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As one of the largest national medical organizations, the American Academy of Family Physicians (AAFP), representing family physicians, residents, and medical students, urges the House Appropriations Subcommittee on Labor, Health and Human Services, and Education to increase funding for programs to support better health care for more people in this country. As the Subcommittee prepares the fiscal year 2009 spending bill, we strongly recommend that you restore funding for health professions training programs; continue support for rural health programs and increase our investment in the Agency for Healthcare Research and Quality.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Health Resources and Services Administration (HRSA) is charged with improving access to health care services for people who are uninsured, isolated or medically vulnerable. One of the most critical aspects of this mission is ensuring a health care workforce which is sufficient to meet the needs of patients and communities

HRSA—HEALTH PROFESSIONS

For 40 years, the training programs authorized by Title VII of the *Public Health Services Act* evolved to meet our nation's health care workforce needs. It is increasingly clear that our nation has a worsening shortage of primary care physicians. Earlier this year, in testimony before the Senate HELP Committee, the General Accountability Office cited the "growing recognition that greater use of primary care services and less reliance on specialty services can lead to better health outcomes at lower cost."¹

To improve how health care is delivered, we must modernize workforce and education policies to ensure an adequate number of primary care physicians trained to serve in a patient centered medical home. The patient centered medical home will give patients access to preventive care and coordination of the care needed to manage chronic diseases as well as appropriate care for acute illness. The patient centered medical home provides improved efficiency and better health because it serves as a principal source of access and care. As a result, duplication of tests and procedures and unnecessary emergency department visits and hospitalizations can be avoided

Section 747 of Title VII, the Primary Care Medicine and Dentistry Cluster, is aimed at increasing the number of primary care physicians (family physicians, general internists and pediatricians). Section 747 offers competitive grants for family medicine training programs in medical schools and in residency programs. Section 747 is vital to stimulate medical education, residency programs, as well as academic and faculty

¹ Steinwald, A. *Primary Care Professionals: Recent Supply Trends Projections, and Valuation of Services*. Testimony Before the Committee on Health Education, Labor, and Pensions, U.S. Senate, General Accountability Office GAO-08-472T February 2008.

development in primary care to prepare physicians to support the patient centered medical home medical practice model.

The value of Title VII grants extends far beyond the medical schools that receive them. The United States lags behind other countries in its focus on primary care. However, the evidence shows that countries with primary care-based health systems have population health outcomes that are better than those of the U.S. at lower costs.² Health Professions Grants are one important tool to help refocus the nation's health system on primary care.

The Health Professions programs have been targeted for elimination in the President's budget despite of the fact that they exceeded program goals in the following categories:

- In 2007, 57 percent of graduates and program completers of Titles VII and VIII supported programs were underrepresented minorities and/or from disadvantaged backgrounds. This exceeded the target by 17 percent.
- The proportion of trainees in Titles VII and VIII supported programs training in medically underserved communities was 43 percent in 2007 which exceeded the target of 41 percent.
- The percentage of health professionals supported by the program entering practice in underserved areas was 35 percent in 2007. This exceeded the target by 14 percent.³

The across-the-board cut reduced FY 2008 Section 747 funding below the House-passed level to under \$48 million or \$853,000 less than the FY 2007 level of \$48.9 million. It falls far short of the \$92 million provided for Primary Care Medicine and Dentistry Training in FY 2003. The nation needs 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.

AAFP recommends an increase in the fiscal year 2008 appropriation bill for the Health Professions Training Programs authorized under Title VII of the Public Health Services Act. We respectfully suggest that the Committee provide at least \$300 million for Title VII, including \$92 million for the Section 747, the Primary Care Medicine and Dentistry Cluster, which will restore this vital program to its fiscal year 2003 level.

² Starfield B, et al. The effects of specialist supply on populations' health: assessing the evidence. *Health Affairs*. 15 March 2005.

³ Department of Health and Human Services. Fiscal Year 2009 Health Resources and Services Administration Justification of Estimates for Appropriations Committee.

HRSA—NATIONAL HEALTH SERVICE CORPS

The National Health Service Corps (NHSC) offers scholarship and loan repayment awards to primary care physicians, nurse practitioners, dentists, mental and behavioral health professionals, physician assistants, certified nurse-midwives, and dental hygienists serving in underserved communities. The President has proposed a 2.4 percent decrease in NHSC to \$121 million for FY09. The President's budget also proposes to decrease the NHSC field allocation, which provides funding for recruitment and retention administrative functions, by \$14 million (35 percent) to \$26 million. The AAFP supports the work of the NHSC toward the goal of full funding for the training of the health workforce and zero disparities in health care.

