



Tomorrow's Doctors, Tomorrow's Cures®

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# Training and Accelerating the Entering Workforce

**Council on Graduate Medical Education**  
Supporting the health care workforce during the COVID-19 pandemic

**Atul Grover, MD, PhD, FACP, FCCP**  
Executive Vice President  
Association of American Medical Colleges



Association of  
American Medical Colleges

# COVID-19 considerations for the physician workforce

**Frontline support (safety & wellness)**

**Medical education impacts**

**Regulatory issues**

**Specialty mix**

**Demand shifts**

**How medicine is practiced**

**Workforce exits**

# Leading Medical Education through COVID-19

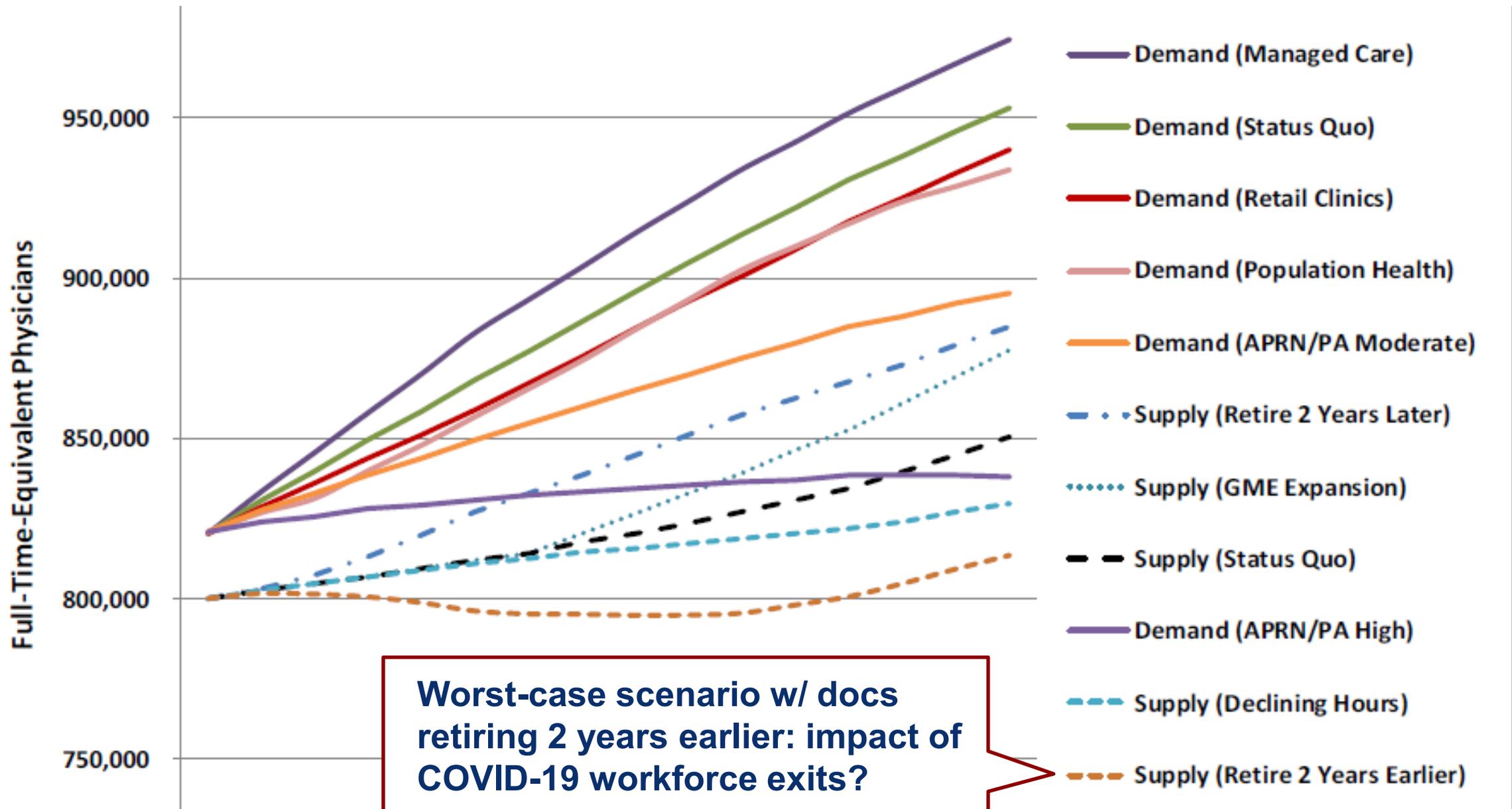
- Issuing guidance for medical students participating in direct patient care activities
- Supporting pre-med students applying to medical school via expanded fee assistance program and virtual medical school fairs
- Advocating for international medical graduates to continue working in the US during the pandemic
- iCollaborative: An online resource of clinical teaching and learning experiences without physical patient contact
- Participation in the Coalition for Physician Accountability work groups to provide leadership and guidance for students transitioning to residency
- Guidance for conducting virtual interviews during the pandemic

