

**ACADEMIC  
FAMILY  
MEDICINE  
ADVOCACY  
ALLIANCE**

January 23, 2009

Honorable David R. Obey  
Chairman, Committee on  
Appropriations  
House of Representatives  
Washington, DC

Honorable Henry A. Waxman  
Chairman, Committee on  
Energy and Commerce  
House of Representatives  
Washington, DC

Honorable Charles B. Rangel  
Chairman, Committee on Ways  
and Means  
House of Representatives  
Washington, DC



Society of Teachers  
of Family Medicine



Association of  
Departments of  
Family Medicine



Association of  
Family Medicine  
Residency  
Directors



North American  
Primary Care  
Research Group

Dear Chairmen,

On behalf of the members of the Society of Teachers of Family Medicine, Association of Departments of Family Medicine, Association of Family Medicine Residency Directors, and North American Primary Care Research Group, we would like to thank you for all of your hard work on legislation to stimulate our economy by creating jobs and helping those that have been most affected by recent economic turmoil. The provisions for strengthening our health care system that you included in the bill are greatly appreciated. Combined, the work of each of your committees will create and fill many jobs in the healthcare field, help expand the primary care workforce, provide needed health care and health care insurance to those most hurt by the economic downturn, lower healthcare costs while improving the quality of health services as well as the health of the nation, and lay the foundation for future work on comprehensive health reform. Every dollar that you spend on improving primary care infrastructure improves the health of the nation, lowers healthcare costs, and stimulates local economies. We support your health provisions, and we especially thank you for those that will have the biggest impact on developing the nation's primary care infrastructure, both in terms of persons and systems. These include: funding for primary care training programs; the extension of the moratorium on the Centers for Medicare and Medicaid Services (CMS) proposed rule that would prohibit Medicaid financing of Graduate Medical Education (Medicaid GME); National Institutes of Health (NIH) funding; and increased funding for comparative effectiveness research at the Agency for Healthcare Research and Quality (AHRQ).

Primary Care Training

Dr. Benjamin Brewer wrote in the January 22, 2009 issue of *The Wall Street Journal* that "Decades of research have shown that good primary care reduces costs and improves outcomes, yet we have ignored these fundamental facts to our detriment. I see this blind spot as the biggest flaw in our current system." Appropriating \$600 million for training of primary care physicians and nurses shows that Congress is no longer ignoring these "fundamental facts." As noted in Chairman Obey's Report on the stimulus package, states that have attempted universal coverage have shown that increasing coverage does not guarantee access. Laying a foundation for health reform is crucial to ensuring that there are enough primary care physicians to care for the newly insured. We commend Chairman Obey for stating this during the House Appropriations Committee's markup of the bill on January 21.

As you know, Section 747 of Title VII of the Public Health Service Act provides for grants that train the primary care doctors, dentists, and physician assistants that this country desperately needs. Our members use these grants to train the family doctors of the future in new and innovative ways, including working within a team of primary care providers. The November 2008 issue of *Academic Medicine* details many of the successes of Title VII over the years and argues that it has had a profound effect on the continued existence of primary care "amidst the flood of funding to support the expansion of the specialty and subspecialty workforce in this country" (Reynolds, Preston 2008). Despite a great deal of evidence that

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proves the effectiveness of these grant programs, they have been chronically underfunded in recent years. Doubling the amount of money going to the programs will go a long way to ensuring that we can continue to train family doctors during the economic downturn, and meet our country's need for increased numbers of primary care physicians. According to an article in the September/October 2008 issue of the *Annals of Family Medicine*, Title VII programs have been proven to increase the likelihood that doctors will participate in the National Health Service Corps and practice in Community Health Centers (Rittenhouse, et al). Both of those programs have been identified as important recipients of increased funding in the stimulus.

