



March 2019

DEFENSE HEALTH CARE

DOD's Proposed Plan for Oversight of Graduate Medical Education Programs

Accessible Version

GAO Highlights

Highlights of [GAO-19-338](#), a report to congressional committees

Why GAO Did This Study

DOD's health care system prepares medical personnel for wartime or humanitarian missions while providing health care to servicemembers and other eligible beneficiaries. It is responsible for ensuring that military servicemembers are physically and mentally fit to perform their missions and that it has an adequate number of medical personnel with the requisite skills and training to meet DOD's mission needs (operational medical force readiness). DOD uses GME programs to recruit and retain military physicians by providing specialized medical training through physician residencies and fellowships in exchange for active duty service obligations.

The NDAA 2017 included a provision for GAO to review DOD's GME oversight process, as detailed in DOD's July 2018 report to Congress. GAO assessed to what extent DOD's proposed oversight process, as outlined in its report to Congress, addressed each of the NDAA 2017 requirements. GAO compared DOD's process with the NDAA 2017 requirements; reviewed relevant documentation, such as minutes from planning meetings and charters for two new oversight entities; and interviewed DOD officials.

In commenting on a draft of this report, DOD did not fully agree with GAO's finding that the department had not developed plans to implement its new GME oversight process, citing as a basis certain preliminary steps it had taken. Based on the preliminary nature of these steps and other reasons explained in the report, GAO stands by its finding.

View [GAO-19-338](#). For more information, contact Debra A. Draper at (202) 512-7114, DraperD@gao.gov.

March 2019

DEFENSE HEALTH CARE

DOD's Proposed Plan for Oversight of Graduate Medical Education Programs

What GAO Found

The National Defense Authorization Act for Fiscal Year 2017 (NDAA 2017) directed the Secretary of Defense to establish and implement a process to oversee military graduate medical education (GME). The goal was to ensure GME programs fully supported operational medical force readiness, and the NDAA 2017 included several requirements for the process. In July 2018, the Department of Defense (DOD) provided a report to Congress outlining its proposed GME oversight process, and GAO found that the proposed process addressed each of the NDAA 2017 requirements. (See table.) The process formalized practices that were already in place within the military services, while also establishing two new oversight entities—the Oversight Advisory Council and the Integration Advisory Board. These entities were chartered in late 2018 and report to the director of DOD's Defense Health Agency.

Comparison of NDAA 2017 Graduate Medical Education (GME) Oversight Requirements with Department of Defense's Proposed Oversight Process

NDAA 2017 oversight requirement	Department of Defense's proposed oversight process
(1a) Review GME programs to ensure, to the extent practicable, that such programs are conducted jointly among the military departments.	<ul style="list-style-type: none"> The Oversight Advisory Council (OAC) will review the services' annual training plans to ensure GME programs are conducted jointly. The Integration Advisory Board (IAB) will improve and formalize communication and collaboration, collect best practices, and make recommendations to maximize joint conduct of GME programs.
(1b) Review GME programs to ensure, to the extent practicable, that such programs are focused on, and related to, operational medical force readiness requirements.	<ul style="list-style-type: none"> The OAC will assist the Defense Health Agency with optimizing military GME programs to improve readiness. The IAB will review the services' annual training plans to ensure GME programs support readiness.
(2) Minimize duplicative programs.	<ul style="list-style-type: none"> The IAB will assess GME programs for unwarranted duplication and identify areas for efficiencies.
(3a) Ensure that assignments of faculty, support staff, and students are coordinated among the military departments.	<ul style="list-style-type: none"> The IAB will review annual reports on faculty and staff assignments and coordinate student placement through the existing Joint Services GME Selection Board process.
(3b) Ensure that military treatment facilities are used as training platforms when and where most appropriate.	<ul style="list-style-type: none"> The IAB will ensure military treatment facilities remain the primary training platform for GME programs.
(4) Review and, if necessary, restructure or realign programs to sustain and improve operational medical force readiness.	<ul style="list-style-type: none"> The IAB will review programs and performance data annually and will offer recommendations to restructure programs if necessary to improve readiness.

Source: GAO analysis of National Defense Authorization Act for Fiscal Year 2017 (NDAA 2017) and Department of Defense information. The numbering of the NDAA 2017 oversight requirements is for reporting purposes and does not reflect the full numbering in the NDAA 2017. | GAO-19-338

At the time of GAO's review, DOD had not developed plans for implementing the GME oversight process. DOD officials stated that they began their planning efforts in late January 2019 but were unsure how long this process would take.

