



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

February 19, 2015

The Honorable Lamar Alexander  
Chairman, HELP Committee  
Washington, DC 20510

The Honorable Patty Murray  
Ranking Member, HELP Committee  
Washington, DC 20510

Dear Chairman Alexander and Ranking Member Murray:

It has been well documented that the nation faces a physician workforce shortage, especially in the primary care specialties of family medicine, general internal medicine, and general pediatrics. While many physician specialties face varying degrees of projected shortages, those potential shortages are less imminent and severe. We appreciate and applaud the work your Committee has initiated to analyze potential physician workforce and graduate medical education reforms, including those offered by the American Academy of Family Physicians (AAFP).

Comprehensive workforce and GME reform is warranted and strongly supported by the AAFP. However, we recognize that such reforms require a deliberative process to develop and a longer glide path to implement. Due to this, we urge the Committee to extend a program that currently is having a demonstrable impact on primary care physician workforce development – the Teaching Health Center Graduate Medical Education program.

Currently, THCs are training more than 500 primary care physicians and dentists at 60 training sites located in 24 states.<sup>i</sup> THCs are located in federally qualified health centers, rural health clinics, and tribal clinics – organizations that care for underserved communities and populations. THC programs have expanded access to care for thousands of patients and have created a physician and dentist workforce pipeline for those communities.

The TCHGME program, funded since 2011 and set to expire in 2015, has increased the numbers of primary care physicians and dentists training to care for underserved populations nationwide. They also play an important role in distributing physicians to communities outside of large urban areas where most teaching hospitals are located. Decentralization of GME training is important since we know that 55% of all family physicians practice within 100 miles of their residency program and 46% will practice within 50 miles of their training program.<sup>ii</sup>

[www.aafp.org](http://www.aafp.org)

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The THCGME program, in our opinion, has met its charge and is worthy of continued support. We look forward to working with you to enhance the program and allow for it to continue its remarkable work of training the next generation of primary care physicians and expanding access to vulnerable populations.

Sincerely,

A handwritten signature in black ink that reads "Reid Blackwelder MD". The signature is written in a cursive style with a large initial "R" and a distinct "MD" at the end.

Reid Blackwelder, MD  
Board Chair

C: Members, HELP Committee

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<sup>i</sup> Robert Graham Center: Teaching Health Center GME Funding Instability Threatens Program Viability | Brown, Klink

<sup>ii</sup> Family Medicine: Family Medicine graduate Proximity to Their Site of Training | February 2015 | Fagan, Gibbons, Finnegan, Petterson