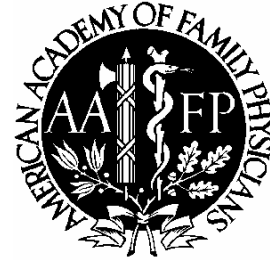


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Public Witness Testimony for the Record
House Appropriations Labor/HHS/Education Subcommittee
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The 93,800 members of the American Academy of Family Physicians are grateful for this opportunity to submit for the record our recommendations for federal fiscal year 2008 to the House Appropriations Subcommittee on Labor, Health and Human Services, and Education.

The American Academy of Family Physicians (AAFP) is one of the largest national medical organizations, representing family physicians, family medicine residents, and medical students nationwide. Founded in 1947, our mission has been to preserve and promote the science and art of family medicine and to ensure high-quality, cost-effective health care for patients of all ages. We believe that federal spending policy can help to transform health care to achieve optimal health for everyone.

We recommend that, as an essential part of that policy, the FY2008 Appropriations bill to fund the Departments of Labor, Health and Human Services and Education should restore funding for health professions training programs, increase our investment in the Agency for Healthcare Research and Quality and continue support for rural health programs.

HEALTH RESOURCES & SERVICES ADMINISTRATION—HEALTH PROFESSIONS

For the last 40 years, the health professions training programs authorized under Title VII of the *Public Health Services Act* have evolved in order to meet our nation's changing health care workforce needs.

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) as well as the number of highly-skilled health care professionals to provide care to the underserved. Section 747 offers competitive grants for family medicine training programs in medical schools and in residency programs.

The value of these 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.¹ Health Professions Grants are one important tool to help refocus this nation's health system on primary care.

¹ Starfield B, et al. The effects of specialist supply on populations' health: assessing the evidence. *Health Affairs*. 15 March 2005.

Disease Prevention

First of all, federal support of Title VII, Section 747 for primary care training is critical to increase the number of family physicians whose specialty emphasizes a broad range of skills in caring for the whole patient regardless of age, gender or medical condition. Primary care provided by family physicians looks to a patient's total health needs and is strongly oriented toward preventing illness and injury.

Chronic Care Management

Secondly, primary care is ideally suited to managing chronic disease. Regrettably, nearly one in five Americans lacks access to primary medical care for regular and on-going care. A recent study "found 56 million Americans of all income levels, race and ethnicity, and insurance status have inadequate access to a primary care physician due to shortages of these physicians in their communities."²

Lower Costs

Americans with a "medical home" to provide primary care for such basic needs as treating ear infections, controlling high blood pressure, or managing diabetes have better health outcomes at a lower cost of care.³ Without adequate numbers and distribution of primary care physicians, we cannot provide the quality of preventive care designed to avoid costlier services in hospital emergency departments.

Primary Care Physician Shortages

Support for family medicine training programs is needed to address insufficient access to primary care services which is caused by both an overall shortage and an uneven distribution of physicians. Family medicine is a critical part of the solution to providing high-quality, affordable and accessible health care to everyone.

On March 15, 2007, the annual National Resident Matching Program announced results showing the number of medical students choosing careers in family medicine remains stagnant, raising concerns the primary care physician workforce will not be adequate to meet the needs of an aging population with an increased prevalence of chronic disease.

The AAFP's 2006 Family Physician Workforce Reform report called for a workforce of 139,531 family physicians, or a ratio of 41.6 family physicians per 100,000 U.S. population by 2020. To meet that demand, our medical education system must produce 4,439 new family physicians annually.

In the 2007 National Resident Matching Program 2,313 applicants matched to family medicine residency positions compared with 2,318 in 2006. Also down was the total number and percentage of U.S. students who match to family medicine: 1,107 or 7.8 percent of participating U.S. graduates matched to family medicine this year, compared to 1,132 or 8.1 percent in 2006. This year, there were 106 fewer family medicine residency positions offered than in 2006.

