

**S**TATEMENT  
of the  
**American Academy  
of Family Physicians**

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Submitted To The

HOUSE APPROPRIATIONS SUBCOMMITTEE ON  
LABOR/HEALTH AND HUMAN SERVICES/EDUCATION

FY 2007 FUNDING LEVELS FOR  
SECTION 747 PRIMARY CARE MEDICINE AND DENTISTRY CLUSTER  
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY  
RURAL HEALTH PROGRAMS

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The 94,000-member American Academy of Family Physicians submits this statement for the record to the House Appropriations Subcommittee on Labor/Health and Human Services, Education and Related Agencies. Our statement is made in support of the Section 747 Primary Care Medicine and Dentistry Cluster. The Academy also supports the Agency for Healthcare Research and Quality (AHRQ) and rural health programs.

### **Brief Background: Training Family Physicians**

Section 747 within the Public Health Service Act is the only federal program that funds training for family physicians. The law requires the program to meet two goals: 1) increase the number of primary care physicians (family physicians, general internists and general pediatricians) and 2) boost the number of people to provide care to the underserved. Regarding family medicine specifically, Section 747 offers competitive grants for training programs in medical school and in residency programs.

The FY 2006 spending bill provided \$41 million to Section 747, a figure that was a significant cut from the \$88.8 million the cluster received in FY 2005. And, unfortunately, the President's FY 2007 budget proposed zero dollars for the program. We urge Congress to fund Section 747 at FY 2005 levels (\$88.8 million).

### **Who Are Family Physicians?**

Family physicians are the specialists trained to provide comprehensive, coordinated and continuing care to patients of both genders and all ages and ethnicities, regardless of medical condition. These residency-trained, primary care physicians treat babies with ear infections, adolescents who are obese, adults with depression and seniors with multiple, chronic illnesses. And because they focus on prevention, primary care, and integrating care for their patients, they are able to treat illnesses early and cost-effectively. In addition, when necessary, family physicians help patients navigate our complex health system and find the right subspecialists. Finally, family physicians are distributed throughout the country in approximately the same proportion as the population: about one-quarter of all Americans live in rural areas and about 25 percent of family physicians practice there, as well.

### **Community Health Centers: Understaffed with Shortages of Family Physicians**

Over the last few years, the Administration has made increasing the number of Community Health Centers (CHCs) a priority within its health care budget. Specifically, the President's FY 2007 blueprint recommends an increase of \$181 million for CHCs, which would increase funding to nearly \$2 billion. These dollars would complete the Administration's goal to create 1,200 health center sites around the nation. While a laudable objective, this funding does not take into account staffing issues at these centers; the CHC dollars go primarily to so-called "bricks and mortar," i.e., construction of the health care clinics.

The additional funding recommended in the President's budget to build Community Health Centers, and the zero dollars proposed to train family physicians under Section 747, are a serious disconnect: primary care physicians make up nearly 90 percent of

doctors working in CHCs -- and most are family physicians. In short, without more family physicians, no one will be available to staff these new centers.

This point was brought home in a March 1, 2006 article in the *Journal of the American Medical Association (JAMA)*. The authors found that in 2004, CHCs were understaffed and could not fill all clinical positions (Rosenblatt, et al.). Rural health centers had more openings that took longer to fill than those in urban areas. More alarmingly, over 13 percent of family physician positions at CHCs were vacant.

As the only federal program that trains family physicians, funding for Section 747 is critical. Without Section 747 to train family physicians, CHCs staffing problems will get worse.

### **Section 747 Produces Doctors Who Work in CHCs and Serve in the NHSC**

A second study buttresses the importance of family physicians to CHCs and to the National Health Service Corps, which is another Administration priority. An unpublished 2006 study from the University of California, San Francisco and the Robert Graham Center for Policy Studies in Family Medicine and Primary Care shows that medical schools that receive Section 747 dollars produce physicians who work in CHCs and serve in the National Health Service Corps compared to schools without this funding.

The finding is particularly true for family physicians. Specifically, according to the study, nearly 4,000 family physicians and general practitioners were exposed to Title VII funding during medical school and subsequently chose to work in a CHC. Without this exposure, at least 750 fewer family physicians would have been working in a CHC in 2003. Coupled with the *JAMA* article, which shows that there are 600 vacancies for family physicians, without Section 747 funding, there would be twice as many vacancies in health centers.

### **Lower Health Care Costs and Improved Quality**

Section 747 plays a role in lowering our nation's health care costs and increasing the quality of US health care. For example, an article in *Health Affairs* (April 2004) demonstrated that states that spent more on Medicare had lower quality of care. While seemingly counterintuitive, the authors found two reasons for this result.

