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The mission of the American College of Cardiology and the American College of Cardiology Foundation is to transform cardiovascular care and improve heart health.

January 16, 2015

The Honorable Joe Pitts
420 Cannon House Office Building
Washington, DC 20515

The Honorable Frank Pallone
237 Cannon House Office Building
Washington, DC 20515

Dear Chairman Pitts and Ranking Member Pallone,

On behalf of the American College of Cardiology (ACC), I am pleased to offer our response to your request for feedback on our nation's graduate medical education (GME) program. We thank the members and staff of the Committee for their interest in and commitment to providing for the future of America's healthcare workforce.

The American College of Cardiology is a 47,000-member medical society that is the professional home for the entire cardiovascular care team. The mission of the College is to transform cardiovascular care and to improve heart health. The ACC leads in the formation of health policy, standards and guidelines. The College operates national registries to measure and improve care, provides professional medical education, disseminates cardiovascular research and bestows credentials upon cardiovascular specialists who meet stringent qualifications. The *Journal of the American College of Cardiology*, which publishes peer-reviewed research on all aspects of cardiovascular disease, is the most widely read cardiovascular journal worldwide. JACC is ranked No. 1 among cardiovascular journals worldwide for its scientific impact.

Despite the difficulties inherent in proposing dramatic change, intensive but thoughtful discussions, coupled with well-considered action, are necessary and we applaud the members of the Energy & Commerce Committee for initiating this conversation. We acknowledge that improved transparency and accountability of the Medicare GME financing system, along with a closer look at providing support for training in the outpatient setting, is warranted. We hope that further debate and discussion will rise above the parochial interests of individual specialty societies to ensure that our nation meets the public's health needs.

In summary, ACC offers the following key points for your consideration:

- This discussion offers the opportunity to examine current and novel training paradigms, ensuring that attention is given to multi-disciplinary management of chronic diseases, such as cardiovascular disease, that cross multiple medical specialties. Evaluation of health care delivery systems, as well as regional and population-based needs, should also be considered.

- Recent studies predict a dramatic increase over future years in the number of Americans with cardiovascular disease. Given the complex diagnostic and management algorithms necessary to combat cardiovascular disease and related conditions (diabetes, obesity, chronic kidney disease, etc.), cutting edge training for the next generation of caregivers is required.
- The recent report by the Institute of Medicine (IOM) is an important effort to move the conversation forward, but does little to address the projected shortfall in the medical workforce.
- Academic teaching hospitals play a primary role in the training of new clinicians while also providing the full spectrum of critical care services. While greater attention should be paid to training for outpatient and preventive care services, adequate funding is essential to preserve academic teaching hospitals and the array of critical services they provide, especially to some of our nation's most vulnerable populations.
- The ACC is supportive of the workforce recommendations of the American Association of Medical Colleges (AAMC), and acknowledges GME-related legislation from the 113th Congress.

This request provides an opportunity to reinvigorate ongoing discussions around management of chronic diseases, such as heart failure, coronary artery disease, atrial fibrillation, stroke, and diabetes. Funding for multispecialty management of chronic, noncommunicable diseases should rise to the top, with recognition of the roles played by primary care physicians, endocrinologists, cardiologists, and others. The recommendation by the American Association of Medical Colleges (AAMC) for targeted funding of new residency positions based on population growth, regional and state-specific needs, and evolving changes in delivery systems[i] may help in this effort.

The changing future of GME funding provides an opportunity for Congress and medical societies to examine current training paradigms. Looking ahead, we need to adapt our strategies to ensure we can best meet the needs of patients and society. How do we make sure that training programs allow for adequate experience in the ambulatory care setting? What does a care team look like and how do specialists and primary care physicians and advanced practitioners work together to support the needs and expectations of patients? How do we provide enough funding to enable life-saving research and convince the next generation of graduates that a career in academic medicine and research is both attainable and rewarding? Inability to tackle this question may result in a "lost generation" of physician scientists and a significant reduction in productivity and application of science at the point of care. We are struggling presently to keep up with the research engines of other countries and at risk of ceding our dominance in biomedical research to others. The answers to these and other questions will determine how and if we are able to optimize the systems of care delivery in a way that most benefits patients and helps plan for the future.

The recent report by the Institute of Medicine (IOM) recommending dramatic changes to the financing and governance of graduate medical education (GME) funding over the next decade has spurred much discussion and debate about the potential impact on both trainees and patients. For the past nearly 50 years, more than one-half of the US government-sponsored GME funding has come from the Medicare program, with most of the funding going toward training positions

in the hospital setting. Other government sources of GME support have included Medicaid and the Veteran's Administration.

The IOM report acknowledges that the number and types of residency positions have increased in parallel with improvements in residents' working conditions. In addition, there are more women and under-represented minorities in the training pool and there has been a shift away from an apprenticeship model to a curriculum-based educational experience with competency assessment. However, the report also highlights major areas where the funding model has failed to keep up with changes in the health care environment—particularly in the continued transition of care from the hospital to the outpatient setting.

