

Testimony to the House Subcommittee on Labor, Health and Human Services, & Education, and Related Agencies Appropriations FY 2016

April 27, 2015

The American Academy of Family Physicians (AAFP), which represents 115,900 family physicians and medical students across the country, is pleased to submit this statement for the record urging the Committee to invest in our nation's primary care physician workforce in the fiscal year 2016 appropriations bill to promote the efficient, effective delivery of health care by providing these appropriations for the Health Resources and Services Administration (HRSA) and the Agency for Healthcare Research and Quality (AHRQ):

- \$71 million for Health Professions Primary Care Training and Enhancement authorized under Title VII, Section 747 of the *Public Health Service Act* (PHSA);
- \$4 million for Rural Physician Training Grants (PHSA Title VII, §749B);
- \$287 million for the National Health Service Corps (PHSA § 338A, B, & I); and
- \$375 million for the AHRQ (PHSA § 487(d)(3), SSA §1142).

Founded in 1947, the AAFP is dedicated to preserving and promoting the science and art of family medicine and ensuring high-quality, cost-effective health care for patients of all ages. The AAFP appreciates the opportunity to comment on the FY 2016 appropriations levels needed to achieve those important goals.

HRSA – Title VII Primary Care Training & Enhancement

Our nation faces a shortage of primary care physicians which may worsen as care delivery models shift toward smaller ratios of population to primary care physicians.¹ HRSA is the federal agency charged

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with administering the health professions training programs authorized under Title VII of the *Public Health Services Act* and first enacted in 1963.

Family medicine relies on grants from the Primary Care Training & Enhancement (PCTE) program, authorized by Title VII, §747 of the *Public Health Service Act*, to support primary care training and the professional development of primary care faculty. PCTE is both effective and essential to support the family physicians workforce. A recent study of the effect of the PCTE funding opportunity announcement addressing faculty development needs found that targeted federal funding can bring about changes that contribute to an up-to-date, responsive primary care workforce.²

In addition to faculty development, the PCTE program allows grantees to test educational innovations, respond to changing delivery systems and models of care, and improve interprofessional education and training. The Advisory Committee on Training in Primary Care Medicine and Dentistry addressed the importance of learning in integrated systems of care supported by the PCTE program in their report to the Secretary of the U.S. Department of Health and Human Services and Congress released in December 2014. The report highlights the need to “integrate principles of interprofessional education with the building of community-based collaborations and partnerships in primary care practice.” Noting that current appropriations levels are inadequate, the report recommends that Congress provide “\$123 million to Title VII, Part C, sections 747 and 748 for FY 2016, restoring funding to inflation-adjusted FY 2003 levels.”³

Recognizing the fiscal constraints on the FY 2016 appropriations, the AAFP urges that the Committee provide \$71 million for HRSA’s PCTE program.

HRSA – Title VII Rural Physician Training Grants

Another important HRSA Title VII grant program is the Rural Physician Training Grants program to help medical schools to recruit students most likely to practice medicine in rural communities. This modest program authorized by Title VII, §749B will help provide rural-focused training and experience and

increase the number of recent medical school graduates who practice in underserved rural communities. Medical school rural programs (RPs) have been found to have a significant impact on rural family physician supply.⁴ This program will help provide rural-focused experience and increase the number of medical school graduates who practice in underserved rural communities. An appropriation of \$4 million will support 10 grantees which will train a minimum of 100 students.

The AAFP asks that the Committee provide \$4 million for the Rural Physician Training Grants Program as requested in the Administration's FY 2016 budget.

HRSA – National Health Service Corps

Since in 1972, the National Health Service Corps, also administered by HRSA, has offered financial assistance to recruit and retain health care providers to meet the workforce needs of communities across the nation designated as health professional shortage areas. The AAFP is committed to supporting the objectives of the NHSC in assisting communities in need of additional primary care physicians, and we support the Administration's budget request for the NHSC of \$287 million in discretionary appropriations as part of the FY 2016 spending bill.

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." As the only medical society devoted solely to primary care, the AAFP recognizes the importance of the NHSC to the reducing our nation's serious geographic disparities in health care access.