The first reason was that expensive health care did not improve patient satisfaction or outcomes. The second reason was that the makeup of the health care workforce made a difference: more primary care doctors in a state meant higher quality care and lower cost. In contrast, more specialists and fewer generalists led to lower quality and higher costs. And, just a small increase in the number of primary care doctors in a state was associated with a large boost in that state's quality ranking.

An article in a March 2005 edition of *Health Affairs*, "The Effects of Specialist Supply on Populations' Health: Assessing the Evidence" went even further. This piece stated that there was a "negative relationship between the supply of primary care physicians and death from stroke, infant mortality and low-birthweight, and all-cause mortality." The

article went on to say that just one more primary care physician per 10,000 people was associated with a decrease of 34.6 deaths per 100,000 people.

The article also cited breast cancer research for the state of Florida, which indicated that “each tenth-percentile increase in primary care physician supply is associated with a statistically significant 4 percent increase in odds of early-stage breast cancer. “ Statistics were similar for other types of cancers: there was a relationship between early identification of cancer and the supply of primary care physicians. Numerous other research was highlighted in the *Health Affairs* article that indicated a higher ratio of primary care physicians to populations led to better health outcomes. These data support the need for additional funding for Section 747, the only federal program that produces primary care physicians.

### **The Overspecialized US Physician Workforce: A World Anomaly**

Unlike all other developed countries, the US does not have a primary care-based health care system. While other developed countries have about equal numbers of primary care physicians and subspecialists, in the US, less than one-third of the physician workforce is primary care.

More disturbingly, compared to developed countries, the US spends the most per capita on healthcare -- but has some of the worst healthcare outcomes. More than 20 years of evidence have shown that a health system based on primary care produces greater health and economic benefits. Boosting support for Section 747, which funds training for family physicians and for other primary care disciplines, could improve the health of patients in the US.

### **AGENCY FOR HEALTHCARE, RESEARCH AND QUALITY**

The Academy recommends \$440 million for the Agency for Healthcare, Research and Quality (AHRQ). A major purpose of AHRQ is to conduct primary care and health services research geared to physician practices, health plans and policymakers. What this means is that the agency translates research findings from basic science entities like the National Institutes of Health (NIH) into information that doctors can use every day in their practices. Another key function of the agency is to support research on the conditions that affect most Americans.

More recently, AHRQ has become the lead federal agency for research on comparative clinical effectiveness; information technology; and patient safety. For example, the Medicare Modernization Act asked AHRQ to study the “clinical effectiveness and appropriateness of specified health services and treatments,” and to use this information to improve the quality and effectiveness of the costly Medicare, Medicaid and SCHIP programs. In FY 2006, \$15 million was appropriated by Congress for this purpose. This type of study on “what works” in clinical therapies is crucial in an era of skyrocketing health care costs and limited federal dollars.

Historically, however, AHRQ has been the lead agency to translate research into information for physicians and patients. Over the years, Congress has provided billions

of dollars to the National Institutes of Health, which has resulted in important insights in preventing and curing major diseases. However, AHRQ's role has been to take this basic science and produce understandable, practical materials for the entire healthcare system. In short, AHRQ is the link between research and the patient care that Americans receive.

In addition, AHRQ has long-supported research on conditions that affect most people. Most Americans get their medical care in doctors' offices and clinics. However, most medical research comes from the study of extremely ill patients in hospitals. AHRQ studies and supports research on the types of illness that trouble most people. In brief, AHRQ looks at the problems that bring people to their doctors every day – not the problems that send them to the hospital.

### **RURAL HEALTH PROGRAMS**

Continued funding for rural programs is vital to provide adequate health care services to America's rural citizens. We support the Federal Office of Rural Health Policy; Area Health Education Centers; the Community and Migrant Health Center Program; and the NHSC. State rural health offices, funded through the National Health Services Corps budget, help states implement these programs so that rural residents benefit as much as urban patients.

### **CONCLUSION**

The Academy urges Congress to fund Section 747 at FY 2005 levels (\$88.8 million). We believe that the two recent studies showing that Community Health Centers not only rely heavily on family physicians, but cannot fill all of their positions, and the data indicating the crucial role that primary care training plays in whether physicians practice in CHCs or serve in the NHSC, make an irrefutable case for funding Section 747. In addition, however, family physicians are critical to the health and well-being of everyone in the country. Finally, all of these studies, authored by different researchers, are consistent: Section 747 works.

The AAFP also urges Congress to fund the Agency for Healthcare Research and Quality at \$440 million; and support rural health programs. We thank you in advance for making these investments in America's healthcare system.