

Academic Section Slide Set

Reviewing Key Topics:
GME, Workforce & Research
Challenges



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GME Challenges



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Graduate Medical Education

- AAMC forecasts 130,000 physician shortage across all specialties by 2025
 - [AAMC Workforce Projections through 2025](#)
- Medicare population predicted to grow by 36% over the next 10 years
- More than \$15 billion public tax dollars to Graduate Medical Education
 - \$9.7 billion Medicare; \$3.9 billion Medicaid
- Balanced Budget Act of 1997 caps federally funded residency training slots at 26,000 per year
- Current funding levels inadequate for growing physician shortage and increasing Medicare population



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Potential Threats to GME and Health Care Funding

- Extension of Sequester cuts
 - Congress passed legislation February 2014 to extend the Sequester cuts an additional year to 2022
 - Sets a dangerous precedent
- Potential further cuts to GME/NIH funding to pay for sustainable growth rate (SGR) reform or patch
- President's 2015 budget proposals and funding reductions



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Legislative Efforts to Increase GME

- S. 577/H.R. 1180 – Resident Physician Shortage Reduction Act of 2013 <https://www.congress.gov/bill/113th-congress/house-bill/1180>
- H.R. 1201 – Training Tomorrow's Doctors Today Act of 2013 <https://www.congress.gov/bill/113th-congress/house-bill/1201>
- H.R. 4282 – Creating Access to Residency Education Act of 2013 <https://www.congress.gov/bill/113th-congress/house-bill/4282>
- H.R. 297 – The Children's Hospital GME Support Reauthorization Act of 2013 <https://www.congress.gov/bill/113th-congress/house-bill/297>



IOM Recommendations



1. Maintain GME support at current amount while modernizing payment methods based on performance; incentivize innovation
2. Build GME policy and financing infrastructure with a strategic plan based on workforce needs; develop GME Center within CMMS
3. Create one GME fund with (a) operational funds for approved positions (b) transformational funds for initiatives, innovations
4. Modernize GME payment methodology based on per-resident amounts and implement performance-based payments
5. GME funding to remain at the state's discretion, with transparency and accountability

[IOM GME Report Resources](#)



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Concerns and Uncertainties

- IOM Report calls for a freeze in current GME spending
 - Inflation is expected to increase by 2.1% annually over next 10 years
 - ACA calls for perceived demand in workforce/potentially a physician shortage
 - Suggests 35% reduction in overall support to teaching hospitals
- Performance based payment /set-asides for initiatives and innovations are a zero sum game
 - May spark needed innovation in some
 - May result in reduction of funds to other successful programs
- ACC President's Page provided to address these concerns:
 - [The Future of GME Funding](#)



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Workforce Challenges



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Types of Academic Cardiologist

- Clinician-scientist
 - Direct patient care and research as principal investigator
- Scientist-researcher
 - Nearly 100% effort to research
- Clinician-educator
 - Significant amount of time to educational activities
- Clinician-educator-administrator
 - Administrative duties in addition to the role of clinician-educator
- Pure clinician
 - Primary role is providing direct patient care



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Economic Difficulties Faced By Academic Cardiologists

- Most practitioners (71%) reported a pay reduction when pursuing an academic career
- 80% of academic cardiologists had RVUs tracked
- Half of academic cardiologists that worked on RVU based salary did not receive RVU-like credit for non clinical academic work
- Few academic cardiologist have true grant funding
- [Read More on Challenges Facing Early Career Academic Cardiologists](#)



