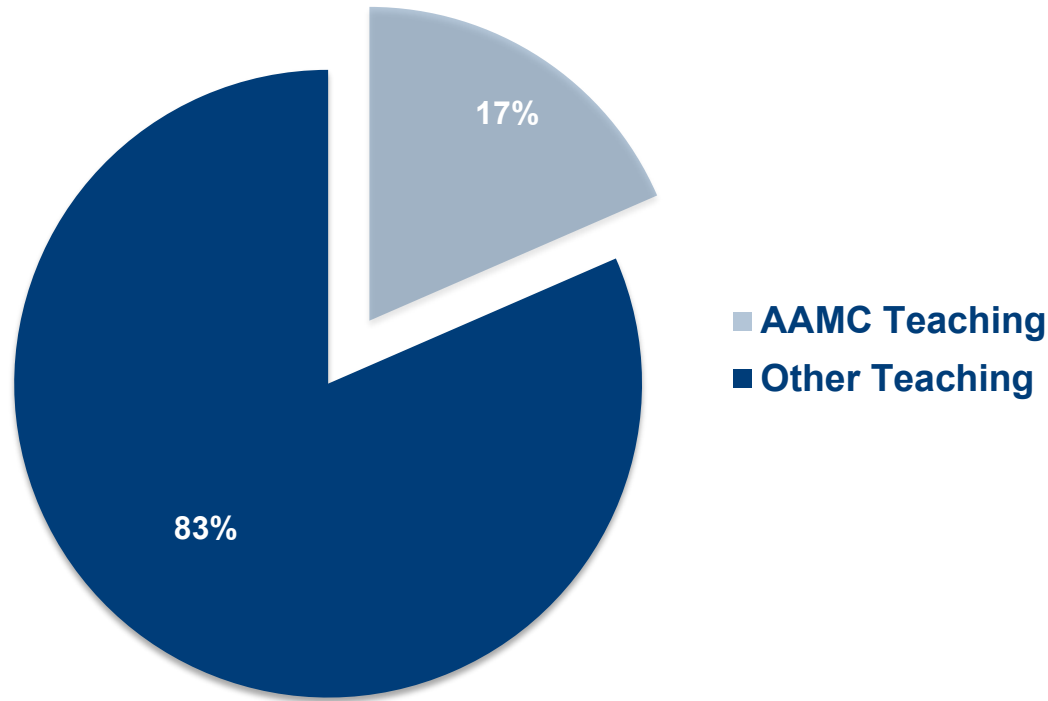
Bed Size	AAMC-Member Integrated and Independent Hospitals		All Hospitals	
	No. of Hospitals	Percent of AAMC Hospitals	No. of Hospitals	Percent of All Hospitals
Fewer than 200 beds	6	2.8%	3,009	71.4%
200-299 beds	7	3.3%	452	10.7%
300-399 beds	24	11.4%	292	6.9%
400-499 beds	30	14.2%	161	3.8%
500+ beds	144	68.2%	301	7.1%
Total	211	100.0%	4,215	100.0%

Notes: Data reflect short-term, general, nonfederal hospitals. AAMC-member hospitals reflect integrated and independent AAMC members, excluding corresponding members, as well as specialty, children's, VA, and other federal hospitals.

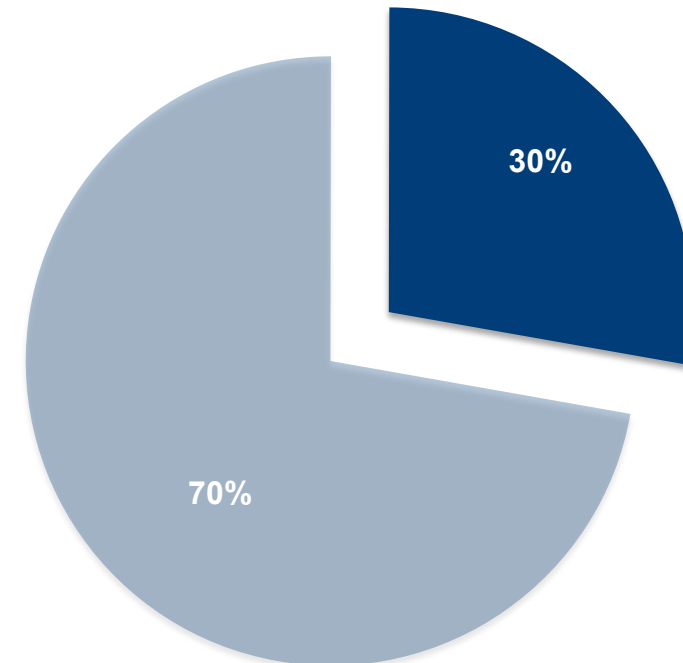
Source: AAMC analysis of FY2023 American Hospital Association data. AAMC membership data, December 2024.