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DHA	Defense Health Agency	
DOD	Department of Defense	
GME	graduate medical education	
IAB	Integration Advisory Board	
MHS	Military Health System	
MTF	military treatment facility	
NDAA 2017	National Defense Authorization Act for Fiscal Year 2017	
OAC	Oversight Advisory Council	

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March 28, 2019

The Honorable James M. Inhofe
Chairman
The Honorable Jack Reed
Ranking Member
Committee on Armed Services
United States Senate

The Honorable Adam Smith
Chairman
The Honorable Mac Thornberry
Ranking Member
Committee on Armed Services
House of Representatives

The mission of the Department of Defense’s (DOD) Military Health System (MHS) is to prepare medical personnel for wartime or humanitarian missions and to provide health care to 9.4 million servicemembers, their families, retirees, and other eligible beneficiaries around the world. The MHS is responsible for assuring that military servicemembers are physically and mentally fit to perform their missions. It is also charged with assuring it has an adequate number of medical personnel with the skills and training to meet DOD’s mission needs—referred to as operational medical force readiness. DOD uses graduate medical education (GME) programs to recruit and retain military physicians by providing specialized medical training through physician residencies and fellowships in exchange for active duty service obligations. GME programs help DOD maintain the necessary pipeline of physicians for its military hospitals and clinics, referred to as military treatment facilities (MTFs), while also preparing its medical personnel to deploy.

The National Defense Authorization Act for Fiscal Year 2017 (NDAA 2017) directed the Secretary of Defense to establish and implement a process to oversee GME programs, with the goal of ensuring these programs fully support operational medical force readiness.¹ This

¹Pub. L. No. 114-328, § 749, 130 Stat. 2000, 2242 (2016) (codified at 10 U.S.C. § 1094a).

provision included several requirements, such as ensuring that the multiple GME programs operated by each of the military services (Army, Navy, and Air Force) are conducted jointly.² The NDAA 2017 required DOD to submit a report to Congress describing its overall GME oversight process and included a provision for us to evaluate the process as outlined in DOD's report.³ This review assesses the extent to which DOD's proposed GME oversight process, as detailed in its report to Congress, addresses each of the NDAA 2017 requirements.

To determine whether DOD's proposed GME oversight process addresses each of the NDAA 2017 requirements, we compared the process as detailed in DOD's July 2018 report to Congress with the requirements in the law.⁴ In addition, we reviewed relevant documentation, including minutes from planning meetings, charters for two new entities established to oversee GME programs, and documentation of any meetings for these oversight entities. We also interviewed knowledgeable officials from DOD's Defense Health Agency (DHA) and the GME directors from each of the military services, among others.⁵

We conducted this performance audit from June 2018 to March 2019 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

²The Department of the Navy administers health care for the Marine Corps. The military services operate multiple GME programs covering 93 medical specialties.

³Department of Defense, *Report on Oversight of Graduate Medical Education Programs of Military Departments, Final Report* (Washington, D.C.: July 13, 2018).

⁴DOD's oversight process will be implemented in the future; thus, we did not evaluate the effectiveness of DOD's proposed oversight process.

⁵DHA supports the delivery of health care services to beneficiaries of the MHS and has responsibility for shared services, functions, and activities of the MHS and other common clinical and business processes in support of the military services.

Background

The military services' GME programs provide specialty training to medical school graduates who agree to an active duty service obligation. Through GME programs, military medical officers acclimate to the military while developing core competencies and critical wartime medical readiness skills, such as combat casualty care and treatment of injuries from explosive or biological incidents. According to military service officials, specialty training through GME programs is an important recruitment and retention tool because it may encourage continued service beyond the fulfillment of the initial active duty service obligation. Programs are accredited by and follow the standards of the Accreditation Council for Graduate Medical Education, a civilian organization.⁶ In fiscal year 2018, there were 3,189 residents and fellows enrolled in DOD GME programs, training in 70 specialties, at MTFs.⁷

In addition to establishing a process to oversee GME programs, the MHS is in the midst of a series of other reforms that Congress also mandated in the NDAA 2017. These other reforms, which address aspects of medical readiness, may directly or indirectly affect GME programs.⁸ For example, the NDAA 2017

- requires the establishment of a personnel management plan for certain wartime medical specialties, such as trauma surgery, anesthesiology, and emergency medicine;
- requires that DOD, in collaboration with the military departments, establish a process to define the military medical and dental personnel needed to attain operational medical force readiness; and
- requires DOD to implement measures to maintain the critical wartime medical readiness skills and core competencies of health care providers within the military services.

⁶The Accreditation Council for Graduate Medical Education is an independent, not-for-profit, physician-led organization that sets and monitors the professional educational standards for physicians.

⁷An additional 23 specialties did not have any residents in fiscal year 2018. The count of students only includes residents and fellows at MTF facilities, although residents and fellows may be trained in civilian GME programs as well.

⁸DOD's activities to implement these other requirements were outside the scope of our report.

