AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

Testimony to the Senate Committee on Appropriations Concerning the Bill to Fund the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations for FY 2013 Addressing the Health Resources and Services Administration and the Agency for Healthcare Research and Quality within HHS and the National Health Care Workforce Commission

April 27, 2012

The American Academy of Family Physicians, representing 100,300 family physicians and medical students nationwide, urges the Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education to invest in our nation's primary care physician workforce in the fiscal year 2013 appropriations bill to promote the efficient, effective delivery of health care.

We recommend that the Committee provide the Health Resources and Services Administration and the Agency for Healthcare Research and Quality:

- At least $71 million for Health Professions Primary Care Training and Enhancement, authorized under Title VII, Section 747 of the *Public Health Service Act* (PHSA);
- $10 million for Teaching Health Centers development grants (PHSA Title VII, §749A);
- $4 million for Rural Physician Training Grants (PHSA Title VII, §749B);
- $122.2 million for the Office of Rural Health Policy (PHSA §§ 301, 330A, and 338J, and §§ 711 and 1820(j), Title XVIII of the *Social Security Act*);
- At least $300 million for the National Health Service Corps (PHSA § 338A, B, and I);
- $120 million for the Primary Care Extension program (PHSA § 399V-1) in FY 2013; and
- $3 million for the National Health Care Workforce Commission (ACA § 5101).

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HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)
The AAFP urges the Committee to provide at least $7 billion for HRSA in the FY 2013 appropriations bill. Fundamental to HRSA's mission of improving access is supporting efforts to train and place the necessary primary care physician workforce. There is ample evidence that primary care physicians serve as a strong foundation for a more efficient and effective health care system. Federal investment not only would help to guide health system change to achieve optimal, cost-efficient health for everyone, but also would support primary care medicine training in what the January 2012 Bureau of Labor Statistics Projections recognized as "the most rapidly growing sector in terms of employment through 2020."

Title VII Health Professions Training Programs — As the only medical specialty society devoted entirely to primary care, the AAFP is gravely concerned that a failure to provide adequate funding for the Title VII, Section 747, Primary Care Training and Enhancement (PCTE) program, will destabilize education and training support for family physicians. Between 1998 and 2008, in spite of persistent primary care physician shortages, family medicine lost 46 training programs and 390 residency positions, and general internal medicine lost nearly 900 positions.[1] A study published in the *Annals of Family Medicine* on the impact of Title VII training programs found that physicians who work with the underserved at Community Health Centers and National Health Service Corps sites are more likely to have trained in Title VII-funded programs.[2] Title VII primary care training grants are vital to departments of family medicine, general internal medicine, and general pediatrics; they strengthen curricula; and they offer incentives for training in underserved areas. In the coming years, medical services utilization is likely to rise, given the increasing and aging population, as well as the insured status of more people. These demographic trends will worsen family physician shortages. The AAFP urges the Committee to increase the level of federal funding for primary care training to at least $71 million in FY 2013 to support the continuing work of grantees and allow for a new grant cycle.

Teaching Health Centers — The AAFP has long called for reforms to graduate medical education programs in order to encourage the training of primary care residents in nonhospital settings, where most primary care is delivered. An excellent first step is the innovative Teaching Health Centers program, authorized under Title VII, § 749A, to increase primary care physician training capacity now administered by HRSA.

Federal financing of graduate medical education has led to training that occurs mainly in hospital inpatient settings, even though most patient care is delivered

[1] Phillips RL and Turner, BJ. The Next Phase of Title VII Funding for Training Primary Care Physicians for America's Health Care Needs. *Ann Fam Med*. 2012;10(2):163-168.
[2] Rittenhouse DR, et al. Impact of Title VII training programs on community health center staffing and national health service corps participation. *Ann Fam M*ed. 2008;6(5):397-405.

outside of hospitals in ambulatory settings. The Teaching Health Centers program provides resources to qualified community-based ambulatory care settings that operate a primary care residency. We believe that this program requires an investment of $10 million in FY 2013 for planning grants.

Rural Health Needs — HRSA's Office of Rural Health Policy focuses on key rural health policy issues and administers targeted rural grant programs. As members of the medical specialty most likely to enter rural practice, family physicians recognize the need to dedicate resources to rural health needs.

A recent study found that medical school rural programs have had a significant impact on rural family physician supply and called for wider adoption of that model to substantially increase access to care in rural areas, compared with greater reliance on international medical graduates or unfocused expansion of traditional medical schools.[3] HRSA's Rural Physician Training Grant Program will help medical schools recruit students most likely to practice medicine in rural communities. This program will help provide rural-focused experience and increase the number of medical school graduates who practice in underserved rural communities. The AAFP recommends that the Committee provide $4 million for the Rural Physician Training Grant Program in FY 2013.

Primary Care in Underserved Areas — The National Health Service Corps (NHSC) recruits and places medical professionals in Health Professional 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 enter primary care and provide health care to Americans in Health Professional Shortage Areas. By addressing medical school debt burdens, the NHSC also helps to ensure wider access to medical education opportunities. The AAFP recommends that the Committee provide at least $300 million for the National Health Service Corps for FY 2013.

The AAFP has worked closely with HRSA to promote data-driven community health center expansion. The mapping tool developed and managed by the Robert Graham Center for Policy Studies in Family Practice and Primary Care identifies areas in greatest need of Federally Qualified Health Centers. Since the launch of the tool on July 1, 2010, the UDS Mapper has registered more than 4,500 users; it can be found at http://www.udsmapper.org/about.cfm.

AGENCY FOR HEATLHCARE RESEARCH AND QUALITY (AHRQ)

The AAFP supports the work of AHRQ's Center for Primary Care, Prevention, and Clinical Partnerships (CP3), which serves as the home for the AHRQ's

[3] 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.

Practice-Based Research Network of primary care ambulatory practices. This network studies community-based practice.

Furthermore, we recognize AHRQ as an important resource for primary care workforce data. The AAFP asks that the Committee provide at least $400 million for AHRQ in FY 2013.

Primary Care Extension Program — The AAFP supports AHRQ's Primary Care Extension Program to provide information to primary care physicians about evidence-based therapies and techniques so that they can incorporate them into their practice. As AHRQ develops more scientific evidence on best practices and effective clinical innovations, the Primary Care Extension Program will disseminate the information learned to primary care practices across the nation in much the same way as the federal Cooperative Extension Service provides small farms with the most current agricultural information and guidance. The AAFP recommends that the Committee provide $120 million for the AHRQ Primary Care Extension program in FY 2013.

NATIONAL HEALTH CARE WORKFORCE COMMISSION

Appointed on September 30, 2010, the 15-member National Health Care Workforce Commission was intended to serve as a national resource with a broad array of expertise. The Commission was directed to analyze current workforce distribution and needs; evaluate health care education and training; identify barriers to improved coordination at the federal, state, and local levels and recommend ways to address them; and encourage innovations to address population needs, changing technology, and other factors.

There is broad consensus about the waning availability of primary care physicians in the United States, but estimates of the severity of the regional and local shortages vary. The AAFP supports the work of the Commission to analyze primary care shortages and propose innovations to help produce the physicians that our nation needs and will need in the future. We request that the Committee provide $3 million in FY 2013 so that this important Commission can begin this important work.