The Role of AAMC-Member Teaching Hospitals in Graduate Medical Education, 2023

AAMC-Member Teaching Hospitals as a Percent of All Teaching Hospitals



Residents Educated at AAMC-Member and Other Teaching Hospitals



Notes: Data reflect short-term, general, non-federal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members.
Source: AAMC analysis of FY2023 American Hospital Association data. AAMC membership data, December 2024

Residents Educated at AAMC-Member and Other Teaching Hospitals, 2023

Bed Size	AAMC-Member Teaching Hospitals			All Other Teaching Hospitals		
	No. of Hospitals	Percent of All AAMC-Member Teaching Hospitals	Median No. of Residents	No. of Hospitals	Percent of All Other Teaching Hospitals	Median No. of Residents
Fewer than 200 beds	6	3.4%	24	222	30.7%	11
200-299 beds	6	3.4%	64	184	25.4%	18
300-399	20	11.5%	104	143	19.8%	32
400-499	23	13.2%	173	73	10.1%	43
500+	119	68.4%	507	101	14.0%	91
Total	174	100%	333	723	100%	24

Notes: Data reflect short-term, general, nonfederal hospitals. Teaching hospitals are defined as having intern and resident to bed ratio greater than zero (FY2025 IPPS Correction Notice to the Final Rule impact file) and reported number of FTE residents in the FY2023 AHA annual survey. The counts of hospitals reflect such a definition.

Source: AAMC analysis of FY2023 American Hospital Association data. AAMC membership data, December 2024

Medicare Underpaid GME Costs by \$3.24 billion in FY2022

There are approximately 130,886 trainees, including 124,012 trainees in ACGME accredited programs. Of trainees in those programs, Medicare reimburses only 98,321 at or below the cap established in 1997.

Per Resident Amount, FY2022

DGME Cost per Trainee	Amount
Average Cost per trainee	\$187,988
Average Cost Per Resident Amount (PRA)*	\$132,758
Average Medicare DGME payment per Resident (based on Medicare's share of the PRA)	\$59,780
Total Cost of Training in US Teaching Hospitals	\$24.60 billion
Total Medicare DGME Payment	\$5.88 billion
Medicare underpayment (based on Medicare share of DGME costs)	\$3.24 billion

*The amount Medicare uses which represents the maximum payment from Medicare per resident assuming 100% of care is borne by Medicare

Source: AAMC Analysis of FY2022 Medicare Cost Report data, July 2024 Hospital Cost Reporting Information System (HCRIS) release. If FY2022 data is not available, FY2021 data is used.

Medicare Underpaid GME Costs by \$3.24 billion in FY2022

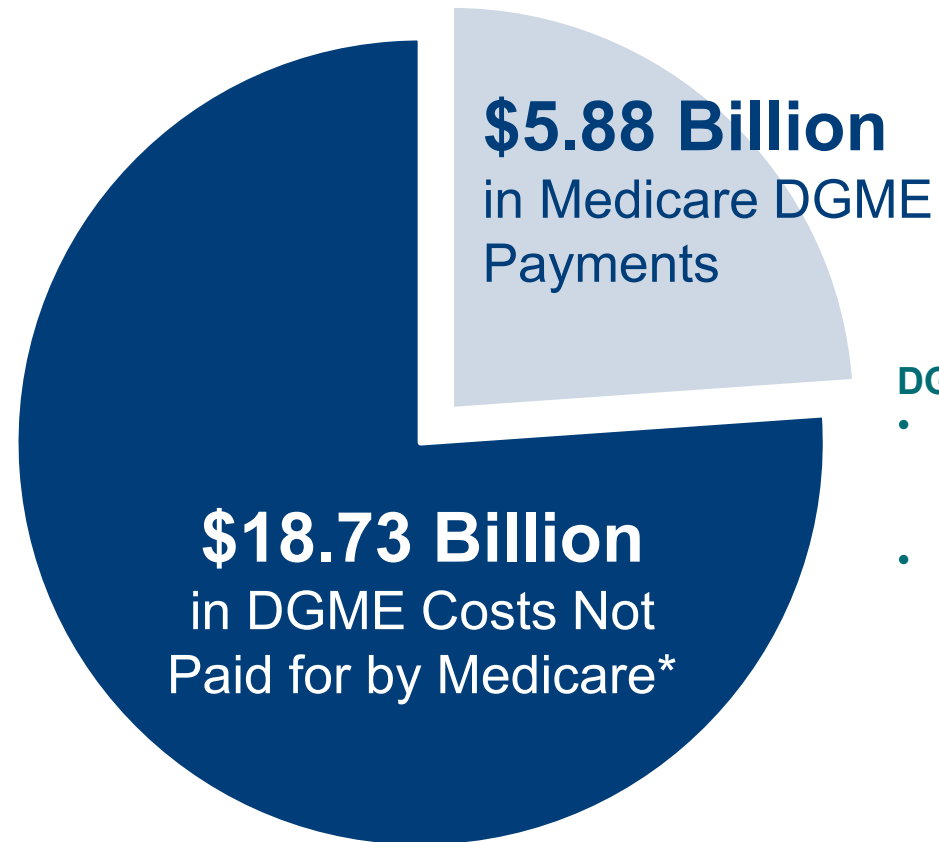
Per Resident Amount, FY2022	
Total Number of Trainees	130,886
Number of Trainees in Accredited Allopathic and Osteopathic Programs	124,012
DGME Allowed Full Time Equivalents (FTEs)	98,321
Average Cost Per Trainee	\$187,988
Average Cost Per Resident Amount (PRA)*	\$132,758
Average Medicare DGME payment per Resident (based on Medicare's share of the PRA)	\$59,780
Total Cost of Training in US Teaching Hospitals	\$24.60 billion
Medicare Share of Teaching Costs for All Residents	\$9.12 billion
Total Medicare DGME Payment	\$5.88 billion
Medicare underpayment (based on Medicare share of DGME costs)	\$3.24 billion

