

COUNCIL OF ACADEMIC FAMILY MEDICINE

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



Dec 2018

Invest in Primary Care Workforce: Reauthorize Title VII

Recommendation:

Increase authorization levels for Section 747 of Title VII of the Public Health Service Act to at least \$125 million to support needed health care system changes and enhance primary care training and production.

Background:

The Council of Academic Family Medicine (CAFM)¹ strongly supports the Primary Care Training and Enhancement Program (Section 747 of the Public Health Service Act). Section 747 enhances our nation's workforce and health infrastructure, improving primary care training and services that produce better health outcomes and reduce health care costs. Section 747 is critical to maintain our workforce needs as more than 44,000 primary care physicians will be needed by 2035, and current primary care production rates are unable to meet the demand.² In a time of declining resources, primary care health professions training grants under Title VII are vital to the continued development of an evidence based workforce designed to care for the most vulnerable populations and meet the needs of the 21st century.

Last reauthorized as part of the Affordable Care Act (ACA), the legislation authorized \$125 million in FY 2010 and such sums as may be necessary for each of FYs 2011 through 2014 for all Section 747 programs except integrating academic administrative units, and \$750,000 each year for the latter purpose. Significant provisions of the reauthorization include:

- Capacity building grants to improve clinical teaching and research in areas that include family medicine, general internal medicine, or general pediatrics. The legislation includes a comprehensive list of statutory priorities for funding consideration such as including underrepresented minorities or those from rural areas and training in certain recommended competencies.
- Prioritization of training in the new competencies relevant to providing care in the patient-centered medical home model,
- Development of infrastructure within primary care departments for the improvement of clinical care and research, and
- Innovations in areas such as the patient centered medical home, team management of chronic disease, and interprofessional integrated models of health care that incorporate transitions in health care settings and integration physical and mental health provision

¹ CAFM represents teachers of and researchers in family medicine and includes the Society of Teachers of Family Medicine, the Association of Departments of Family Medicine, the North American Primary Care Research Group, and the Association of Family Medicine Residency Directors.

² Petterson, et al, Ann Fam Med March/April 2015 vol. 13 no. 2 107-114

While these are laudable goals, the real-world result has meant less funding for innovative family medicine programs. As experimentation with new or different models of care continues, departments of family medicine and family medicine residency programs will rely further on Section 747 grants to help develop curricula and research training methods for transforming practice delivery. Thus, we support efforts by Congress to provide authorization levels that will maintain and support the primary care focus of Section 747.

The Advisory Committee on Training in Primary Care Medicine and Dentistry December 2014 report states that “[r]esources currently available through Title VII, Part C, sections 747 and 748 have decreased significantly over the past 10 years, and are currently inadequate to support the [needed] system changes.”ⁱ In order to address some of these challenges, the Advisory Committee recommended that “Congress increase funding levels for training under the primary care training health professions program to meet the pent-up demand caused by reduced and stagnant funding levels.” Only 35 schools or institutions could obtain grant funding in the FY15 cycle; approximately another 37 awards were made in FY2016, but then no new large competitive award cycles were available since then, and only two very small competitions. Family medicine alone has over 100 departments, and over 520 residencies, while the other specialties of general internal medicine, general pediatrics and physician assistant programs have many more. Higher authorization levels would allow for more participation across primary care.

Multiple studies have recognized the value of this program.ⁱⁱ Primary care health professions training grants under Title VII are vital to the continued development of a workforce designed to care for the most vulnerable populations and meet 21’s century needs. However, appropriations have not kept pace with authorizations. As mentioned above, as experimentation with new or different models of care continues, and along with continuing issues of mental health and opioid abuse requiring additional research and training funds, Section 747 grant funding becomes even more necessary. Higher authorization levels will send a powerful signal to appropriators.

If you have comments or questions please contact Hope Wittenberg, Director, Government Relations at CAFM at 202-986-3309 or hwittenberg@stfm.org.

ⁱ <http://www.hrsa.gov/advisorycommittees/bhpradvisory/actpcmd/Reports/eleventhreport.pdf>

ⁱⁱ <http://www.jgme.org/doi/full/10.4300/JGME-D-14-00329.1>

- Fryer GE Jr, et al. The association of Title VII funding to departments of family medicine with choice of physician specialty and practice location. Fam Med. 2002;34(6):436–440.
- Politzer RM, et al. The impact of Title VII departmental and predoctoral support on the production of generalist physicians in private medical schools. ArchFam Med. 1997;6(6):531–535.
- Rittenhouse DR, et al. Impact of Title VII training programs on community health center staffing and national health service corps participation. Ann FamMed. 2008;6(5):397–405.