In addition, the NDAA 2017, as amended, transfers administrative and management responsibility for MTFs from the military services to DHA and requires DHA to assume responsibility for the policy, procedures, and direction of GME programs. However, each military service's medical command remains responsible for recruiting, organizing, training, and equipping their medical personnel.

DOD's Proposed GME Oversight Process Addresses All NDAA 2017 Requirements; Implementation Has Not Yet Begun

We found that DOD's proposed GME oversight process, as detailed in its report to Congress, addresses each of the requirements for GME oversight outlined in the NDAA 2017. (See table 1.) According to DOD officials, the report formalizes processes used by each military service under the Joint Services GME Selection Board, a joint entity of the military services which places medical officers from the Army, Air Force, and Navy in internship, residency, fellowship, and non-clinical training positions.⁹ As noted in the report, DOD established two new GME oversight entities—the Integration Advisory Board (IAB) and the Oversight Advisory Council (OAC)—which will carry out the oversight requirements and report to the director of DHA, who has the ultimate oversight responsibility. These new entities were officially chartered in late 2018 and include members from DHA and each military service, as well as other advisory members.¹⁰ According to DOD officials, the IAB began planning for implementation of the new oversight process in late January 2019.

⁹According to DOD officials, at meetings of the Joint Services GME Selection Board, DOD officials also agree to any inter-service placements, which is the assignment of servicemembers to GME programs operated by services other than their own.

¹⁰For the IAB, these advisory members include representatives from the National Capital Consortium, San Antonio Uniformed Services Health Education Consortium, and the Uniformed Services University, among others.

Table 1: Comparison of NDAA 2017 Graduate Medical Education (GME) Oversight Requirements with DOD’s Proposed Oversight Process

NDAA 2017 oversight requirements ^a	DOD’s proposed oversight process ^b
(1) Review GME programs to ensure, to the extent practicable, that such programs are (a) conducted jointly among the military departments; (b) focused on, and related to, operational medical force readiness requirements.	<ul style="list-style-type: none"> • The Oversight Advisory Council (OAC) will review the services’ annual training plans to ensure GME programs are conducted jointly. • The Integration Advisory Board (IAB) will improve and formalize communication and collaboration, collect best practices, and make recommendations to maximize joint conduct of GME programs. • The OAC will assist the Defense Health Agency with optimizing military GME programs to improve readiness. • The IAB will review the services’ annual training plans to ensure GME programs support readiness.
(2) Minimize duplicative programs.	<ul style="list-style-type: none"> • The IAB will assess GME programs for unwarranted duplication and identify areas for efficiencies.
(3) Ensure that (a) assignments of faculty, support staff, and students are coordinated among the military departments; (b) military treatment facilities are used as training platforms when and where most appropriate.	<ul style="list-style-type: none"> • The IAB will review annual reports on faculty and staff assignments and coordinate student placement through the existing Joint Services GME Selection Board process (including inter-service placements).^c • The IAB will ensure military treatment facilities remain the primary training platform for GME programs.^d
(4) Review and, if necessary, restructure or realign programs to sustain and improve operational medical force readiness.	<ul style="list-style-type: none"> • The IAB will review programs and performance data annually and will offer recommendations to restructure programs if necessary to improve readiness.

Source: GAO analysis of the National Defense Authorization Act for Fiscal Year 2017 (NDAA 2017) and Department of Defense (DOD) information. | GAO-19-338

^aThe numbering of the NDAA 2017 oversight requirements is for reporting purposes and does not reflect the full numbering in the NDAA 2017.

^bThe director of the Defense Health Agency has the ultimate oversight responsibility.

^cAccording to DOD officials, inter-service placement is the assignment of servicemembers to GME programs operated by a service other than their own.

^dDOD officials stated that they prefer to conduct training at military treatment facilities, and, to the extent possible, they do so. However, if the military treatment facilities do not have the capacity, students may be assigned to civilian sites.

DOD officials provided us with additional information about DOD’s proposed GME oversight efforts for each requirement:

- **Ensuring GME programs are conducted jointly and program assignments are coordinated.** Establishing the two new oversight entities will help ensure that the programs are conducted jointly and that student assignments are coordinated.¹¹ The newly established IAB has the same members as the Joint Services GME Selection Board—including the military services’ GME directors—and will continue the placement work, in addition to other oversight responsibilities. According to DOD’s report, the IAB plans to meet at least three times a year and will be responsible for many oversight activities and for developing policy recommendations for OAC approval. The OAC plans to meet at least twice per year and ad hoc, as required, to review the IAB’s work and evaluate recommendations.
- **Ensuring GME programs are focused on operational medical force readiness.** Under DOD’s proposed oversight process, the new oversight entities—the OAC and IAB—will ensure GME programs are focused on operational medical force readiness. Members of the Joint Services GME Selection Board, who are now members of the IAB, explained that they consider their GME placement efforts to be aligned with readiness, in that they are filling the number of approved and funded GME slots allocated through the budgeting process. These officials told us that each of the military services is responsible for determining which training slots are needed to meet operational medical force readiness requirements. However, in February 2019, we reported that DOD’s military services lack joint planning assumptions and a unified method to develop DOD’s medical force requirements. As a result, DOD has not determined the optimal size and composition of the operational medical personnel it requires for achieving its missions. We recommended that DOD establish joint planning assumptions and use these assumptions to determine operational medical force readiness requirements, and DOD concurred with this recommendation.¹² This information is important to ensure that GME programs—DOD’s military physician pipeline—can support these readiness requirements.