*The amount Medicare uses which represents the maximum payment from Medicare per resident assuming 100% of care is borne by Medicare

Source: AAMC Analysis of FY2022 Medicare Cost Report data, July 2024 Hospital Cost Reporting Information System (HCRIS) release. If FY2022 data is not available, FY2021 data is used.

Medicare Covered Only 24% of All DGME Costs for US Teaching Hospitals in FY2022

Total Teaching Hospital DGME Costs FY2022
\$24.60 Billion



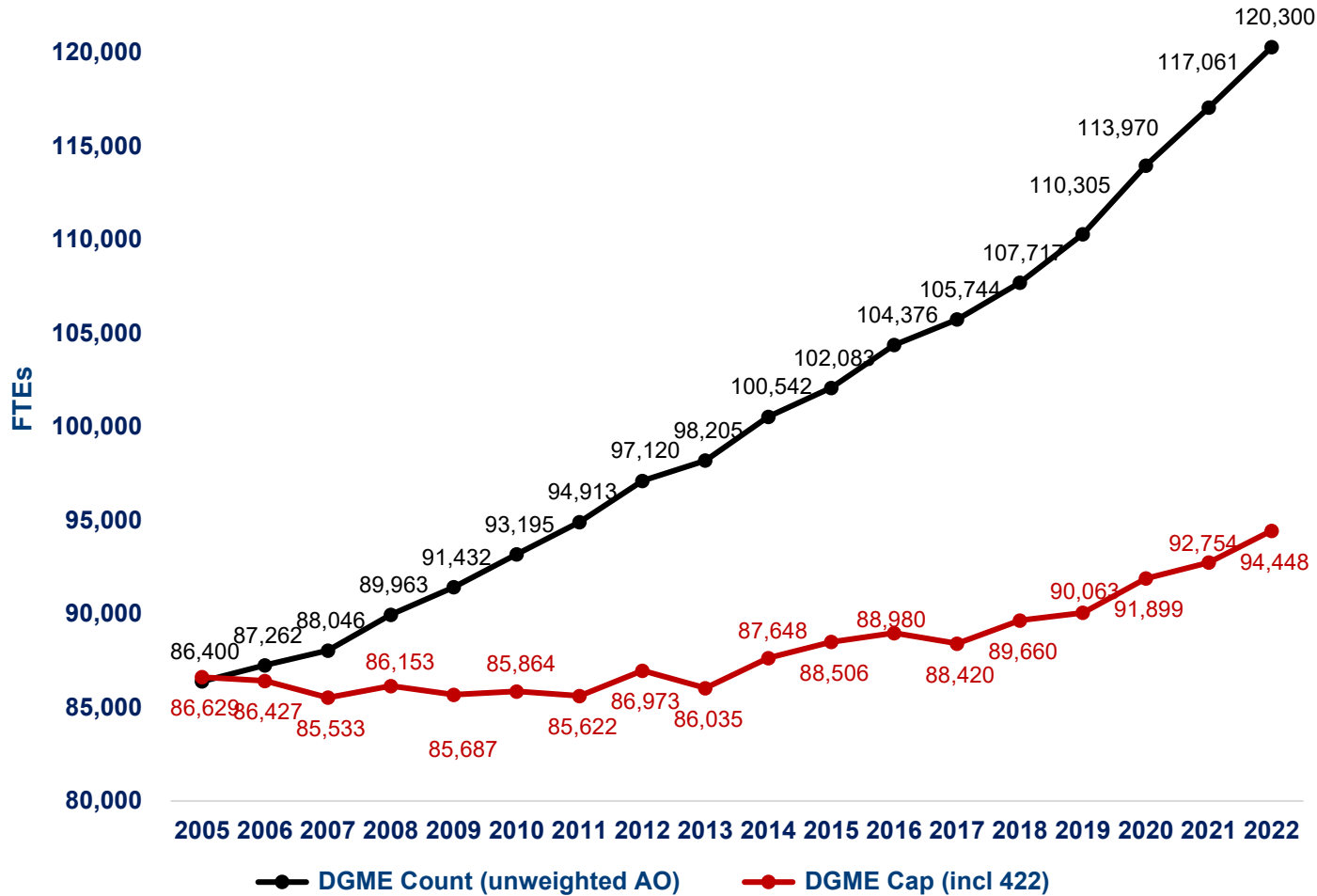
DGME Costs Not Paid for by Medicare

- \$15.5B costs not covered because it is not Medicare's "share" of teaching costs for all residents
- \$3.24B Medicare's underpayment for teaching costs due to:
 - Trainee cap below the count
 - Limitations on allowable Per Resident Amount costs

