



Children's[™]
Healthcare of Atlanta



CHILDREN'S HOSPITAL ASSOCIATION
Champions for Children's Health

Testimony of Dan Salinas, M.D.

Chief Medical Officer, Children's Healthcare of Atlanta, Atlanta, GA

March 13, 2013 - 10:00 a.m.

on behalf of

Children's Hospital Association
Alexandria, Virginia

Summary of Testimony in Support of Funding for the Children's Hospitals Graduate Medical Education Program respectfully submitted to the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies of the House Committee on Appropriations

Dr. Dan Salinas will testify about the importance of the Children's Hospitals Graduate Medical Education (CHGME) program. CHGME is administered by the Bureau of Health Professions in the Health Resources and Services Administration at the Department of Health and Human Services.

Dr. Salinas's testimony focuses on the purpose of CHGME and its benefit to all children. Further, the testimony describes how CHGME has allowed Children's Healthcare of Atlanta to fulfill its academic and clinical care missions.

The testimony respectfully asks the subcommittee to appropriate \$317.5 million for CHGME in Fiscal Year 2014.

CHILDREN'S HOSPITAL ASSOCIATION

formerly CHCA, NACHRI and N.A.C.H.

ALEXANDRIA, VA OFFICE: 401 Wythe Street ▪ Alexandria, VA 22314 ▪ 703.684.1355
OVERLAND PARK, KS OFFICE: 6803 West 64th Street ▪ Overland Park, KS 66202 ▪ 913.262.1436

Chairman Kingston, Ranking Member DeLauro and Members of the Subcommittee, thank you for the opportunity to testify in support of the Children's Hospitals Graduate Medical Education program, or "CHGME."

I am Dr. Dan Salinas, Chief Medical Officer for Children's Healthcare of Atlanta. On behalf of Children's Healthcare of Atlanta and the Children's Hospital Association, I would like to thank the Chairman and the Committee for the ongoing support you have given to the CHGME program.

CHGME supports children's health by providing independent children's hospitals with support for graduate medical education comparable to funding that adult teaching hospitals receive through Medicare. Since the program's beginning, CHGME has enjoyed strong, bipartisan support in Congress, under both Republican and Democratic leadership. Children's hospitals are extremely grateful to Congress and the members of the Subcommittee for their outstanding history of supporting CHGME.

CHGME funding has had a tremendous impact, enabling children's hospitals to increase their overall training by more than 45% since the program began in 1999. In addition, the CHGME program has accounted for more than 74% of the growth in the number of new pediatric subspecialists being trained nationwide.¹ Today, the 55 hospitals that receive CHGME, less than one percent of all hospitals, train over 6,000 residents annually. This equates to the training of 49% of all pediatric residents in the country, including 45% percent of general pediatricians and 51% of pediatric specialists.

CHGME benefits all children. CHGME hospitals trains doctors who go on to care for children living in every state - in cities, rural communities, suburbs and everywhere in between. In 2012, Children's Healthcare of Atlanta offered full time training slots for 180 residents and fellows. Through those full time slots, 514ⁱ actual residents and fellows were trained. Those residents and fellows go on to serve not only in Atlanta, but throughout Georgia and much of the southeastern region. Of our residents trained, 76% of pediatric residents who train at Children's stay in Georgia to practice.

Congress created CHGME with bipartisan support in 1999 because it recognized that the absence of dedicated GME support for independent children's teaching hospitals created gaps in the training of pediatric providers, which potentially threatened access to care for children. At that time, independent children's hospitals were effectively left out of federal GME support provided through Medicare because we treat children and not the elderly, and received less than 0.5 percent of the GME support of other teaching hospitals. CHGME still only provides children's hospitals on a per-resident basis with about 68 percent of the support Medicare provides to adult teaching hospitals. CHGME is an example of a well functioning public-private partnership because each of the participating Children's Hospitals is investing millions into the success of this program along with the federal dollars they receive.

¹ Received by Kris Rogers, Director of Clinical Research at CHOA, stating this is a statistic from the American Medical Association.