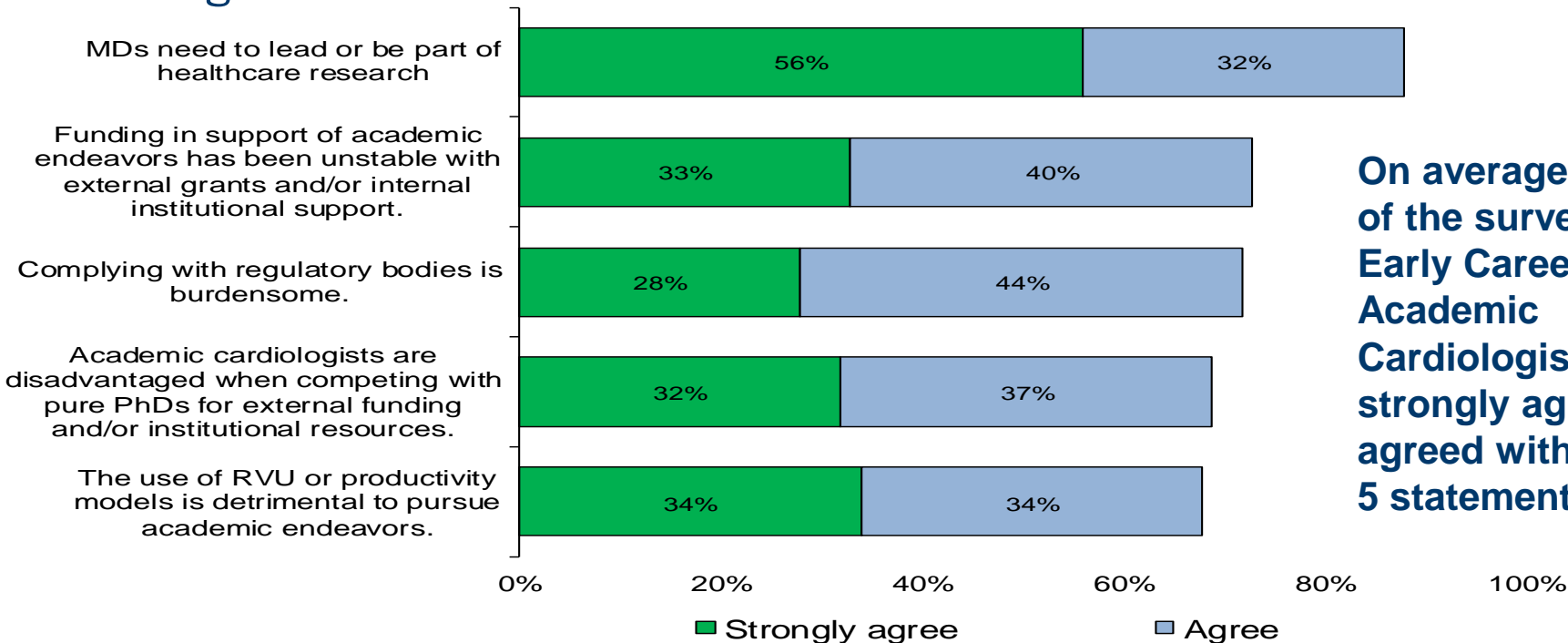
Amount of External Funding Awarded to Early Career Academic Cardiologists



Only one-fifth (21%) receive funding from external grants with NIH being the primary funder, awarding a median of \$135,000

Obstacles to Academic Pursuits

Survey Question: Please indicate whether you agree or disagree with the following statements.



On average, 74% of the surveyed Early Career Academic Cardiologists strongly agreed or agreed with these 5 statements

Research Challenges



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Research Challenges in Academic Cardiology

- Current financial environment
- Overregulation
- Lack of defined professional pathways
- Research Migration
- Public mistrust

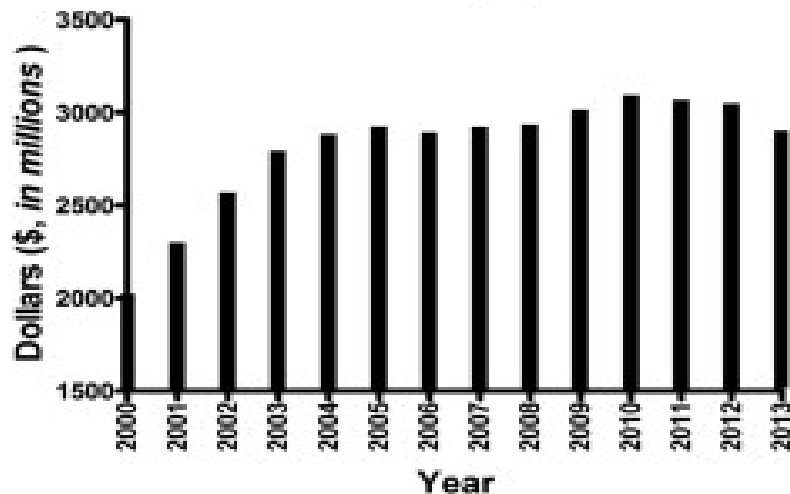


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NIH/NHLBI Funding and Proposal Success Rate by Year

