

May 2011

**PREPARE FOR SUCCESS: TRAIN AND SUPPORT
AMERICA'S PRIMARY CARE WORKFORCE**

RECOMMENDATION

Congress should provide a robust investment in our nation's primary care workforce in order to ensure that it is adequate to provide efficient, effective health care delivery addressing access, quality and value. In particular:

- We urge the Congress to appropriate \$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.
- We also recommend that Congress provide the President's requested level of \$418.5 million for the National Health Service Corps for FY 2012.

Primary Care Training and Enhancement

The Health Professions Program, 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 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).

The Government Accountability Office (GAO-08-472T) reports "Ample research in recent years concludes that the nation's over reliance on specialty care services at the expense of primary care leads to a health care system that is less efficient. At the same time, research shows that preventive care, care coordination for the chronically ill, and continuity of care – all hallmarks of primary care medicine – can achieve improved outcomes and cost savings." Increased funding for Title VII Section 747 will provide grants for primary care medicine training, to help ensure a sufficient primary care workforce that can achieve lower costs and increased quality, leading to better health outcomes.

National Health Service Corps

The National Health Service Corps (NHSC) recruits and places medical professionals in Health Professional Shortage Areas to meet the need for health care in rural and medically-underserved areas. The NHSC provides scholarships or loan repayment as incentives for practitioners to enter primary care and provide health care to underserved Americans. By addressing medical school debt burdens, the NHSC also helps to ensure wider access to medical education opportunities.

The Government Accountability Office (GAO-01-1042T) described the NHSC as "one safety-net program that directly places primary care physicians and other health professionals in these medically needy areas."

Currently more than 7 million people rely on NHSC clinicians for their health care needs, most of which are in underserved areas and would not have access to care without the NHSC.

Since its inception in 1972, the NHSC has helped place 37,000 primary care health professionals in underserved communities across the country, many of whom remain in these areas following the completion of their service. According to the FY 2009 Health Resources and Services Administration Budget Justification, over 75 percent of the clinicians placed by the NHSC in underserved areas continued to serve in their position for at least one year after the completion of their service obligation.

Today, there are over 9,000 vacancies at NHSC approved sites across the country with more added every day, yet funding is inadequate to fill all of these needed slots. Funding the NHSC at the President's requested level of \$418.5 million for FY 2012 would help fill these slots across the country and allow clinicians to deliver care to more underserved populations.