Your support for the National Health Service Corps (NHSC) will greatly benefit rural and medically underserved areas. As noted in Chairman Obey's Report, rural and inner-city areas already have a drastic shortage of primary care physicians, and the situation is worsening. The NHSC's loan repayment program encourages new physicians to practice in areas with the largest shortages. Increased funding of the NHSC will help place physicians where they are the most needed. In 2008, 867 loan repayment recipients were selected from a pool of 2713 applicants. Doubling the funding of the NHSC will ensure that there will be more loan repayments awarded – enabling more physicians to practice in underserved areas.

#### Medicaid Graduate Medical Education (GME)

As you know, the Bush Administration released a proposed rule in May of 2007 that would prohibit states from spending Medicaid money on Graduate Medical Education. The 110<sup>th</sup> Congress acted quickly by using a portion of the 2007 emergency spending bill to prevent, for one year, the implementation of the rule. This moratorium was extended again in the 2008 emergency spending bill, and it will expire in May 2009. Your bill will extend the moratorium until July of this year.

Family Medicine residency programs have relied on this vital source of money for years, and elimination of the practice is very shortsighted. Historically, states have elected to use Medicaid money to fund the training of physicians. Many of them have specific policy goals that are achieved through this process. These goals include increasing the supply of physicians serving Medicaid beneficiaries, encouraging training in particular settings and specialties (such as primary care) and improving the geographical distribution of physicians. We thank you for the provision that would extend the moratorium, and we hope this extension will give the new Administration time to examine the issue and withdraw the proposed rule.

#### National Institutes of Health (NIH)

We thank you for your support of increased funding for NIH. In addition to current endeavors of the Institutes, we believe that the questions arising from primary care clinicians' practices are as important to the nation's health as current traditional biomedical research. We seek your support for future attention to this realm of biomedical endeavor. In addition, we hope that new language can be included in the report to support the efforts begun by former Director Elias Zerhouni, MD regarding translational research. We recommend the following language:

“Translational Research has been identified by the former Director of the National Institutes of Health (NIH) as a road map initiative. The [conference] committee supports this effort and encourages NIH to integrate such research as a permanent component of the research portfolio of each institute and center. The committee urges NIH to begin discussions to determine how best to facilitate progress in translating existing research findings and to disseminate and integrate these findings at the practice level. Translational research should also include the discovery and application of knowledge within the practice setting using such laboratories as practice-based research networks. This research spans biological systems, patients, and communities, and arises from questions of importance to patients and their physicians, particularly those practicing primary care.”

Comparative Effectiveness Research

Thank you for recognizing the importance of evidence-based medicine. One of the hallmarks of primary care and the patient centered medical home is evidence-based medicine. Comparative effectiveness research, which compares the impact of different options for treating a given medical condition, is vital to improving the quality of health care. Studies comparing various treatments (e.g. competing drugs) or differing approaches (e.g. surgery and drug therapy) can inform clinical decisions by analyzing not only costs but the relative medical benefits and risks for particular patient populations.

Comparative effectiveness research holds out the promise of reducing health care costs while improving medical outcomes. The Agency for Healthcare Research and Quality's (AHRQ's) Effective Health Care Program is critical if we are to realize that promise. Your legislation will increase funding for AHRQ's crucial program, and we thank you for this.

Thank you for the leadership that you have demonstrated on improving our healthcare system and getting the economy back on its feet. Ensuring that these and other health provisions remain at the forefront of the legislative agenda will help us in our unified goal of training the next generation of doctors and providing high quality, cost efficient care to our patients. Your proposed legislation takes some important first steps, and we look forward to the opportunity to work with the new Congress and Administration.

Sincerely,



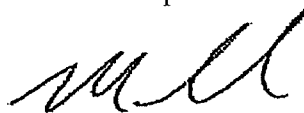
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CC: Honorable Jerry Lewis, Ranking  
Honorable Joe Barton, Ranking  
Honorable Dave Camp, Ranking  
Honorable Chairman and Ranking Member of House Appropriations Subcommittee on  
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Honorable Chairmen and Ranking Members of Ways and Means and Energy and  
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