Rick Kellerman, M.D.
President, American Academy of Family Physicians
Testimony before the Advisory Committee on Training in Primary Care Medicine and Dentistry
September 6, 2007

On behalf of the 93,800 members of the American Academy of Family Physicians, thank you for this opportunity to share what we believe are the key elements of training needed to prepare family physicians to work in the new model of practice called the patient centered medical home. We are pleased to support this Committee's work to promote investment in a well-prepared primary care workforce that will be able to support this model. This investment will improve health care and reduce cost.

Our message is simple: If we are to improve how health care is delivered, we must modernize workforce policies and training policies to ensure an adequate number of primary care physicians trained to serve in a patient centered medical home.

The evidence is clear. We know that other developed countries with a robust primary care workforce have population health outcomes that are better than those of the United States at lower costs.[1] Establishing a larger cadre of physicians whose practices serve as a patient centered medical home will mean more patients have access to preventive care and better coordination of the care they need to manage their chronic diseases as well as appropriate care for acute illness.

The patient centered medical home provides improved efficiency and health because it serves as a single source of access and care. As a result, duplication of tests and procedures and unnecessary emergency department visits and hospitalizations can be avoided. To achieve these efficiencies and quality improvements, AAFP and three other medical specialty societies have outlined the principles of a patient-centered medical home. I will submit to you a copy of these principles.

Primary Care Physician Shortages
Clearly, the benefits of the patient centered medical home depend on an adequate supply of primary care physicians. Unfortunately, the current supply is far from adequate. An imbalance of primary care and subspecialty physicians results in less effectiveness and less efficiency than could be achievable. Perhaps more importantly the trends for the future are not encouraging.

The reasons for the inadequate supply of primary care are many. We have seen a troubling decline in the numbers of graduates from U.S. medical schools choosing primary care medicine. Last year less than eight percent of United States medical school graduates entered family medicine residency programs, a figure that has been stagnant for many years. This obviously raises concerns that the primary care workforce will not be adequate to meet the needs of a population with an increased prevalence of chronic disease and which is aging.

Preparing the Personal Physician for Practice (P^4)
Changes in preparing the next generation of family physicians will be needed in undergraduate, graduate and continuing medical education. Additional resources will be necessary to develop curricula and training programs which are comprehensive and innovative.

Let me outline how family medicine is responding to this challenge.

The American Board of Family Medicine and the Association of Family Medicine Residency Directors are leading an initiative to stimulate innovation in family medicine education. The P^4 study (which stands for Preparing the Personal Physician for Practice) is a case study involving 14 residency programs which are experimenting with curriculum innovation. The goal of P^4 is to prepare family medicine resident-physicians for practice in a patient centered medical home. P^4 is studying innovations in the scope and content of residency training as well as the length, location and structure of training. The project also is looking at innovations in measurement of physician competency.[2]

For example, one of the 14 experimenting residencies, Lehigh Valley Family Medicine Residency Program in Allentown, Pennsylvania, will eliminate the Family Medicine Center and move residents and continuity populations into active community practices. The Hendersonville Family Medicine Residency Program in North Carolina will place residents in a network of high-tech rural family medicine practices in place of their Family Medicine Center. Several other residency programs are offering innovative four-year curricula with varying areas of emphasis during the fourth year.

It is too early to know what we will learn from the P^4 study, but we have discovered that the regulatory and accreditation environment in both the clinical and the educational enterprises make change difficult. We will update this Committee as this important study proceeds.

Title VII, Section 747, Health Professions Grants

The federal government has a very important role to play in support of health professions training. Section 747 of Title VII is critical to increasing the number of highly-skilled primary care physicians who will practice in the new patient centered medical home.

Although the Title VII programs have been repeatedly targeted for elimination in Presidential budget requests, Congress has appropriated funds for these important accounts. In fiscal year 2007, Section 747 received a funding level of $48.85 million. This year, both the House and Senate have held Title VII to last year's level. This falls far short of the appropriation of $92 million in FY 2003.

We need immediate and significant additional support from Section 747 because it is the only national federally funded program that provides resources for important innovations necessary to increase the number of physicians who will lead the primary care teams providing care in patient centered medical homes.

Conclusion

Family medicine is developing the new models of training to prepare the personal physician for practice in the patient-centered medical home so that we can meet the nation's current and future health care needs. The federal government must be a vital partner in this effort.

---

[1] Starfield B, et al. The effects of specialist supply on populations' health: assessing the evidence. *Health Affairs*. 15 March 2005.

[2] Green L, Jones S, Fetter G, Pugno. Preparing the Personal Physician for Practice: Changing the Training to Enable New Model Practice. Unpublished manuscript.