

# Partnership for Primary Care Workforce

## *Expanding Access to Care Through a Stronger Workforce*

Research by many has demonstrated that access to primary care lowers costs and improves health status and is particularly evident when care is delivered in a team-based Patient Centered Medical Home (PCMH). For example, according to the Council on Graduate Medical Education (COGME), in its 20th report (December 2010), "there is compelling evidence that health care outcomes and costs in the United States are strongly linked to the availability of primary care physicians. For each incremental primary care physician (PCP), there is 1.44 fewer deaths per 10,000 persons. Patients with a regular primary care physician have lower overall health care costs than those without one." There also is growing evidence that PCMH and Accountable Care Organizations (ACO) models – especially those emphasizing access to more robust primary care teams – can reduce total medical expenditures, largely by reducing avoidable hospitalizations and emergency room visits. However, the undervaluation of primary care within current payment systems, among other factors, has been found by the Government Accountability Office (GAO) to discourage the selection of a career in primary care. As lawmakers make determinations regarding federal spending in the 112<sup>th</sup> Congress, the importance of supporting and enhancing the primary care workforce in order to ensure access to quality and cost-effective health care should be an integral part of the discussion.

### *Successes of Primary Care Workforce Programs*

The Health Resources and Services Administration (HRSA) administers a number of programs that promote and support primary care workforce development. The Partnership supports continued funding for these key HRSA programs that promote primary care to meet our nation's needs. Specifically, the Partnership supports:

- ***The National Health Service Corps (NHSC) Scholarship and Loan Repayment programs***, which are widely recognized as highly successful. They offer student debt relief for primary care providers<sup>1</sup> who commit to practice in underserved communities across the country where many Americans lack access to care.
- ***Health professions programs authorized in Title VII of the Public Health Service Act (Title VII), which support the education and training of primary care providers***, with an emphasis on the recruitment of individuals from underrepresented minority and disadvantaged backgrounds. For example, the Area Health Education Center (AHEC) program promotes access to primary and preventive care through community/academic educational partnerships. Key advisory bodies and entities, including the GAO, the Institute of Medicine (IOM), the Congressional Research Service (CRS), and the Council on Graduate Medical Education (COGME) have described the Title VII programs as both effective and undervalued.
- ***The Children's Hospitals Graduate Medical Education (CHGME) Program***. Children's hospitals (which receive very limited Medicare support because of their low Medicare volume) rely on the Children's Hospital GME program for support in training approximately 40% of all general pediatricians and pediatric specialists, with nearly 60% of those trained entering general pediatrics. The CHGME program supports pediatric rotations for residents in a wide range of areas, including internal medicine and family medicine.

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<sup>1</sup> For the purposes of the NHSC, primary care specialties include family medicine, obstetrics/gynecology, general internal medicine, geriatrics, general pediatrics, psychiatry, nurse practitioners (primary care), certified nurse-midwives, physician assistants, dental hygienists, psychologists (health service), licensed clinical social workers, psychiatric nurse specialists, marriage & family therapists, and licensed professional counselors.

- ***The Teaching Health Center Graduate Medical Education (THCGME) Program*** which supports primary care residency training in community health centers and other ambulatory primary care settings. The program is consistent with recommendations to promote opportunities for community-based training by the Medicare Payment Advisory Commission (MedPAC) and other advisory bodies since most primary care is delivered in community based settings.

### ***Primary Care Training Needs GME***

Medicare support for GME is essential to the training of all physicians. In 1965, when Congress established Medicare, it recognized that teaching hospitals should receive additional payments through Medicare GME for the costs of training residents and caring for Medicare beneficiaries. They noted, “educational activities enhance the quality of care in an institution, and it is intended, until the community undertakes to bear such education costs in some other way, that a part of the net cost of such activities (including stipends of trainees, as well as compensation of teachers and other costs) should be borne to an appropriate extent by the hospital insurance program” (House Report 213, 89th Congress, 1st session 32 (1965) and Senate Report 404 Pt. 1 89th Congress 1 Session 36 (1965)).

COGME states in its twentieth report that “the current U.S. primary care physician workforce is in jeopardy of accelerated decline because of decreased production and accelerated attrition.”

- ***Continue Medicare’s support for GME payments*** to assure continued patient access to primary care physicians in the future.

### ***Payment Policy is Workforce Policy***

In addition to GAO’s conclusion (see above) about the selection of a career in primary care, MedPAC has called for broad payment changes to help promote primary care.

- ***Create and promote public and private payment systems*** that compensate providers for preventive health care services, managing patients’ overall health, and promoting continuous and comprehensive care.
- ***Extend Medicare and Medicaid payment increases for primary care services*** to support patient access to a regular source of care – a key indicator of better health outcomes.
- ***Provide additional payment to compensate for care coordination*** and case management necessary for continuous, comprehensive patient care.

### ***About the Partnership***

The [Partnership for Primary Care Workforce](#) is a non-partisan, nationwide effort by the following key professional, provider, and educational organizations to strengthen and improve the nation’s primary care workforce: American Academy of Family Physicians, American Academy of Pediatrics, American Association of Colleges of Osteopathic Medicine, American College of Osteopathic Family Physicians, American College of Physicians, American Medical Student Association, American Osteopathic Association, Association of American Medical Colleges, Association of Departments of Family Medicine, Association of Family Medicine Residency Directors, Association of Minority Health Professions Schools, Council of Academic Family Medicine, National Area Health Education Center Organization, National Association of Children’s Hospitals, National Association of Community Health Centers, National Association of Public Hospitals and Health Systems, National Association of Rural Health Clinics, National Medical Association, National Rural Health Association, North American Primary Care Research Group, and Society of Teachers of Family Medicine.

By working in a bipartisan manner with all levels of government and affected constituency groups, we seek to provide solutions to improve the recruitment and retention of the health care workforce, with the aim of promoting and supporting comprehensive, accessible, and sustainable community-based primary and preventive care services to everyone.

Above all, the Partnership is a unified voice to raise awareness among policy makers and the public of the need for a robust, diverse and well-prepared primary health care workforce, and strong health systems via which they can help patients. With so many diverse and different organizations coming together to further a common goal—to strengthen the nation’s primary care workforce—it is possible that some of the Partnership’s policy recommendations may not necessarily reflect those of each individual member organization.