



Welcome to Family Medicine Advocacy Rounds—the American Academy of Family Physicians' monthly tip sheet to educate, engage, and update you on the latest policy issues affecting family physicians and their patients.

### **Family Physicians Respond to Health Care Provisions in Funding Package**

“ The AAFP appreciates that Congress provided partial relief from Medicare physician payment cuts but remains concerned that short-term patches limit meaningful investment in the primary care workforce. While we appreciate congressional efforts to strengthen our nation’s primary care system, we have work to do to ensure access to care for all. ”

– Steven P. Furr, MD, FAAFP  
*President, American Academy of Family Physicians*



**Why it matters:** Family physicians have long asked Congress to advance policies that will better support family physicians and their patients.

We appreciate that Congress offered partial relief to avert the 3.4% Medicare payment reduction that went into effect on Jan. 1. The AAFP also applauds the inclusion of two important Medicare payment extensions: the advanced alternative payment model incentive payment, at 1.88%, and the physician work Geographic Practice Cost Index floor of 1.0, both of which the AAFP supported.

Additionally, the AAFP expressed disappointment that Congress passed another short-term reauthorization of the Teaching Health Center Graduate Medical Education (THCGME) Program, instead of a multi-year reauthorization. The THCGME Program helps ensure that family medicine residents get trained in areas of greatest need and that patients can access care in their communities.

### ***What we're working on***

- While the AAFP appreciates Congress providing temporary, partial relief from Medicare payment cuts, we continue to urge Congress and the Centers for Medicare and Medicaid Services to work toward more meaningful, long-term payment reform.
- The AAFP continues to urge Congress to permanently reauthorize the THCGME Program. We know that short-term program extensions jeopardize access to care for millions of patients. Without the stability of a multi-year reauthorization, family medicine residents face significant uncertainty about what their future looks like. This approach to funding discourages residents from choosing to practice in areas where health care access is already at risk.

### **Family Physicians Ask Lawmakers to Invest in Primary Care**



**Why it matters:** Family physicians are trusted leaders in their communities and valued constituents. Their perspectives on key policy issues are important for members of Congress to consider as they advance health care legislation.

On Feb. 28, members of the AAFP Board of Directors spent time on Capitol Hill engaging with lawmakers about three key issues for family physicians: reauthorizing the THCGME Program, enacting Medicare physician payment reform, and ensuring that family physicians can continue to provide necessary substance use disorder care.

### ***What we're working on***

- The AAFP continues to advocate for permanent authorization of the THCGME Program rather than patchwork reauthorizations, which create uncertainty for future family physicians. The THCGME Program helps train the next generation of primary care physicians and address the physician shortage.
- Family physicians expressed appreciation for the G2211 add-on code, which went into effect on Jan. 1, 2024. The code appropriately values primary care services and is already being utilized by AAFP members. However, the AAFP continues to voice support for additional Medicare payment relief. Family physicians were encouraged Congress provided temporary relief in the March health care spending package.
- AAFP continues to express strong [support for legislation](#) that ensures trained family physicians can continue to provide necessary care, including substance use disorder treatment. Family physicians provide comprehensive mental and behavioral health services every day. They play a crucial role in safe pain management prescribing practices, screening patients for opioid use disorder (OUD), and prescribing and maintaining treatment of medications for OUD.

### **AAFP President: Seniors Need Access to All Recommended Vaccines**



**Why it matters:** The COVID-19 pandemic reminded physicians that removing as many barriers to vaccination as possible is key to improving immunization rates and trust in the health care system. Unfortunately, the country is not where it needs to be with uptake. Part of the reason is

that primary care physicians are unable to easily administer all recommended vaccines to their patients.

This is because not all Advisory Committee on Immunization Practices–recommended adult vaccines, including RSV, are covered under Medicare Part B. Therefore, patients seeking recommended vaccines such as RSV, tetanus, and shingles are often forced to choose between getting vaccinated at their trusted doctor’s office but paying a high out-of-pocket fee; or having to find an in-network pharmacy, make another appointment, and keep track of their own medical records.

***What we’re working on:*** AAFP President Steven P. Furr, M.D., FAAFP, [wrote in MedPage Today that Congress must pass legislation to require Medicare Part B coverage of all recommended vaccines](#), allowing beneficiaries to access vaccines more readily from their usual source of care and improving our nation’s uptake of one of the most cost-effective public health measures.

### **Family Physician Tells Congress How Value-based Payment Improves Health Outcomes**



Family physicians know how value-based payment models support primary care and provide practices with predictable, stable revenue streams and flexibility to deliver high-quality, patient-centered care.

