

VA Shifts Its GME Funding Toward Primary Care Programs Due to 2014 Law

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The Department of Veterans Affairs (VA) is the second largest payer for graduate medical education (GME) in the United States. It sponsors 10,500 full-time equivalent positions. One third of US residents spend time in a VA hospital each year.

Most internists have done a rotation at a VA hospital during medical school or residency as part of an institutional affiliation between the VA and a medical school. However, those traditional affiliations at the residency level were for whatever programs the medical school wanted to use at the VA and did not help reduce the generalist shortage that has been developing over the last generation.

This changed a bit with the Teaching Health Centers Program created by the Affordable Care Act, but the major recent change was from the Veterans Access, Choice and Accountability Act of 2014 (Public Law 113-146) ("Choice Act"), which passed in the summer of 2014. This created funding for up to 1,500 GME positions over a five-year period, with an emphasis on primary care and mental health positions as well as positions in other specialties that the Secretary of Veterans Affairs deems appropriate.

I spoke with Kathleen Klink, MD, Chief of Health Professions Education in the VA's Office of Academic Affiliations, to get more information about this. She told me that 372 positions had been created in the last two years and that more positions would start in 2017. The VA is target-

ing areas with few residents, those with many veterans, Federally-defined Health Professions Shortage Areas (HPSAs), and VA facilities affiliated with osteopathic medical schools and residencies. Most positions are in hospitals that already have affiliations—only 15% of positions are in VA facilities that have not had residents previously. Her office is targeting GME-naïve facilities but is limited by physicians without teaching experience or enthusiasm for teaching and by geography. The VA provides grant funding to VA facilities with developing GME programs to provide protected time for physicians—administrative funding that can include travel costs to professional meetings and other pertinent support as requested by the sites. Future support includes "indirect funding" to hospitals and clinics that provide resident education. The VA is looking into faculty development opportunities for new faculty.

Specialty training programs can be supported if doing so improves access to care as measured by standard criteria. Right now 70% of new positions have been awarded to primary care and mental health training programs; specialty areas account for about 30%. The positions have been spread geographically. More of the primary care positions have been allocated to internal medicine programs than to family medicine programs likely due to the tradition of internal medicine program involvement in VA medical care. Pri-

mary care programs may arrange an affiliation with a VA facility for rotations in specialty areas such as dermatology or neurology.

There have not been new affiliations for medical student education, as the Choice Act does not address or fund undergraduate medical education.

While the expansion program is technically only authorized and funded for five years, the VA has been funding graduate medical education since 1946 and expects to continue doing so. However, VA programs are authorized for a fixed time, and new appropriations are needed annually unlike Medicare, which has a permanent authorization and is an entitlement program. This means VA program funding will change if Congressional appropriators do not support it, while Medicare GME funding will continue unless changed in law. The authorization for the Choice Act expires in 2019 and will need to be renewed or modified then.

Though this VA initiative will not in itself make a major difference in how many primary care physicians are being trained or guarantee we have more practicing primary care physicians—especially as internal medicine residents can go on to subspecialize—it is one of the few federal initiatives in a generation to shift GME funding in a way that favors primary care and mental health training and so deserves our support.