

March 25, 2022

The Honorable Mark Takano
Chairman
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Mike Bost
Ranking Member
Committee on Veterans' Affairs
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Takano and Ranking Member Bost:

On behalf of the Council of Academic Family Medicine (CAFM), including the Society of Teachers of Family Medicine, Association of Departments of Family Medicine, Association of Family Medicine Residency Directors, and the North American Primary Care Research Group, as well as the American Academy of Family Physicians (AAFP) we write in response to last week's hearing "Building a Better VA: Addressing Healthcare Workforce Recruitment and Retention Challenges" to share the family medicine perspective.

We have long been concerned about the shortage of primary care physicians and its impact on our nation's veterans, particularly the supply of family physicians, who provide comprehensive, longitudinal primary care services for patients across the lifespan, including chronic disease management, treatment of acute illnesses, and preventive care. A recent Department of Veterans' Affairs (VA) report, projected that by 2033, there will be an estimated nationwide shortage of between 21,400 and 55,200 primary care physicians.ⁱ Additionally, it was identified that 57 VA facilities had severe primary care shortages.ⁱⁱ

Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes. Even though primary care comprises the largest number of physicians in the U.S. health system, primary care accounts for only 8 percent of the VA's budget.ⁱⁱⁱ The COVID-19 pandemic has also highlighted the urgency of building and financing a robust, well-trained, and accessible primary care system in our country. We urge the committee to consider the following recommendations to improve health care for our nation's veterans.

Increase VA GME Funds to Address Primary Care Shortage

The VA plays an important role in training physicians – it has supported more than 11,000 Graduate Medical Education (GME) positions and is nearing the end of an expansion adding 1,500 new positions that began in 2015.^{iv} In 2020, the VA spent \$1.6 billion on GME, generally by partnering with teaching hospitals to have residents from those hospitals' training programs rotate with a VA medical facility for a period of time.^v

We know most physicians are trained at large academic medical centers in urban areas, and evidence indicates physicians typically practice within 100 miles of their residency program.^{vi} As a result, the current distribution of trainees leads to physician shortages in medically underserved and rural areas. Unlike Medicare and Medicaid, the VA does control the type of residents it trains and where these residents are located. **We urge Congress to designate additional VA GME slots for primary care specialties to address the current and projected shortage at VA facilities.**

Prioritize Training of Underrepresented Physicians

Over the next two decades, the VA expects it will see an increase in its patient population of the proportion of women and people of color, as well as a decrease in the average age of veterans.

Between 2021 and 2046, the share of veterans who are non-Hispanic White is expected to drop from 74 to 62 percent. The share of veterans who are Hispanic is expected to double from 8 to 16 percent, while the share who are Black is expected to increase slightly from 13 to 15 percent.^{vii} Given the growing diversity of the veteran population, a more diverse VA workforce is also needed so that every veteran receives the care they seek and need. The lack of a diverse physician workforce has significant implications for the health outcomes of our veterans.

We applaud the VA's Veterans Healing Veterans Medical Access & Scholarship Program, which is a pilot program to help diversify the pipeline of clinicians by offering scholarships to veterans attending nine medical schools – including four Historically Black Colleges and Universities.

Physicians who understand their patients' languages and also understand the larger context of culture, gender, religious beliefs, sexual orientation and socioeconomic conditions are better equipped to address the needs of specific populations and the health disparities among them. Several studies show that racial, ethnic and gender diversity among physicians promotes better access to health care, improves health care quality for underserved populations, and better meets the health care needs of our increasingly diverse veteran population.^{viii ix} Improving quality of care for the most vulnerable groups can improve a patient's health outcome, which in turn can reduce health care costs over the long run. Studies also show that students from backgrounds currently underrepresented in medicine are more likely to care for underserved populations in their careers, and more likely to choose primary care careers.^x While primary care specialties fare better than other specialties in representation of racial and ethnic minorities in the workforce, the entire physician workforce lags significantly behind the racial and ethnic diversity of the U.S. population. Today, Black and Hispanic Americans account for nearly one-third of the U.S. population, but just 11 percent of physicians.^{xi xii} **Congress should invest in efforts, such as the Veterans Healing Veterans Medical Access & Scholarship Program, to diversify the VA physician workforce to improve access to culturally competent health care, and better meet the needs of our increasingly diverse veteran population.**

