

May 2011

PRIMARY CARE TRAINING AND ENHANCEMENT

RECOMMENDATION

Congress should provide a robust investment in our nation's primary care workforce in order to ensure that it is adequate to provide efficient, effective health care delivery addressing access, quality and value. In particular:

 We urge the Congress to appropriate \$140 million for the Health Professions Program, Primary Care Training and Enhancement authorized under Title VII, Section 747 of the Public Health Service Act in fiscal year 2012 as requested in the President's budget.

BACKGROUND

The Health Professions Program, Primary Care Training and Enhancement (Title VII Section 747 of the Public Health Service Act) has a long history of providing necessary funding for the training of primary care physicians. With each successive reauthorization, Congress has modified the Title VII health professions programs to address relevant workforce needs. The most recent authorization directs the Health Resources and Services Administration (HRSA) to prioritize training in the new competencies relevant to providing care in the patient-centered medical home model. It also calls for the development of infrastructure within primary care departments for the improvement of clinical care and research critical to primary care delivery, as well as innovations in team management of chronic disease, integrated models of care, and transitioning between health care settings.

Key advisory bodies such as the Institute of Medicine (IOM) and the Congressional Research Service (CRS) have also called for increased funding. The IOM (December 2008) pointed to the drastic decline in Title VII funding and described these health professions workforce training programs as "an undervalued asset." The CRS found that reduced funding to the primary care cluster has negatively affected the programs during a time when more primary care is needed (February 2008).

The Government Accountability Office (GAO-08-472T) reports "Ample research in recent years concludes that the nation's over reliance on specialty care services at the expense of primary care leads to a health care system that is less efficient. At the same time, research shows that preventive care, care coordination for the chronically ill, and continuity of care – all hallmarks of primary care medicine – can achieve improved outcomes and cost savings." Increased funding for Title VII Section 747 will provide grants for primary care medicine training, to help ensure a sufficient primary care workforce that can achieve lower costs and increased quality, leading to better health outcomes.

www.aafp.org

President Roland A. Goertz, MD Waco, TX

Speaker Leah Raye Mabry, MD San Antonio, TX President-elect Glen Stream, MD Spokane, WA

Vice Speaker John S. Meigs, Jr., MD Brent, AL Board Chair Lori J. Heim, MD Vass, NC

Executive Vice President Douglas E. Henley, MD Leawood, KS Directors
Jeffrey J. Cain, MD, Denver, CO
Thomas Allen Felger, MD, Granger, IN
George Wm. Shannon, MD, Columbus, GA
Reid Blackwelder, MD, Kingsport, TN
Conrad L. Flick, MD, Raleigh, NC
Laura Knobel, MD, Walpole, MA

Barbara Doty, MD, Wasilla, AK
Richard Madden, Jr., MD, Belen, NM
Robert Wergin, MD, Milford, NE
Russell Kohl, MD, (New Physician Member), Vinita, OK
Heidi Meyer, MD, (Resident Member), Tucson, AZ
Kevin Bernstein (Student Member), Quakertown, PA