Statement for the Record

House Energy and Commerce Subcommittee on Health

Investing in America's Health Care

June 4, 2019

The member organizations of the Council of Academic Family Medicine (CAFM) represent teachers of and researchers in family medicine. In anticipation of the upcoming hearing on "Investing in America's Health Care" there are two programs for which we would like to share our views and opinions: Teaching Health Centers (THC) Graduate Medical Education Program and the Patient Centered Outcomes Research Institute (PCORI). We ask that this be included in the statement record of the hearing.

Teaching Health Centers:
We are pleased to have worked with Congressmen Raul Ruiz (D-CA) and Cathy McMorris Rodgers (R-WA) as they developed HR 2815, to reauthorize section 340H of the Public Health Service Act to continue to encourage the expansion, maintenance, and establishment of approved graduate medical residency programs at qualified teaching health centers, and for other purposes. The Teaching Health Center Graduate Medical Education (THCGME) program will expire on September 30, 2019, and we applaud the committee for holding a hearing on reauthorizing this and other programs today. We hope the committee will quickly reauthorize the THCGME program by passing HR 2815.

This legislation is an important step to providing sustainable funding and growth for a critical program that helps address the primary care physician shortage in our country. We appreciate this committee's leadership and the leadership of Congressmen Ruiz and McMorris Rodgers on this issue and give our whole-hearted support for the legislation. To help sustain this important graduate medical education program this legislation provides suitable funding for current Teaching Health Center Graduate Medical Education (THCGME) programs to help address the crisis-level shortage of primary care physicians. The funding level included in the bill will allow for a per resident amount to be paid for training that is on par with the Heath Resources and Services Administration (HRSA) funded study[1] identifying a median cost of approximately $157,600 per trainee. It allows for programs to regain previous losses of residency positions due to lower funding levels and instability. We are particularly pleased that the legislation would provide a five year reauthorization, giving the program some much needed financial stability.

In addition, we are gratified that the proposed legislation supports and funds the creation of new programs and/or centers. Evidence shows that the THC program graduates are more likely to practice in rural and medically underserved communities. Recognizing the importance of growing this successful program to help address geographic maldistributions of physicians across the country is significant.

To all observers, the program has been an outstanding success! Its purpose was to help address the crisis-level shortage of primary care physicians, especially in rural and medically underserved communities. Since the THCGME program began, 880 new primary care physicians and dentists that represent an expansion over and above current training caps have graduated and entered workforce. HRSA notes that "As the national average of physicians going into primary care is approximately 33 percent, [we know it is much smaller] the THCGME

[1] https:/ / bhw.hrs a.gov/ sites/ default/ files/ bhw / grants/ thc-costing -fact-sh eet.pdf

Hope R Wittenberg
Director, Government Relations
1133 Connecticut Ave. NW, Suite 1100 Washington, DC 20036 Ph: 202.986.3309 Fax: 202.232.9044 hwittenberg@stfm.org

program has evidenced much stronger results.[2]" Data show 64 percent of graduates are currently practicing in a primary care setting and approximately 58 percent are currently practicing in a MUC and/or rural setting.

We believe there are four areas of concern that HR 2815 addresses: 1) the lack of opportunity to bring new centers or programs into the THC program since 2015, 2) the need for additional funding to allow for current programs to "backfill" up to their previously approved number of FTEs, 3) the need for appropriate funding to allow for increased costs of training since 2010 when the program began, and 4) the need for a lengthier reauthorization of five years. This last piece is critically important to increasing the stability of the program.

Without quick legislative action, the expiration of this vital program would mean an exacerbation of the primary care physician shortage and a lessening of support for training in underserved and rural areas. This committee has been instrumental in keeping this program alive. We are grateful for its exceptional leadership in supporting and sustaining this vital program by holding this hearing and hopefully shepherding this bill toward enactment.

Patient Centered Outcomes Research Institute (PCORI)

Like the Teaching Health Center program, the authorization for the PCOR Trust Fund and PCORI is set to expire on September 30, 2019. The CAFM organizations support PCORI for several reasons.

PCORI is the principal federal organization that supports patient-centered research. Their mandate includes participatory research and patient engagement both of which are prime goals of primary care research. NAPCRG was the first high-level research organization to adopt a policy promoting [participatory research] PR[3] with its adoption of the 1998 Policy Statement on Responsible Research with Communities. It continues its efforts to promote such research and train researchers in the latest and most appropriate methodologies for participatory research and patient engagement. The funding and support for this work by PCORI is fundamental as our health system moves more toward value-based and patient-centered care.

PCORI funds research that supports engaging patients and community members to prioritize their research agenda, and make sure the research is relevant. As such, they require research teams to keep patients and community stakeholders engaged throughout the research process. This assures their work is truly patient-centered. Their first decade has them on track to continue to do excellent work, and we hope this committee can support its continued work in this area in the coming years.

As we look to the future, as PCORI is reauthorized, we would like to see more attention paid by PCORI to primary care. Data show that much of PCORI's research, while patient-centered, has focused on rare diseases, rather than on the place where most people get most of their care, most of the time – in primary care settings. A recent study by Balster, Merenstein et al. shows that, while over half of all physician visits occur in primary care, only about one-quarter of PCORI trials had any relation to primary care, and less than one-third of the $1.1 billion

---

[2] https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/program-highlights/2018/teaching-health-center-graduate-medical-education-program-2018.pdf

[3] *Family Practice*, Volume 34, Issue 3, 1 June 2017, Pages 256–258 https://doi.org/10.1093/fampra/cmw117

investment in PCORI is applicable to primary care patients[4]. We have had many communications with PCORI leadership over the years to try to move them toward more recognition of the needs of primary care research. They have been receptive to our concerns, but we would like to see more action in this regard. We would like to see PCORI's work align more fully with the needs of the millions of Americans who access primary care every day.

Lastly, a portion of the PCOR trust fund is designated for the Agency for Health Care Research and Quality (AHRQ). This funding makes up approximately a quarter of AHRQ's annual budget and has been instrumental in supporting clinical primary care research within the Agency. AHRQ has proved to be uniquely positioned to support best practice primary care research and to help disseminate the research nationwide. However, reduced levels of AHRQ funding in the past have exacerbated disparities in funding primary care research. Important primary care research initiatives have been unfunded in recent years such as research for patients with Multiple Chronic Conditions (MCC) and the statutorily authorized Center for Primary Care Research. Funding from the PCOR trust fund has been able to help address some of the shortfall in funding and we are concerned that should the PCOR trust fund not be reauthorized that other, critical primary care research support will go unfunded and unsupported, leaving a lack of development of new knowledge to help primary care physicians address the needs of their patients.

On behalf of the organizations which make up the Council of Academic Family Medicine, the North American Primary Care Research Organization, the Society of Teachers of Family Medicine, the Association of Departments of Family Medicine and the Association of Family Medicine Residency Directors, we applaud the Committee for holding today's hearing and hope the committee will quickly move to pass HR 2815, which reauthorizes the Teaching Health Center Graduate Medical Education Program, and to reauthorize the Patient Centered Outcomes Research Institute and the trust fund that supports it.

For more information or should you have any questions regarding this statement, please feel free to contact Hope R. Wittenberg, CAFM Director of Government Relations, at hwittenberg@stfm.org or 202-986-3309.

---

[4] J Gen Intern Med DOI: 10.1007/s11606-019-04990-z https://link.springer.com /article/10.1007/s11606-019-04990-z