

## **Primary Care Training: A Vital Plank in the Health Reform Platform**

### **RECOMMENDATIONS:**

- Congress should appropriate \$215 million for the Primary Care Medicine and Dentistry Cluster of the Title VII Health Professions Training Programs. These programs are created by Title VII of the Public Health Service Act and administered by the Health Resources and Services Administration (HRSA). This level was recommended by the HRSA Advisory Committee on Training in Primary Care Medicine and Dentistry.
- As part of the health reform process, Congress should reauthorize the Title VII programs to strengthen health professions training programs that support primary care.

### **Universal coverage does not equal universal access**

Successful health system reform will require a larger primary care workforce. Implementation of the 2006 Massachusetts health care reform law demonstrated that universal coverage threatens to overwhelm a health care system with too few primary care physicians, especially, family physicians. Our nation's shortage of primary care physicians demands long term solutions to train an appropriate number of these essential health care providers. We must increase our investment in effective programs that encourage medical students to enter primary care specialties. We need increased funding for Title VII Section 747, which provides grants for primary care medicine training, to ensure that the nation's health care system can support comprehensive health reform.

### **Key advisory bodies support Title VII**

- The sixth report of the **HRSA Advisory Committee on Training in Primary Care Medicine and Dentistry**, a legislatively mandated body, recommended a minimum annual funding level of \$215 million for Title VII Section 747.
- The **Institute of Medicine** issued a report on December 12, 2008 pointing to the drastic decline in Title VII funding and describing these health professions workforce training programs as "an undervalued asset."
- The **Congressional Research Service** found that reduced funding to the primary care cluster has had a negative impact on the effectiveness of the programs during a time when more primary care is needed, in a February 2008 report to Congress.

### **A larger primary care workforce of well trained professionals will create a higher performing, more efficient health care system**

An article in the April 2004 issue of *Health Affairs* found lower health outcomes in states with higher Medicare spending. The authors suggest that more specialists and fewer primary care physicians mean higher costs and lower quality. They found that a small increase in the number of primary care physicians in a state was associated with a large boost in that state's quality ranking. However, despite evidence that increased reliance on primary care improves quality

and lowers costs, fewer physicians are choosing to practice primary care. An increased



commitment to primary care training programs can help reverse this trend.

Medical students and residents exposed to Title VII primary care funding are more likely to practice in Community Health Centers or participate in the National Health Service Corps than those that are not exposed, according to a study published in *Annals of Family Medicine* (September/October 2008). Both of these programs are vital to shoring up the nation's fragile health care safety net. Each received a significant investment in the American Recovery and Reinvestment Act. However, both programs face recruitment challenges. Increasing the commitment to Title VII primary care programs will lead to the training of physicians most likely to practice in these settings.

### **Reauthorization is needed**

We urge Congress to revitalize the Title VII Health Professions Grants Program as part of health care reform or in free-standing reauthorization bill to:

- Reorganize Title VII to realign programs clusters more appropriately
- Improve analysis of the effectiveness of the programs
- Increase emphasis on building the primary care workforce
- Encourage of training in innovative models to better meet the needs of patients of the 21<sup>st</sup> Century
- Provide better understanding of current and future workforce needs
- Facilitate training in community settings
- Increase incentives for training and practice in rural and underserved areas