Increase Access in Rural Areas

Nearly 33 percent of VA's enrollee population live in rural or highly rural areas compared to 19 percent of the general population, emphasizing the need for innovative, sustainable rural health solutions nationwide. Even with the addition of 1,500 full-time equivalent (FTEs) residency positions through the Veterans Access, Choice, & Accountability Act, rural FTEs made up only 5.9 percent of the new positions.^{xiii} The issue of rural health care access has been further compounded with the closure of 136 rural community hospitals between 2010 and 2021.^{xiv} Veterans living in rural areas have difficulty accessing health services for reasons similar to other rural residents. Some rural veterans face poverty, homelessness, and substance use disorder, which can exacerbate their health issues. In addition, some veterans are unaware of the benefits, services, and facilities available to them through the VA.

The VA has made some efforts through the passage of the MISSION Act of 2018 to address health access issues affecting rural veterans with programs such as the Veteran Community Care Program, which provides an option for rural veterans meeting certain criteria to receive care from a non-VA clinician in their community. **We urge Congress to work with the VA to expand efforts to partner with community-based primary care physicians to ensure veterans have access to timely, comprehensive, and quality care.**

Importance of Primary Care Team-Based Care

The ability to deliver high-quality primary care depends on the availability, accessibility, and competence of a primary care workforce working as a team to effectively meet the health care

needs of all patients. The VA as the largest integrated health care system in the nation has been a leader for decades in increasing veteran access to care through team-based care.

In fact, a 2021 National Academies of Sciences, Engineering, and Medicine report highlighted the VA's Patient Aligned Care Team (PACT) model, launched in 2010, as a successful interprofessional primary care model. The PACT model incorporates clinical and support staff who deliver all primary care functions and coordinate the remaining needs, including specialty care. The model has been shown to reduce hospitalizations, specialty care visits, emergency department (ED) use, and increased overall mental health visits but decreased visits with mental health specialists outside of a primary care setting.^{xv} **We applaud the VA as a leader in team-based primary care and encourage Congress to ensure the PACT model continues.**

Depending on the specific practice needs, a team-based approach can include various combinations of physicians, psychologists, nurses, physician assistants, pharmacists, social workers, case managers and other health care professionals. Members of the team share information and assist in decision making based on their unique skills – all with the common goal of providing the safest, best possible care to patients. **We urge Congress to preserve and invest in primary care team-based care to ensure all veterans, regardless of geography, have the best care possible.**

Retention of Physicians in the VHA

Currently the Veterans Health Administration (VHA) faces 50,000 vacancies – with a majority of them being clinical positions.^{xvi} Over the years, many factors have contributed to VHA's turnover of physicians including the inability to compete with private sector salaries and difficulty recruiting and retaining physicians in rural areas. We also know that recruitment and retention challenges can increase wait times for veterans, creating access issues. One way to improve retention and recruitment would be to allow for more flexibility in repayment of service obligations for loan and scholarship programs. Allowing for part-time service obligations, with appropriate time extensions, would be a positive change. **We urge Congress to develop policy solutions that allow the VA the flexibility to improve its ability to recruit and retain staff – with prioritization for critical shortage areas like primary care and mental health.**

We also support efforts to reduce the debt burden incurred by physicians, including medical school educational loan forgiveness programs and scholarship programs targeted for family medicine residents and practicing physicians. The average student loan debt for four years of medical school, undergraduate studies and higher education is on average between \$200,000 and \$250,000.^{xvii} Research has shown that loan forgiveness or repayment programs directly influence physician practice choice. **We call on Congress to continue and expand funding for loan repayment and scholarship programs like the VA's Specialty Education Loan Repayment Program and Health Professional Scholarship Program.**

We look forward to working with the committee to develop policy solutions that invest in primary care, and ultimately improve the health of our nation's veterans. If you have any questions please contact John Aguilar, the AAFP's Manager of Legislative Affairs, at jaquilar@aafp.org and Hope Wittenberg, CAFM's Director of Government Relations, at hwittenberg@stfm.org.