¹¹The NDAA 2017 requires DOD to coordinate assignments for support staff and faculty, in addition to students. According to DOD officials, DHA will ensure that GME programs have the needed faculty, in coordination with the military services. The report to Congress states that the IAB will annually review faculty and support staff placements.

¹²GAO, *Defense Health Care: Actions Needed to Determine the Required Size and Readiness of Operational Medical and Dental Forces*, [GAO-19-206](#) (Washington, D.C.: Feb. 21, 2019).

- **Minimizing duplicative programs and restructuring or realigning programs as needed.** According to DOD officials, GME programs are regularly reviewed for unwarranted duplication and the need for realignment. DOD officials told us that they do not consider their current GME programs to be duplicative and asserted that each GME program is justified and necessary to maintain current operational readiness of the military services. They noted that evaluating programs for unwarranted duplication requires a multifactorial approach that accounts for program accreditation requirements and interdependency of specialties, among other things. There are additional factors that affect decisions around restructuring and realignment, including the fact that GME programs are multi-year. Although there may be a shortage of qualified candidates in a specialty one year, there may be many qualified candidates the next, according to DOD officials. In late January 2019, the IAB planned to develop a formal process to evaluate unwarranted duplication, while accounting for the multiple factors it must consider, according to DOD officials.
- **Ensuring MTFs are used as the primary training platform.** MTFs, according to DOD officials, are always the preferred training platform for GME programs. Although MTFs were established for the purpose of providing medical care to eligible individuals, they also function as a readiness platform for teaching programs and skill sustainment, according to military service officials. We have previously reported that the Army and Navy prefer to train their physicians internally through military GME programs, while Air Force officials stated that using civilian GME programs allows them to train the physicians needed to meet mission requirements, in light of the limited capacity of the Air Force's GME programs.¹³ According to DOD officials, for MTFs to be the primary training platform, they must have the right patient load to provide sufficient training opportunities.

At the time of our review, DOD had not developed plans for implementing the requirements outlined in the report to Congress. Prior to signing their charters in late 2018, the IAB and the OAC had been meeting informally, and IAB members indicated that they initiated planning efforts to implement the oversight process in late January 2019. However, these officials were unsure how long these implementation planning efforts would take. These officials stated that their implementation planning

¹³GAO, *Military Personnel: Additional Actions Needed to Address Gaps in Military Physician Specialties*, [GAO-18-77](#) (Washington, D.C.: Feb. 28, 2018).

efforts would include the identification of goals and potential risks for the mandated requirements, as well as an evaluation of the performance measures used by each of the military services. We have previously reported that leading practices for sound strategic management planning—establishing goals, developing strategies to achieve goals, identifying risks that can affect goals, and developing plans to assess progress toward goals—can help ensure organizations achieve their objectives.¹⁴

Agency Comments

We provided a draft of this report to DOD for review and comment. In its written comments, DOD did not fully agree with our assessment that it had not developed plans to implement its new GME oversight process. (See app. I.) Instead, DOD said that it had developed a general implementation plan and had started to implement the GME oversight process. To support this point, DOD made a distinction between general implementation and detailed implementation. DOD cited its informal meetings and the establishment of the IAB and OAC—which we acknowledged—as well as efforts conducted while drafting its report to Congress, as evidence of its general implementation efforts. The department also recognized that detailed implementation—which, according to DOD, would include a detailed plan and process for full implementation of the requirements in the NDAA 2017—would not begin until late January 2019. We did not distinguish between general and detailed implementation efforts nor did the DOD officials we met with during the course of our review. Instead, as cited in our report, we assessed DOD’s planning efforts against our previously reported leading practices for sound strategic planning, which include goals, strategies to achieve goals, plans to assess progress, and the identification of challenges and risks. As DOD had not yet initiated formal strategic planning efforts for implementing its new GME oversight process, it could not demonstrate to us that it had taken these steps. Consequently, we could not report that DOD had developed plans to implement its oversight process.

