

Association of Departments of Family Medicine  
Association of Family Medicine Residency Directors  
North American Primary Care Research Group  
Society of Teachers of Family Medicine

## **Outside Witness Testimony**

House Appropriations Subcommittee on Labor/HHS/Education and Related Agencies

### **FY 2012 FUNDING REQUESTS**

#### **Department of Health and Human Services**

Workforce Commission and associated centers

#### **Health Resources and Services Administration (HRSA)**

Title VII primary care cluster (Section 747 of Public Health Service Act (PHS))

Teaching Health Center development grants (Section 749A. of PHS Act)

Rural Physician Training Grants (Section 749B. of PHS Act)

#### **Agency For Healthcare Research And Quality (AHRQ)**

Agency funding

Primary Care Extension Program (Section 399W of PHS Act)

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Dear Mr. Chairman,

On behalf of the Council of Academic Family Medicine (CAFM), we are pleased to submit testimony on behalf of several programs under the jurisdiction of the Health Resources and Services Administration (HRSA) and the Agency for Healthcare Research and Quality (AHRQ). The programs we support in our testimony are ones that deliver an investment in our nation's workforce and health infrastructure. They are a down payment on a US health care system with a foundation of primary care that will produce better health outcomes and reduce the ever rising costs of health care. We understand that hard decisions must be made, in these difficult fiscal times, but even in this climate we hope the Committee will recognize that the production of a robust primary care workforce for the future is a necessary investment that cannot wait.

Members of both parties agree there is much that must be done to support primary care production and nourish the development of a high quality, highly effective primary care workforce to serve as a foundation for our health care system. Providing strong funding for these programs is essential to the development of a robust workforce needed to provide this foundation.

#### ***Primary Care Training and Enhancement***

The Primary Care Training and Enhancement Program (Title VII Section 747 of the Public Health Service Act) has a long history of providing indispensable 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 most recent authorization 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.

Key advisory bodies such as the Institute of Medicine (IOM) and the Congressional Research Service (CRS) have also called 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).

According to the Robert Graham Center, (Title VII's decline: Shrinking investment in the primary care training pipeline, Oct., 2009), “the number of graduating U.S. allopathic medical students choosing primary care declined steadily over the past decade, and the proportion of minorities within this workforce remains low.” Unfortunately, this decline coincides with a decline in funding of primary care training funding – funding that we know is associated with increased primary care physician production and practice in underserved areas. The report goes on to say that “the nation needs renewed or enhanced investment in programs like Title VII that support the production of primary care physicians and their placement in underserved areas.”

Title VII has a profound impact on states across the country and is vital to the continued development of a workforce designed to care for the most vulnerable populations and meet the needs of the 21<sup>st</sup> century. Attached are just a few examples of the impact Title VII has across the country in states like Idaho, Montana, New York, North Dakota, Massachusetts, Washington, and Wyoming. Included are examples of opportunities lost through a lack of robust funding for the program.

**We urge the Congress to appropriate at least \$140 million for the health professions program, Primary Care Training and Enhancement authorized under Title VII, Section 747 of the Public Health Service Act in fiscal year 2012 as requested in the President’s budget.**

#### ***Rural Physician Training Grants***

“Rural Physician Training Grants,” Title VII Section 749B of the Public Health Service Act, were developed 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.

According to a July, 2007 report of the Robert Graham Center (*Medical school expansion: An immediate opportunity to meet rural health care needs*), data show that although 21 percent of the U.S. population lives in rural areas, only 10 percent of physicians practice there. The Graham Center study describes the educational pipeline to rural medical practice as “long and complex.” There are multiple tactics needed to reverse this situation, and this grant program includes several of them. Strategies to increase the number of physicians practicing in rural areas include “increasing the number of rural-background students in medical school, selecting the “right” students and giving them the “right” content and experiences to train them for rural practice.” This is exactly what this grant program is designed to do.

**We request the Committee provide the fully authorized amount of \$4 million in FY 2012 for Title VII Section 749B Rural Physician Training Grants.**

#### ***Teaching Health Centers***

Teaching Health Centers (THC) are community health centers or other similar venues that sponsor residency programs and provide residents with their ambulatory training experiences in the health center. This training in the community, rather than solely at the hospital bedside is one of the hallmarks of family medicine training.

However, payment issues have always caused a tension and struggle between the hospital, which currently receives reimbursement for residents it sponsors when they train in the hospital, and programs that require training in non-hospital settings. This program is designed to provide residency programs and community health centers grant funding to plan for a transition in sponsorship, or the establishment of new programs. There are already 11 community-based entities from states across the country that have committed to train 44 primary care residents, demonstrating early success in this program.

We are pleased that THC's operations are currently funded through a mandatory appropriations trust fund of \$230 million over five years, and it is essential that these important centers continue to be funded through this mandatory appropriation. Despite the positive impact that family medicine and other primary care residency training programs have on those community-based entities that initiate them, a multitude of challenges make it clear that many of these entities would have difficulty doing the same without adequate and predictable financing. Converting this program to discretionary funding also would deter other entities from making the business decisions necessary to expand residency training (e.g., securing commitments from key stakeholders to agree to train new or additional residents, applying for accreditation if not already part of an eligible consortia, and hiring new faculty) since funding over the next few years would be subject to the annual appropriations process.