Not only does the NHSC program of placing physicians and medical professionals in health professional shortage areas to meet the needs of patients in rural and medically underserved areas, it also provides scholarships as incentives for medical students to enter primary care and to provide health care to underserved Americans. By addressing medical school debt burdens, NHSC scholarships ensure wider access to medical education opportunities by providing financial support for

tuition and other education expenses, and a monthly living stipend for medical students committed to providing primary care in underserved communities of greatest need.

More than 40,000 providers have served in the NHSC since its inception. In FY 2014, the NHSC had a field strength of 9,242 primary care clinicians. NHSC physicians and health care providers were placed in HPSAs serving patients in every state and territory. However, the need for this important program currently exceeds the available investment.

The AAFP recommends that Committee provide at least the requested appropriation of \$287 million for the National Health Service Corps for FY 2016.

HRSA – Health Centers

HRSA's Health Center program continues to provide affordable comprehensive primary care services in medically underserved communities across the nation. The AAFP has worked closely with HRSA to promote data-driven community health center expansion. The mapping tool developed and managed by AAFP identifies areas in greatest need for Federally Qualified Health Centers. Since the launch of the tool on July 1, 2010, the UDS Mapper has registered over 4,500 users and can be found at <http://www.udsmapper.org/about.cfm>.

The AAFP recommends that the Committee provides \$7.48 billion in discretionary funds for HRSA overall in the FY 2016 appropriations bill.

AHRQ – Primary Care Research

The Agency for Healthcare Research and Quality (AHRQ) is the sole federal agency charged with producing evidence to support clinical decision-making, reduce costs, advance patient safety, decrease medical errors and improve health care quality and access. AHRQ supports important investigation in areas which are not the focus of investigation anywhere else in the biomedical research community. Evidence-based family medicine practice requires AHRQ-supported primary care research in areas such as Practice-Based Research Networks (PBRNs), practice transformation, patient quality and

safety in non-hospital settings, multi-morbidity research, as well as the delivery of mental and behavioral health services in communities by primary care practices. Also important to successful primary care research is AHRQ's support future primary care investigators. We believe there is a need to deliberately promote this training as a way to aid in the development of all the areas we have emphasized. AHRQ has researcher training mechanisms in place, which we believe are important, and need to be expanded.

Primary care research includes: translating science into the active practice of medicine and caring for patients, understanding how to better organize health care to meet patient and population needs, evaluating innovations to deliver the best health care to patients, and engaging patients, communities, and practices to improve health. AHRQ is uniquely positioned to support this sort of best practice research and to help advance its dissemination to improve primary care nationwide.

The AAFP relies on research developed by AHRQ to answer key clinical questions based on AHRQ's Effective Health Care Program to help clinicians make better treatment choices. AHRQ helps to provide the critical evidence reviews needed to answer questions on the common acute, chronic, and comorbid conditions that family physicians see on a daily basis.

AHRQ research also examines health information technology inform meaningful use policy and practice so that health IT can be used more effectively to improve the quality of American health care.

The AAFP requests that the Committee provide no less than \$375 million in appropriated funds for the Agency for Healthcare Research and Quality (AHRQ) to support research vital to primary care.

¹ Petterson, S, et al. Estimating the Residency Expansion Required to Avoid Projected Primary Care Physician Shortages by 2035. Ann Fam Med March/April 2015; vol.13 no. 2:107-114. <http://annfammed.org/content/13/2/107.full.pdf+html>

² Klink KA, Joice SE, McDevitt SK. Impact of the Affordable Care Act on Grant-Supported Primary Care Faculty Development. Journal of Graduate Medical Education Sep 2014, Vol. 6, No. 3 pp. 419-423

³ Training Health Professionals in Community Settings during a Time of Transformation: Building and Learning in Integrated Systems of Care. Eleventh Annual Report to the Secretary of the US Department of Health and Human Services and to Congress. December 2014. <http://www.hrsa.gov/advisorycommittees/bhpradvisory/actpcmd/Reports/eleventhreport.pdf>

⁴ Rabinowitz, HK, et al. Medical School Rural Programs: A Comparison With International Medical Graduates in Addressing State-Level Rural Family Physician and Primary Care Supply. Academic Medicine, Vol. 87, No. 4/April 2012.