

AACOM Position Statement on IOM Committee on Governance and Financing of GME

The American Association of Colleges of Osteopathic Medicine (AACOM) commends the members of the Institute of Medicine's (IOM) Committee on Governance and Financing on Graduate Medical Education (GME) for its work. Evaluating GME is a complex and daunting task. Given the numerous challenges currently facing the U.S. health care system – the changing role of the physician in healthcare, a rapidly evolving and diverse patient population; a health care system in transformation; a physician workforce shortage that is projected to worsen over the coming years; and the rising number of medical school graduates facing a finite number of residency slots, thoroughly assessing GME to ensure the continued delivery of high-quality health care has never been more critical.

IOM Committee on GME Overview

The IOM Committee on the Governance and Financing of GME was established as a result of multiple calls from stakeholders across the country, including a bipartisan request from a group of U.S. senators to conduct an independent review of the governance and financing of the GME system and give specific attention to increasing the capacity of the nation's clinical workforce to deliver efficient and high-quality health care to meet the needs of our country's diverse population. The Committee has delivered its report, providing a timely opportunity to discuss and prioritize long-term legislative solutions to strengthen GME as an integral part of a sustainable health care system.

Recommendations of IOM GME Report

1. To maintain GME support at the current aggregate amount, adjusted annually for inflation, and create a new Medicare GME performance-based payment system.
2. To establish a GME policy and financing infrastructure, to include:
 - a. GME Policy Council in the Office of the Secretary of the U.S. Department of Health and Human Services (HHS)
 - b. GME Center in the Centers of Medicare & Medicaid Services (CMS)
3. To create a GME Operational Fund to support existing residency training and a GME Transformation Fund to foster innovation and funding for underserved areas.
4. To implement a 10-year transition to replace the current GME funding streams with a single performance-based payment system.
5. To maintain Medicaid GME funding at states' discretion with similar recommended accountability to the Medicare Program.

AACOM urges Congress to utilize the occasion of the report's release as an opportunity to prioritize long-term legislative solutions to preserve and strengthen GME as an essential component of a sustainable health care system equipped to meet the needs of patients and physicians throughout the

country. While AACOM supports re-evaluating and reassessing the current GME system, we continue to support an expansion in Medicare-funded GME to meet the nation's workforce demands. AACOM pledges to continue working with Members of Congress, the IOM GME Committee, and other stakeholders to address the challenges of renewing and reassessing the GME system. *Below is our initial review of the Committee's recommendations.*

AACOM supports the overarching goals of the report and highlights the following points:

- Community-based care, to include recognition of the need for sustainable funding for the Teaching Health Center Graduate Medical Education (THCGME) Program, which supports primary care medical and dental residents training in community-based settings. This program is currently facing a fiscal cliff at the end of FY 2015, creating significant uncertainty for the residents in the program;
- Funding for and implementation of national workforce assessment measures to determine health care workforce priorities, to include programs such as the National Health Care Workforce Commission, which has been authorized and not funded;
- Increased accountability and transparency measures to better ensure that federal GME funding aligns with patient care;
- Incentivize initiatives to develop and evaluate innovative GME programs and provide a flexible infrastructure in which this innovation will thrive;
- Expanding GME to community settings, with particular priority given to primary care and rural and underserved areas; and
- Acknowledgment of the importance of expanding incentives, such as assistance with debt relief for medical students and graduates in exchange for a long-term commitment to primary care.

Points for Further Consideration:

- While the IOM report calls for no new Medicare GME funds, we urge caution in regard to a potential decrease of funding for GME, which could impact the nation's medical residency programs and the patients they serve;
- We encourage thoughtful consideration of implementation challenges both political and financial in the current Medicare system during any discussion of recommended change to this system;
- The shifting of existing programs into Medicare, such as the Children's Hospital Graduate Medical Education (CHGME) and the THCGME Programs, should be aligned with an increase in sustainable funding; and
- Although the IOM recommends lifting the Medicare-GME cap mandated by the Balanced Budget Act of 1997, no new additional GME funds have been recommended.

To obtain details regarding the IOM Committee on the Governance and Financing of GME Report, please visit <http://www.iom.edu/Activities/Workforce/GMEGovFinance.aspx>.

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