On March 6, AAFP member and Nebraska family physician Bob Rauner, M.D., M.P.H., FAAFP, [testified before the U.S. Senate Committee on Budget](#) during a hearing titled “How Primary Care Improves Health Care Efficiency.” In his testimony, Rauner outlined how, in Nebraska, his physician-led accountable care organization has produced cost savings and improved patient outcomes.

### **Match Day 2024: AAFP Welcomes New Family Medicine Class**



**Why it matters:** Primary care is the only health care component for which an increased supply is associated with better population health and more equitable outcomes. Despite the significant role that primary care plays in our health system, primary care accounts for a mere 5% to 7% of total health care spending.

[Last week marked history for family medicine](#), with almost 4,600 medical students and graduates matching into family medicine residency programs—the highest number ever. The AAFP has long advocated for policies that target and invest in the primary care workforce to meet the diverse needs of our growing and aging population.

[Download interviews](#) with AAFP SVP of Education, Inclusiveness, and Physician Well-being Margot Savoy, M.D., M.P.H., and Janet Nwaukoni, D.O., resident member of the AAFP Board of Directors. [Visit our media resource center](#). **Media outlets are free to use these interviews for broadcast or publication with credit to the AAFP.**






### **What we're working on:**

- AAFP leaders visited Capitol Hill last month to encourage policymakers to invest in programs that bolster the primary care workforce, including THCGME. The AAFP continues to advocate for permanent authorization of the THCGME Program, rather than patchwork reauthorizations, which create uncertainty for future family physicians.

### **Second Annual Primary Care Scorecard Examines Primary Care Challenges**

**The Health of US Primary Care 2024 Scorecard:  
Why Can't the Doctor See You Now?**

Five reasons why access to primary care is getting worse (and what needs to change):

-  The primary care workforce is not growing fast enough to meet population needs.
-  The number of trainees who enter and stay on the professional pathway to primary care practice is too low, and too few primary care residents have community-based training.
-  The US continues to underinvest in primary care.
-  Technology has become a burden to primary care.
-  Primary care research to identify, implement, and track novel care delivery and payment solutions is lacking.



Primary care is the foundation of the U.S. health care system. [Yet more and more people report not having a regular place for care. In the second annual Health of U.S. Primary Care Scorecard](#), the AAFP's Robert Graham Center researchers give five reasons why access to primary care is worsening. Of note, the scorecard found:

- The primary care workforce is struggling to meet population demands. There has been a 36% jump in the number of U.S. children without a usual source of care over the past decade, and a 21% increase among adults.
- The primary care sector is experiencing a workforce exodus and lacks real-world community training opportunities. In 2021, 37% of all physicians in training specialized in primary care, yet only 15% of all physicians were practicing primary care three to five years after residency.
- The U.S. continues to underinvest in primary care, despite diminishing supply and growing demand. The share of total U.S. health care spending devoted to primary care stayed under 5% from 2012 to 2021.

- Inadequate research funding affects primary care access and quality. Since 2017, only 0.3% of federal research funding per year has been invested in primary care research, limiting new information on primary care systems, delivery models, and quality.

### **What We're Reading**

- AAFP President Steven P. Furr, M.D., FAAFP, [spoke to CNN](#) about how housing instability increases health risks, and how family physicians can help address these inequities. “We realize that the medications and diagnoses we give patients are about 20% of the issue, and where they live and where they work is about 80%.”
- Extending postpartum Medicaid coverage has long been a top advocacy priority for the AAFP and for family physicians who provide obstetric and fourth-trimester care to their patients, said Teresa Lovins, M.D., FAAFP, member of the AAFP Board of Directors. She spoke to [Patient Engagement HIT](#) on how family physicians can address the maternal health crisis.
- Yalda Jabbarpour, M.D., director of the AAFP’s Robert Graham Center, [spoke to Healio](#) about the new primary care scorecard. “We have an increased demand for family physicians and ... a decreasing supply.”

For the latest policy updates on family medicine, follow us at [@aafp\\_advocacy](#).



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### **About American Academy of Family Physicians**

*Founded in 1947, the AAFP represents 130,000 physicians and medical students nationwide. It is the largest medical society devoted solely to primary care. Family physicians conduct approximately one in five office visits — that’s 192 million visits annually or 48 percent more than the next most visited medical specialty. Today, family physicians provide more care for America’s underserved and rural populations than any other medical specialty. Family medicine’s cornerstone is an ongoing, personal patient-physician relationship focused on integrated care. To learn more about the specialty of family medicine and the AAFP’s positions*

on issues and clinical care, visit [www.aafp.org](http://www.aafp.org). For information about health care, health conditions, and wellness, please visit the AAFP's consumer website, [www.familydoctor.org](http://www.familydoctor.org)