

March 20, 2012

The Honorable Daniel Inouye
U.S. Senate
Washington DC, 20510

The Honorable Thad Cochran
U.S. Senate
Washington DC, 20510

The Honorable Tom Harkin
U.S. Senate
Washington DC, 20510

The Honorable Richard Shelby
U.S. Senate
Washington DC, 20510

Dear Sirs:

The undersigned organizations are writing to urge you to support at least a \$71 million appropriation for the Primary care training and enhancement program funded through the Labor-HHS-Education appropriations bill. In a time of increasing primary care need, we urge you to recognize the importance of maintaining and expanding the pipeline of primary care production and training. Funding for primary care training is an investment in the future restraint of health care spending, as well as in improved health outcomes.

As lawmakers make difficult determinations regarding federal spending in the coming weeks and months, the importance of supporting and enhancing the primary care workforce to ensure access to quality and cost-effective health care should be an integral part of the discussion. These Health Resources and Services Administration (HRSA) programs are a small investment that will reap larger rewards.

The evidence is clear:

- Demonstration projects and international experiences that preferentially invest in primary care can reduce spending, particularly for inpatient and emergency department care (Health Affairs, Mar-Apr 2009).
- Key advisory bodies such as the Institute of Medicine (IOM) and the Congressional Research Service (CRS) also call for increased funding. The IOM (December 2008) pointed to the drastic decline in Title VII funding and described these health professions workforce training programs as “an undervalued asset.” The CRS found that reduced funding to the primary care cluster has negatively affected the programs during a time when more primary care is needed (February 2008).
- “There is compelling evidence that health care outcomes and costs in the United States are strongly linked to the availability of primary care physicians. For each incremental primary care physician (PCP), there is 1.44 fewer deaths per 10,000 persons. Patients with a regular primary care physician have lower overall health care costs than those without one.” (Council on Graduate Medical Education (COGME) December, 2010)

In addition, it is important to understand that we are already in a crisis regarding shortfalls in the education and training of primary care physicians and physician assistants. “Since 2000, primary care GME production has dropped to levels too low to sustain the current primary care physician workforce. More than 1,250 resident positions in adult primary care training programs have been lost (Academic Medicine, May 2011).” The combined production of primary care and general surgery is now down to less than 26% of GME output (primary care about 23%). In 2008, 37% of physician assistants were practicing in primary care; this reflects a decline from 1997 when 50% of physician assistants practiced in primary care and follows trends in the

physician workforce. (Eighth Annual Report to the Secretary of the U.S. Department of Health and Human Services and to the U.S. Congress May 2010, ACTPCMD) Cutting funding that helps provide training to a new generation of primary care doctors and physician assistants is an ill-advised step backward.

Level funding for primary care training is not enough. With the allocation of 15% of the appropriations of the Primary Care Training and Enhancement program line for physician assistant training, Congress has taken steps to alleviate the shortfall in physician assistant training. Not funding a competitive cycle for physicians stifles opportunities for inter-professional, team-based training. Without a substantial increase of funding, HRSA will not be able to carry out a competitive grant cycle for the second year in a row. The nation needs new initiatives relating to increased training in inter-professional care, the patient-centered medical home, and other new competencies required in our developing health system.

Now is the time to ensure that critical funding for the Primary Care Training and Enhancement program takes place. We cannot allow the primary care pipeline to dry up. We respectfully urge you to support funding of \$71 million in FY 2013 to protect our nation's investment in primary care production and training.

Sincerely,

Alliance for Academic Internal Medicine
American Academy of Family Physicians
American Academy of Pediatrics
American Academy of Physician Assistants
American College of Osteopathic Family Physicians
American College of Physicians
American Osteopathic Association
Association of Departments of Family Medicine
Association of Family Medicine Residency Directors
North American Primary Care Research Group
Physician Assistant Education Association
Society of General Internal Medicine
Society of Teachers of Family Medicine

If we can be of any further assistance, please contact:

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