AAFP opposes the proposed cut in NHSC funding and respectfully requests that the Committee provide \$150 million for NHSC in FY09.

HRSA—RURAL HEALTH

Americans in rural areas face more barriers to care than those in urban and suburban areas. Rural residents also struggle with the higher rates of illness associated with lower socioeconomic status.

Family physicians provide the majority of care for America's underserved and rural populations.⁴ Despite efforts to meet scarcities in rural areas, the shortage of primary care physicians continues. Studies, whether they be based on the demand to hire physicians by hospitals and physician groups or based on the number of individuals per physician in a rural area, all indicate a need for additional physicians in rural areas.

HRSA's Office of Rural Health administers a number of programs to improve health care services to the quarter of our population residing in rural communities. Rural Health Policy Development and Outreach Grants fund innovative programs to provide health care in rural areas. State rural health offices, funded through the National Health Services Corps budget, help states implement these programs so that rural residents benefit as much as urban patients. The President's budget proposes to cut the Rural Health Programs by 86 percent.

AAFP encourages the Subcommittee to oppose the President's request to terminate these important programs and provide for their continued funding the fiscal year 2009 appropriation bill. We respectfully suggest that the Committee provide at least \$175 million for HRSA Rural Health.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

The mission of the Agency for Healthcare Research and Quality (AHRQ)—to improve the quality, safety, efficiency, and effectiveness of health care for all Americans—closely mirrors AAFP's own mission. AHRQ is a small agency with a huge responsibility for

⁴ Hing E, Burt CW. Characteristics of office-based physicians and their practices: United States, 2003–04. Series 13, No. 164. Hyattsville, MD: National Center for Health Statistics. 2007.

research to support clinical decision-making, reduce costs, advance patient safety, decrease medical errors and improve health care quality and access.

AHRQ—COMPARATIVE EFFECTIVENESS RESEARCH

One of the hallmarks of the patient centered medical home is evidence-based medicine. Comparative effectiveness research, which compares the impact of different options for treating a given medical condition, is vital to quality care. Studies comparing various treatments (e.g. competing drugs) or differing approaches (e.g. surgery and drug therapy) can inform clinical decisions by analyzing not only costs but the relative medical benefits and risks for particular patient populations.

Comparative effectiveness research holds out the promise of reducing health care costs while improving medical outcomes. AHRQ's Effective Health Care Program is critical if we are to realize that promise. Although the President's budget request proposed to hold this important program at \$30 million, the same as FY 2008, we hope that the Congress will increase our investment in comparative effectiveness research.

AHRQ—HEALTH INFORMATION TECHNOLOGY

AHRQ plays a key role in the adoption of the health information technology (HIT) which is a vital component of the patient centered medical home. HIT is important to improving patient safety by reducing medical errors and avoiding costly duplication of services. It also is a vital to managing a patient's care when numerous providers are required. AAFP recognizes that HIT, used effectively, has the potential to help physicians make continuing improvements in the quality of care. However, simply implementing current HIT tools will not bring about these results. HIT adoption must go hand in hand with the implementation of the patient centered medical home model.

It also is vital that AHRQ have the necessary resources to promote standards for portability and interoperability which ensure that health data is appropriately available and privacy protected. AAFP has called for HIT implementation which recognizes that over 80 percent of health care is delivered in doctors' offices.

Adoption of good information systems can lay the groundwork for decision support and high quality health care. However, the communities which would benefit the most from HIT face barriers to adoption. Physicians treating vulnerable populations should be our highest priority. Any payments to physicians to purchase HIT systems should go to those serving in underserved areas in small or medium-sized practices where the capital to purchase EHRs is hardest to secure. These payments should not go through third-parties such as hospitals, integrated health systems, or health plans, but directly to clinics and practices based on financial need.

AAFP recommends an increase in the fiscal year 2009 appropriation bill for the Agency for Healthcare Research and Quality (AHRQ). We respectfully suggest that the Committee provide at least \$360 million for AHRQ, an increase of \$26 million above the FY08 level.