

Focus on GME: An Issue that Impacts Our Patients and the Future of Internal Medicine

Leadership Day from a resident's perspective

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I've been attending Leadership Day for years and Graduate Medical Education (GME) has also been a top-tier item on ACP's advocacy list, as it should be. It was a delight to join once again the members of RIACP to commune with the staff of Senators Reed and Whitehouse and Representatives Cicilline and Langevin to provide the physician perspective on several very important issues impacting the future of internal medicine in our nation. As more programs are developed to train medical students, each and every one of those graduating medical students will necessitate a residency position: a first job. This year, ACP delineated three specific priorities regarding GME funding and expansion:

- Increasing the number of GME slots by 3,000 each year over the next 5 years (approximately 15,000) slots for specialties facing shortages, including Internal Medicine
- Combine DGME and IME into a single, more functional payment program, and broaden the GME financing structure to include all payers
- Improving transparency in the allocation of GME funds specifically to activities that further the educational mission of teaching and training residents and fellows.

Primary care specialties are facing a disproportionate shortage of residency slots that are available, as residency slot numbers have been capped at 1996 levels by the passage of the Balanced Budget Act of 1997. When this happens, it makes Internal Medicine slots more competitive and increases the risk of those applying for Internal Medicine residency positions at risk of not matching or having to enter other specialties that are, more than likely, not primary care-affiliated. While no specific legislation was "on the table" this year, in past years we have asked specifically that those in the house support and vote in favor of H.R. 2124 and that those in the Senate support its corollary bill S.1148, the Resident Physician Shortage Act of 2015, which would help ameliorate this problem. H.R. 1117, which is the Creating Access to Residency Education (CARE) Act of 2015, would have helped to curtail this problem as well by requiring the Centers for Medicare and Medicaid Services to expand medical residency training programs in states where there are fewer than 25 medical residents per 100,000 people.

GME funding is provided through Medicare and has two chief components: Direct and indirect payments. The College has advocated for a change that would combine these two funding streams into a single more functional system that would also increase transparency, assuring that "GME" funds for training programs be used specifically to fund activities directly related to residency training by making it harder for institutions to use this funding for other purposes. Additionally, as all patients benefit from residency programs, the College has proposed that Congress should foster and support legislation that further expands the responsibility for funding GME to other private insurance payers (the program is currently funded wholly through Medicare).

Being a resident nearing completion of my residency training at Brown helps me realize the importance of GME funding and expansion, which has always been my advocacy issue of choice even as a medical student in Tennessee attending Leadership Day for the first time several years ago. As I expressed to many of the legislative aides from Rhode Island with whom we met, cutting one residency slot may not seem substantial by any means, but we must consider that one physician cares for hundreds to thousands of patients, so it is eventually each of those patient's access to medical care that is affected in the future. We the issue is dissected in that manner, then the ripple effect is realized. Training residents is what sustains the future of Internal Medicine and medicine in general, and it is our duty to advocate for our patients and our specialty with knowledge of the past, in light of the present, and with hope for the future.

If you are interested in participating in the activities of the Rhode Island ACP Chapter's Health and Public Policy Committee, please contact committee Chair Tom Bledsoe, Chapter Governor Audrey Kupchan or Chapter Administrator Hilary Sweigart.