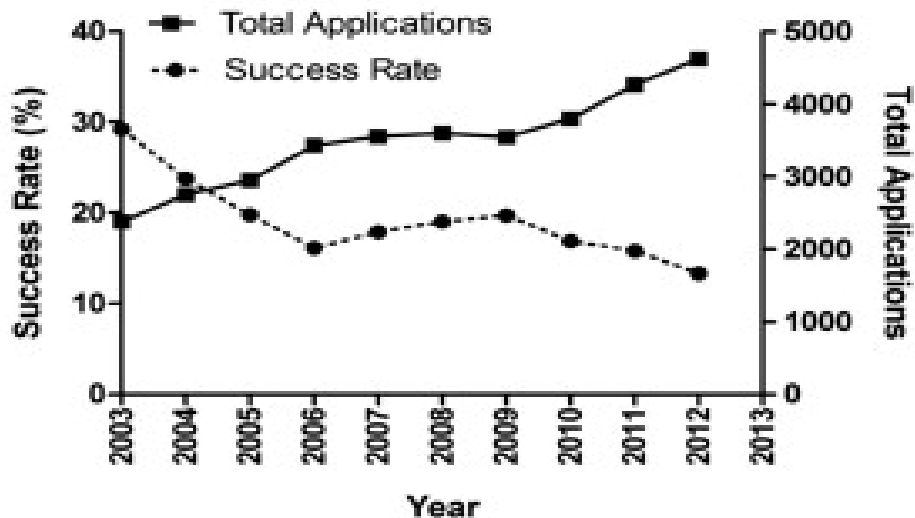
A

NHLBI Funding by Year

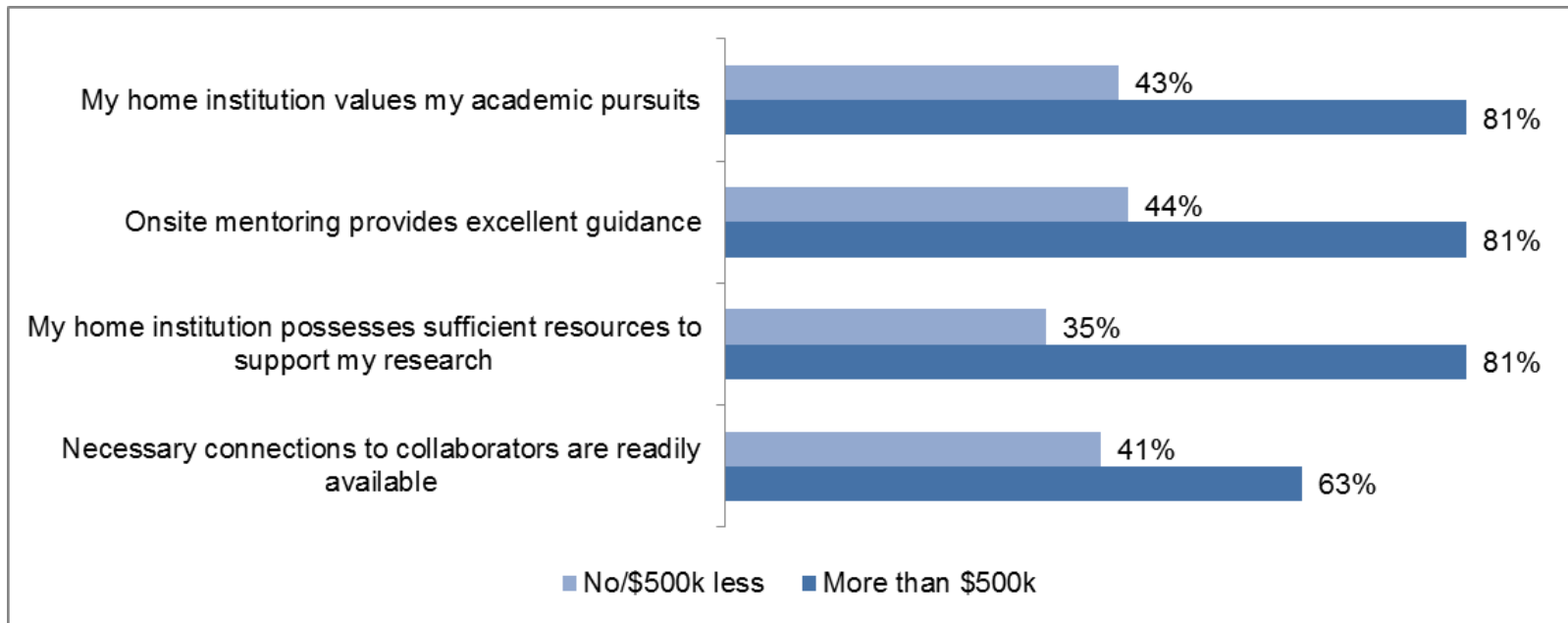


B

Total Applications and Success Rate by Year



Factors associated with External Funding



Tong et al. JACC 2014



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Factors associated with External Funding

- Home institution values academic pursuits
 - Understanding the road ahead
 - Recognition of success
- Home institution possesses sufficient resources to support my research
 - Protected time
 - Resources to collect data & analysis data



Factors associated with External Funding

- Onsite mentoring provides excellent guidance
 - One of the most important yet difficult aspects for success
 - What is in it for the mentor?
- Necessary connections to collaborators are readily available
 - A key part of successful funding in today's climate
 - Networking opportunities



A Path to Finding Solution(s)

- Identify the key stakeholders
 - Understand who are they are
 - Understand what their needs are
- Leverage expertise within ACC and from other areas
- Develop & pilot test initiative(s) which address the four key factors for research success



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Solutions



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Possible Solutions: What can the ACC Continue to Do?