¹⁴These leading practices for sound planning are derived from our prior work related to planning. See, for example, GAO, *New Trauma Care System: DOD Should Fully Incorporate Leading Practices into Its Planning for Effective Implementation*, [GAO-18-300](#) (Washington, D.C.: Mar. 19, 2018) and GAO, *Defense Health Care: TRICARE Select Implementation Plan Included Mandated Elements, but Access Standards Should Be Clarified*, [GAO-18-358](#) (Washington, D.C.: Apr. 13, 2018).

DOD also provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the appropriate congressional committees, the Acting Secretary of Defense, and other interested parties. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or draperd@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made major contributions to this report are listed in appendix II.



Debra A. Draper
Director, Health Care

Appendix I: Comments from the Department of Defense



Medical Affairs

DEFENSE HEALTH AGENCY
7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

February 28, 2019

Ms. Debra Draper
Director, Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Draper,

This is the Department of Defense (DoD) response to the GAO Draft Report GAO-19-338, "DEFENSE HEALTH CARE: DOD's Proposed Plan for Oversight of Graduate Medical Education Programs," dated January 30, 2019 (GAO Code 102875).

We sincerely thank the GAO team members for developing this report and for the steadfast commitment to protecting the health and wellness of our Service members, civilian workforce and beneficiaries. My point of contact is Dr. Paul Doan, paul.s.doan.civ@mail.mil, or (703) 681-6319.

Sincerely,

Paul R. Cordts, MD

Paul R. Cordts, MD
Deputy Assistant Director
Medical Affairs Defense Health Agency

Attachments:
As stated

DoD Response to GAO Draft Report Defense Health Care: DoD's Proposed Plan for Oversight of Graduate Medical Education Programs (GAO-19-338)

The DOD **partially concurs** with this report.

The DOD responses to GAO findings are listed below with the requested changes (written in bold italic fonts for easy viewing).

1. GAO finding #1: GAO Highlights (p. 4 of PDF file): Bottom paragraph, "At the time of GAO's review, DOD had not developed plans for implementing the GME oversight process. DOD officials stated that they will begin their planning efforts in late January 2019 but were unsure how long this process would take."

DOD response: Request change to

"At the time of GAO's review, DOD had developed the general implementation plan and had started to implement the GME oversight process. DOD officials stated that they will begin their detailed planning efforts in late January 2019 to fully implement the oversight process."

Justification #1:

The final RTC was delivered to Congress on July 13, 2018. Balancing other statutory requirements, the J-7 Directorate and DAD-MA gathered the required background information from Service SMEs in order to inform the proposed process. As GME is new functional oversight for DHA, we have worked hard to recommend a process to the DHA Director that fully accepts the authorities outlined in NDAA FY19, as well.

The GME Working Group has met regularly since January 2017 to develop the oversight process, goals, and timeline for the RTC through a series of offsite meetings. This GME Working Group, which has functioned as the informal IAB, has been meeting on a near weekly basis since June 2018 to implement the oversight process described in the RTC. The IAB was officially chartered on November 26, 2018. The OAC also met on an ad hoc basis and was officially chartered on December 14, 2018. The implementation is continuing to ensure a smooth transition of the GME oversight responsibility through the chartered oversight advisory bodies, the IAB (O-6 or equivalent) and OAC (flag, SES), to DHA.

The Service Medical Departments and DHA have reviewed all GME residency and fellowship programs to determine readiness impact. The MILDEPs retain the responsibilities for determining requirements (number and specialty of physicians to be trained), as well as selection and assignment of GME military personnel (trainees and faculty).

DHA is establishing an interim central DHA GME Program Office to support the oversight function of DHA. The interim office will become a permanent centralized GME office that works directly for DAD-MA. It also works directly with Service GME Directors, and MTF GME offices, in coordination with DHA J-7 Education and Training, the transitional Intermediate Management Organization (tIMO), and market leaders.

DHA continues to utilize MTFs as the primary GME platform with external/interagency partnerships, as needed, to ensure GME programs meet accreditation standards and meet validated military medical force operational requirements.

In addition, the IAB members have been working with Health Affairs for policy decisions by updating Dodi 6015.24, "Sizing of Graduate Medical Education and Program Closure Procedures". DHA is developing a DHA-Procedural Instruction to codify GME procedures and requirements outlined in the RTC on NDAA FY17 Sec 749.

The strategic plan to outline the goals has been completed and is described in Appendix B of the RTC. From 31 Jan 19 - 1 Feb 19, the GME IAB held an offsite to develop the procedures to minimize unwarranted duplication of programs and restructure/realign programs. With these new procedures, the GME IAB and OAC can evaluate progress toward the goals and risks to the goals annually.

