

Family physicians work for America.

Let's work to protect family medicine.

What is the AAFP?

Founded in 1947, the American Academy of Family Physicians represents more than 110,600 family physicians, residents, and medical students nationwide.

What do family physicians do?

Family physicians treat each patient as a whole person and serve as advocates for them in our complex health care system. As primary care specialists, family physicians are residency-trained and treat everyone from babies with ear infections, to obese adolescents, to adults with depression, to seniors with chronic illnesses. Because their focus is on prevention and overall care coordination, family physicians are able to both treat illnesses early, and refer their patients to the right subspecialist.

What do family physicians accomplish for the U.S. health care system?

Family physicians treat one out of every four patients in the United States. In fact, there are more than 215 million family physician office visits each year – 59 million more than any other specialty.

More Americans depend on family physicians than any other medical specialty, and are the main source of primary health care for the Medicare population. More than 60% of people aged 65 and older identify a family physician as their usual source for health care.

What key issues currently affect how family physicians deliver care, and what can be done to improve them?

1. PHYSICIAN PAYMENT REFORM AND THE VALUE OF PRIMARY CARE

Members of Congress should co-sponsor and support the *Medicare Physician Payment Innovation Act* (HR 574), introduced by Reps. Allyson Schwartz (D-PA) and Joe Heck, DO (R-NV). This legislation provides a clear and defined path to permanent payment reform. It includes a multi-year transition period with a stipulated annual payment rate increase of 0.5% (2.5% for primary care) while Centers for Medicare & Medicaid Services tests and evaluates several alternative payment systems.

Congress must act each year to override the current flawed payment approach, which includes the Medicare Sustainable Growth Rate formula (SGR). The existing extension will end on January 1, 2014. This will mean a cut of nearly 25% in payments for physicians and other Medicare providers, and comes on top of the recent 2% sequester cuts to physicians' Medicare payments.

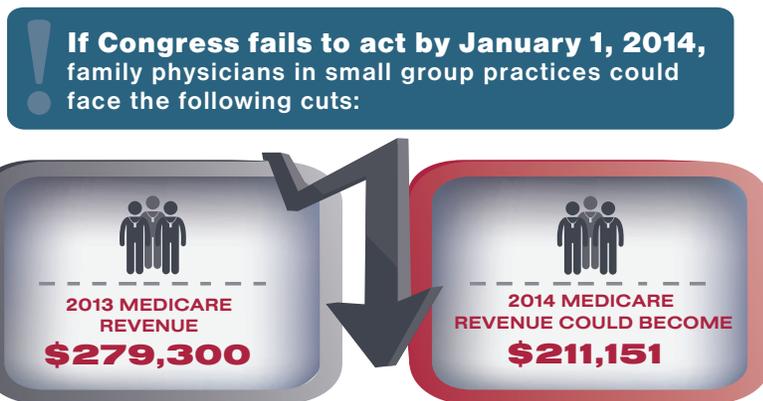
Because of sequestration cuts, a typical small group practice will see 2014 Medicare revenue decrease from \$285,000 to \$279,300. That same practice could face an additional SGR cut, reducing its Medicare revenue even further, to \$211,151.

2. PRIMARY CARE GRADUATE MEDICAL EDUCATION MODERNIZATION

Legislators should co-sponsor HR 487, the *Primary Care Workforce Access Improvement Act of 2013*, introduced by Reps. Cathy McMorris Rodgers (R-WA) and Mike Thompson (D-CA). This budget-neutral pilot project will reorganize Medicare Graduate Medical Education Funding (GME) to allow testing of locally based, innovative models that are specifically designed to train primary care physicians.

