



January 8, 2021

To the Members of the 117<sup>th</sup> Congress:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 136,700 family physicians and medical students across the United States, we write to congratulate you on your election to the 117<sup>th</sup> Congress. We look forward to working closely with you to ensure all Americans have access to quality healthcare.

Considered the most versatile of all physician specialties, family medicine provides comprehensive medical care to patients of all genders and all ages. In the United States, primary care accounts for more than 55 percent of all office visits – approximately 500 million of 900 million annual visits.<sup>1</sup> This wide range of diversity is not only limited to patients, but also includes the care they receive and the family physicians who provide it. As multipurpose specialists, family physicians also need to be flexible. They deliver care in a variety of settings, from office practices and hospitals to in-patient facilities and health centers. As the needs of their communities and patients evolve, family physicians adapt their procedures and skills to meet those needs, tailoring their clinical services to patients and their situations.

This new Congress convenes amid a global pandemic that is testing the strength and vitality of our nation's health care system and the people it serves. In the United States, the number of COVID-19 cases has risen dramatically since the first week of March, and we now have more confirmed cases and deaths than any other country. Family physicians play a key role in the fight against COVID-19 by diagnosing, testing, treating and counseling millions of patients and their families as the pandemic continues to impact our nation. Family physicians, with their skills, clinical competence across all disciplines, collaboration within teams of clinicians and view of patients as part of families in communities, are ideally placed to respond to this pandemic. As Congress develops legislation to respond to and rebound from the COVID-19 pandemic, we urge you to think of us as partners.

The AAFP supports the following policies to help ensure that Americans' health care continues to be prioritized during the pandemic and beyond, and we believe there are opportunities to work with the 117<sup>th</sup> Congress on a number of these priorities.

**Health Care for All** – Expanding access to quality, affordable health care is important for all, but access to primary care is particularly important and is correlated with improved outcomes. Analysis of CMS data shows that states that rely more on primary care have lower Medicare spending, lower resource inputs (hospital beds, ICU beds, and total physician labor), lower utilization rates, and better quality of care. Affordability is essential to meaningful health coverage, and unfortunately many Americans still face cost barriers to accessing health care. About 40% of Americans reported skipping a recommended medical test or treatment and 44% say they did not go to a doctor when they were sick or injured because of cost.<sup>2</sup>

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**STRONG MEDICINE FOR AMERICA**

<b>President</b> Ada Stewart, MD <i>Columbia, SC</i>	<b>President-elect</b> Sterling Ransone, MD <i>Deltaville, VA</i>	<b>Board Chair</b> Gary LeRoy, MD <i>Dayton, OH</i>	<b>Directors</b> James Ellzy, MD, <i>Washington, DC</i> Dennis Gingrich, MD, <i>Hershey, PA</i> Tochi Iroku-Malize, MD, <i>Bay Shore, NY</i> Andrew Carroll, MD, <i>Chandler, AZ</i> Steven Furr, MD, <i>Jackson, AL</i> Margot Savoy, MD, <i>Media, PA</i>	Jennifer Brull, MD, <i>Plainville, KS</i> Mary Campagnolo, MD, <i> Bordertown, NJ</i> Todd Shaffer, MD, <i>Lee's Summit, MO</i> Danielle Carter, MD (New Physician Member), <i>Jacksonville, FL</i> Anna Askari, MD (Resident Member), <i>Palm Desert, CA</i> Cynthia Ciccotelli (Student Member), <i>Yardley, PA</i>
<b>Speaker</b> Alan Schwartzstein, MD <i>Oregon, WI</i>	<b>Vice Speaker</b> Russell Kohl, MD <i>Stilwell, KS</i>	<b>Executive Vice President</b> R. Shawn Martin <i>Leawood, KS</i>		

The Affordable Care Act made important investments in improving coverage and access, including preventive services benefits and protections for patients with pre-existing conditions, and we are committed to working with Congress to build on what works and redesign what does not. *We call on Congress to prioritize the health of all Americans by expanding coverage for and eliminating barriers to comprehensive primary care services.*

**Strengthening the Workforce** – The U.S. faces a critical primary care physician workforce shortage compounded by decades of neglect, misalignment of priorities and resources in medical education, and the inherent financial interest and competition within the healthcare industry. While the current system excels at educating skilled physicians and physician researchers, the primary care physician shortage prevents the U.S. from taking advantage of the better outcomes and lower per capita costs associated with robust primary care systems.