2. GAO finding #2: Footnote 4 (p. 2 of report or p. 7 of PDF file)
"DOD's oversight process will be implemented in the future;"

DOD response: Request change to
"DOD's oversight process *is being implemented*;"

Justification #2: See Justification #1

3. GAO Finding #3: (p. 3 of report or p. 8 of PDF file)
"...Accreditation Council for Graduate Medical Education, a civilian organization"

DOD response: Request either
a. Adding after the Accreditation Council for Graduate Medical Education "*(ACGME), ACGME is an independent, not-for-profit, physician-led organization that sets and monitors the professional educational standards essential in preparing physicians to deliver safe, high-quality medical care to all Americans,*" or
b. Put the description of ACGME mentioned above as a footnote.

Justification #3: For clarification of ACGME role

4. GAO finding #4: Subject heading (p. 3 of report or p. 8 of PDF file)
"DOD's proposed GME...Requirements; Implementation Has Not Yet Begun"

DOD response: Request change to
"DOD's proposed GME...Requirements; Implementation Has *Started*"

Justification #4: See Justification #1

5. GAO finding #5: (pp.3 and 4 of report or pp. 8 and 9 of PDF file – last sentence)
"1) According to DOD officials, the report formalizes processes already in place under the Joint Services GME Selection Board..."

DOD response: Request change to
"1) According to DOD officials, the report formalizes *(in a joint fashion) processes already in place in each Service that culminate in the Joint Services GME Selection Board...*"

Justification #5: As stated, each Service GME Directorate has existing processes, the report synthesizes the Services' processes into one joint process.

6. GAO finding #6 (p. 4 of report or p. 9 of PDF file)
"The IAB will begin planning for implementation of the new oversight process in late January 2019."

DOD comment: Request change to
"*The IAB has started implementation of the new oversight process and will meet in late January 2019 to develop a detailed plan and processes for full implementation of the requirements outlined in the RTC on NDAA FY 17 Sec 749.*"

Justification #6: See Justification #1

7. GAO finding #7 (p. 5 of report or p. 10 of PDF file)
"The newly established IAB has the same members as the Joint Services GME Selection Board and will continue the placement work."

DOD comment: Request change to
"The newly established IAB has *the Service GME Directors, who are members of the Joint Services GME Selection Board, and who will provide oversight in support of the OAC and DHA Director.*"

Justification #7: This is the more accurate description of IAB members.

8. GAO finding #8 (p. 5 of report or p. 10 of PDF file)
"...that DOD's military services lack joint planning assumption and a method to develop DOD's medical force requirements. As a result, DOD has not determined the size and composition of the operational medical personnel it requires for achieving its missions."

DOD comment: Request change to
"...that DOD's military services lack joint planning assumption and a *unified* method to develop DOD's medical force requirements. As a result, DOD has not determined the *optimal* size and composition of the operational medical personnel it requires for achieving its missions."

Justification #8: Each Service has a method of determining the medical force requirements as outlined in the report to Congress.

"The Department of Defense (DoD), through the Joint Staff, the Combatant Commands (CCMDs), and the MILDEPs, has a well-established process to identify force readiness

requirements. The MILDEPs are tied intrinsically into that process, enabling them to define the military medical personnel requirements necessary to meet operational medical force readiness requirements, as required by section 721 of NDAA FY17. The process begins with the Defense Planning Guidance, and includes Defense Planning Scenarios and analyses of those scenarios by the MILDEPs to determine specific requirements to meet the proposed threats. The MILDEPs, in coordination with the CCMDs, are responsible for determining readiness requirements for Service members (Medically Ready Force) and the medical capabilities to support them. The MILDEPs provide the medical capabilities (Ready Medical Force). The goal of operational medical readiness is to meet and sustain DOD warfighting capability and provide the CCMDs the capabilities to meet mission needs.”

9. GAO finding #9 (p. 5 of report or p. 10 of PDF file)

“...**Minimizing duplicative programs**...DOD officials told us that they do not consider their current GME programs to be duplicative and asserted that each GME program is justified and necessary...to maintain operational readiness and to ensure adequate caseloads for medical residents.”

DOD comment: Request change to the first sentence of this section as “...maintain *current* operational readiness *requirements of the Services*.” Delete “and to ensure adequate caseloads for medical residents.”

Justification #9: The change reflects more accurately the IAB discussion.

10. GAO finding #10 (p. 5 of report or p. 10 of PDF file)

Section “**Minimizing duplicative programs**... according to DOD officials.”

DOD comment: Request adding the following sentence at the end of this section: “*In late January 2019, the IAB will develop a formal process to evaluate unwarranted duplication of programs to account for the multiple factors mentioned.*”

Justification #10: The additional sentence gives Congress the next step which was accomplished in the IAB meeting in late January 2019. See Justification #1 for detail.

11. GAO finding #11 (p. 6 of report or p. 11 of PDF file) – First line of last paragraph

“At the time of our review, DOD had not begun plans for implementing the requirements outlined in the report to Congress.”

