

May 2010

HEALTH REFORM SUCCESS REQUIRES FEDERAL INVESTMENT

RECOMMENDATION

Congress should provide a robust investment in our nation's primary care workforce. We urge Congress to fund these programs authorized in the *Patient Protection and Affordable Care Act* in fiscal year 2011 at an adequate level.

- Within an overall appropriation of at least \$600 million for all of the Health Professions Training Programs authorized under Title VII of the Public Health Services Act, we recommend \$170 million for the Section 747 Primary Care Training and Enhancement; \$50 million for the new Teaching Health Centers development grants; and \$4 million for Section 749B Rural Physician Training Grants.
- We recommend an appropriation of \$731 million for AHRQ to provide the funding level in the President's budget request of \$611 million as well as the important new Primary Care Extension program authorized by the health reform law at \$120 million.
- We recommend that the National Health Care Workforce Commission, the National and State and Regional Centers for Workforce Analysis be fully funded.

Primary Care Training and Enhancement

Title VII Section 747 of the Public Health Service Act has a long history of providing necessary funding for the training of primary care physicians. With each successive reauthorization, Congress has modified the Title VII health professions programs to address relevant workforce needs. The recently enacted health reform legislation directs the Health Resources and Services Administration (HRSA) to prioritize training in the new competencies relevant to providing care in the patient-centered medical home model. It also calls for the development of infrastructure within primary care departments for the improvement of clinical care and research critical to primary care delivery, as well as innovations in team management of chronic disease, integrated models of care, and transitioning between health care settings. One new area of endeavor is the integration of academic administrative units within a school of medicine to promote team based care and true primary care production. This provision has a separate, additional authorization of \$750,000.

Key advisory bodies such as the Institute of Medicine (IOM) and the Congressional Research Service (CRS) also call for increased funding. The IOM (December 2008) pointed to the drastic decline in Title VII funding and described these health professions workforce training programs as "an undervalued asset." The CRS found that reduced funding to the primary care cluster has negatively affected the programs during a time when more primary care is needed (February 2008).

Teaching Health Centers Development Grants

The innovative Teaching Health Centers program in the health reform legislation seeks to increase primary care physician training capacity. These grants are designed to provide funds to residency programs and community health centers to plan for a transition in sponsorship or to establish new residencies. Current federal financing of graduate medical education has led

to training which occurs mainly in hospital inpatient settings in spite of the fact that most patient care is not delivered in hospitals. The Teaching Health Centers will train primary care residents in non-hospital settings where most primary care is delivered. If this is to be effective, there must be funds for the planning grants to establish newly accredited or expanded primary care residency programs.

Rural Physician Training Grants

We were pleased that health reform created a new Rural Physician Training Grants program. Intended to increase the supply of rural physicians by authorizing grants to medical schools which establish or expand rural training, the program would provide grants to produce rural physicians of all specialties. It would help medical schools recruit students most likely to practice medicine in underserved rural communities, provide rural-focused training and experience, and increase the number of medical graduates who practice in underserved rural communities.

Agency for Healthcare Research and Quality (AHRQ)

Too little patient-centered health research has been done on the most common acute, chronic and comorbid conditions that primary care clinicians treat on a daily basis. AHRQ is the federal agency responsible for supporting research to improve health care quality, reduce costs, advance patient safety, decrease medical errors, and broaden access to essential services. Primary care physicians are in the best position to design and implement research of the common clinical questions confronted in practice. While targeted funding increases in recent years have moved AHRQ in the right direction, more core funding is needed to help AHRQ fulfill its mission.

Primary Care Extension Program

One of the most exciting new programs to be included in the new health care law was modeled on the successful U.S. Agriculture Extension Service. This new program will support primary care providers with the adoption of techniques to improve community health. As the authors of an article describing this new concept (*JAMA*, June 24, 2009) have stated, "To successfully redesign practices requires knowledge transfer, performance feedback, facilitation, and HIT support provided by individuals with whom practices have established relationships over time. The farming community learned these principles a century ago. Primary care practices are like small farms of that era, which were geographically dispersed, poorly resourced for change, and inefficient in adopting new techniques or technology but vital to the nation's well-being."