SGIM
Society of General Internal Medicine
Creating Value for Patients

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

About 20% of Americans do not have adequate access to primary health care due to a shortage of primary care physicians and other health professionals. In rural and low-income urban areas, the shortage is especially acute. The Health Resources and Services Administration (HRSA) estimates that by next year, there will be a shortage of 20,400 primary care physicians. As the population expands and the baby boom generation ages, this will get worse.

Medicare Graduate Medical Education

Graduate medical education (GME) is central to the development of a robust, well-trained physician workforce, serving the pathway through which medical school graduates-as 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 residents. Pressure to achieve long-term cost stability in health care and a growing concern that the US does not match medical training with projected national needs has prompted calls for a redesign of GME residency programs that improves future 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 practice, 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. We cannot support net funding cuts to the program as proposed in the President's FY 2020 budget request. Any reforms to the program should maintain the current funding level. If Congress plans to consider GME reforms, 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 21st Century U.S. medicine.

- **Education Innovations:** Funding must be available for GME innovations designed to make workforce skills match the health care needs of Americans.

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 funding is needed to meet the nation's growing demands for primary care services, particularly in underserved rural and urban communities. SGIM strongly urges Congress to fund these programs administered by the Health Resources and Services Administration: **Training in Primary Care Medicine** ($60 million), **Centers of Excellence** ($30 million), and the **Health Careers Opportunity Program** ($20 million).

Preserve and Strengthen the Veterans Health Administration

Roughly 60% of all medical residents—more than 40,000 per year—train in the Veterans Health Administration (VHA) at some point in their careers. As the largest integrated health system in the country, the VHA serves more than 8.9 million veterans annually. The VHA provides trainees opportunities to learn about a wide range of disease states, and to practice in innovative and effective models of care through the VA's Primary Care / Mental Health Integration clinics and interprofessional pilot programs like Centers of Excellence.

When veterans cannot access these services because they live more than 40 miles away from the closest VA hospital or waiting times exceed 30 days, the VA Choice Act currently funds veterans' receipt of care from private providers. While both veterans and providers have varied opinions regarding privatization, it is clear that centralizing care at the VHA has allowed VA providers to become experts in the unique mental and physical needs of veterans, particularly in fields relating to traumatic brain injuries, PTSD, Military Sexual Trauma, and amputations. Much of this care relies on multi-disciplinary, team-based, patient-centered care—a hallmark of VHA delivery and training systems, and one that private systems continue to strive to meet. SGIM strongly believes that veterans are best served by specialists in their care and that any investment in veteran care should focus on expanding access to these services the VHA currently excels in providing.

For further information, contact Erika Miller of CRD Associates at (202) 484-1100 or at emiller@dc-crd.com.