Note: This analysis was restricted to hospitals that were included in the FY2025 IPPS impact file released by CMS. The total training costs include intern and resident salary, fringe, and other costs.
Source: AAMC Analysis of FY2022 Medicare Cost Report data, July 2024 Hospital Cost Reporting Information System (HCRIS) release. If FY2022 data is not available, FY2021 data is used.

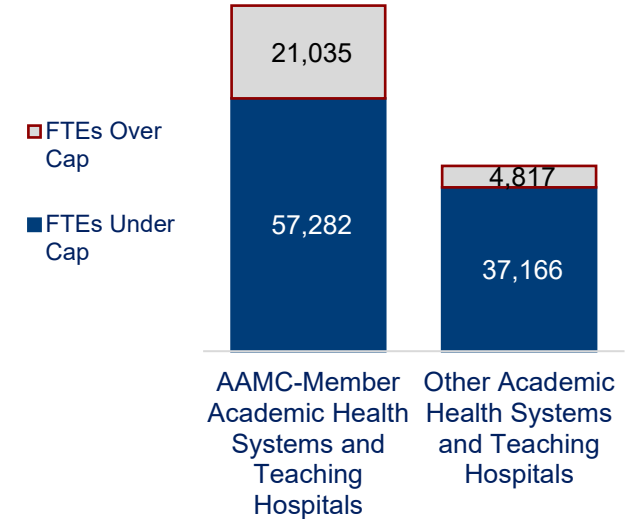
Trends in GME Cap and Count Growth at Academic Health Systems

DGME Cap and Count FY2005 to FY2022 (All Health Systems)



AAMC Members Account for Majority of DGME Count over the Cap in FY2022

FY2022 DGME FTE Count over Cap

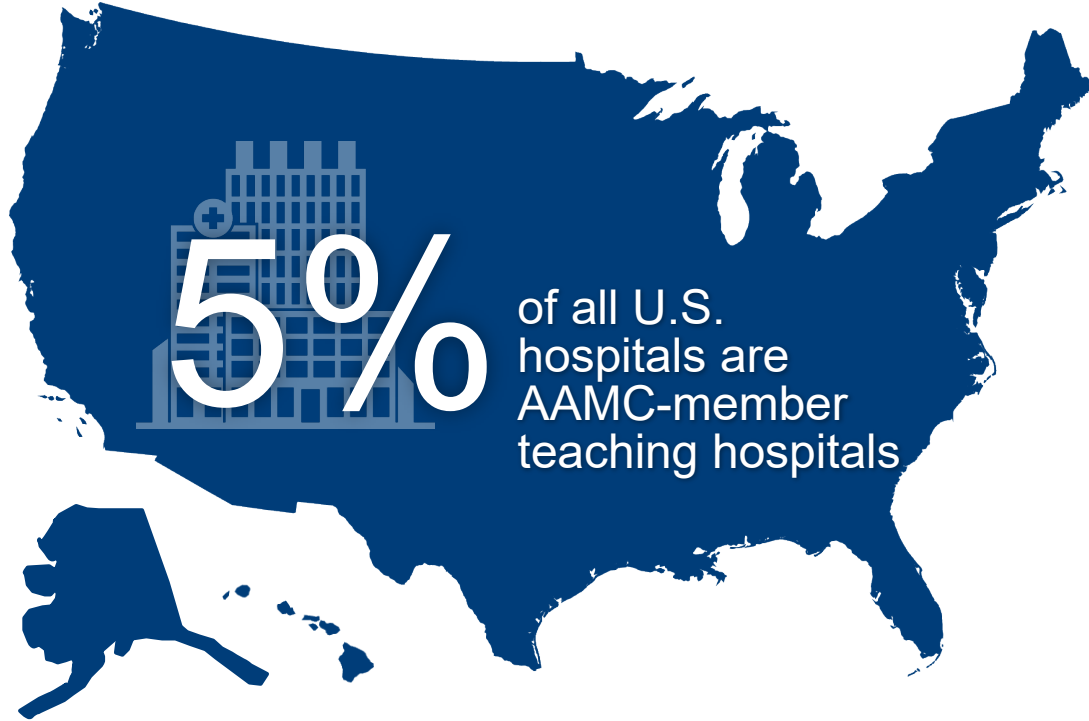


Data Source: AAMC's analysis of FY2022 Hospital Cost Reporting Information System (HCRIS) data, July 2024 release.

