AMERICAN ACADEMY OF FAMILY PHYSICIANS

February 10, 2022

The Honorable John Hickenlooper
Chairman
Subcommittee on Employment and Workplace Safety,
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, D.C. 20510

The Honorable Mike Braun
Ranking Member
Subcommittee on Employment and Workplace Safety,
Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, D.C. 20510

Dear Chairman Hickenlooper and Ranking Member Braun:

On behalf of the American Academy of Family Physicians (AAFP) and the 133,500 family physicians and medical students we represent, I applaud the committee for its continued focus on strengthening the health care workforce. I write in response to the hearing: "Recruiting, Revitalizing & Diversifying: Examining the Health Care Workforce Shortage" to share the family physician perspective and the AAFP's policy recommendations for ensuring that we have a robust primary care workforce to address our nation's current and future health care needs.

The AAFP has long been concerned about the shortage of primary care physicians in the U.S., particularly the supply of family physicians, who provide comprehensive, longitudinal primary care services for patients across the lifespan, including chronic disease management, treatment of acute illnesses, and preventive care. It is projected that we will face a shortage of up to 48,000 primary care physicians by 2034.[1] We know most physicians are trained at large academic medical centers in urban areas, and evidence indicates physicians typically practice within 100 miles of their residency program.[2] As a result, the current distribution of trainees leads to physician shortages in medically underserved and rural areas.

Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes. In 2016, Americans made nearly 900 million visits to office-based physicians with almost half of those visits made to primary care physicians.[3] Despite being the largest specialty in the U.S. health system, primary care accounts for a mere 5-7 percent of total health care spending.[4] The COVID-19 pandemic has also highlighted the urgency of building and financing a robust, well-trained, and accessible primary care system in our country. The AAFP urges the committee to consider the following recommendations.

Invest in Primary Care

Despite evidence suggesting that additional investments in primary care would improve population health and advance health equity, primary care has been historically underfunded in the U.S. This underinvestment has strained our primary care system and led to physicians choosing other specialties. The AAFP is concerned that COVID-19 has further exacerbated these challenges and will worsen primary care shortages. Less than 30 percent of primary care practices participating in an August 2021 survey were able to report that their practices were financially healthy, and more than 30

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percent reported they had been unable to recoup revenues lost in 2020.[5]

Congress should act to bolster the primary care physician pipeline by enacting Medicaid payment parity. On average Medicaid, pays just 66 percent of the Medicare rate for primary care services and can be as low as 33 percent in some states.[6] These low rates negatively impact primary care physicians' overall compensation and deter medical students and residents from choosing to practice primary care. A recent analysis found that the median annual compensation rate for family physicians was almost half of the median compensation rate for some specialists.[7] Increasing Medicaid payment rates for primary care would help address this compensation disparity and encourage more trainees to become primary care physicians. **The AAFP urges Congress to pass the *Ensuring Access to Primary Care for Women and Children Act* (S. 1833) to raise Medicaid payment rates for primary care services to at least Medicare rates.**

The average student loan debt for four years of medical school, undergraduate studies and higher education is on average between $200,000 and $250,000.[8] Research has shown that loan forgiveness or repayment programs directly influence physician practice choice. **Congress should expand funding for federal programs, including the National Health Service Corps Program, that target primary care, and we recommend that the interest on medical student loans be deductible on federal tax returns. We also urge passage of the *REDI Act* (H.R. 4122) to allow medical residents to defer their student loans interest free during residency, saving them a significant amount of money in interest they would otherwise accrue and pay back.**

Prioritize Training Primary Care and Underrepresented Physicians

Today's 59 Teaching Health Centers play a vital role in training the next generation of primary care physicians and addressing the physician shortage. To date, the Teaching Health Center GME (THCGME) program has trained more than 1,148 primary care physicians and dentists, 65 percent of whom are family physicians. THCGME graduates are more likely to continue practicing primary care medicine and serving in medically underserved communities than those in Medicare GME-supported programs. **Congress should permanently authorize and expand the THCGME program by passing the *Doctors of Community Act* (S. 1958).**

The lack of a diverse physician workforce has significant implications for public health. Physicians who understand their patients' languages and also understand the larger context of culture, gender, religious beliefs, sexual orientation and socioeconomic conditions are better equipped to address the needs of specific populations and the health disparities among them. Several studies show that racial, ethnic and gender diversity among physicians promotes better access to health care, improves health care quality for underserved populations, and better meets the health care needs of our increasingly diverse population.[9, 10] Improving quality of care for the most vulnerable groups can improve a patient's health outcome, which in turn can reduce health care costs over the long run. Studies also show that students from backgrounds currently underrepresented in medicine are more likely to care for underserved populations in their careers, and more likely to choose primary care careers.[11]