DOD comment: Request change to “At the time of our review, DOD *had already started to implement* the requirements outlined in the report to Congress.”

Justification #11: See Justification #1

Appendix II: GAO Contact and Staff Acknowledgments

GAO Contact

Debra A. Draper (202) 512-7114 or draperd@gao.gov

Staff Acknowledgments

In addition to the contact above, Bonnie Anderson (Assistant Director), Erin Henderson (Analyst-in-Charge), Julie Anderson, Jennie Apter, and Jennifer Whitworth made key contributions to this report.

Appendix III: Accessible Data

Agency Comment Letter

Text of Appendix I: Comments from the Department of Defense

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February 28, 2019

Ms. Debra Draper
Director, Health Care
U.S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Draper,

This is the Department of Defense (DOD) response to the GAO Draft Report GAO-19-338, "DEFENSE HEALTH CARE: DOD's Proposed Plan for Oversight of Graduate Medical Education Programs," dated January 30, 2019 (GAO Code 102875).

We sincerely thank the GAO team members for developing this report and for the steadfast commitment to protecting the health and wellness of our Service members, civilian workforce and beneficiaries. My point of contact is Dr. Paul Doan, paul.s.doan.civ@mail.mil, or (703) 681-6319.

Sincerely,

Paul R. Cordts, MD
Deputy Assistant Director
Medical Affairs Defense Health Agency

Attachments:
As stated

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DOD Response to GAO Draft Report Defense Health Care: DOD's Proposed Plan for Oversight of Graduate Medical Education Programs (GAO-19-338)

The DOD partially concurs with this report.

The DOD responses to GAO findings are listed below with the requested changes (written in bold italic fonts for easy viewing).

I. GAO finding #1: GAO Highlights (p. 4 of PDF file): Bottom paragraph,

"At the time of GAO's review, DOD had not developed plans for implementing the GME oversight process. DOD officials stated that they will begin their planning efforts in late January 2019 but were unsure how long this process would take."

DOD response: Request change to

"At the time of GAO's review, DOD had developed the general implementation plan and had started to implement the GME oversight process. DOD officials stated that they will begin their detailed planning efforts in late January 2019 to fully implement the oversight process.

Justification #1:

The final RTC was delivered to Congress on July 13, 2018. Balancing other statutory requirements, the J-7 Directorate and DAD-MA gathered the required background information from Service SMEs in order to inform the proposed process. As GME is new functional oversight for DHA, we have worked hard to recommend a process to the DHA Director that fully accepts the authorities outlined in NOAA FY19, as well.

The GME Working Group has met regularly since January 2017 to develop the oversight process, goals, and timeline for the RTC through a series of offsite meetings. This GME Working Group, which has functioned as the informal IAB, has been meeting on a near weekly basis since June 2018 to implement the oversight process described in the RTC. The JAB was officially chartered on November 26, 2018. The OAC also met on an ad hoc basis and was officially chartered on December 14, 2018. The implementation is continuing to ensure a smooth transition of the GME oversight responsibility through the chartered oversight

advisory bodies, the JAB (0-6 or equivalent) and OAC (flag, SES), to DHA.

The Service Medical Departments and DHA have reviewed all GME residency and fellowship programs to determine readiness impact. The MILDEPs retain the responsibilities for determining requirements (number and specialty of physicians to be trained), as well as selection and assignment of GME military personnel (trainees and faculty).

DHA is establishing an interim central DHA GME Program Office to support the oversight function of DHA. The interim office will become a permanent centralized GME office that works directly for DAD-MA. It also works directly with Service GME Directors, and MTF GME offices, in coordination with DHA J-7 Education and Training, the transitional Intermediate Management Organization (tIMO), and market leaders.

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DHA continues to utilize MTFs as the primary GME platform with external/interagency partnerships, as needed, to ensure GME programs meet accreditation standards and meet validated military medical force operational requirements.

In addition, the IAB members have been working with Health Affairs for policy decisions by updating Dodi 6015.24, "Sizing of Graduate Medical Education and Program Closure Procedures". DHA is developing a DI-IA- Procedural Instruction to codify GME procedures and requirements outlined in the RTC on NOAA FY17 Sec 749.

The strategic plan to outline the goals has been completed and is described in Appendix B of the RTC. From 31 Jan 19- 1 Feb 19, the GME IAB held an offsite to develop the procedures to minimize unwarranted duplication of programs and restructure/realign programs. With these new procedures, the GME IAB and OAC can evaluate progress toward the goals and risks to the goals annually.