**AAMC Coronavirus Resource Hub: [aamc.org/coronavirus](https://aamc.org/coronavirus)**

# Highlighting the known

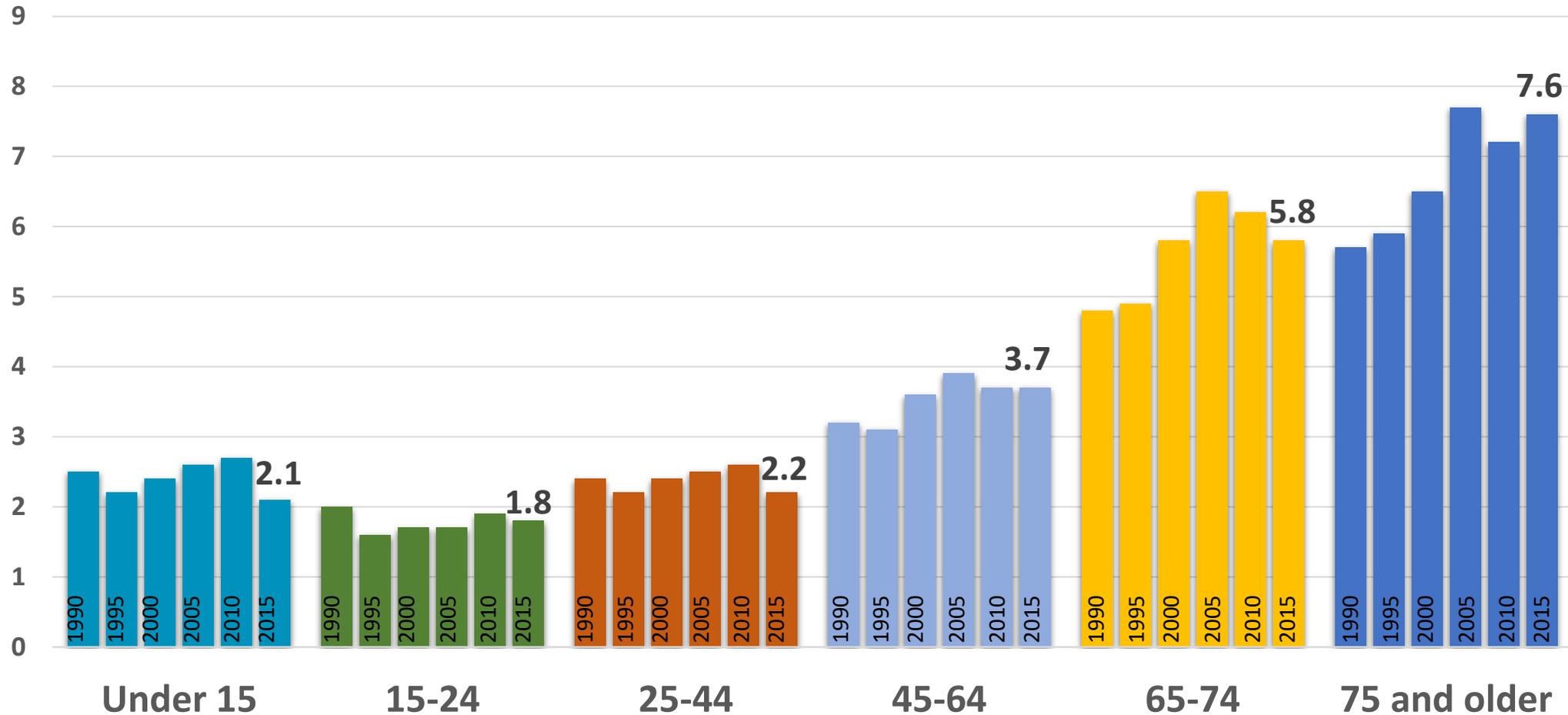
- We need to work in teams
- We need to use telehealth better
- We need to train more physicians

# Scenarios impacting supply and demand



# Aging U.S. population drives demand

Average physician visits per person



This adjustment is provided in light of doubts...about the ability of the DRG case classification system to account fully for **factors such as severity of illness of patients** requiring the specialized services and **treatment programs provided by teaching institutions** and the **additional costs associated with the teaching of residents**...the adjustment for indirect medical education costs is only a proxy to account for a number of factors which may legitimately increase costs in teaching hospitals.

House Ways and Means and Senate Finance Committee Reports, March 1983.

# AAMC COVID-19 Recommendations

**Support patient care** by supporting the Provider Relief Fund, temporarily increasing Medicare IME payments, improving the Medicare Advanced and Accelerated Payment Programs, and clarifying teaching hospitals should not be penalized for addressing surge capacity

**Ease barriers to telehealth** for providers by establishing a temporary national license for physicians and other health care workers for the duration of the public health emergency

**Protect providers** by providing hazard pay for health care workers and expanding “Good Samaritan” protections included in the CARES Act

**Expand the physician workforce** to meet future health care needs by increasing NHSC, Conrad 30, and using HRSA grant programs to target needed specialties. Lift Medicare GME caps.

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