



June 3, 2011

The Honorable Tom Harkin  
Chairman  
Subcommittee on Labor-HHS-Education  
Committee on Appropriations  
U.S. Senate  
Washington, D.C. 20510

The Honorable Dennis Rehberg  
Chairman  
Subcommittee on Labor-HHS-Education  
Committee on Appropriations  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Richard Shelby  
Ranking Member  
Subcommittee on Labor-HHS-Education  
Committee on Appropriations  
U.S. Senate  
Washington, D.C. 20510

The Honorable Rosa DeLauro  
Ranking Member  
Subcommittee on Labor-HHS-Education  
Committee on Appropriations  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Chairmen Harkin and Rehberg, Ranking Members Shelby and DeLauro:

On behalf of the American College of Physicians (ACP), representing 130,000 internal medicine specialists and medical student members, I am writing to urge your support of programs that will fund investments in the primary care workforce and redesign the health care delivery system to improve health care quality and lower costs. Internal medicine specialists are trained in comprehensive and longitudinal care for adult and adolescent patients.

The demand for primary care in the United States is expected to grow at a rapid rate while the nation's supply of primary care physicians for adults is dwindling and interest by U.S. medical school graduates in pursuing careers in primary care specialties is steadily declining. Internal medicine specialists and other primary care physicians provide 52 percent of all ambulatory care visits, 80 percent of patient visits for hypertension, and 69 percent of visits for both chronic obstructive pulmonary disease and diabetes, yet they comprise only one-third of the U.S. physician workforce, and if current trends continue, fewer than one out of five physicians will be in an adult primary care specialty. There are over 100 studies that show primary care is associated with better outcomes and lower costs of care:  
([http://www.acponline.org/advocacy/where\\_we\\_stand/policy/primary\\_shortage.pdf](http://www.acponline.org/advocacy/where_we_stand/policy/primary_shortage.pdf)).

The Institute of Medicine (IOM) reports that it would take 16,261 additional primary care physicians to meet the need in currently underserved areas, prior to the enactment of the Affordable Care Act (ACA). The Association of American Medical Colleges (AAMC) estimates that there will be a shortage of 124,000 physicians by 2025. Primary care accounts for 37 percent of the total projected shortage in 2025—about 46,000 full-time equivalent primary care physicians. These findings are consistent with recently published projections by researchers from the University of Missouri and the Health Resources Services Administration. The study also predicted that population growth and aging will increase family physicians' and general internists' workloads by 29 percent between 2005 and 2025. Since its initial analysis, AAMC estimated that universal health care coverage will add to overall demand for doctors and increase the projected shortfall by an additional 25 percent. The ACA will increase coverage by an estimated 32 million Americans, which will have a significant impact on the health care workforce, particularly primary care physicians, whom the newly insured will seek to coordinate and manage their care.

The College believes several programs under the jurisdiction of the Labor-Health and Human Services-Education Appropriations Subcommittee will assist in developing the necessary workforce our country needs in order to transition to new models of care and should be funded at the levels indicated below. These programs include, but are not limited to, the National Health Service Corps, Title VII Health Professions, the National Health Care Workforce Commission, the

Agency for Health Research and Quality (AHRQ), the primary care extension program, teaching health centers (THC), and federally qualified health centers (FQHC).

### **National Health Service Corps**

The National Health Service Corps (NHSC) has a long legacy of bipartisan support in Congress. It is widely recognized as a success on many fronts with improved access to health care for the growing numbers of underserved Americans, providing incentives for practitioners to enter primary care, reducing the financial burden that health professions education places on new practitioners, and ensuring access to health professions education for students from all backgrounds. The NHSC scholarship program currently receives seven to fifteen applicants for every award available. The National Advisory Council on the NHSC has recommended that Congress double the appropriations for the NHSC in an effort to more than double its field strength to 10,000 primary care clinicians in underserved areas. The ACA made a number of essential improvements in the NHSC, including a new part-time NHSC awards program, increasing the maximum award amounts, and providing a dedicated fund to expand the numbers of clinicians who can participate in the program. The NHSC is funded by a combination of mandatory dollars allocated by the ACA and discretionary dollars subject to annual appropriations; the College urges the Subcommittee to appropriate funds for the NHSC at levels authorized under the ACA.

### **Title VII Health Professions Programs**

ACP supports the Section 747 program under Title VII, Training in Family Medicine, General Internal Medicine, General Pediatrics, and Physician Assistantship, which is currently the only federal support for primary care training and education. Institutions are provided grants to plan, develop, or operate accredited professional training programs, including residency or internship programs in primary care specialties for medical students, interns, residents, or practicing physicians. The 5 year grants are available to accredited public or nonprofit private hospitals, schools of medicine or osteopathic medicine, academically-affiliated physician assistant training programs, or public or private nonprofits to plan, develop and operate a demonstration program providing training in new competencies, including training primary care physicians through Patient-Centered Medical Homes (PCMH); developing tools and curricula relevant to PCMH; and providing continuing education to primary care physicians relevant to PCMH. Priority is to be given to qualified applicants proposing innovative approaches to clinical teaching using models of primary care, such as the PCMH, team management of chronic disease, and inter-professional integrated models of health care that incorporate transitions in health care settings and integrate physical and mental health provisions. The continued implementation of the PCMH model throughout the system will require physicians in training to learn the necessary skills to successfully provide services consistent with the model. The College urges the Subcommittee to appropriate the \$140 million included in the President's budget for the Section 747 program.

