



Primary Care Training: A Vital Plank in the Health Reform Platform

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RECOMMENDATIONS:

- Congress should provide a robust annual investment in the Primary Care Medicine and Dentistry Cluster of the Title VII Health Professions Programs of at least \$235 million as recommended by the HRSA Advisory Committee on Training in Primary Care Medicine and Dentistry.
- As part of health reform, Congress should reauthorize the Title VII programs to strengthen health professions training programs that support primary care.
- Congress should pass health reform bill legislation which includes the House provision for a Public Health Investment Fund.

Universal Coverage Does Not Equal Universal Access

Successful health system reform will require a larger primary care workforce. The implementation of the 2006 Massachusetts health care reform law demonstrated that universal coverage will overwhelm a health care system with too few primary care physicians, especially, family physicians. Addressing the shortage of primary care physicians requires a long-term commitment to train an appropriate number of these essential health care providers. We must increase our investment in effective programs that encourage medical students to enter primary care specialties. We need increased funding for Title VII Section 747, which provides grants for primary care medicine training, to ensure that the nation's health care system can support comprehensive health reform.

Key Advisory Bodies Support Title VII

- The sixth report of the Health Resources and Services Administration (HRSA) Advisory Committee on Training in Primary Care Medicine and Dentistry, a legislatively mandated body, recommended the appropriation of a minimum annual funding level of \$235 million for Title VII Section 747.
- The Institute of Medicine issued a report on December 12, 2008 pointing to the drastic decline in Title VII funding and describing these health professions workforce training programs as “an undervalued asset.”
- The Congressional Research Service found that reduced funding to the primary care cluster has had a negative impact on the effectiveness of the programs during a time when more primary care is needed, in a February 2008 report to Congress.

Primary Care Workforce Expansion Needed for More Efficient Health Care System

An article in the April 2004 issue of Health Affairs found lower health outcomes in states with higher Medicare spending. The authors suggest that more specialists and fewer primary care physicians mean higher costs and lower quality. They found that a small increase in the number of primary care physicians in a state was associated with a large boost in that state's quality ranking. However, despite evidence that increased reliance on primary care improves quality and lowers costs, fewer physicians are choosing to practice primary care. An increased commitment to primary care training programs can help reverse this trend.

Title VII Primary Care Funding Supports Community Health Centers and NHSC

Medical students and residents exposed to Title VII primary care funding are more likely to practice in Community Health Centers or participate in the National Health Service Corps than those that are not exposed, according to a study published in Annals of Family Medicine (September/October 2008). Both of these programs are vital to shoring up the nation's fragile health care safety net. Each received a significant investment in the American Recovery and Reinvestment Act. However, both programs face recruitment challenges. Increasing the commitment to Title VII primary care programs will lead to the training of physicians most likely to practice in these settings.

Title VII in Current Health Reform Language

Both the House and Senate versions of the health reform bills contain language to reauthorize the Title VII programs. Reauthorizing the programs at a higher level will likely contribute to higher appropriations levels in future years. The proposed reauthorizing language also recognizes the importance of training physicians and physician assistants to practice newer models of care such as the patient centered medical home. The language would also improve the study of outcome measures of the programs, making it easier to continually improve them.

The House-passed *Affordable Health Care for America Act* also includes a Public Health Investment Fund. This trust fund will be used to pay for many important public health programs including Title VII. If triggered, Title VII will receive a mandatory appropriation that would be much higher than the programs have received in recent years.