Note: DGME counts include allopathic and osteopathic residents. Includes redistributed slots under Section 422, Section 5503, and Section 5506. DGME counts are unweighted FTEs.

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Overview of AAMC-Member Hospital Services



 AAMC-member teaching hospitals operate:

- 100% of comprehensive cancer centers
- 75% of burn unit beds
- 59% of level-one trauma centers
- 64% of pediatric ICU beds

However, they provide:

27%  of Medicaid hospitalizations

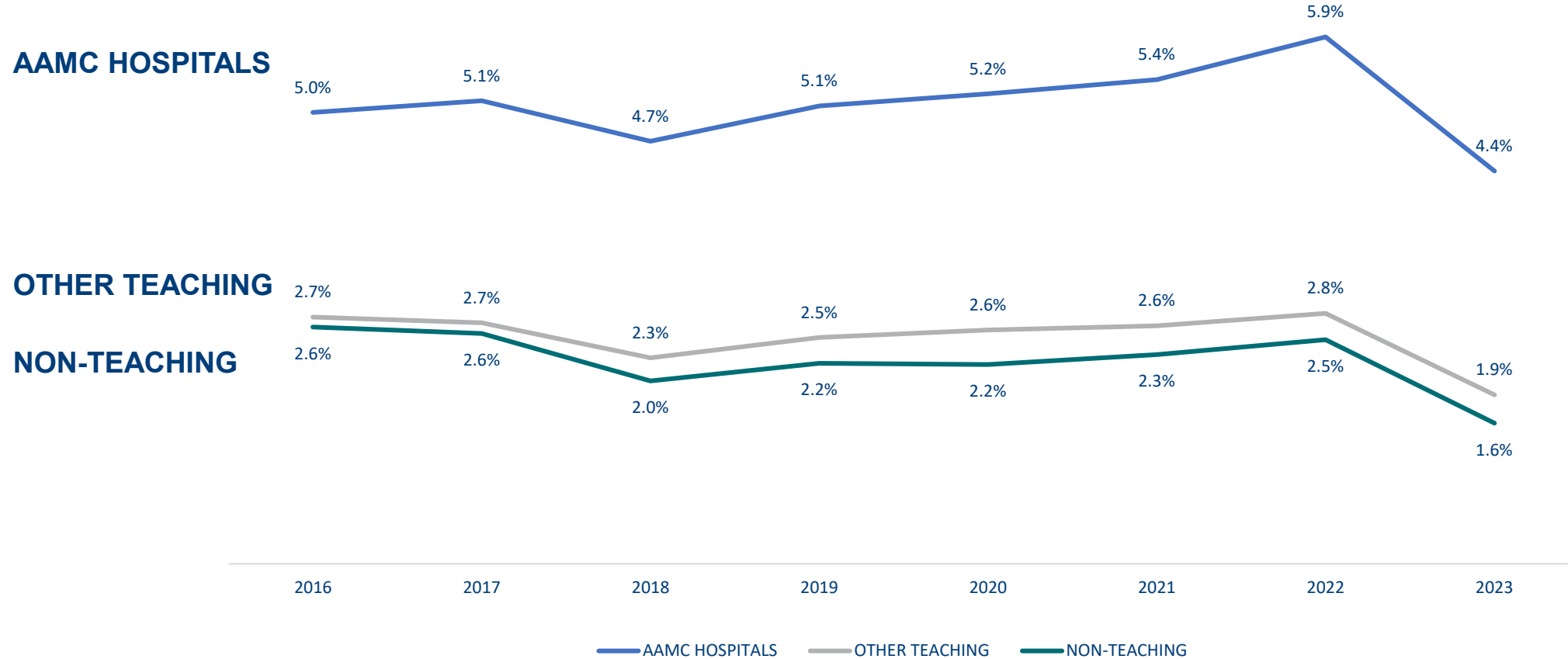
33%  of hospital charity care

Note: Data reflect short-term, general, nonfederal hospitals.

Source: AAMC analysis of FY2023 American Hospital Association data, American College of Surgeons Level 1 Trauma Center designations, 2024, and the National Cancer Institute's Office of Cancer Centers, 2024. AAMC membership data, December 2024.

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AAMC-Member Teaching Hospitals Treat Higher Rates of Outlier Cases and the Trend Continues, FY2016-2023



Notes: This analysis controlled for payment factors (DRG weight, wage index, IRB ratio, and disproportionate patient percentage) and random hospital-specific effects.
Source: AAMC analysis of MedPAR Medicare Fee-for-service claims data from FY2016- FY2023.

