



January 2015

INVESTMENT IN PRIMARY CARE WORKFORCE AND HEALTH SERVICES RESEARCH

RECOMMENDATION

Invest adequately in our nation's primary care physician workforce and research in fiscal year 2016 by providing federal funding of:

- At least \$71 million for Title VII Health Professions Primary Care Training and Enhancement Grants administered by the Health Resources and Services Administration (HRSA)
- \$710 million for the National Health Service Corps also administered by HRSA
- No less than \$375 million for the Agency for Healthcare Research and Quality (AHRQ) to support research vital to primary care.

Title VII - Health Professions Programs

The training grants made available by the Primary Care Training and Enhancement (PCTE) program authorized by Title VII, Section 747 of the *Public Health Service Act* program are important to support the education and training of family physicians. The purpose of PCTE program is to strengthen medical education for physicians and physician assistants to improve the quantity, quality, distribution, and diversity of the primary care workforce. In the face of primary care physician shortages, a failure to provide adequate funding for the Title VII, Section 747 would further strain health care delivery overall and prevent the development of educational innovations to train for the inter-professional collaboration needed to make quality, team-based care the norm.

In addition, several studies of the impact of the Title VII program have found that physicians who work with the underserved in Community Health Centers and National Health Service Corps sites are more likely to have trained in Title VII-funded programs.^{1,2,3}

For decades, these competitive grants to medical schools and residency programs have helped increase the number of physicians who select primary care specialties and who go on to work in underserved areas. Title VII primary care grants are vital to departments of family medicine, general internal medicine, and general pediatrics; they strengthen primary care curricula; and they support training in underserved areas.

National Health Service Corps (NHSC)

The mission of the NHSC is to recruit and place primary care physicians and other medical professionals in rural and medically underserved areas. The NHSC's scholarship and loan programs improve access to health care for underserved patients by attracting primary care physicians and other health workers in exchange for service. In 2013, nearly 9,000 NHSC physicians and other providers were placed in primary care shortage areas across the country. They serve in every state and territory.

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Starting in 1972, the NHSC program was funded through the annual appropriations process, but this was replaced by a five-year trust fund which expires on September 30, 2015. To retain these placements of primary care physicians and other medical personnel, Congress must reauthorize the NHSC trust fund or provide the necessary appropriation in FY 2016.

Agency for Healthcare Research and Quality (AHRQ)

This is a small federal agency with a great responsibility for research to support clinical decision-making, reduce costs, advance patient safety, decrease medical errors and improve health care quality and access. AHRQ provides the critical evidence reviews needed to answer questions on the common acute, chronic, and co-morbid conditions that family physicians encounter in their practices on a daily basis. AHRQ also promotes evidence-based patient safety practices.

The health services research supported by AHRQ is vital to a robust health care system that delivers higher quality of care and better health while reducing the rising cost of care. The majority of federal research funding outside of AHRQ supports studies of one specific disease, organ system, or cellular or chemical process, while AHRQ specifically focuses on contributing to better primary care.

Without AHRQ research, too little is known about appropriate care for "real" patients in primary care practices. More attention and research need to be directed to the "real-life" patient with more than one mental and physical health conditions. In 2000, for example, an estimated 60 million Americans had multiple chronic conditions. By 2020, an estimated 81 million will have multiple chronic conditions. In addition, care for people with chronic conditions is expected to consume 80 percent of the resources of publicly funded health insurance programs by 2020. When private and public expenditures are combined, 51 percent of total expenditures are for those with multiple chronic conditions.⁴

Continuing practical primary care research requires sufficient funding for AHRQ, so it can help researchers address the fundamental problems confronting our health system today.

¹ Fryer GE Jr, et al. The association of Title VII funding to departments of family medicine with choice of physician specialty and practice location. *Fam Med.* 2002;34(6):436–440.

² Politzer RM, et al. The impact of Title VII departmental and predoctoral support on the production of generalist physicians in private medical schools. *ArchFam Med.* 1997;6(6):531–535.

³ Rittenhouse DR, et al. Impact of Title VII training programs on community health center staffing and national health service corps participation. *Ann FamMed.* 2008;6(5):397–405.

⁴ <http://www.partnershipforsolutions.org/DMS/files/2002/multiplecoitions.pdf>