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MEDICAL EDUCATION: PART II

WILL GRADUATE MEDICAL EDUCATION AT VA HOSPITALS SURVIVE THE CHOICE ACT?

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Since its initial partnership with academic medicine after World War II, the Department of Veterans Affairs (VA) has trained many of the health care providers of the future. Over the last few years under the Veterans Access, Choice and Accountability Act of 2014 (Choice Act) there has been an even greater expansion of primary care with approximately 350 new GME FTE positions primarily in internal medicine. These increased numbers of VA trainee positions are needed to care for veterans and the increasing demands on the healthcare workforce particularly in primary care training.[1]

The initial affiliations served two purposes: to train healthcare providers and start a pipeline for potential future VA staff. Today's programs continue both missions. However, recent efforts to outsource veteran care while expanding training programs create uncertainty about the future of the VA as a health care provider and leader in education.

Sixty percent of all practicing physicians in the United States received some of their training at a VA[2]. As part of the largest integrated health network in the United States, trainees learn skills in resource utilization, interdisciplinary communication, and care for a medically and psychosocially complex patient population—skills that are widely applicable in practice.

Current funds, managed by the VA's Office of Academic Affiliation (OAA), support the "largest education and training effort" in the United States for health professionals. The VA partners with 112 LCME-accredited and 35 AOA-accredited medical schools, providing educational support and collaboration[3]; OAA will fund 11,000 graduate medical positions in 2018. Of those positions, approximately 3,200 are in internal medicine, representing a significant proportion of all internal medicine positions in the country.[4]

In response to concerns of insufficient access to care, the Veterans Access, Choice and Accountability Act of 2014 (Choice Act) began paying for non-VA providers to serve veterans who cannot otherwise be seen in a timely manner. However, the academic community became worried that expansion of this program would decrease both opportunity and funding for trainees at the VA as patients and payments are diverted elsewhere. The Choice Act also provided funding for approximately 350 new GME full-time equivalent (FTE) positions, primarily in internal medicine.

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Several bills are currently in Congress that impact the VA. The Caring for Our Veterans Act of 2017 (S. 2193) reaffirms the VA-academic affiliations and provides further increases to VA graduate medical education (GME) funds while sunsetting the Choice program. It has passed out of committee and is pending before the full Senate. However, the Care Veterans Deserve Act (H.R. 1152) would make the Choice program permanent and does not create new GME slots. It has not yet been considered in committee.

The Senate bill has a clause (Section 211) mandating a service commitment to the VA in exchange for funding 1,500 new residency positions, which could be in Federal programs other than the VA. The VA has already invested in pilot programs, explicitly built to develop its own workforce in both primary and specialty care. These Centers of Excellence (CoEs) are designed to prepare interprofessional teams of trainees to provide high-quality, coordinated care to veterans, and each site is tasked with measuring not only the standard effectiveness of

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curricula but also the rate at which trainees remain in the VA system after graduation[5]. However, these programs' participants are self-selected and the hope for post-training service is not a mandatory commitment. The proposed legislation indicated that any trainee funded in a program created by S. 2193 would be required to complete a VA service commitment of as many years as the years of support received, a model akin to National Health Service Corps (NHSC) grants. It is not clear if and how those positions would be offered through the National Residency Matching Program as students matched in this fashion are then legally obligated to join a program requiring a payback. If and when the positions could be offered, it is unclear if they would fill.

While expansion of GME within the VA is an attractive idea, especially when lifting Medicare's cap on funded positions seems unlikely, practice changes driven by Congress by linking these positions to the Choice program could threaten the benefit of these expansions. The Choice program has been a significant strain on the VA budget and Congress has had to appropriate supplementary funding to the VA to keep it afloat[6]. There are concerns that if the program continues indefinitely, it will put pressure on the money available to the VA in general and could compromise the amounts available for spending on GME programs. Continuing the program also means the loss of patients to outside providers, leaving fewer patients for VA trainees to see, potentially compromising the attractiveness—and some fear accreditation—of GME programs. It remains to be seen how these changes would impact the training of our future workforce and the care of our veterans.

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