Outpatient Visits by Bed Size and Teaching Status, 2023

Bed Size	Median Outpatient Visits		
	AAMC-Member Teaching Hospitals	Other Teaching Hospitals	Nonteaching Hospitals
Fewer than 200 beds	155,958	120,062	49,087
200-299 beds	291,320	198,487	156,252
300-399 beds	250,989	226,478	160,000
400-499 beds	507,617	274,917	184,571
500+ beds	812,611	433,234	487,862
Total	599,613	201,452	58,356

Notes: Data reflect short-term, general, nonfederal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members.
Source: AAMC analysis of FY2023 American Hospital Association data. AAMC membership data, December 2024.

Comparison of Length of Stay, Case Complexity and Occupancy Rates Among Hospitals by Teaching Status, 2023

	Median Length of Stay (in days)*	Aggregate Case Mix**	Median Occupancy Rate
AAMC-Member Teaching Hospitals	6.4	2.29	80%
Other Teaching Hospitals	5.1	1.91	66%
Nonteaching Hospitals	4.7	1.75	44%

*Length of stay is not adjusted to reflect complexity of patient population (i.e., case mix)

**Based on 2023 Medicare claims data

Notes: Data reflect short-term, general, nonfederal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members.

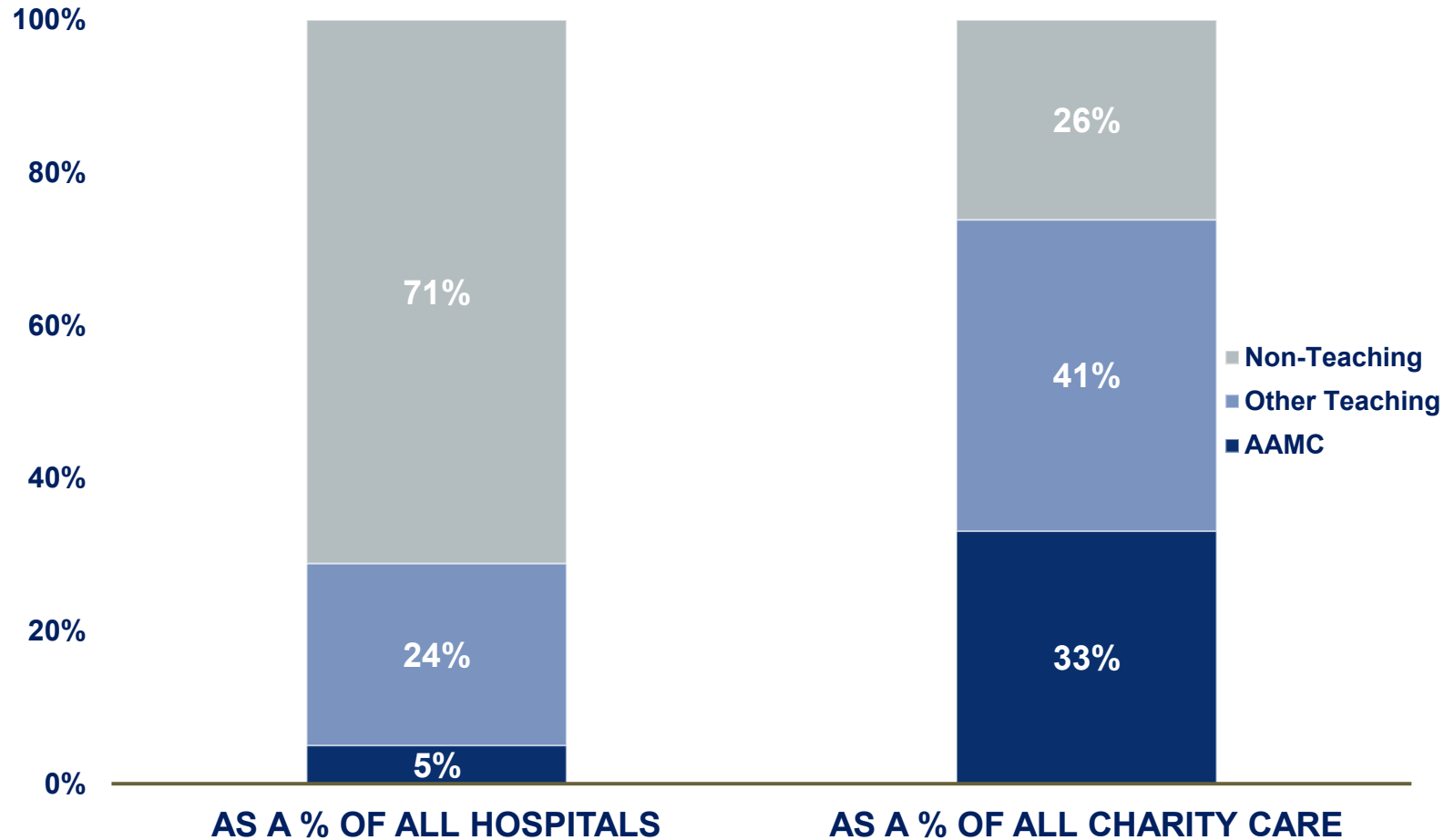
Source: AAMC analysis of FY2023 American Hospital Association data. AAMC analysis of 2023 MedPAR Medicare Fee-for-service claims data. AAMC membership data, December 2024.