#### ***Teaching Health Center Development Grants***

If this program is to be effective, there must be funds for the planning grants to establish newly accredited or expanded primary care residency programs. Teaching Health Center Development Grants are important to help establish these innovative programs.

**We recommend the Committee appropriate the full authorized amount for the new Title VII Teaching Health Centers development grants of at least \$10 million for fiscal year 2012.**

#### ***AHRQ***

Research related to the most common acute, chronic, and comorbid conditions that primary care clinicians care for on a daily basis is lacking. Research in these areas is vital because the overall health of a population is directly linked to the strength of its primary health care system. AHRQ supports research to improve health care quality, reduce costs, advance patient safety, decrease medical errors, and broaden access to essential services. This research is key to helping create a robust primary care system for our nation -- one that delivers higher quality of care and better health while reducing the rising cost of care. Despite this need, little is known about how patients can best decide how and when to seek care, introduce and disseminate new discoveries into real life practice, and how to maximize appropriate care. Ample funding for AHRQ can help researchers address these problems confronting our health system today.

**We recommend the Committee fund AHRQ at a level of at least \$405 million for fiscal year 2012**

#### ***Primary Care Extension Program***

The Primary Care Extension Program was modeled after the successful United States Agriculture Extension Service. This program, under Title III of the Public Health Service Act, is designed to support and assist primary care providers with the adoption and incorporation of techniques to improve community health. As the authors of an article describing this 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."

Congress agreed with the authors that "practicing physicians need something similar to the agricultural extension agent who was so transformative for farming," and authorized this program at \$120 million for FY 2011 and 2012.

**We recommend the Committee fund the Primary Care Extension program at the authorized level of \$120 million for fiscal year 2012.**

## **Title VII Testimonials from the field**

**WWAMI (a partnership between the University of Washington School of Medicine and the states of Wyoming, Alaska, Montana, and Idaho):** Title VII grants have helped fund over 30 faculty positions across the states of Washington, Wyoming, Alaska, Montana, and Idaho. These grants have helped fund the development of areas of scholarship for residency programs in Montana, assisted in the training of fellows that became Residency Directors at other programs, and funded faculty development programs delivered with televideo to rural areas in Wyoming. *Ardis Davis MSW, Teaching Associate*

**The University of Buffalo:** The School of Medicine is dependent upon Title VII funding to support nationally recognized training, recruitment, and retention of primary care clinicians to serve the poor and underserved. This funding includes programs that recruit minorities, train medical students and post graduate trainees, and assist in faculty development. They also are vital to help build clinical competencies for addressing health disparities for the poor and underserved. Another Title VII grant allowed the University of Buffalo to implement a training program designed to help students learn how to care for patients with disabilities. *Andrew Symons MD, MS, Vice Chair for Medical Student Education, Department of Family Medicine*

**Boston University School of Medicine:** Title VII grants have allowed us to do a lot of things in our department that we wouldn't otherwise have been able to do. One of the outcomes of FaMes (Family Medicine Student Track) is the number of students matching family medicine from Boston University in the past three years has almost doubled. *Joanne Wilkerson MD, MSc, Associate Director of Predoctoral Education, Department of Family Medicine*

**University of Colorado, Denver:** Most recently we were able to use a Title VII grant to develop a program of required service learning experiences where students provide health education in rural communities and share their experience as a medical student with rural youth to encourage them to enter health careers. Each year this program reaches about 6500 rural residents including about 3500 children. *David Gaspar, Chair, Director of Medical Student Education, Department of Family Medicine*

**Dartmouth Medical School:** As a result of a Title VII grant, we have embedded advanced communication skills training in our 3rd year medical school curriculum in Shared Decision Making with such success that it has become integral to the medical school curriculum, and begun a mentoring program matching 30 new rural community family doctors with students who would not have had this exposure without this grant. *Cathleen Morrow MD, Predoctoral Director, Associate Professor, Department of Community and Family Medicine*

**North Dakota School of Medicine and Health Science:** Title VII grants have enabled the school to provide equal education to students at distant sites through the development of video conferencing and computer services and has provided services and training at rural sites across the state. *Gwen Halaas, MD, MBA, Senior Associate Dean*

**University of Massachusetts Medical School:** A Title VII grant resulted in enhanced curriculum and training in quality improvement and patient safety for all our medical students in each of their four years, and for our residents in Family Medicine, Medicine and Pediatrics. In addition, we created a new Quality Scholars faculty development program for primary care faculty interested in becoming resident and student mentors and advocates for quality improvement in their practice sites. The new quality improvement focus is now integrated into the ongoing training programs so that the impact of the grant will continue for many years to come. *Daniel Lasser, MD, MPH, Professor and Chair, Department of Family Medicine and Community Health*

**University of Massachusetts Medical School:** Title VII grants have supported the development of community based curriculum at Federally Qualified Community Health Center training sites designed to provide and enhance skills necessary to be competent and comfortable caring for underserved populations. Our residency graduates are five times more likely to select positions working with underserved populations for their careers. *Stacy Potts, MD, Residency Director for the UMass Worcester Family Medicine Residency Program*