Our country will need 52,000 more primary care physicians by 2025 in order to prevent shortages in the primary care workforce.<sup>3</sup> The current primary care physician shortage is driven by several factors including an increase in the number of people who have health insurance, population growth, and aging. Research shows that as the density of primary care physicians decreases (11% decline across 10 years), there is a predictable increase in the number of deaths due to preventable causes.<sup>4</sup> The cost of inaction will undoubtedly be an increase in morbidity and higher premature mortality. *We call on Congress to invest in strategies that strengthen the family physician pipeline – especially in rural and medically underserves areas.*

**Health Equity** – The COVID-19 pandemic has deepened the existing gaps in our nation's healthcare system and the health impacts of systemic racism in our society, which must be corrected to ensure we improve the health of all Americans. Family physicians are woven through the fabric of our communities and see firsthand how pervasive racial inequalities are and how they continue to contribute to poor health outcomes.

Family physicians can mitigate health inequity, including systemic racism, by collaborating with community stakeholders to affect positive change for the populations they serve. We are working to develop strategies that promote health equity through identifying and incorporating social determinants of health in all health care delivery systems – with the goal of prioritizing preventive health and management of chronic conditions. *We call on Congress to ensure that federal resources are used in a way that is equitable, effective, and advances the health, safety and wellbeing of all individuals without exception.*

**Value-Based Payment Reforms** – The current fee-for-service payment model is incapable of supporting the primary care system that our health care system needs and that patients deserve. The COVID-19 pandemic has brought a spotlight on how inflexible and unresponsive the fee-for-service payment system has become.

In contrast to the fee-for-service payment model, value-based payment reforms (e.g., accountable care organizations, patient-centered medical homes and other alternative payment models) can promote and finance comprehensive, continuous, coordinated primary care.

The year-end legislation (H.R. 133) passed by Congress last month to provide relief for specialties negatively affected by the Medicare physician fee schedule unfortunately did so at the expense of delaying an add-on payment to appropriately value primary care office visits – another example of misaligned financial incentives. Through the expansion of delivery system and payment reforms, we can drive value for patients through continuous and comprehensive contact with the goal of improving patients’ health outcomes and the patient-physician relationship. *We call on Congress to support payment models that increase investment in primary care to recognize its foundational role in the health care system and to strengthen incentives for physicians, especially those in independent and rural practices, to participate in value-based care models.*

**Telehealth** – Telehealth can enhance the patient-physician relationship, increase access to care, improve health outcomes by enabling timely care interventions, and decrease costs when utilized as a component of, and coordinated with, continuous care. The temporary expansion of telehealth during COVID-19 has enabled physicians to rapidly pivot to providing virtual care to their patients. A return to pre-COVID telehealth policies would mean that millions of Medicare beneficiaries lose access to telehealth and would squander the time and resources that physicians have invested integrating telehealth within their practices.

According to a recent AAFP member survey, more than 80 percent of family physicians began offering virtual visits during COVID-19 and nearly 70 percent would like to provide more virtual care in the future. *We call on Congress to preserve access to telehealth benefits, including standardization of payment across payers, beyond COVID-19 in a way that increases access to care and promotes high-quality, comprehensive, and continuous care.*

On behalf of the AAFP, we again congratulate you and stand ready to partner with you and your staff on ways that we can work through the challenges facing our nation’s healthcare system in order to improve the lives of all Americans. For more information, please contact Stephanie Quinn, Senior Vice President Advocacy, Practice Advancement and Policy, at [squinn@aafp.org](mailto:squinn@aafp.org).

Sincerely



Ada Stewart, M.D.  
President

<sup>1</sup> NAMCS/NHAMCS - Web Tables. (2020, January 29). Retrieved December 16, 2020, from [https://www.cdc.gov/nchs/ahcd/web\\_tables.htm](https://www.cdc.gov/nchs/ahcd/web_tables.htm)

<sup>2</sup> Ransome, G. (2018, March 26). New Survey Finds Large Number of People Skipping Necessary Medical... Retrieved December 16, 2020, from <https://www.westhealth.org/press-release/survey2018/>

<sup>3</sup> Petterson, S. M., Liaw, W. R., Phillips, R. L., Jr, Rabin, D. L., Meyers, D. S., & Bazemore, A. W. (2012). Projecting US primary care physician workforce needs: 2010-2025. *Annals of family medicine*, 10(6), 503–509. <https://doi.org/10.1370/afm.1431>

<sup>4</sup> Basu S, Berkowitz SA, Phillips RL, Bitton A, Landon BE, Phillips RS. Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015. *JAMA Intern Med*. 2019;179(4):506–514. doi:10.1001/jamainternmed.2018.7624