AAMC-Member Teaching Hospitals Treat Higher Rates of Transfers Cases, 2023

	Transfer Cases Share of All Medicare Inpatient Stays	Aggregate Case Mix for Transfer Cases
AAMC-Member Teaching Hospitals	11.9%	2.79
Other Teaching Hospitals	6.6%	2.32
Nonteaching Hospitals	3.8%	2.06

Notes: Data reflect short-term, general, nonfederal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members.
Source: AAMC analysis of Medicare claims data, 2023. AAMC membership data, December 2024

Proportion of Charity Care Costs Provided at Hospitals by Teaching Status, 2023



Notes: Data reflect short-term, general, nonfederal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members. Charity care is defined as the revenue forgone as a result of care provided without the expectation of payment. As these labels are rounded percentages, the totals for each bar may not add up to 100%.

Source: AAMC analysis of FY2023 American Hospital Association data. AAMC membership data, December 2024.

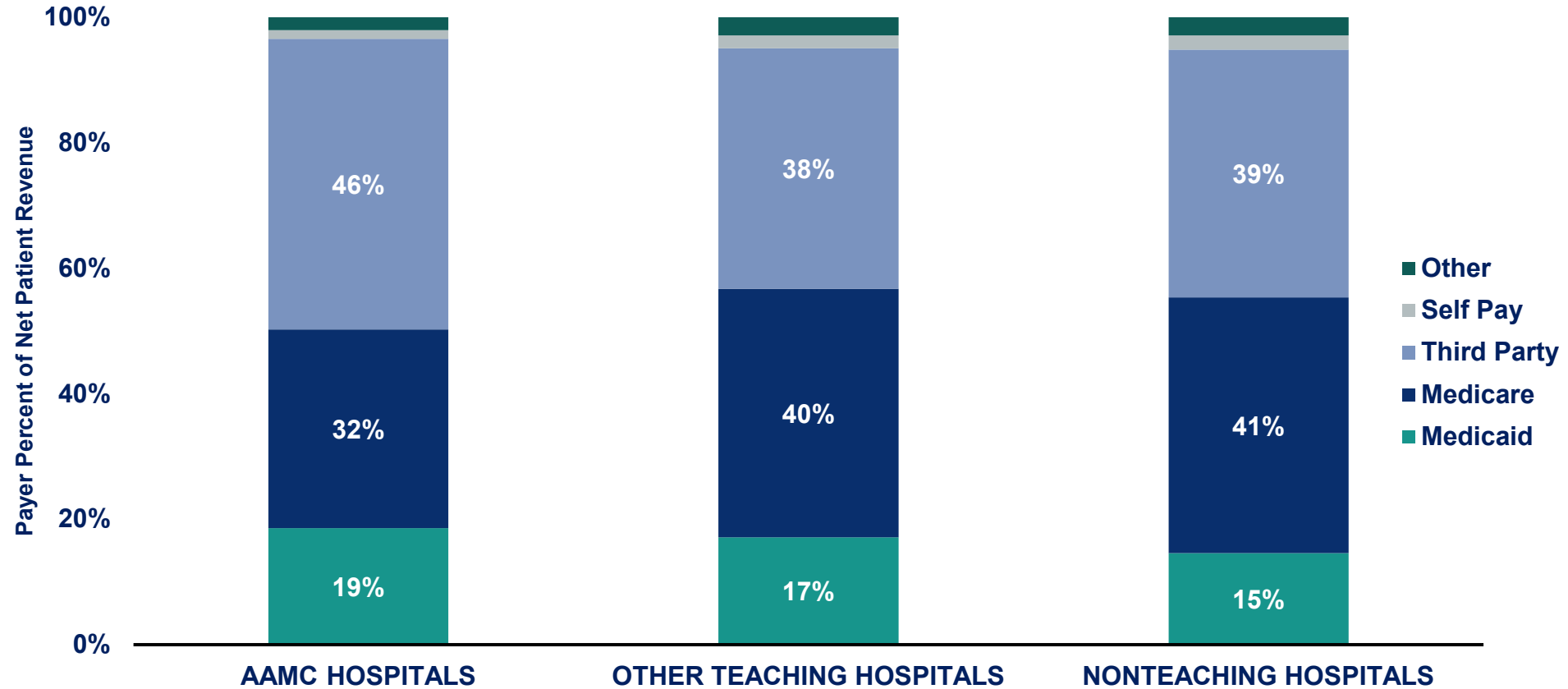
Median Charity and Uncompensated Care Costs Provided at Hospitals by Teaching Status, 2023

	Number of Hospitals	Median Amount (Millions of dollars)	
		Charity Care Costs	Uncompensated Care Costs
AMMC-Member Teaching Hospitals	211	\$19.8	\$33.2
Other Teaching Hospitals	1,004	\$5.6	\$10.3
Nonteaching hospitals	3,000	\$0.8	\$2.0

Notes: Data reflect short-term, general, nonfederal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members. Charity care is defined as care provided without the expectation of payment. Excludes hospital's bad debt and is measured in terms of costs, not charges.