While primary care specialties fare better than other specialties in representation of racial and ethnic minorities in the workforce, the entire physician workforce lags significantly behind the racial and ethnic diversity of the U.S. population. Today, Black and Hispanic Americans account for nearly one-third of the U.S. population, but just 11 percent of physicians.[12, 13] **Congress should invest in efforts to diversify the physician workforce to improve access to health care, reduce spending, and better meet the needs of our increasingly diverse population.**

Importance of Physician-Led Team-Based Care

The highest quality, most efficient patient care is provided by physician-led teams of health professionals in the medical home. An American Medical Association survey found that more than four out of five patients prefer a physician-led health care team. Additionally, nine out of ten respondents said that a physician's additional years of education and training are vital to optimal patient care, especially for complex or emergency conditions.

Depending on the specific practice needs, a team-based approach can include various combinations of physicians, psychologists, nurses, physician assistants, pharmacists, social workers, case managers and other health care professionals. Members of the team share information and assist in decision making based on their unique skills – all with the common goal of providing the safest, best possible care to patients. However, these teams require leadership, and physician expertise is widely recognized as integral to quality medical care. With postgraduate education and extensive clinical training, physicians are the natural leaders in the overall delivery of health care. **We urge Congress to preserve and invest in physician-led teams-based care to ensure all patients, regardless of geography, have the best care possible.**

Aligning Physician Training with Workforce Needs

The federal government is the main funder graduate medical education (GME) our nation's physician workforce and, therefore, can align physician training with workforce needs. While the 1,000 new GME slots allocated in the Consolidated Appropriations Act of 2021 were a positive first step, additional action is needed to address disparate access to care in rural and other medically underserved areas. Merely expanding the existing federal GME system will not fix the shortage and maldistribution of physicians. **Any expansion of federal GME slots should be targeted specifically toward hospitals and programs in areas and specialties of need, including by considering those with a proven track record of training physicians who ultimately practice in physician shortage areas.**

Another barrier to creating a more equitable and effective GME program at the federal level is the lack of transparency in how funds are used. Medicare as the largest single payer – spends about $9.5 billion annually on GME - but it does not assess how those funds are ultimately used or whether they address physician shortages. **We urge you to work with the Senate Finance Committee to pass legislation granting the Secretary of HHS and the CMS Administrator the authority to collect and analyze data on how federal GME positions are aligned with national workforce needs.**

Address Clinician Burnout and Mental Health Needs

Even prior to the pandemic, burnout among health clinicians was a pervasive public health concern, with some studies reporting burnout in more than 50 percent of clinicians. According to the American Board of Family Medicine, primary care physicians have experienced the highest rate of death (26.9%) among health provider specialties during COVID-19.[14] Physician burn out during the COVID-19 pandemic has only become worse, negatively impacting happiness, relationships, career satisfaction, and patient care. A report showed that 47 percent of family physicians are burnt out, and 20 percent of all physicians are clinically depressed.[15] **We urge the Committee to consider the *Dr. Lorna Breen Health Care Provider Protection Act* (H.R. 1667) and urge its passage to make critical investments in the mental health needs of our nation's doctors and fight the stigma around seeking necessary treatment.**

Recent events have reminded us that our health care professionals also risk harassment and violence, particularly when they speak out against misinformation or injustice. The AAFP condemns any effort to intimidate, harass or discredit physicians, public health experts and other health professionals. **We call on Congress to support policies that protect clinicians and promote the health of the public and health equity.**

Workplace Safety for Physicians

Physicians are exposed to a variety of daily occupational hazards while delivering patient care, and the COVID-19 pandemic has only highlighted this – particularly for those on the front lines. There is currently limited research that comprehensively studies the impact of occupational hazards faced by physicians. There are currently no federal policies addressing pandemic-related hazards in physician practices. We understand that OSHA is working to finalize the Health Care Standard, but are concerned that the temporary standard has lapsed, leaving physicians working in clinics and practices without added protection. We hope that OSHA's final standard considers all practice settings, from large multispecialty practices to solo community practices, and does not use a one-size-fits all approach. **We encourage Congress to support robust funding for the Occupational Safety and Health Administration (OSHA) to ensure physicians and the broader health care workforce have comprehensive workplace protections – especially during public health emergencies**.

Thank you in advance for consideration of our recommendations. The AAFP looks forward to working with the committee to develop and implement policies to strengthen the primary care workforce. Should you have any questions, please contact John Aguilar, Manager of Legislative Affairs at jaguilar@aafp.org.

Sincerely,

Ada D. Stewart, MD, FAAFP
Board Chair, American Academy of Family Physicians

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