### **National Health Care Workforce Commission**

The United States currently lacks a workforce policy to ensure a sufficient supply of internal medicine specialists in primary and comprehensive care for adults and other specialties facing shortages. The ACA established the National Health Care Workforce Commission, a 15 member commission designed to develop and appoint evaluations of education and training activities to determine whether the demand for health care workers is being met; to identify barriers to improved coordination at the federal, state, and local levels and recommend ways to address such barriers; to encourage innovations to address population needs, constant changes in technology, and other environmental factors; and to analyze and make recommendations for eliminating barriers to entering and staying in careers in primary care, including physician compensation. Unfortunately, the Commission has not received any funding from Congress and has been unable to start any of its work. The College urges the Subcommittee to appropriate the \$3 million in authorized funding to allow this Commission to begin its important work.

### **Agency for Health Research and Quality**

Along with the *Friends of AHRQ*, ACP is asking \$405 million for AHRQ in FY2012, a 2.1 percent increase over current FY2011 levels and a 10 percent increase over the President's FY2012 request. The Agency funds research and programs at local universities, hospitals, and health departments that improve health care quality, enhances consumer choice, advances patient safety, improves efficiency, reduces medical errors, and broadens access to essential services—transforming people's health in communities in every state around the nation. Within AHRQ, the College asks for sustained funding of the *Evidence Synthesis* activity line-item at \$12 million, which is the same as the President's budget. The *Evidence Synthesis* activity funds Evidence-based Practice Centers (EPCs), which develop high-quality evidence

reports on clinically relevant health care topics, serve as the basis for the development of clinical practice guidelines and other tools by organizations such as ACP, and provide clinicians with the most up to date, evidence-based clinical advice. Without such funding, ACP and other organizations which use the research would be significantly limited in our capacity to develop clinical guidelines. The comparative-effectiveness analysis done by the EPCs will improve outcomes and have the potential to lead to savings in health care costs and more efficient care, by empowering patients and their physicians to make the best choices among alternative treatment options. Clinical guidelines are vital in assisting patients and clinicians in making such informed health decisions.

### **Primary Care Extension Program**

The Primary Care Extension program, a new program authorized by the ACA under Title III of the Public Health Service Act, would help to educate and provide technical assistance to primary care providers including general internists currently in practice about evidence-based therapies, preventive medicine, health promotion, chronic disease management, and mental health. This much-needed assistance will help strengthen primary care practices caring for newly insured individuals and an aging population with multiple chronic conditions. ACP urges the Subcommittee to fund this program at its authorized level of \$120 million.

### **Teaching Health Centers**

The THC grant program will provide grants and Graduate Medical Education (GME) funding for THC to train primary care physicians in community-based, ambulatory patient care settings. The THC development grants can be used for activities associated with establishing or expanding a primary care residency training program including curriculum development, faculty and trainee recruitment, training, retention, and accreditation. In FY2011, eleven THC – one in internal medicine, nine in family medicine, and one in dental education – were awarded competitive funds and will operate primary care residency programs beginning in July 2011. If these programs are successful, the THC program could help to shift GME training to community-based settings emphasizing primary care and prevention. However the success of this program cannot be fully evaluated without sufficient and sustainable funding as was mandated under the ACA. We urge the Subcommittee to appropriate funds for the THC development grant program at levels authorized under the ACA. In addition, we are concerned that shifting the THC GME payments from mandatory to discretionary spending may serve as a disincentive for other entities who may wish to establish community-based GME programs due to the lack of a predictable payment structure.

### **Federally Qualified Health Centers**

Federally qualified health centers – or community health centers – provide services for the growing number of vulnerable people who have difficulty accessing the traditional health care system. ACP believes that Congress should fully fund FQHCs, at no less than authorized levels set by the ACA. As the economy regains its footing and an astonishing 50 million Americans are uninsured, CHCs play an even more important role in helping people receive the health care they need regardless of their financial status. Without access to FQHCs, the uninsured are left to seek medical care through the hospital emergency room or forego attention altogether. The College urges the Subcommittee to appropriate funds for FQHCs at levels authorized under the ACA.

### **Conclusion**

The College is keenly aware of the fiscal pressures facing the Subcommittee, but strongly believes the United States must invest in these essential programs in order to achieve a high performance health care system and build capacity in our primary care workforce. The College greatly appreciates the past support of the Subcommittee on these issues and looks forward to working on a bi-partisan basis to reduce spending on programs that have not shown value, while continuing to fund investments in the primary care workforce and redesign the health care delivery system to improve health care quality and lower costs.

Yours truly,



Virginia Hood, MBBS, MPH, FACP  
President