² National Association of Community Health Centers, The Robert Graham Center. *Access Denied: A Look at America's Medically Disenfranchised*. March 2007

³ Ibid.

Last fall, the AAFP Congress of Delegates, in recognition of the need for more family physicians to meet the escalating health care needs of the American people, called for preferential funding for Section 747 as well as those training programs that produce physicians from underrepresented minorities, or those whose graduates practice in underserved communities or serve rural and inner-city populations.

In opposition to funding for Health Professions Grants, the Administration cited an Office of Management and Budget 2002 Program Assessment Rating Tool (PART) assessment of Title VII that called the program ineffective. In fact, data show that medical schools and primary care residency programs funded by Title VII Section 747 do disproportionately serve as the medical education pipeline that produces physicians who go on to work in Community Health Centers and participate in the National Health Service Corps to treat underserved populations.⁴

In order to achieve a valid OMB PART analysis, the Health Professions program must be given clear goals and objectives. The Advisory Committee on Training in Primary Care Medicine and Dentistry called for by the Health Professions Education Partnership Act of 1998 has proposed steps to clarify, in the authorizing law, the purpose and objectives of Title VII, Section 747. AAFP is working with the authorizing Committees to ensure that the reauthorization addresses these recommendations.

Although the Title VII programs intended to support the preparation of an effective, diverse primary care workforce have been repeatedly targeted for elimination in Presidential budget requests, the Committee has provided appropriations for these important accounts. The final spending resolution for fiscal year 2007 provided \$184.75 million, a 27.2 percent increase above the FY06 level for all of Title VII. The Primary Medicine and Dentistry Cluster, Section 747, received an increase of 19.6 percent from the FY06 level to \$48.85 million. However, this level falls far short of the appropriation of \$92 million provided in FY03.

The AAFP is committed to a high level of support for education in family medicine residency programs and family medicine departments and divisions in medical schools. We were very gratified to read that members of this Committee recognized that this federal program is aimed at bringing more doctors and dentists to underserved communities. We hope that your recognition of the burden of these cuts will lead to an adequate investment in a well-prepared primary care workforce in order to provide improved health care at a reduced cost.

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.

⁴ University of California, San Francisco.

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 has a unique responsibility for research to inform decision-making and improve clinical care. In addition to AHRQ’s charge to evaluate health care practice cost-effectiveness, the agency is engaged in the effort to advance personalized health care with the Health Information Technology Initiative.

Health Information Technology

The initial work by AHRQ to facilitate the adoption of health information technology is important to improve patient safety by reducing medical errors and to avoid costly duplication of services. AAFP recognizes that health information technology, used effectively, can transform health care. It is vital that AHRQ, as the lead federal agency, have the necessary resources to promote standards for portability and interoperability which ensure that health data is appropriately available and privacy protected.

Comparative Clinical Effectiveness Research

According to the Centers for Medicare and Medicaid Services’ National Health Statistics Group, health care spending will double to \$4.1 trillion and account for 20 percent of every dollar spent by 2016. Our nation must invest in the study of health care practice in order to improve outcomes and minimize unnecessary costs. One important tool to accomplish this is AHRQ’s analysis of clinical effectiveness and appropriateness of health services and treatments. This practical research will improve federal programs such as Medicare, Medicaid and SCHIP as well as privately-financed health care.

AAFP recommends an increase in the fiscal year 2008 appropriation bill for the Agency for Healthcare Research and Quality (AHRQ). We respectfully suggest that the Committee provide at least \$350 million for AHRQ, an increase of \$31 million above the FY07 level.

RURAL HEALTH PROGRAMS

Family physicians provide the majority of care for America’s underserved and rural populations.⁵ Despite efforts to meet shortages in rural areas, there continues to be a shortage of physicians. 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. Continued funding for rural programs is vital to provide adequate health care services to America’s rural citizens. We support the Federal Office of Rural Health Policy; Area Health Education Centers; the Community and Migrant Health Center Program; and the NHSC. 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.

⁵ U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Data Services. National ambulatory medical care survey.