



**Association of
American Medical Colleges**

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Darrell G. Kirch, M.D.
President and Chief Executive Officer

March 22, 2016

The Honorable Johnny Isakson
Chair
Senate Veterans Affairs Committee
412 Russell Senate Office Building
Washington, D.C. 20515

The Honorable Richard Blumenthal
Ranking Member
Senate Veterans Affairs Committee
412 Russell Senate Office Building
Washington, D.C. 20515

The Honorable Jeff Miller
Chair
House Veterans Affairs Committee
335 Cannon House Office Building
Washington, D.C. 20515

The Honorable Corrine Brown
Ranking Member
House Veterans Affairs Committee
335 Cannon House Office Building
Washington, D.C. 20515

Dear Chairmen and Ranking Members:

As you finalize legislation to reform and improve health care for our nation's veterans, the Association of American Medical Colleges (AAMC) respectfully asks that you recognize the importance of Department of Veterans Affairs (VA) academic affiliations and urges you not to undermine these important public-private partnerships. VA's shared research, education, and patient care missions with academic medicine improve access and quality of care for veterans, both inside and outside the VA system.

The AAMC is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members comprise all 145 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 VA medical centers; and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the leaders of America's medical schools and teaching hospitals and their 148,000 faculty members, 83,000 medical students, and 115,000 resident physicians.

To better align the VA and the nation's medical schools and teaching hospitals, the AAMC supports the following bills:

- Delivering Opportunities for Care and Services (DOCs) for Veterans Act (S. 1676, H.R. 3755, H.R. 4011);
- Enhanced Veterans Health Care Act (H.R. 3879); and
- Improving Veterans Access to Care in the Community Act (S.2633).

The AAMC believes VA graduate medical education, joint ventures, sole-source contracting, and the proposed Core Network of the Veterans Choice Program help ensure access for our nation's veterans to the highest quality care by preserving academic affiliates as a direct extension of VA care and a preferred provider. This relationship serves multiple purposes:

Access to Complex Clinical Care

VA sole-source contracting allows academic affiliates to plan, staff, and sustain infrastructure for certain complex clinical care services that are scarcely available elsewhere. U.S. teaching hospitals provide around-the-clock, onsite, and fully-staffed standby services for critically ill or injured patients, including trauma centers, burn care units, comprehensive stroke centers, and surgical transplant services. Faced with an inability to plan for a consistent patient load from the VA, teaching hospitals may scale back certain costly services, thus reducing veteran access through fee-basis mechanisms like the Veterans Choice Program.

Workforce Development

There is a pressing need for physicians to care for our nation's veterans now and in the future. VA physician shortages are symptomatic of a broader trend, the proverbial "canary in the coal mine." The AAMC projects a nationwide shortage of between 46,000-90,000 physicians by 2025. Though these shortfalls will affect all Americans, the most vulnerable populations in underserved areas will be the first to feel the impact (e.g., veterans, Medicare and Medicaid patients, rural and urban community health centers, and the Indian Health Service). VA is the only federal agency increasing the number of residents it supports.

Medical Education

The VA is an irreplaceable component of the U.S. medical education system. The VA has over 500 academic affiliations, including 135 U.S. medical schools to train more than 40,000 medical residents annually. Together, VA medical centers are the largest trainer of physicians, and fund approximately 10 percent of graduate medical education (GME). VA residency programs are sponsored by an affiliate medical school or teaching hospital. Without these affiliations, many VA programs would be unable to meet the requirements set by the Accreditation Council for Graduate Medical Education (ACGME). A provider preference for academic affiliates helps ensure an adequate and diverse patient load necessary for GME program accreditation.

Recruitment

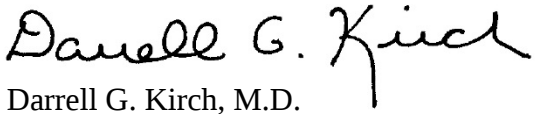
Academic partnerships facilitate the joint recruitment of faculty to provide care at both institutions. VA GME programs also educate new physicians on cultural competencies for treating veteran patients (inside and outside the VA), and help recruit residents to the VA after they complete their training. According to results from the VA's Learners Perception Survey, residents that rotate through the VA are nearly twice as likely to consider employment at the VA. The Veterans Choice Act recognizes the importance of this recruitment to addressing VHA's health professional shortages by creating up to 1,500 new VA GME positions.

Innovation

The combination of education, research, and patient care at academic medical centers cultivates a culture of curiosity and innovation. Medical faculty must be skilled in the latest clinical innovations to train the next generation physicians that will care for veterans. State-of-the-art technology and groundbreaking treatments jump quickly from the research bench to the bedside, enhancing the quality of care provided to patients, including access to a majority of National Institutes of Health (NIH)-funded clinical trials. Without strong ties to academic affiliates, this VA's tripartite mission is put in jeopardy.

The VA is at a crossroads. The aforementioned bills in support of VA graduate medical education, joint ventures, sole-source contracting, and the proposed Core Network of the Veterans Choice Program can strengthen the 70-year history of VA-academic affiliations and prepare our country for the next chapter of VA health care.

Sincerely,

A handwritten signature in black ink that reads "Darrell G. Kirch". The signature is written in a cursive, flowing style. The first name "Darrell" is written in a larger, more prominent script, followed by "G." and "Kirch". The signature is positioned above the printed name.

Darrell G. Kirch, M.D.