



January 2013

PREPARE FOR SUCCESS: TRAIN AND SUPPORT AMERICA'S PRIMARY CARE WORKFORCE

RECOMMENDATION

Congress should make 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 for fiscal year 2013:

- We urge Congress to appropriate \$71 million for the Health Professions Program, Primary Care Training and Enhancement Program, administered by the Health Resources and Services Administration (HRSA); \$10 million for Teaching Health Centers development grants authorized by Title VII, Section 749A; and \$4 million for Title VII, Section 749B Rural Physician Training Grants.
- We also recommend that the National Health Service Corps receive at least \$300 million.
- Further, we ask that Congress designate at least \$400 million for patient-centered outcomes research and the Primary Care Extension program within the Agency for Healthcare Research and Quality.

Title VII - Health Professions Programs

As the only physician organization devoted entirely to primary care, the AAFP is concerned that a failure to provide adequate funding for the Title VII, Section 747, the Primary Care Training and Enhancement program, would destabilize ongoing efforts to increase education and training support for family physicians, exacerbating primary care shortages and further straining our health care system.

Title VII, Section 747 primary care training grants to medical schools and residency programs for decades have helped to increase the number of physicians who select primary care specialties and work in underserved areas. Title VII primary care grants are vital to departments of family medicine, general internal medicine, and general pediatrics; strengthen primary care curricula; and offer incentives for training in underserved areas.

In the coming years, medical services utilization will likely rise given the increasing and aging population as well as the insured status of more of the populace. Without immediate and effective action, these demographic trends will cause primary care physician shortages to worsen.

Teaching Health Centers

The AAFP has long called for reforms to graduate medical education programs to encourage the training of primary care residents in non-hospital settings where most primary care is delivered. An

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excellent first step is the innovative Teaching Health Centers program, which HRSA administers to increase primary care physician training capacity.

Rural Health Needs

HRSA also administers the Rural Physician Training Grants, which is another important Title VII grant program which helps medical schools recruit students most likely to practice medicine in rural communities. This modest program authorized by Title VII, Section 749B will help provide rural-focused training and experience and increase the number of recent medical school graduates who practice in underserved rural communities.

National Health Service Corps

The National Health Service Corps (NHSC) recruits and places medical professionals in Health Professions Shortage Areas to meet the need for health care in rural and medically-underserved areas. The NHSC provides scholarships or loan repayment as incentives for physicians to choose primary care and offer health care to underserved Americans. By addressing medical school debt burdens, the NHSC also helps ensure wider access to medical education opportunities.

The Government Accountability Office (GAO-01-1042T) described the NHSC as “one safety-net program that directly places primary care physicians and other health professionals in these medically needy areas.” Currently more than 7 million people, most of whom are in underserved areas, rely on NHSC clinicians for their health care needs and would not have access to care without the NHSC.

Since its inception in 1972, the NHSC has helped place 37,000 primary care health professionals in underserved communities across the country, many of whom remain in these areas following the completion of their service. According to Health Resources and Services Administration’s FY 2012 budget justification, the NHSC had an FY 2010 field strength of 7,530 primary care clinicians.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

The Agency for Healthcare Research and Quality (AHRQ) is a small agency with a great responsibility for research to support clinical decision-making, reduce costs, advance patient safety, decrease medical errors and improve health care quality and access. Family physicians recognize that AHRQ has a critical role to play in patient-centered outcomes research.

Patient-Centered Outcomes Research

AHRQ’s investment in patient-centered outcomes research will give patients tools they need to make informed decisions regarding paying for quality rather than quantity. By determining what has limited efficacy or does not work, this important research can spare patients from tests, procedures and treatments of little value to them. Today, patients and their physicians face a broad array of diagnostic and treatment options without the scientific evidence needed to know what procedure or which drug is most likely to succeed or how best to time a given therapy. AHRQ is supporting research to answer those questions so that physicians and their patients can make the choices about care that are most likely to succeed. AHRQ also supports the essential research into the prevention of medical errors and reducing hospital-acquired infections.

Primary Care Extension Program

The AAFP supports the Primary Care Extension Program to be administered by AHRQ which will inform primary care providers about evidence-based therapies and techniques which can be incorporated into their practices. As AHRQ develops more scientific evidence on best practices and effective clinical innovations, the Primary Care Extension Program will disseminate them to primary care practices across the nation.