Source: AAMC analysis of a special tabulation using FY2023 American Hospital Association (AHA) data. AAMC membership data, December 2024.

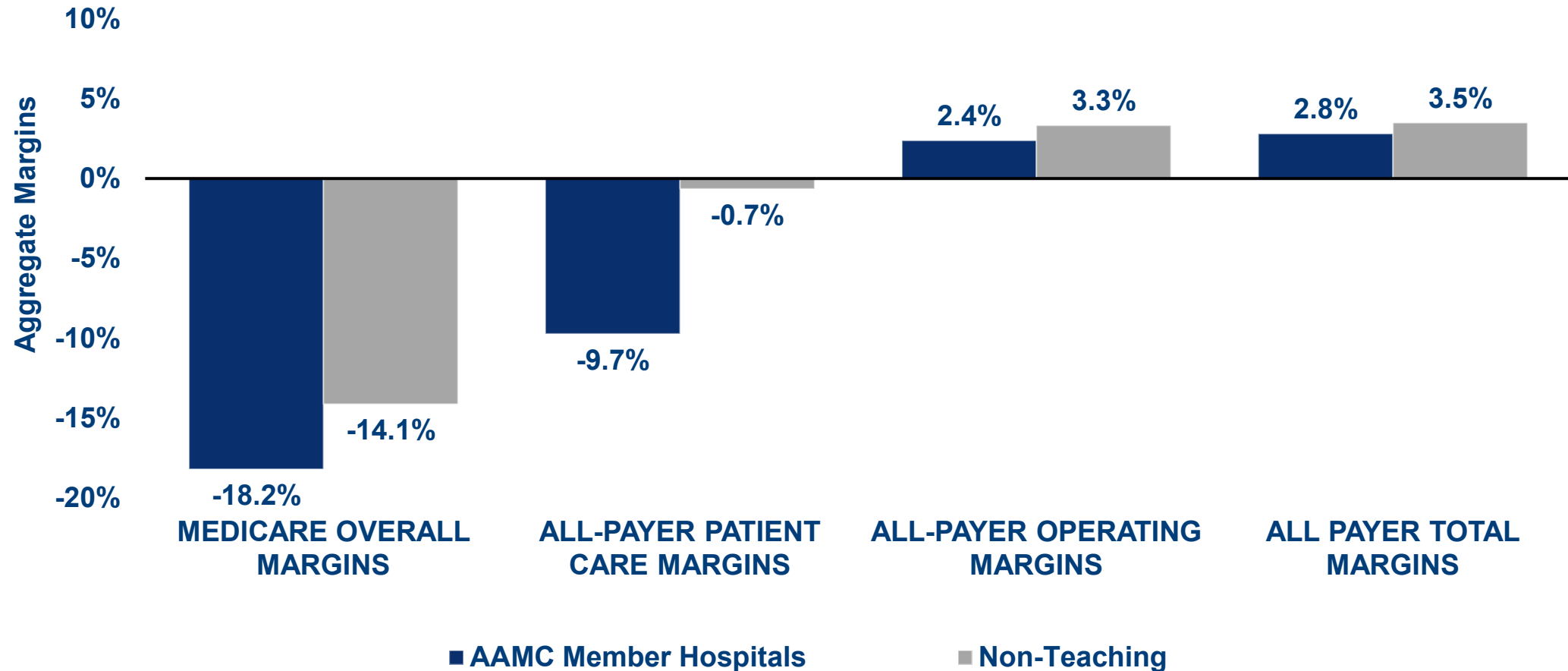
Net Patient Revenue Payer Mix at Hospitals by Teaching Status, 2023



Notes: Data reflect short-term, general, nonfederal hospitals. Data for AAMC-member teaching hospitals reflect integrated and independent AAMC members. Gross patient payer mix is defined as net patient revenue from each source divided by total net patient revenue.

Source: AAMC analysis of FY2023 American Hospital Association data. AAMC membership data, December 2024.

Aggregate Margins at AAMC-Member and Non-Member Teaching Hospitals, FY2022



Notes: Margins are as reported, after sequestration, and excludes outlier institutions, both high and low. General formula: $(\text{Revenues} - \text{Expenses}) / \text{Revenues}$. Operating Margin: revenues include all sources other than “Contributions, Donations, Bequests” and “Investment Income” and expenses include all hospital expenses.

Source: AAMC analysis of FY2022 the Hospital Cost Reporting Information System (HCRIS) released in July 2024. AAMC membership data, September 2024.