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January 3, 2020

The Honorable Chuck Grassley  
Chairman  
Committee on Finance  
The United States Senate  
135 Hart Senate Office Building  
Washington, DC 20510

Dear Chairman Grassley:

The Society of General Internal Medicine (SGIM) was pleased to review your recent inquiry to Department of Health and Human Services (HHS) Secretary Alex Azar seeking information on Graduate Medical Education (GME) programs given our members role in training future physicians. SGIM is a national medical society of 3,500 physicians who are the primary internal medicine faculty of every medical school and major teaching hospital in the United States. Our members are deeply invested in ensuring patients have access to a well-trained physician workforce and believe that reforming the GME program can help address the country's workforce needs.

As you consider the Secretary's response, SGIM would like to share with you our [white paper](#) which outlines our vision for GME reform that we believe provides viable options to ensure patient access to care. Our white paper presents SGIM's priorities while also addressing the nation's physician workforce needs and our recommendations on GME reform. As such, we provide the following recommendations.

### *Transparency*

The Society shares your concerns regarding the need for increased transparency and oversight. GME dollars must be spent transparently and exclusively for resident training and related costs. Currently, there is a lack of transparency in the use of funds given directly to sponsoring institutions, allowing funds to subsidize other activities or hospital costs rather than be used exclusively to support training as intended. Therefore, SGIM recommends that requirements be implemented for institutions receiving GME funds to report their GME costs and the total amount of direct and indirect funds received.

### *Funding Mechanisms*

SGIM believes all entities that pay for medical care should contribute to GME funding, and funding levels should reflect the true cost of training a physician workforce aligned to the nation's healthcare needs. Direct GME funding must reflect the true cost of training and Indirect GME funding must reflect the actual cost of patient care in teaching sites compared with matched, non-teaching sites from the same region. GME funding must provide adequate support for residents and fellows including but not limited to training in appropriate settings as well as funding for research and other academic activities.



### *Competency-Based Curriculum Accountability*

GME-funded training programs must demonstrate that their graduates have the competencies necessary to practice medicine in the 21st century. SGIM is aware that in the past, MedPAC and others have emphasized deficiencies in the use of evidence-based medicine, team-based care, care coordination, communication skills and shared decision-making among graduates of GME programs. Going forward, we recommend that a program's ongoing GME funding should be contingent upon demonstrating that their graduates have met the necessary milestones by the end of training.

### *Optimize the 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. Direct accountability by GME institutions, for example linking the receipt of GME dollars with workforce supply outcomes, would be an important step to restoring a robust primary care workforce. SGIM recommends and offers support in the introduction of an incentivizing system which rewards institutions that demonstrate a sustained ability to train doctors who become primary care physicians.

### *Education Innovations*

Funding must be available for GME innovations designed to positively impact the health care workforce and the federal government should support and test innovative education and training models to prepare the next generation of physicians. With this, SGIM recommends the establishment of a Center for Medical Training Innovation whose goals would be to use an evidence-based approach to craft a training system that is best designed to meet the needs of today's health care system.

SGIM supports all efforts to reform GME and provide a robust and sustainable physician workforce that can provide high quality, high value, population-based, and patient-centered care. As you continue to examine GME and potentially develop legislation, we would like to offer ourselves as a resource. If we can provide additional information, please contact Erika Miller at [emiller@dc-crd.com](mailto:emiller@dc-crd.com) or (202) 484-1100.

Sincerely,

A handwritten signature in black ink that reads "Eric B Bass". The signature is written in a cursive, flowing style.

Eric Bass, MD, MPH, FACP  
Chief Executive Officer