While much has been achieved under CHGME, much remains to be done. In Georgia, a survey by the Georgia Board of Physician Workforce resulted in data showing that nearly 40% of Georgia counties did not have a pediatrician practicing within its borders in 2010. A growing child population is colliding with shortages of pediatric specialists and pediatricians resulting in impaired access to pediatric care, longer wait times for appointments and greater travel distances for families.

In 2012, the Children's Hospital Association conducted a survey that found Children's hospitals across the country continue to experience significant shortages in some pediatric specialties. Causes include limited supply of specialists, rising debt burden, noncompetitive salaries, changing lifestyles and a decline in physicians seeking specialty training.

The pediatric specialty shortages affect children and their family's ability to receive timely, appropriate care, including surgery. Children's hospitals clinic wait times are on average two weeks; but for certain pediatric specialties experiencing physician shortages, the wait time far exceeds this standard up to 14.5 weeks and beyond.

Could you imagine your child needing life saving interventions from a specialist but, you have to wait weeks and months to even get an appointment with that physician? Today, should you be concerned of a developmental delay with your child, on average across the country, you will have to wait greater than 3 ½ months for an appointment with a developmental pediatrician. Should you need help from a pediatric neurologist, endocrinologist or dermatologist, on average, you will wait between a month and half and two months to bring your child the services they may desperately need. And, these wait times are with a functioning national training program under the CHGME umbrella. The growing need is still outpacing our physician supply for kids. If we were to reduce our CHGME program in any way....the impact-our nation's children will not get the timely and appropriate healthcare services they need. We cannot allow that to occur.

Unfortunately, funding for this program has been significantly reduced in recent years, from \$317.5 million in FY 2010 to \$265.2 million in 2012, a reduction of 15%. These cuts hurt the ability of children's hospitals to train enough pediatricians and pediatric specialists to keep up with growing demand at local, state, and national levels.

Furthermore, there are no adequate substitutes for CHGME. Other potential sources of support, such as Medicaid GME or competitive grants, are not available to many children's hospitals and cannot come close to supporting training on the scale necessary to meet workforce needs. Failing to adequately support CHGME would take us back to the same flawed system that was not meeting the needs of America's children.

The President has yet to release his FY 2014 budget request for CHGME. The president's FY 2013 budget included \$88 million for CHGME. While an improvement over the previous year, when the president proposed eliminating the program entirely, this amount represented a dramatic cut of two-thirds from prior year funding.

Last year, this Subcommittee included \$275 million for CHGME in its FY 2013 bill, an increase of 3.77% over the final FY12 appropriated amount. Again, we are extremely grateful to the members of the Subcommittee for their outstanding support for this program.

On behalf of CHA and Children's Healthcare of Atlanta, I respectfully request that the Subcommittee provide \$317.5 million for the CHGME program in FY 2014. This request is based on the continued growth of the children's demographic in the United States, and continuing needs in the pediatric workforce, in particular with respect to sub-specialty shortages. We recognize that the fiscal climate is extraordinarily challenging and that Congress has a responsibility to carefully consider the nation's spending priorities. However, the CHGME program is critical to protecting gains in pediatric health and ensuring access to care for children nationwide.

On behalf of Children's Healthcare of Atlanta and the Children's Hospital Association, and the children and families we serve, thank you for your past support for this critical program and your leadership in protecting children's health. I strongly urge continued support for the CHGME program in FY 2014 so that we may continue to train the next generation of general and specialized pediatricians.

For more information and to review the specific data collected in the 2012 ***Children's Hospital Association survey*** on the impact of pediatric specialist physician shortages on access to care, please visit <http://www.childrenshospitals.org/>

The Children's Hospital Association advances child health through innovation in the quality, cost and delivery of care. Representing more than 220 children's hospitals, the Association is the voice of children's hospitals nationally. The Association champions public policies that enable hospitals to better serve children and is the premier resource for pediatric data and analytics, driving improved clinical and operational performance of member hospitals. Formed in 2011, Children's Hospital Association brings together the strengths and talents of three organizations: Child Health Corporation of America (CHCA), National Association of Children's Hospitals and Related Institutions (NACHRI) and National Association of Children's Hospitals (N.A.C.H.). The Children's Hospital Association has offices in Alexandria, VA, and Overland Park, KS.

ⁱ Received from Kris Rogers 3.7.13 12:03pm