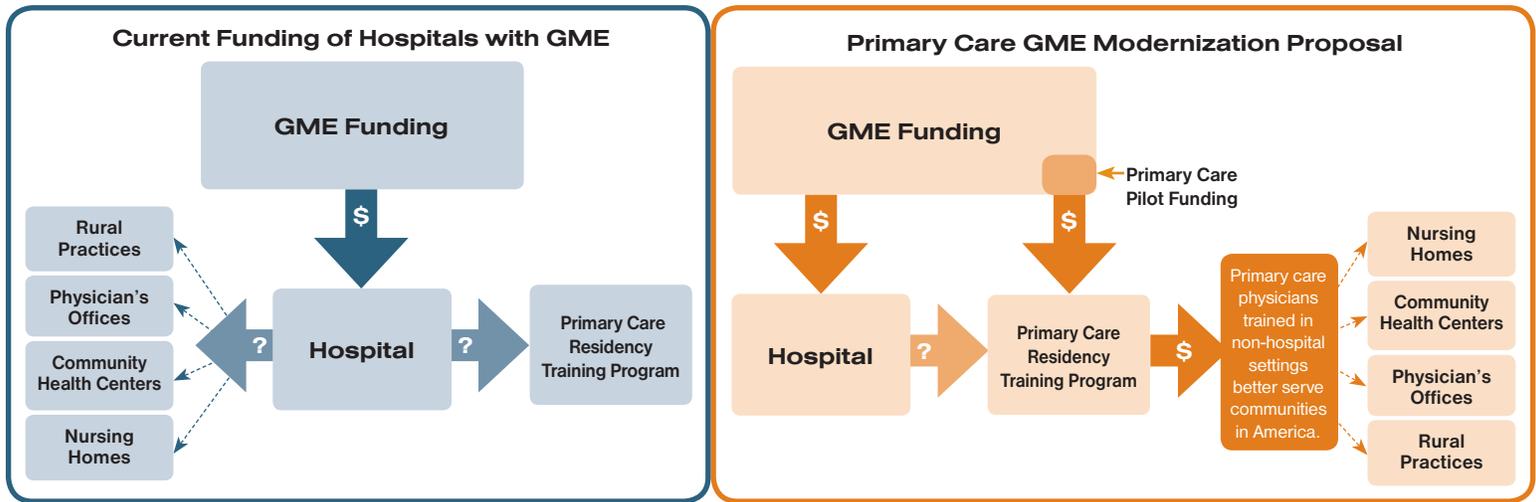
Family physicians currently comprise about 30% of the physician workforce in the U.S. This percentage must increase to 40% to meet the needs of patients. The outdated GME funding method and payment formula do not substantially compensate for the cost of training in non-hospital settings, where most primary care patient services are delivered. The current flow of GME funds is left to the discretion of the hospitals, which may or may not lead to funding for primary care residency programs.

To effectively serve their patients, family physicians must receive most of their training in non-hospital settings. Funds should be specifically allocated for primary care training in various settings. See graphic on reverse.



*Statistics depicted are examples only, based on a small group practice of three family physicians.

Family physicians work for America



? = The current flow of GME funds is left to the discretion of the hospitals, which may or may not lead to funding for other health care organizations.

3. AMERICA'S PRIMARY CARE WORKFORCE SUPPORT AND TRAINING

Congress needs to make a robust investment in our nation's primary care workforce to respond to the numerous changes our population will face in coming years. The investment will ensure that Americans receive efficient, effective health care that addresses access, quality, and value.

For fiscal year 2014, Congress should allocate:

\$71 million for the Health Professions Primary Care Training (Title VII, Section 747)

Residency programs, faculty development, and medical school education are a few examples of the many primary care training programs funded by Title VII, Section 747. This federal program helps the health professions workforce respond to the nation's evolving workforce needs. Many studies show that an investment in primary care lowers health system costs, offers an outstanding return on investment, and ultimately provides patients with better quality health care. This modest program is crucial to the health of communities across America.

\$305 million for National Health Service Corps (NHSC)

To meet the need for health care in rural and medically underserved areas, the NHSC recruits and places medical professionals in Health Professional Shortage Areas (HPSAs). The NHSC also helps ensure wider access to medical education opportunities by addressing medical student debt, including scholarships or loan repayment options to new family physicians willing to serve in HPSAs.

\$434 million for the Agency for Healthcare Research and Quality (AHRQ)

AHRQ's mission is to generate the necessary amount and type of evidence to build a high-quality, high-value health care system. Its research helps maximize the monetary value of health care. AHRQ's Center for Primary Care, Prevention, and Clinical Partnerships (CP3) serves as the home for the AHRQ's Practice-Based Research Network of primary care ambulatory practices. This network studies community-based practice and is an important resource for primary care workforce data.

\$10 million for Teaching Health Centers development grants

The Teaching Health Center program provides Graduate Medical Education funding to support training for an increased number of primary care medical and dental residents in community-based settings across the country. By moving primary care training into the community, the teaching health center program further establishes its authority as an innovative educational program, dedicated to producing well-trained health professionals.

Projected primary care physician need under various conditions by year

Condition	2010	2015	2020	2025
Baseline	209,662	209,662	209,662	209,662
Aging of Population	-	2,693	6,264	9,894
Population growth	-	11,201	21,952	32,852
ACA coverage	-	7,104	8,097	8,279
Total	209,662	230,660	245,975	260,687

ACA = Affordable Care Act.

Projecting Primary Care Research Needs: 2010-2025, Annals of Family Medicine, Volume 10, Number 6, November/December 2012

To learn more about these issues, contact the AAFP Director of Government Relations, Kevin Burke, at kburke@aafp.org or (202) 232-9033. Thank you in advance for the support you offer to family medicine.