

HOD ACTION: Council on Medical Education Report 6 adopted as amended, and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 6-I-19

Subject: Veterans Health Administration Funding of Graduate Medical Education
(Resolution 954-I-18)

Presented by: Jacqueline A. Bello, MD, Chair

Referred to: Reference Committee C
(, MD, Chair)

1 INTRODUCTION

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3 Resolution 954-I-18, introduced by the American Academy of Dermatology, American Society for
4 Dermatologic Surgery Association, and American Society of Dermatopathology, asked that our
5 American Medical Association (AMA):

- 6
7 1. Continue to support the mission of the Department of Veterans Affairs Office of Academic
8 Affiliations for expansion of graduate medical education (GME) residency positions;
9
10 2. Collaborate with appropriate stakeholder organizations to advocate for preservation of
11 Veterans Health Administration (VHA) funding for GME and support its efforts to expand
12 GME residency positions in the federal budget and appropriations process; and
13
14 3. Oppose service obligations linked to VHA GME residency or fellowship positions,
15 particularly for resident physicians rotating through the VA for only a portion of their
16 GME training.

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18 The AMA House of Delegates adopted Resolves 1 and 2; these were appended to Policy D-
19 510.990, "Fixing the VA Physician Shortage with Physicians." Resolve 3, which was referred, is
20 the topic of this report.

21
22 Testimony before the reference committee on this resolution was mixed. The AMA has long been
23 an advocate for preservation and expansion of GME funding to mitigate projected physician
24 shortages and ensure that positions are available for medical school graduates applying to residency
25 programs. Currently, there are no residency completion service obligations for Veterans
26 Administration (VA) residency programs. Furthermore, it was noted that all funding for
27 residency/fellowship positions, whether from private, VA, and/or Centers for Medicare &
28 Medicaid Services (CMS) sources, carries with it the expectation that residents/fellows perform
29 service for patients during their years in the training program. In addition, the VA sponsors very
30 few residency programs; most residents who train in a VA facility do so as part of their training,
31 with other sites and institutions responsible for components of the residency or fellowship. Due to
32 the complicated rules at institutions that sponsor residency programs related to full funding for a
33 resident full-time employee, it was recommended that Resolve 3 be referred for further study.

1 BACKGROUND

2
3 The Department of Veterans Affairs (VA) has long supported the training of health care
4 professionals as part of its mission. With very few exceptions, the VA does not sponsor and operate
5 its own GME programs, but instead partners with teaching hospitals to provide rotations in VA
6 medical facilities, sharing the costs of faculty and residents when residents are training in VA
7 facilities. When a resident is training at a VA facility, that resident is not counted as part of the
8 Medicare GME cap for the sponsoring institution (and so is not paid via Medicare). This allows the
9 sponsoring institution to train additional residents above its Medicare cap. Over 43,000 residents
10 and fellows rotate through roughly 11,000 VA-funded full-time-equivalent residency positions in
11 VA medical facilities each year; while rotating through the VA, residents remain employees of the
12 sponsoring institution and are not employees of the VA, nor are they subject to service obligations
13 upon completion of the rotation or training program.¹ Approximately one third of the entire GME
14 workforce per year receives training in VA facilities and provides care to veterans.²

15
16 *VA GME Expansion*

17
18 The Veterans Access, Choice, and Accountability Act (VACAA) of 2014 included a requirement
19 that the VA expand the number of residents and fellows it trains by up to 1,500 positions by 2024,
20 in selected specialties and/or geographic areas, as well as specialties designated as critical need
21 specialties located within health professional shortage areas (as defined by the Health Resources
22 and Services Administration), having a shortage of physicians, rural locations, or in a program/area
23 where there are significant delays in veteran access to care.³ After five rounds, the VA has
24 approved 1,055 positions, from 2015 through 2019 (443.2 in primary care, 229.1 in mental health,
25 and 383.0 in critical need specialties).⁴