While the ACC applauds the IOM for proactively looking to stabilize and provide for the future of the GME program, the report does not include clear recommendations to ensure there will be an adequate number of physicians to meet US physician workforce needs over the next 10 years. According to the AAMC, a shortage of nearly 63,000 physicians is expected in the US by 2015, and this number is predicted to increase to 130,000 physicians across all specialties by 2024.[ii] The strain on the physician pipeline is particularly alarming when viewed through the prism of our nation's demographics, especially when the epidemic of cardiovascular disease is taken into account. By 2030, it is predicted that more than 40% of adult Americans will have some form of cardiovascular disease. In addition, current projections indicate a 25% increase in the prevalence of both heart failure and stroke over the next 20 years—the result of an aging population and the adverse effects of obesity, diabetes, hypertension, and other acquired conditions.[iii]

The chances of reversing this negative workforce trend to meet the country's growing health care demands are slim in the current environment, given what can be deemed as nothing less than a "perfect storm" of converging factors—draconian cuts in support for research, impending cuts in support for GME, and declines in reimbursement for clinical activities. Not only are these factors slowing the pace of advances in medical science and healthcare delivery, but they are also limiting opportunities for the next generation of cardiologists and other health care professionals at a time when we need them the most. With Medicare funding for residency training programs capped by the Balanced Budget Act of 1997, it is likely that the number of medical school graduates will soon exceed the number of available residency slots.

In the midst of these existing difficulties, we fear that certain recommendations within the IOM report could exacerbate the problem. Radically overhauling support for GME and diverting even more funding from specialty training in the midst of a projected cardiovascular workforce shortage could pose threats to the quality, high-value care of increasing numbers of patients with cardiovascular disease most at risk who need both primary and specialty care services.

The IOM report proposes as much as a 35% cut in payments to academic teaching hospitals, which in many cases provide the full spectrum of critical patient services like Level 1 trauma, pediatric intensive care, burn care, and access to clinical trials. Teaching hospitals are also often better equipped to provide high quality training and ensure that recipients of GME funding gain broad experience in patient care across a spectrum of disease states. Although there is no denying the need for greater emphasis on preventive care and outpatient management of chronic diseases, thought must be given to how best to support teaching hospitals and specialty graduate medical

education to make sure that patients continue to receive responsive, high-quality, and continuous care. Reductions in funding without a clear plan forward would be disastrous, especially among disproportionate share hospitals that provide care for the most vulnerable yet also serve as vitally important training facilities for our physician workforce.

In the interest of securing the future of our nation's healthcare system, the ACC is supportive of the AAMC's overarching workforce policy recommendations, which include:

- Increasing the number of federally supported GME training positions "by at least 4,000 new positions a year to meet the needs of a growing, aging population and to accommodate the additional graduates from accredited medical schools."
- Continued federal investment in delivery system research and evidence-based innovations in healthcare delivery.
- Educating lawmakers about the need to not only expand support for GME, but also leverage clinical reimbursement and other mechanisms to achieve geographic distribution of physicians and influence specialty composition.
- Targeting funding for new residency positions based on "population growth, regional and state-specific needs, and evolving changes in delivery systems.[iv]

In addition, the ACC joins with the AAMC and the American Medical Association (AMA) in supporting two pieces of legislation introduced in the 113th Congress, Rep. Aaron Schock's *Training Tomorrow's Doctors Today Act* (formerly H.R. 1201) and Rep. Joe Crowley's *Resident Physician Shortage Reduction Act* (formerly H.R. 1180), both of which would lift the cap on Medicare-funded residency positions and make much-needed improvements to shore up the physician pipeline. We encourage the reintroduction of legislation with similar aims in the 114th Congress, and stand ready to work with interested members on both sides of the aisle.

Providing stability for our healthcare system by strengthening our medical training paradigm is a topic of utmost importance. The ACC looks forward to continued dialogue with the Committee as you move forward with this effort. Nick Morse, ACC's Director of Congressional Affairs, (nmorse@acc.org) will follow up to offer further assistance.

Sincerely,

Patrick T. O'Gara, MD, FACC
President

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[i] Association of American Medical Colleges. AAMC physician workforce policy recommendations. Available at: https://www.aamc.org/download/304026/data/2012aamcworkforcepolicyrecommendations.pdf.

[ii] AAMC Center for Workforce Studies. Recent studies and reports on physician shortages in the U.S. Available at: https://www.aamc.org/download/100598/data/.

[iii] Heidenreich PA, Trogdon JG, Khavjou OA, et al. Forecasting the future of cardiovascular disease in the United States: a policy statement from the American Heart Association. Circulation 2011; 123:933–44.

[iv] Association of American Medical Colleges. AAMC physician workforce policy recommendations.