- Enhance 3-year research grant awards dedicated to early career academic cardiologists
- Create funding foundation dedicated to support these research awards
- Expand the emerging faculty and leadership programs
- Accelerate development and increase funding of key resources for early career members
- Continue to work with the Board of Governors to develop regional collaboration networks



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Possible Solutions: Academic Section Action Plan

- Advocate for support for research and GME
- Build collaboration for advocacy with other like-minded academic and medical specialty organizations
- Perform analyses related to projecting needs for clinical care and the medical workforce
- Educate colleagues, legislators, and the general public regarding the need for GME and CV research
- [Learn More About the Academic Section on ACC.org](https://www.acc.org/academic-section)



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Possible Solutions: Academic Cardiology Section

Additional Resources

- Forum to generate proposals
- Recommendations and leadership for research structure reform in academic cardiology
- Space to cultivate mentoring opportunities
 - [Become a Mentor Today](#)
- Resource for funding opportunities
 - [Explore Research Opportunities](#)
- Public education to restore trust



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Appendix



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ACC Council and Section on Academic Cardiology

Draft Strategic Plan

- Mission:

Advance the US public health, in general and within the realm of cardiovascular diseases, by sustaining and advancing robust enterprises in research and graduate medical education (GME)

- Vision (BHAG):

Through 2020, to sustain and advance the US research and training enterprises to meet public health needs; do so across disciplines and specialties in proportion to the evolution of relative public health needs



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ACC Council and Section on Academic Cardiology

Draft Strategic Plan

- The Problem:
 - Approaches to reduce federal expenditures include deep cuts in support for research & GME
 - Risks: dismantling the US research enterprise; halting advancements in diagnosis, treatment, and improved clinical outcomes; generating dire shortages of clinicians and doing so disproportionately across specialties needed to match evolving health care needs
 - Also at risk is the viability of AMCs, as well as retention of academic missions among those that survive
 - AMCs need to restructure both internally and externally to prepare for reduced hospitalizations, reduced reimbursement – for both academic and clinical operations – and populations management. They must prove themselves to be cost-effective participants in healthcare delivery
 - Given the stature and achievements of academic cardiology, this community and the ACC should be on the forefront of efforts to identify solutions



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ACC Council and Section on Academic Cardiology

Draft Strategic Plan

- Goal 1: Collaborate with other organizations
 - A. Partner with AAMC
 - B. Build a coalition of CV associations, including CV subspecialty organizations
 - C. Build a coalition across various specialty organizations
 - D. Position research and GME among the highest prioritized advocacy issues across a spectrum of medical organizations



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Draft Strategic Plan

- Goal 2: Analyze
 - A. Project relative prevalence over time of various categories of life-threatening and/or debilitating diseases, including CV
 - B. Project direct and indirect costs for these conditions, under various scenarios
 - C. Project requirement for various specialties and subspecialties, under various scenarios
 - D. Project potential savings (morbidity, mortality, healthcare costs) and improved cost-effectiveness, based on incremental research investment
 - E. Project the general US & regional economic impact of maintaining, augmenting, or contracting research and GME



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ACC Council and Section on Academic Cardiology

Draft Strategic Plan

- Goal 3: Educate
 - A. Join the educational efforts of the AAMC
 - B. Develop appropriate educational materials
 - C. Participate in, and advance, educational efforts in both the “academic” and “practice” communities
 - D. Educate the general public



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ACC Council and Section on Academic Cardiology

Draft Strategic Plan

- Goal 4: Advocate
 - A. Seek appropriations sufficient to meet the needs
 - B. Seek a regulatory environment that encourages and strengthens research and GME activities
 - C. Seek appropriation and regulatory direction that allows for the sustainment of AMCs and their missions
 - D. Encourage approaches to incentivize AMCs to improve their internal and external structure to function within the evolving healthcare environment, while maintaining the academic mission
 - E. Assume accountability by the academic community to improve efficiency and relevance of GME & research efforts, as well as cost effectiveness of clinical care



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