

Executive Summary: Testimony by Janis Orlowski, M.D., MACP, Chief Health Care Officer, Association of American Medical Colleges (AAMC)

As you finalize legislation to reform and improve health care for our nation's veterans, the AAMC respectfully asks that you recognize the importance of Department of Veterans Affairs (VA) academic affiliations and urges you not to undermine these important public-private partnerships. For 70 years, VA's shared research, education, and patient care missions with academic medicine have improved access and quality of care for veterans, both inside and outside the VA system.

The AAMC is a not-for-profit association comprised of all 145 accredited U.S. medical schools; nearly 400 major teaching hospitals and health systems, including 51 VA medical centers; and more than 80 academic societies. The AAMC serves the leaders of America's medical schools and teaching hospitals and their 148,000 faculty members, 83,000 medical students, and 115,000 resident physicians.

To better align the VA and the nation's medical schools and teaching hospitals, the AAMC supports the DOCs for Veterans Act (S. 1676, H.R. 3755, H.R. 4011); the Enhanced Veterans Health Care Act (H.R. 3879); and the Improving Veterans Access to Care in the Community Act (S.2633).

The AAMC believes VA graduate medical education, research, joint ventures, sole-source contracting, and the proposed Core Network of the Veterans Choice Program help ensure access for our nation's veterans to the highest quality care by preserving academic affiliates as a direct extension of VA care and a preferred provider. This relationship serves multiple purposes:

Access to Complex Clinical Care - Direct clinical care contracts allow academic affiliates to plan, staff, and sustain infrastructure for certain complex clinical care services that are scarcely available elsewhere, including trauma centers, burn care units, comprehensive stroke centers, and surgical transplant services. Solely relying on fee-basis mechanisms has the potential to reduce veterans' access to care if teaching hospitals scale back services when faced with an uncertain patient load from the VA.

Workforce Development - There is a pressing need for physicians to care for our nation's veterans now and in the future. VA physician shortages are symptomatic of a broader trend, the proverbial "canary in the coal mine." The AAMC projects a nationwide shortage of between 46,000-90,000 physicians by 2025. Though these shortfalls will affect all Americans, the most vulnerable populations, including veterans, in underserved areas will be the first to feel the impact.

Physician Recruitment - The VA is an irreplaceable component of the U.S. medical education system, training more than 40,000 medical residents annually, but academic partnerships also facilitate the joint recruitment of faculty to provide care at both institutions. VA GME programs also educate new physicians on cultural competencies for treating veteran patients (inside and outside the VA), and help recruit residents to the VA after they complete their training.

Innovation and Quality - The combination of education, research, and patient care at VA and academic medical centers cultivates a culture of curiosity and innovation. Under this tripartite mission, it is critical to expand VA research on chronic conditions of aging veterans, emerging conditions prevalent among younger veterans, and the Million Veteran Program. Medical faculty must be skilled in the latest clinical innovations to train the next generation physicians that will care for veterans. State-of-the-art technology and groundbreaking treatments jump quickly from the research bench to the bedside, enhancing the quality of care provided to veterans.