July 11, 2014

The Honorable Bernie Sanders  The Honorable Jeff Miller
Chair  Chair
Committee on Veterans Affairs  Committee on Veterans Affairs
United States Senate  United States House of Representatives

Dear Conferees:

In light of recent events at the Department of Veterans Affairs (VA) and the urgency of addressing delays in veterans’ health care, the Association of American Medical Colleges (AAMC) and the nation’s medical schools and teaching hospitals stand ready to ensure that America’s veterans get the health care they need and deserve. We urge you to pass legislation swiftly to help improve veterans’ access to care outside of the VA, including expedited contracting with non-VA hospitals, timely reimbursement for services, and expanded VA and Medicare graduate medical education (GME) to help address physician workforce shortages that have turned the VA into the proverbial canary in the coal mine.

The AAMC is a not-for-profit association representing all 141 accredited U.S. medical schools; nearly 400 major teaching hospitals and health systems, including 51 VA medical centers; and nearly 90 academic and scientific societies. Already, 161 of our member medical schools, teaching hospitals, and their faculty physicians have told us they have the capacity to help when the VA determines what services are needed and how teaching hospitals and medical school physicians can best offer assistance.

America’s medical schools and teaching hospitals have an unwavering commitment to those who have so bravely served this country. Academic medicine’s partnership with the VA dates back to the end of World War II when the VA faced a severe shortage of physicians as nearly 16 million men and women returned from War World II, many with injuries and illnesses that would require health care for the rest of their lives. At the same time, many physicians were returning from the war without having completed residency training.
The solution was VA-academic affiliations established under VA Policy Memorandum No. 2, making the VA an integral part of residency training for the nation’s physicians. In 2013, more than 35 percent of resident physicians received clinical training at a VA facility, and 70 percent of VA physicians had a faculty appointment at a medical school. What started as a simple idea in a time of great need has developed into an unprecedented private-public partnership grounded in our shared missions of research, education, and patient care. Today, 127 VA facilities have affiliation agreements for physician training with 130 of the AAMC’s 141 member-medical schools.

Through these existing affiliations and potential new ones, AAMC members have the capacity to expand the health care services they already provide to veterans. In 2012, more than 1.2 million VA patients were served by a non-VA provider, many through sole-source contracts for specialty services between local VA medical centers and AAMC-member institutions. Agreements like these are critical to expanding care for veterans at non-VA facilities and must be approved quickly to help ensure the VA’s backlogs are reduced expeditiously. Furthermore, timely payment to non-VA providers ensures their sustained confidence in the VA’s ability to reimburse for these critical services and reduces the financial burden on veterans.

Ultimately, the VA must look to grow its own physician workforce. With most (about 99 percent) of VA’s GME programs sponsored in the name of an affiliate — generally a medical school or teaching hospital — increasing VA GME funding is a critical first step, but it is not sufficient to address VA workforce shortages. Conversely, we believe the situation at VA medical centers is a warning sign of a deeper problem: a nationwide shortage of doctors, from primary care physicians to specialists.

According to AAMC estimates, the nation faces a shortage of 45,000 primary care physicians and 46,000 surgeons and medical specialists by 2020. Veterans returning from Operations Iraqi Freedom, Enduring Freedom, and New Dawn have many complex care needs. These needs, coupled with an aging veteran population, create increasing demand on the VA system.

Medical schools have done their part to address the shortage by increasing enrollments nearly 30 percent. But unless Congress lifts the cap imposed in 1997 on the number of federally supported residency training positions, these new M.D.s will not be able to complete their training and care for patients independently. Bills have been introduced in Congress to train an additional 3,000 residents each year (H.R. 1180, H.R. 1201, and S. 577). Passing this legislation is a necessary step to prevent the VA backlog from becoming a reality for the entire nation.
Unprecedented action is required to meet the increased demand and physician workforce shortages that will have the greatest impact on our most vulnerable populations. We urge the administration and Congress to work together to ensure access to health care for veterans and the nation as a whole. The AAMC and the nation’s medical schools and teaching hospitals are committed to providing high-quality, timely care, and we look forward to working with the VA to fulfill this commitment to our nation’s veterans. As we look ahead, we hope we can count on the administration’s support for efforts to alleviate the doctor shortage and protect access to care for all patients.

Sincerely,

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President and CEO

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