

COGME

Council on Graduate Medical Education

H. David Reines, M.D.
Chair

Gamini Soori, MD, MBA, FACP,
FRCP, CPE
Vice-Chair

September 22, 2014

The Honorable Tom Harkin
Chairman, Committee on
Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Lamar Alexander
Ranking Member, Committee on
Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Fred Upton
Chairman, Committee on
Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Henry A. Waxman
Ranking Member, Committee on
Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Sylvia Burwell
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

Dear Chairman Harkin, Ranking Member Alexander, Chairman Upton, Ranking Member Waxman, and Secretary Burwell:

Over the last twenty-five years, the Council on Graduate Medical Education (COGME) has reported and made recommendations on a wide variety of medical specialty workforce issues, including the supply and distribution of physicians; the financing of undergraduate and graduate medical education (GME) programs; and GME training. COGME will provide its twenty-second report to you and the Congress this fall. Our report will address the changing paradigm of GME in the rapidly evolving U.S. healthcare system. It will concentrate on opportunities to improve training through more thoughtful targeting of public resources.

While COGME's report also will address the recent IOM Consensus Committee on the Governance and Financing of Graduate Medical Education's proposed governance and funding reforms, we appreciate this opportunity to call your immediate attention to three important areas of concern.

COGME commends the IOM Committee for its efforts to address the complex issues of GME financing. COGME shares the IOM Committee's view that public support for high-quality GME is necessary and appropriate and serves the public good; that GME funding must be stable, sustainable, and sufficient to support the nation's health care needs; and that public support should be leveraged and targeted to achieve national health goals. We strongly support continued funding for GME for the Teaching Health Centers and Children's Hospitals and believe that support provided to these important training programs should be stable, adequate and assured.

Further, COGME shares the IOM Committee's confidence in the quality oversight of physician specialty training offered by the Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties. We also support the IOM Committee's goal of utilizing GME funding to produce a physician workforce that is prepared to meet the needs of our patients, encourages innovation, transparency and accountability.

Notwithstanding these broad areas of agreement, COGME believes that some of the specific reforms of both governance and funding may warrant deeper investigation. Below are several issues of concern with the IOM Committee's recommendations:

Projections of Work Force Need

Reviewing the evidence for its 21st report (2013), COGME concluded that a physician shortage is likely in specific general and specialty areas. COGME proposed several methods to assure that new residency positions meet national health care needs while maintaining capacity in areas that currently are not in shortage. COGME does not share the IOM Committee's conviction that funding levels and residency positions are adequate to meet future health needs.

We urge caution about limiting the supply of physicians in the training pipeline today, until we have evidence to judge the effectiveness of emerging practice models that rely on mid-level providers. We recognize that producing more physicians alone will not address our nation's workforce needs but we believe that mid-level practitioners cannot be substituted for physicians in all situations. There are differences in the scope and duration of their medical training which cannot fill all the gaps created by a shortage of physicians. The plasticity of medical practices and new, team-based delivery models that affect demand projections require ongoing research and adjustments of GME funding to meet new physician shortages as they change from current projections.

We disagree with the IOM Committee's recommendation that funding should be limited to current levels. Evidence of shortages in many specialties are already demonstrable in areas including family medicine, geriatrics, general internal medicine, general surgery, and pediatric subspecialties as outlined in COGME's 21st report.

GME Policy Council

COGME agrees that the national oversight of GME funding is insufficient and a new approach is needed. The IOM Committee recommends the creation of a new entity, the GME Policy Council, to provide strategic planning and oversight for GME financing.

COGME was established and authorized by Congress precisely to assess physician workforce trends, training issues, and financing policies, and to recommend federal and private sector efforts to address national workforce needs similar to that envisioned by the new GME Policy Council suggested by the IOM. However, COGME has been hampered by underfunding, restrictions on membership, lack of authority, and lack of support staff.

We propose changes in organizational location, changes in membership, and sufficient funding for COGME. This will enable COGME to provide the function and structure recommended by the IOM Committee without creating a new bureaucracy within the Department of Health and Human Services (HHS).

Further, COGME's composition could be modified to retain valuable expertise in medical education, workforce development, and veterans' health care while adding additional proficiency in healthcare finance, economics, research, and health professions education.

Funding Reforms

COGME fully supports investment in innovation, research, and workforce analysis. However, we question the wisdom of diverting GME funds to support these activities. The IOM Committee suggests funding the new policy council and related administrative infrastructure with existing GME funds. This would diminish the financial resources available to GME.

The proposed set-aside for competitive "Transformation Grants" to replace a significant portion of the Indirect Medical Education (IME) funding would not only redistribute educational and training funding, but also disproportionately disadvantage smaller programs and community-based programs that lack the grant-writing abilities of larger institutions. It could reduce much needed GME program support, and require that they use their limited operational capabilities to compete with larger, potentially more resource-laden, institutions to secure and sustain grant support. Funding reform is necessary as proposed in the 21st COGME report. Up to 10% of IME funding should be reserved to recognize innovation and meeting identified community health care needs. Any transformational program should be designed to be fair and equitable for programs regardless of size, location, specialty mix, and geography.

As medical care has steadily moved away from hospitals to bases in the community and planning is underway to transform medical training to take place in these venues to improve the appropriateness of training for current healthcare systems, these types of programs will require special attention and support.

The IOM Committee draws on past analyses finding that much of IME is not devoted to training and could be cut without harming the programs. However, we believe that IME funding helps support programs and activities that serve an important public health need. These funds may be inextricable from the maintenance of training programs. An across the board reduction in these amounts would significantly disadvantage patients and communities as well GME trainees by reducing access to much-needed medical specialty care, particularly in disadvantaged and underserved communities.

COGME appreciates this opportunity to offer its recommendations and express its views on the July 2014 IOM Consensus Committee's report and recommendations. We look forward to sharing our twenty-second report with you and working with you to advance and improve graduate medical education.

Sincerely,

/s/

H. David Reines, MD, FACS
Chairman
Council on Graduate Medical Education

cc: HRSA