26
27 Subsequent legislation introduced in 2017, but not passed, also increased the number of GME
28 positions funded by the VA by 1,500, but required a service obligation post-GME equal to the
29 number of years of residency stipend and benefit support.^{5,6}

30
31 The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION)
32 Act of 2018 builds upon VACAA in that one of its aims is to increase GME in rural locations, an
33 area in which VACAA has had limited success.⁴ The MISSION Act will enable the VA to place at
34 least 100 residents (through positions created by VACAA) in “covered” federal facilities, that may
35 not be on a traditional VA campus. Indian Health Service facilities, Federally Qualified Health
36 Centers, Department of Defense medical centers, or other underserved VA areas are included as
37 sites for potential GME expansion. The MISSION Act also provides the VA authority to assist in
38 the development costs of starting new GME programs in VA-designated underserved areas.
39 Finally, the MISSION Act includes provisions to enable the VA to recruit physicians and dentists
40 into rural and underserved areas through two scholarship opportunities and a loan repayment
41 program. The Health Professions Scholarship Program (HPSP) will offer scholarships to medical
42 and dental students in exchange for VA service, with a repayment period of 18 months per year of
43 support. Upon completion of training, the participants will be assigned by the VA to areas
44 experiencing a critical need in the specialty of training. The number of scholarships to be funded
45 will be based on VA-determined provider shortages.⁷

46
47 A second scholarship opportunity provides four years of tuition, fees and stipend support to two
48 veterans at nine medical schools:

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50
- Charles R. Drew University of Medicine and Science (California)
 - Howard University College of Medicine (District of Columbia)
- 51

- 1 • Morehouse School of Medicine (Georgia)
- 2 • Wright State University Boonshoft School of Medicine (Ohio)
- 3 • University of South Carolina School of Medicine
- 4 • East Tennessee State University James H. Quillen College of Medicine
- 5 • Meharry Medical College (Tennessee)
- 6 • Texas A&M Health Science Center College of Medicine
- 7 • Joan C. Edwards School of Medicine at Marshall University (West Virginia)

8
9 After completion of residency or fellowship, the recipient of the scholarship is required to practice
10 in a VA facility for four years.⁷

11
12 The Specialty Education Loan Repayment program offers \$40,000 in loan repayment to residents
13 (who have at least two or more years left of training) in exchange for 12 months' service post-GME
14 in a VA medical center or site, with a maximum of \$160,000 loan repayment. Preferences will be
15 given to veterans, residents training in rural areas or in the Indian Health Services, or in sites in
16 underserved areas. Rather than an assignment by the VA, recipients in the loan repayment program
17 can select from a list of approved sites the location of the VA site for their service obligation.⁷

18
19 To date, the Specialty Education Loan Repayment program has been enacted. The scholarship
20 opportunity for recently separated military veterans attending selected medical schools will be
21 offered to the medical school class of 2020, as a trial, with hope of its continuation. The language
22 for the HPSP scholarship opportunity is currently in development and not yet published for public
23 comment. It is anticipated that the GME expansion in "covered" facilities, as well as the creation of
24 new GME programs in Indian Health Service (IHS) and tribal facilities, will not be underway until
25 at least 2022.⁸

26 27 RELEVANT AMA POLICY

28 29 D-510.990, "Fixing the VA Physician Shortage with Physicians"

30
31 Our AMA will: (1) work with the VA to enhance its loan forgiveness efforts to further incentivize
32 physician recruiting and retention and improve patient access in the Veterans Administration
33 facilities; (2) Call for an immediate change in the Public Service Loan Forgiveness Program to
34 allow physicians to receive immediate loan forgiveness when they practice in a Veterans
35 Administration facility; (3) Work with the Veterans Administration to minimize the administrative
36 burdens that discourage or prevent non-VA physicians without compensation (WOCs) from
37 volunteering their time to care for veterans; (4) (a) continue to support the mission of the
38 Department of Veterans Affairs Office of Academic Affiliations for expansion of graduate medical
39 education (GME) residency positions; and (b) collaborate with appropriate stakeholder
40 organizations to advocate for preservation of Veterans Health Administration funding for GME and
41 support its efforts to expand GME residency positions in the federal budget and appropriations
42 process.