II. GAO finding #2: Footnote 4 (p. 2 of report or p. 7 of PDF file) "DOD's oversight process will be implemented in the future;"

DOD response: Request change to "DOD's oversight process is being implemented;"

Justification #2: See Justification #1

III. GAO Finding #3: (p. 3 of report or p. 8 of PDF file) "... Accreditation Council for Graduate Medical Education, a civilian organization"

DOD response: Request either

- a. Adding after the Accreditation Council for Graduate Medical Education "(ACGME), ACGME is a 11 i11dependent, not-for-profit, pi,ysicia11-led organization that sets and monitors the professio11al ed11catio11al sta11dards essential in preparing physicians to deliver safe, high-quality medical care to all Americans, " or
- b. Put the description of ACGME mentioned above as a footnote.

Justification #3: For clarification of ACGME role

IV. GAO finding #4: Subject heading (p. 3 of report or p. 8 of PDF file) "DOD's proposed GME... Requirements; Implementation Has Not Yet Begun"

DOD response: Request change to "DOD's proposed GME... Requirements; Implementation Has Started"

Justification #4: See Justification #1

V. GAO finding #5: (pp.3 and 4 of report or pp. 8 and 9 of PDF file - last sentence)

According to DOD officials, the report formalizes processes already in place under the Joint Services GME Selection Board... "

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DOD response: Request change to

According to DOD officials, the report formalizes processes already in place in each Service that culminate in the Joint Services GME Selection Board..."

Justification #5: As stated, each Service GME Directorate has existing processes, the report synthesizes the Services' processes into one joint process.

VI. GAO finding #6 (p. 4 of report or p. 9 of PDF file)

"The IAB will begin planning for implementation of the new oversight process in late January 2019."

DOD comment: Request change to

"The JAB has started implementation of the new oversight process and will meet in late January 2019 to develop a detailed plan and processes for full implementation of the requirements outlined in the RTC on NDAA FY 17 Sec 749."

Justification #6: See Justification #1

VII. GAO finding #7 (p. 5 of report or p. to of PDF file)

"The newly established IAB has the same members as the Joint Services GME Selection Board and will continue the placement work."

DOD comment: Request change to "The newly established IAB has the Service GME Directors, who are members of the Joint Services GME Selection Board, and who will provide oversight in support of tire OA C a11d DHA Director."

Justification #7: This is the more accurate description of IAB members.

VIII. GAO finding #8 (p. 5 of report or p. 10 of PDF file)

"... that DOD's military services lack joint planning assumption and a method to develop DOD's medical force requirements. As a result, DOD has not determined the size and composition of the operational medical personnel it requires for achieving its missions."

DOD comment: Request change to "... that DOD's military services lack joint planning assumption and a method to develop DOD's medical force requirements. As a result, DOD has not determined the optimal size and composition of the operational medical personnel it requires for achieving its missions."

Justification #8: Each Service has a method of determining the medical force requirements as outlined in the report to Congress.

"The Department of Defense (DOD), through the Joint Staff, the Combatant Commands (CCMDs), and the MILDEPs, has a well-established process to identify force readiness

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requirements. The MILDEPs are tied intrinsically into that process, enabling them to define the military medical personnel requirements necessary to meet operational medical force readiness requirements, as required by section 721 of NOAA FY17. The process begins with the Defense Planning Guidance, and includes Defense Planning Scenarios and analyses of those scenarios by the MILDEPs to determine specific requirements to meet the proposed threats. The MILDEPs, in coordination with the CCMDs, are responsible for determining readiness requirements for Service members (Medically Ready Force) and the medical capabilities to support them. The MILDEPs provide the medical capabilities (Ready Medical Force). The goal of operational medical readiness is to meet and sustain DOD warfighting capability and provide the CCMDs the capabilities to meet mission needs."

IX. GAO finding #9 (p. 5 of report or p. 10 of PDF file)

"... Minimizing duplicative programs... DOD officials told us that they do not consider their current GME programs to be duplicative and asserted that each GME program is justified and necessary... to maintain operational readiness and to ensure adequate caseloads for medical residents."

DOD comment: Request change to the first sentence of this section as "...maintain current operational readiness requirements of the Services." Delete "and to ensure adequate caseloads for medical residents."

Justification #9: The change reflects more accurately the IAB discussion.

X. GAO finding #10 (p. 5 of report or p. 10 of PDF file)

Section "Minimizing duplicative programs... according to DOD officials."

DOD comment: Request adding the following sentence at the end of this section:

"In late January 2019, title IAB will develop a formal process to evaluate unwarranted duplication of programs to account for multiple factors mentioned. "

Justification #10: The additional sentence gives Congress the next step which was accomplished in the IAB meeting in late January 2019. See Justification #I for detail.

XI. GAO finding #11 (p. 6 of report or p. 11 of PDF file) - First line of last paragraph

"At the time of our review, DOD had not begun plans for implementing the requirements outlined in the report to Congress."

DOD comment: Request change to "At the time of our review, DOD had already started to implement the requirements outlined in the report to Congress."

Justification #11: See Justification #I

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