



Support Primary Care Medical Education as the Key to Improving Access and Healthcare Value

About one in five Americans does not have adequate access to primary health care due to a shortage of primary care physicians and other health professionals. Many reside in rural and low-income urban areas, where the shortage is especially acute.

The Health Resources and Services Administration (HRSA) estimates that 16,000 additional primary care physicians are required to meet today's needs. As the population expands and the baby boom generation ages, the U.S. will experience a shortfall of between 12,500 and 31,100 primary care physicians by 2025.

Medicare Graduate Medical Education

Graduate medical education (GME) is central to the development of a robust, well-trained workforce, serving as the portal to medical practice and the pathway through which medical school graduates (i.e., residents) develop the competence to practice independently. Medicare is the major public source of funding for GME in the US, spending over \$10 billion annually to subsidize the cost of training medical school graduates. Pressure to achieve long-term fiscal and economic stability, together with growing concern that the US is failing to adequately match medical training with national needs, has prompted calls for a redesign of GME residency programs in a way that improves access to and delivery of health care services.

SGIM echoes that call, and strongly urges Congress to establish a GME payment structure that adequately supports primary care, is transparent, holds teaching institutions accountable for their training outcomes, and results in a highly trained, appropriately distributed workforce well-equipped to meet the nation's health care needs. To those ends, SGIM recommends the following:

- **Distribution of Physician Specialties:** The GME system should provide incentives to institutions and training programs to align the practice patterns of their graduates with national and regional workforce needs.
- **Funding Mechanisms:** All entities that pay for health care should contribute to GME funding, which should reflect the true cost of training a physician workforce aligned to the nation's health care needs.
- **Transparency:** GME dollars must be spent transparently and exclusively for resident training and related costs.

- **Competency-based Curriculum Accountability:** GME-funded residency training programs must demonstrate that their graduates have the competencies necessary to practice medicine in the 21st century.
- **Education Innovations:** Funding must be available for GME innovations designed to positively impact the workforce.

Preserve and Strengthen the Veterans Health Administration

The Veterans Health Administration (VHA), the largest integrated health system in the US, provides care to more than 8.9 million veterans annually at 168 VA medical centers and 1,053 outpatient sites. One of the most effective, innovative features of the current system is the VHA's primary care/mental health integration approach to health care, and the critical role the VHA plays in supporting education of residents and medical students.

Where challenges exist, e.g. when veterans live more than 40 miles away from the closest VA hospital or if waiting time exceeds 30 days, the VA Choice Act permits veterans to opt for private care. However, it is important to note that veterans themselves generally oppose privatization. Centralizing care at the VHA allows for specialization on the unique needs of veterans, including traumatic brain injuries, PTSD and amputations. A privatized system, moreover, makes it difficult to provide team-based, patient-centered care—a hallmark of the current VHA system. Were VHA medical centers to close, the loss of education and training opportunities for more than 40,000 medical residents per year would compromise the country's ability to maintain an adequate health professional workforce. SGIM strongly recommends that veterans would be better served by expanding access to services the VHA currently provides, rather than privatizing the system.

Title VII – Primary Care Training and Enhancement/Identifying Work Force Needs

While SGIM commends Congress for its continued support for primary care training programs, more resources are needed to meet the nation's growing demands for primary care services, particularly in underserved rural and urban communities. SGIM strongly urges Congress to continue the following programs administered by the Health Resources and Services Administration: **Training in Primary Care Medicine** (\$50 million); **Teaching Health Center Program, Centers of Excellence** (\$30 million), and the **Health Careers Opportunity Program** (\$20 million).

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