



Sound Policy. Quality Care.

April 5, 2022

Denis R. McDonough  
Secretary  
U.S. Department of Veterans Affairs  
810 Vermont Ave. NW  
Washington, DC 20420

Paul B. Greenberg  
Deputy Chief, Office of Academic Affiliations  
U.S. Department of Veterans Affairs  
810 Vermont Ave. NW  
Washington, DC 20420

**RE: RIN 2900-AR01—VA Pilot Program on Graduate Medical Education and Residency**

Dear Secretary McDonough and Deputy Chief Greenberg:

The Alliance of Specialty Medicine (the “Alliance”) represents more than 100,000 specialty physicians and is deeply committed to improving access to specialty medical care through the advancement of sound health policy. Today, we write to share feedback in response to the Department of Veterans Affairs (VA) proposed rule, published in the *Federal Register* on February 4, 2022, regarding the VA Pilot Program on Graduate Medical Education and Residency (PPGMR) and implementing provisions of the *VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018* (MISSION Act) (Pub.L. 115-182).

### Support for Our Veterans and Health Care Workforce

We appreciate the VA’s implementation of the aforementioned provisions that will expand training opportunities in a way that simultaneously increases veterans’ access to health care services. A key component is the scope of this program, which will include VA health care facilities, health care facilities operated by an Indian tribe or tribal organization, health care facilities operated by the Indian Health Service (IHS), federally-qualified health centers (FQHCs), health care facilities operated by the Department of Defense (DoD), as well as others that the VA could choose to include. This broad approach to site inclusion will help expand access to care for our veterans while increasing the training opportunities for residents in a way that will support our national workforce and medical training needs.

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American Academy of Facial Plastic and Reconstructive Surgery • American Academy of Otolaryngology-Head and Neck Surgery  
American Association of Neurological Surgeons • American College of Mohs Surgery • American College of Osteopathic Surgeons  
American Gastroenterological Association • American Society for Dermatologic Surgery Association  
American Society of Cataract & Refractive Surgery • American Society of Echocardiography • American Society of Plastic Surgeons  
American Society of Retina Specialists • American Urological Association • Coalition of State Rheumatology Organizations  
Congress of Neurological Surgeons • National Association of Spine Specialists

## PPGMER Placement Considerations

In the proposed rule, the VA lays out the factors it will consider to determine “in which covered facilities residents would be placed under the pilot” and “whether there is a clinical need for providers in the area in which a covered facility is located.” The factors that will be used to make these determinations include:

- The ratio of veterans to VA providers for a standardized geographic area surrounding a covered facility, **including a separate ratio for general practitioners and specialists;**
- The range of clinical specialties of VA and non-VA providers for a standardized geographic area surrounding a covered facility, **where the presence of fewer clinical specialties indicates a higher need for health care providers in an area;**
- **Whether the specialty of a provider is included in the most recent staffing shortage determination by VA;**
- Whether a covered facility is located in the local community of a VA facility that has been designated by the VA as an underserved facility;
- Whether the covered facility is located in a health professional shortage area (HPSA)
- Whether the covered facility is in a rural or remote area; and
- Other criteria that the VA considers important in determining covered facilities that are not adequately serving area veterans (e.g., evaluating the proximity of a non-VA covered facility to a VA health care facility, such that residents placed in non-VA covered facilities may also receive training in VA health care facilities).

The Alliance of Specialty Medicine applauds the VA’s focus on ensuring that this program reflects the role that specialists serve in meeting the needs of our veterans and the importance that is given to the lack of access to specialty care in the PPGMER placement factors. According to the Association of American Medical Colleges (AAMC), the United States will face an overall shortage of up to 124,000 physicians by 2034, including 77,100 specialty physicians. While the Alliance acknowledges the need to increase the number of primary care providers, as you can see from the AAMC data, shortages of specialty physicians will be substantial, including neurosurgeons, urologists, cardiologists, gastroenterologists, plastic and reconstructive surgeons, orthopaedic surgeons, and general surgeons. Specialists require up to seven years of post-graduate residency training, so shortages cannot be fixed overnight. Given the increased demand created for their services, we must take steps now to ensure a fully trained specialty physician workforce for the future.

We believe that the VA’s efforts in this regard will support these national workforce needs while connecting health care providers to veterans in communities where increased access is needed most. These efforts to address the physician workforce shortages in many specialties will begin to address access to care issues, take steps to improve the nation’s graduate medical education system, help preserve veterans’ access to specialty care, and complement initiatives aimed at increasing the overall number of residency positions funded across the country.

We appreciate the work you do and the emphasis placed on ensuring veteran access to specialty care as part of the PPGMER proposed rule. Should you have any questions or wish to schedule a meeting, please contact us at [info@specialtydocs.org](mailto:info@specialtydocs.org).

Sincerely,

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