43 44 SUMMARY AND RECOMMENDATIONS

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46 The health care system of the VA is the largest system in the U.S. Not only does the VA provide
47 training opportunities for over 43,000 residents and fellows, it also has collaborative agreements
48 with 178 allopathic and osteopathic medical schools, providing educational opportunities for nearly
49 25,000 medical students and other health professions trainees⁷ (who are not subject to service

1 obligations upon completion of the rotation or training program). As such, the importance and
2 value of the VA to the nation's health care workforce cannot be overstated.

3
4 While other sources of financing for more GME positions have been limited, the VA's ability to
5 expand may reduce the effects of a forecasted physician shortage. Recently passed legislation that
6 enables the VA to expand opportunities for physician training within the VA, and to provide
7 financial assistance to eligible physicians who will then repay that assistance through service
8 obligation to VA and other underserved populations, will further one of the statutory missions of
9 the VA, which is to assist in the training of health professionals for its own needs and those of the
10 nation.

11
12 The Council on Medical Education therefore recommends that the following recommendations be
13 adopted in lieu of Resolution 954-I-18 and the remainder of this report be filed:

- 14
15 1. That our AMA support postgraduate medical education service obligations through
16 programs where the expectation for service, such as military service, is reasonable and
17 explicitly delineated in the contract with the trainee. (New HOD Policy)
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19 2. That our American Medical Association (AMA) oppose the blanket imposition of service
20 obligations through any program where physician trainees rotate through the facility as one
21 of many sites for their training. (New HOD Policy)

Fiscal note: \$500.

REFERENCES

- ¹ Heisler EJ, Mendez BHP, Mitchell A, Panangala SV, Villagrana MA. 2018. *Federal Support for Graduate Medical Education: An Overview*. (CRS Report No. R44376) Retrieved from Congressional Research Service website: <https://crsreports.congress.gov/product/pdf/R/R44376>. Accessed July 3, 2019.
- ² Brotherton SE, Etzel, SI. Graduate Medical Education, 2017-2018. *JAMA* 2018; 320(10): 1051-1070.
- ³ Department of Veterans Affairs. VA Physician Resident Positions Grant for Graduate Medical Education (GME) Enhancement under the Veterans Access, Choice, and Accountability Act (VACAA) of 2014 [PL 113-146]. https://www.va.gov/OAA/docs/Request_for_Proposals_VACAA_Physician_Resident_Positions_Grant_for_Graduate_Medical_Education_GME_Round_6.pdf. Accessed July 3, 2019.
- ⁴ Bope ET, Albanese AP. Advisory Committee on Training in Primary Care Medicine & Dentistry (ACTPCMD)-2018 VACAA & VA MISSIONS ACT Update. <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/primarycare-dentist/meetings/20180910/presentation-veterans-affairs-update-sept2018.pdf>. Accessed July 5, 2019.
- ⁵ Caring For Our Veterans Act of 2017 <https://www.congress.gov/115/bills/s2193/BILLS-115s2193pcs.pdf>. Accessed July 5, 2019.
- ⁶ Veterans Community Care and Access Act of 2017 <https://www.congress.gov/115/bills/s2184/BILLS-115s2184is.pdf>. Accessed July 5, 2019.
- ⁷ Albanese AP, Bope ET, Sanders KM, Bowman M. The VA MISSION Act of 2018: A potential game changer for rural GME expansion and veteran health care. *Journal of Rural Health* 2019 doi: 10.1111/jrh.12360.
- ⁸ Anthony Albanese, MD, VA Office of Academic Affiliations (OAA). Personal communication, July 11, 2019.