

Academic Medicine's Key Priorities

November 16, 2016

Advances in medical research require sustained, predictable increases in funding for the National Institutes of Health (NIH).

- Medical research is a bipartisan national priority.
- However, in real dollars, federal funding for the NIH has fallen by more than 22% since 2003, and the average researcher's work has only a 1 in 6 chance of being funded by NIH.
- Congress made a significant investment in NIH in FY 2016, and we encourage policymakers to continue this momentum in the final FY 2017 spending bill.
- Maintaining continued growth in NIH funding will enable researchers at medical schools and teaching hospitals to continue driving the innovation that improves health for all.

ASK: Congress should ensure the final FY17 spending package includes a \$2 billion increase for NIH, and the new president should continue to prioritize real, sustained growth for the agency.

Congress must address growing physician shortages. Lifting the 1997 caps on Medicare graduate medical education (GME) support is a critical part of the solution.

- Experts project a national doctor shortage of between 62,000 and 95,000 primary and specialty care physicians, in part due to baby boomers and an aging population.
- Delivery system changes and use of advanced practice clinicians have helped close the gap, but more must be done to ensure access in rural and urban communities.
- Medical schools have responded to this crisis by increasing graduate numbers; Congress must do its part and increase Medicare GME support to ensure new graduates are able to complete their physician training.
- The 1997 legislative "freeze" effectively capped Medicare support for physician training; the caps are outdated and must be lifted.

ASK: Congress and the new president must increase Medicare resident caps.

Medicare's Indirect Medical Education (IME) payments are critical funding sources for teaching hospitals.

- Despite their label, Medicare IME payments are patient care payments that support Medicare's share of the costs teaching hospitals incur for treating the most complex patients.
- Teaching hospitals rely on IME support to offset expenses associated with maintaining facilities, equipment, and personnel often unavailable elsewhere in the region, such as 24/7 standby services including trauma centers, burn units, and others.
- IME payments sustain an environment where teaching hospitals' training, patient care, and research missions can thrive while also supporting critical services vital to the health of our communities.

ASK: Congress and the new president must preserve IME funding for teaching hos

Don't penalize teaching hospitals for treating the most vulnerable, complex patients.

- Teaching hospital and medical school physicians treat a larger proportion of our nation's most medically complex and vulnerable patients who frequently face challenges beyond a hospital's control.
- Congress and the administration must recognize the socio-demographic status of patients when determining quality penalties under the Medicare program (e.g., Hospital Readmissions Reductions Program) to ensure that hospitals are not unfairly penalized for these factors and can continue to provide high-quality care to all patients.

ASK: Congress should require that Medicare quality programs take into account socio-demographic factors to ensure hospitals treating the most vulnerable patients are not penalized inappropriately.