Sincerely,

American Academy of Family Physicians
Council of Academic Family Medicine

ⁱ Dept. of Veterans Affairs. (2022, March). *VA recommendations to the asset and infrastructure review commission*. Dept. of Veterans Affairs. Retrieved March 22, 2022, from <https://www.va.gov/AIRCOMMISSIONREPORT/docs/VA-Report-to-AIR-Commission-Volume-I.pdf>

ⁱⁱ Dept. of Veterans Affairs. (2021, September). *VHA - OIG Determination of Veterans Health Administration's Occupational Staffing Shortages*. Dept. of Veterans Affairs . Retrieved March 22, 2022, from <https://www.oversight.gov/sites/default/files/oig-reports/VA/VAOIG-21-00278-23.pdf>

ⁱⁱⁱ Jabbarpour Y, Greiner A, Jetty A, et al. Investing in Primary Care: A State-Level Analysis. Patient-Centered Primary Care Collaborative and the Robert Graham Center; July 2019. <https://www.grahamcenter.org/content/dam/rgc/documents/publications-reports/reports/Investing-Primary-Care-State-Level-PCMH-Report.pdf>. Accessed March 19, 2022.

^{iv} Phillips, Robert L. Jr MD, MSPH; George, Brian C. MD, MA; Holmboe, Eric S. MD; Bazemore, Andrew W. MD, MPH; Westfall, John M. MD, MPH; Bitton, Asaf MD, MPH. *Measuring Graduate Medical Education Outcomes to Honor the Social Contract, Academic Medicine*: January 11, 2022 - Volume - Issue - doi: 10.1097/ACM.0000000000004592.

^v Ibid.

^{vi} Fagan BE, Finnegan SC, Bazemore AW, Gibbons CB, Petterson SM. Migration After Family Medicine Residency: 56% of Graduates Practice Within 100 Miles of Training - Graham Center Policy One-Pagers - American Family Physician.

^{vii} Schaeffer, K. (2021, April 5). *The changing face of America's veteran population*. Pew Research Center. Retrieved March 21, 2022, from <https://www.pewresearch.org/fact-tank/2021/04/05/the-changing-face-of-americas-veteran-population/>

^{viii} Cooper LA, Powe NR. Disparities in patient experiences, health care processes, and outcomes: the role of patient-provider racial, ethnic, and language concordance. The Commonwealth Fund. Accessed October 19, 2021.

^{ix} Poma PA. Race/ethnicity concordance between patients and physicians. *J Natl Med Assoc.* 2017;109(1):6-8

^x Walker KO, Moreno G, Grumbach K. The association among specialty, race, ethnicity, and practice location among California physicians in diverse specialties. *J Natl Med Assoc.* 2012;104(1-2):46-52.

^{xi} U.S. Census Bureau. Quick Facts: United States. Retrieved March 20, 2022, from <https://www.census.gov/quickfacts/US>.

^{xii} Diversity in Medicine: Facts and Figures 2019. AAMC. Retrieved March 21, 2022, from <https://www.aamc.org/datareports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018>.

^{xiii} https://www.va.gov/OAA/docs/OAA_Stats_AY_2020_2021_FINAL.pdf

^{xiv} Dept. of Veterans Affairs. (2022, March). *VA recommendations to the asset and infrastructure review commission*. Dept. of Veterans Affairs. Retrieved March 22, 2022, from <https://www.va.gov/AIRCOMMISSIONREPORT/docs/VA-Report-to-AIR-Commission-Volume-I.pdf>

^{xv} National Academies of Sciences, Engineering, and Medicine 2021. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25983>.

^{xvi} American Federation of Government Employees. (2020, September 21). *Biden plans to fill VA vacancies, Bump Pay for workers, invest in Virginia*. AFGE. Retrieved March 21, 2022, from <https://www.afge.org/article/biden-plans-to-fill-va-vacancies-bump-pay-for-workers-invest-in-va/>

^{xvii} Hanson, M. (2021, July 25). Average medical school debt. EducationData.org. Retrieved March 21, 2021, from <https://educationdata.org/average-medical-school-debt>.