

## Investing in the Family Physician Workforce

**The AAFP urges Congress to increase the number of family residency positions, permanently reauthorize the Teaching Health Center GME Program, and invest in strategies that strengthen the family physician pipeline — especially in rural communities.**

### Background

Family physicians are personal doctors for all people of all ages and health conditions. They are reliable first contact for health concerns and directly address most health care needs. **In the United States, primary care accounts for more than 55% of all office visits** — approximately 500 million of 900 million annual visits. Through enduring partnerships, family physicians help patients prevent, understand, and manage illness; navigate the health system; and set health goals. Family physicians and their staffs adapt their care to the unique needs of their patients and communities. The evidence shows that access to primary care can help us live longer, healthier lives. Studies suggest that as many as 127,617 deaths per year in the U.S. could be averted through an increase in the number of primary care physicians.<sup>1</sup>

### Primary Care Physician Shortage

The U.S. faces a critical family physician workforce shortage, compounded by decades of neglect, misalignment of priorities and resources in medical education, and financial pressures from the health care industry. While the current system excels at educating skilled physicians and physician researchers, the primary care physician shortage prevents the U.S. from capturing the better outcomes and lower per-capita costs associated with robust primary care systems in other countries. The USC-Brookings Schaeffer Initiative for Health Policy recognized that Medicare GME was not addressing the primary care physician shortage and called for a significant overhaul of the system.<sup>2</sup>

According to the Association of American Medical Colleges, the U.S. will see a shortage of up to 55,200 primary care physicians by 2033 as demand continues to exceed supply.<sup>3</sup> This is driven by several factors, including an increase in the number of people who have health insurance, population growth, and the aging of physicians now in practice.

### Impact of COVID-19

COVID-19 has both highlighted and exacerbated the physician workforce shortages facing communities throughout the nation. It has demonstrated the urgency of building and financing a robust, well-trained, and accessible primary care system. As trusted members of their communities, and the primary source of comprehensive health services in rural and under-resourced areas, family physicians are integral to ensuring equitable COVID vaccination rates and addressing vaccine hesitancy. According to data from the Medical Expenditure Panel Survey, **primary care physicians provided 54% of all clinical visits for vaccinations**, which made them more likely to administer vaccines than other stakeholders, such as pharmacies or grocery stores.<sup>4</sup>

Additionally, family physicians are in a unique position to provide and coordinate care for vulnerable patients with long COVID. Each year, 77% of adults and nearly 90% of children and adolescents see a primary care physician.<sup>5</sup> As a result, primary care physicians will play a critical role in treating patients with long COVID.

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## **Solutions to Strengthen Primary Care**

- Provide an adequate number of family medicine residency positions to meet the "25% by 2030" goal for U.S. medical school graduates making a career choice of family medicine. Effective health care systems have a physician workforce made up of roughly 50% primary care and 50% subspecialty. Today's U.S. physician workforce is 33% primary care. To achieve the goal of 50% primary care, it is imperative that at least 25% of U.S. medical school graduates choose family medicine by 2030.
  - The AAFP thanks Congress for the 1,000 additional residency slots in the Consolidated Appropriations Act of 2021. We are working to respond to CMS' 2022 Medicare Inpatient Prospective Payment System proposed rule, providing feedback to ensure that the distribution of the new GME slots helps to correct the maldistribution of physicians and ultimately improves equitable access to high-quality care.
- Permanently authorize the Teaching Health Centers GME Program. Congress should permanently authorize the Teaching Health Center Graduate Medical Education (THCGME) program. Teaching Health Centers play a vital role in training the next generation of primary care physicians and addressing the physician shortage. THCGME graduates are more likely to continue practicing primary care medicine and serving in medically underserved communities than those in Medicare GME-supported programs.
- Ensure financial stability and delivery system support for physicians serving rural communities to eliminate health disparities and improve access for all populations. Despite advances in modern medicine, Americans living in rural areas are more likely to die from the five leading causes than their urban counterparts, according to a study by the U.S. Centers for Disease Control and Prevention.<sup>6</sup> We can improve these health outcomes with targeted investments in rural health infrastructure by expanding teaching and residency training opportunities in rural communities, supporting stable funding for rural and critical access hospitals, and expanding access to broadband and telemedicine services.
- Address the family physician shortage by increasing the number of visas for international medical graduates. Congress should pass the *Healthcare Workforce Resilience Act* ([S. 1024](#)), which would recapture unused immigrant visas Congress authorized in previous years and reallocate them, with 15,000 for physicians and 25,000 reserved for nurses. This is especially critical to strengthening health systems' capacity as we continue to deal with COVID-19.
- Strengthen the family physician pipeline by investing in federal programs that reduce medical student debt. The average student loan debt for four years of medical school, undergraduate studies and higher education was \$200,000 last year, up from \$190,694 in 2017, according to the Association of American Medical Colleges. Research has shown that loan forgiveness or repayment programs directly influence physician practice choice.<sup>7</sup> We call on Congress to expand funding for federal loan and scholarship programs that target family medicine and primary care, support the deferment of interest and principal payments on medical student loans until after completion of postgraduate training, and recommend that the interest on medical student loans be deductible on federal tax returns.

<sup>1</sup> Starfield, B., Shi, L., Macinko, J. (2005, Sep) "Contribution of Primary Care to Health Systems and Health" *Milbank Quarterly*. 83(3): 457-502. doi: 10.1111/j.1468-0009.2005.00409.x Accessed at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/>

<sup>2</sup> Steinwald, B., Ginsburg, P., Brandt, C., Lee, S., Patel, K. (2018, Dec.) "Medicare Graduate Medical Education Funding is Not Addressing the Primary Care Shortage: We Need a Radically Different Approach" USC-Brookings Schaeffer Initiative for Health Policy [https://www.brookings.edu/wp-content/uploads/2018/12/Steinwald\\_Ginsburg\\_Brandt\\_Lee\\_Patel\\_GME-Funding\\_12.3.181.pdf](https://www.brookings.edu/wp-content/uploads/2018/12/Steinwald_Ginsburg_Brandt_Lee_Patel_GME-Funding_12.3.181.pdf)

<sup>3</sup> AAMC (2020, Jun. 26) "New AAMC Report Confirms Growing Physician Shortage" *Press Release*. Retrieved December 15, 2020 at: <https://www.aamc.org/news-insights/press-releases/new-aamc-report-confirms-growing-physician-shortage>

<sup>4</sup> Analysis conducted by the Robert Graham Center.

<sup>5</sup> Primary care physician visit frequency among adults, U.S., 2018. (n.d.). Statista. Retrieved April 23, 2021, from <https://www.statista.com/statistics/916781/primary-care-physician-visit-frequency-among-adults-us/>

<sup>6</sup> CDC (2019, Nov. 7) "Rural Americans are dying more frequently from preventable causes than their urban counterparts" *Press Release*. Retrieved on December 15, 2020, at <https://www.cdc.gov/media/releases/2019/p1107rural-americans.html>

<sup>7</sup> Scheckel, C., Richards, J., Newman, J., Kunz, M., Fangman, B., Mi, L., Poole, K.G. (2019, April) "Role of Debt and Loan Forgiveness/Repayment Programs in Osteopathic Medical Graduates' Plans to Enter Primary Care" *The Journal of the American Osteopathic Association*. Vol. 119, 227-235. doi: <https://doi.org/10.7556/jaoa.2019.038> Accessed at <https://jaoa.org/article.aspx?articleid=2729401>