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**Association of
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July 5, 2022

Carolyn M Clancy, MD, MACP
Assistant Undersecretary for Health,
Discovery, Education and Affiliate Networks (DEAN)
Department of Veterans Affairs
810 Vermont Ave, NW, Room 875D
Washington, DC 20420

Re: VA Pilot Program on Graduate Medical Education and Residency (RIN 2900–AR01)

The Association of American Medical Colleges (AAMC or the Association) welcomes the opportunity to provide comment on the Department of Veterans Affairs (VA) proposed “VA Pilot Program on Graduate Medical Education and Residency” (PPGMER or pilot program) 87 *Fed. Reg.* 6456 (Feb. 4, 2022). The PPGMER is authorized by the Maintaining Internal Systems and Strengthening Integrated Outside Network (MISSION) Act of 2018 (P.L. 115-182) to improve veterans’ access to care and will place no fewer than 100 medical residents at VA covered facilities over the next five years.

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members comprise all 155 accredited United States (U.S.) and 16 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America’s medical schools and teaching hospitals and the millions of individuals employed across academic medicine, including more than 191,000 full-time faculty members, 95,000 medical students, 149,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. In 2022, the Association of Academic Health Centers and the Association of Academic Health Centers International merged into the AAMC, broadening the AAMC’s U.S. membership and expanding its reach to international academic health centers. Learn more at aamc.org.

As you know, the VA is an integral part of the United States undergraduate and graduate medical education community. The more than 75-year-old relationship between the VA and academic medicine 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 overseas. At the same time, many physicians were returning from the war without having completed residency training. What started as a simple idea in a time of great need has developed into an unprecedented public-private partnership. Today, 99% of medical schools are affiliated with a VA medical center and training programs are available at 90% of VA facilities. Nearly all VA residency programs are

sponsored by an academic affiliate and rely upon the existing administrative and training infrastructure maintained by the nation's medical schools and teaching hospitals. While there is considerable variability among VA medical centers, programs, and specialties, on average medical residents rotating through the VA spend approximately 3 months of a residency year at the VA (i.e., 1/4 of their training). Through these affiliations, the VA also provides clinical experiences to approximately 75,000 medical students and residents each year.

Under the proposed PPGMER, the VA will, for the first time, provide funding for resident positions at non-VA sites. Pilot program residents will be placed at covered facilities under the PPGMER, with priority to facilities operated by either the Indian Health Service, an Indian tribe, a tribal organization, or covered facilities located in the same areas as VA facilities designated by VA as underserved. Unless Congress extends the authority for the pilot program, the PPGMER expires on August 7, 2031. The VA will fund certain costs for the covered facility to include resident stipends and benefits, educational and accreditation costs, recruitment costs, and the proportional costs of faculty performing duties directly related to the pilot program. Institutions that develop new residency programs and place VA residents in those programs will receive funding for certain startup costs associated with the new program.

The VA Central Office will issue requests for proposals (RFPs) to VA facilities, which in turn will respond to the RFP and indicate those covered facilities where the training will occur. RFPs will be evaluated based on the relative weights of consideration factors found under proposed 38 CFR §17.246. The VA proposed the following facilities as "covered facilities" under the PPGMER: VA health care facilities, health care facilities operated by an Indian tribe or tribal organization, health care facilities operated by the Indian Health Service, federally-qualified health centers, Department of Defense health care facilities, and other health care facilities deemed appropriate by the VA. The AAMC appreciates the VA's stated interest in placing residents at non-VA health care facilities.

The AAMC is pleased the VA stated that as part of the determination of where residents in the PPGMER would be placed, that "VA health care facilities would assess covered facilities in their areas that participate with institutions that sponsor medical educational programs (most often a medical school or teaching hospital), where typically VA already has academic partnerships with such sponsoring institutions and the RFP details the involvement of any particular sponsoring institution" (p. 6461). Academic partnerships are key to the viability and sustainability of training programs, and covered facilities that have relationships with institutions that sponsor medical education should be strong candidates for placing PPGMER residents.

VA's partnerships with U.S. medical schools and teaching hospitals improve veterans' health care through shared faculty and clinical providers, joint research initiatives, VA physician workforce development and recruitment, and veterans' access to the most complex clinical services at academic medical centers. The combination of education, research, patient care, and community collaboration that occurs because of the close relationships between VA institutions and academic medical centers cultivates a culture of curiosity and innovation.

Secretary McDonough

July 5, 2022

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Another consideration required by the MISSION Act is whether the medical specialty of a provider is included in the most recent staffing shortage determination by the VA under 38 USC § 7412. Specialty shortage is determined by the Office of Inspector General (OIG) on an annual basis and includes both clinical and nonclinical occupations. The AAMC highlights that there is a national physician shortage across many specialties and strongly urges that in addition to the OIG data, the VA take into account data from other sources. For example, in 2021, the AAMC commissioned a study conducted by the Life Science division of the global information company IHS Inc. The study estimates a shortfall of between 17,800 and 48,000 primary care physicians and between 21,000 and 77,100 non-primary care specialties by 2034. Similarly, a 2016 AAMC review of physician vacancies advertised by the VHA found that approximately two-thirds were for non-primary care specialists, and about one-third were for primary care providers. The AAMC requests that the VA draw upon a combination of resources beyond the OIG report to inform this consideration.

The AAMC requests that the VA Central Office provide a public report about the PPGMER. Publishing information such as the covered facility where residents are placed, the VA facility that responded to the RFP on behalf of the covered facility, academic affiliates, and resident specialties, will help inform future policymaking.

The AAMC supports the proposed PPGMER and would like to thank the VA for its thoughtful consideration regarding the implementation of this new program and for your consideration of these comments. The PPGMER represents an exciting new model for graduate medical education funding at the VA. If you need additional information, please contact Bradley Cunningham (bcunningham@aamc.org).

Sincerely,

A handwritten signature in black ink that reads "Rosha C. McCoy MD". The signature is written in a cursive style with a loop at the end of the "y" in "McCoy".

Rosha Champion McCoy, MD, FAAP
Acting Chief Health Care Officer

CC: David J. Skorton, MD
AAMC President and Chief Executive Officer