

# 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

## Investment in Primary Care Workforce: Title VII

### Recommendation:

Invest adequately in our nation's primary care physician workforce by including higher funding for FY2020 for Title VII Health Professions Primary Care Training & Enhancement Grants administered by HRSA, to allow for a robust competitive grant cycle.

### Background:

For FY 2018 and FY2019, the President's budgets eliminated funding for health professions programs including the Primary Care Training and Enhancement Program. The President's budget harms the primary care infrastructure of the United States. We disagree with the statement included in the Administration's "2018 Major Savings and Reforms" document that the Title VII health professions programs "lack evidence of significantly improving the Nation's health workforce." In addition, the Administration's FY 2019 budget states they are prioritizing programs that require service commitments in underserved areas, yet the primary care training and enhancement grants contain a preference for applications which serve underserved communities in the statute.

We appreciate Congress's inclusion of an additional \$10 million in the FY18 Consolidated Appropriations Act which brings the current funding level to \$48.9 million. This additional funding in FY18 and again in FY19 is a great first step toward adequate investment in our nation's primary care workforce.

### Title VII – Primary Care Training and Enhancement Health Professions Program

The Primary Care Training and Enhancement Program (Title VII, Section 747 of the Public Health Service Act) has a long history of funding training of primary care physicians. The most recent Congressional reauthorization modified the Title VII health professions programs to direct 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, as well as innovations in team management of chronic disease, integrated models of care, and health care transitions. The program's purpose is not only, as the President's FY18 budget contends, to increase workforce numbers, but to also to increase value. *Increased funding, rather than elimination, would strengthen the primary care workforce in number and quality.*

As experimentation with new or different models of care continues, departments of family medicine and family medicine residency programs will rely further on Title VII, Section 747, grants to help develop curricula and research training methods to transform practice delivery. **Future training needs include:** training in environments that include integrated care with other health professionals (e.g. behavioral health, care coordination, nursing, oral health); development and implementation of curricula to build inter-professional teams; and development and implementation of curricula to develop leaders and teachers in practice transformation. New competencies are required for our developing health system.

Multiple studies have recognized the value of this program.<sup>i</sup> In addition, decreased resources for the program over time have had a detrimental impact. The Advisory Committee on Training in Primary Care Medicine and Dentistry December 2014 reports 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."<sup>ii</sup> The Advisory Committee recommended that Congress increase funding levels for

training under the primary care training health professions program, starting in FY2017 and for the next 5 years.

The current funding of \$48.9 million will help increase the impact of the program. However there is still a pent-up demand caused by reduced and stagnant funding levels over the last decade. Only 35 schools or institutions could obtain grant funding in the FY15 cycle; approximately another 37 awards were made in FY2016. A small program of grants (17 awards) relating to career development were awarded in FY2017, and an even smaller one for FY18 is in the works related to primary care leadership. At the same time, Family medicine has over 100 departments in medical schools and over 450 residencies, let alone the number of general internal medicine, general pediatrics and physician assistant programs.

There has not been a major, full competition for these grants since FY16 due to funding constraints. HRSA has done what it can, but Congress must increase the funding for this program in order to address relevant workforce needs. For example, current grantees were eligible for some supplemental funding to help increase training related to Medication Assisted Treatment (MAT), develop train the trainer models for faculty and provide technical assistance to their clinical sites. However, the small universe of grantees means that its impact is limited. We believe that by providing enough funding in FY19 to allow for a robust grant competition, many more medical school departments and residency programs can be reached to explore innovations in training on opioid use disorder and then identify and disseminate best practices in these areas.

Primary care is on the front lines of this epidemic. They are often the first to identify patients with substance abuse disorders and they need tools to help them learn appropriate prescribing, initiation and management of treatment, and learn best practices for training in this area. In this time of increasing primary care need, we urge you to continue to recognize the importance of maintaining and expanding funding for a program that supports the primary care workforce. Title VII funding for primary care training is an evidence-based investment in the future restraint of health care spending, as well as in improved health outcomes.

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 the needs of the 21st century. We are gravely concerned about the Administration's proposal to zero out this program. We urge your continued support for this program and hope you can support increased funding for FY2020 to allow for a robust competitive funding cycle.

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

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