

Investing in the Family Physician Workforce

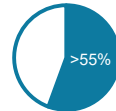


The AAFP urges Congress to increase the number of family residency positions, permanently reauthorize the THCGME Program, and invest in strategies that strengthen the family physician pipeline — especially in rural communities.

i Background

Family physicians are personal doctors for all people of all ages and health conditions. They are reliable first contact for health concerns and directly address most health care needs.

Through enduring partnerships, family physicians help patients prevent, understand, and manage illness; navigate the health system; and set health goals. Family physicians and their staffs adapt their care to the unique needs of their patients and communities.



In the U.S., primary care accounts for more than 55% of all office visits — approximately 500 million of 900 million annual visits.

Evidence shows that access to primary care helps us live longer, healthier lives. Studies suggest that as many as **127,617** deaths per year in the U.S. could be averted through an increase in the number of primary care physicians.¹

+ Primary Care Physician Shortage

The U.S. faces a critical family physician workforce shortage, compounded by decades of neglect, misalignment of priorities and resources in medical education, and financial pressures from the health care industry. While the current system excels at educating highly specialized physicians and physician researchers, the primary care physician shortage prevents the U.S. from capturing the better outcomes and lower per-capita costs associated with robust primary care systems in other countries. The USC-Brookings Schaeffer Initiative for Health Policy recognized that Medicare GME is not addressing the primary care physician shortage and called for a significant overhaul of the system.²



We will need up to **48,000 primary care physicians by 2034** in order to meet the health care needs of our growing and aging population.³

Primary care is only health care component where an increased supply is associated with improved population health and more equitable health outcomes.

☀ Impact of COVID-19

COVID-19 has both highlighted the physician workforce shortages facing communities throughout the nation. It has demonstrated the urgency of building and financing a robust, well-trained, and accessible primary care system. As trusted members of their communities, and the primary source of comprehensive health services in rural and under-resourced areas, family physicians are integral to ensuring equitable COVID vaccination rates and addressing vaccine hesitancy.

Family physicians are in a unique position to provide and coordinate care for vulnerable patients with long COVID. Each year, 77% of adults and nearly 90% of children and adolescents see a primary care physician.⁵ As a result, primary care physicians will play a critical role in treating patients with long COVID.

According to a survey, **85% of respondents say they trust their own physician for reliable COVID-19 vaccine information**, highlighting the important role primary care physicians play in vaccination outreach.⁶

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Solutions to Strengthen Primary Care



Permanently authorize the THCGME Program. Congress should pass the Doctors of Community (DOC) Act ([S. 1958](#) / [H.R. 3671](#)), which would permanently authorize and expand the Teaching Health Center Graduate Medical Education (THCGME) program. Teaching Health Centers play a vital role in training the next generation of primary care physicians and addressing the physician shortage. THCGME graduates are more likely to continue practicing primary care medicine and serving in medically underserved communities than those in Medicare GME-supported programs.



Increase rural training opportunities to improve access to care. 20% of the U.S. population lives in rural areas, but only 12% of primary care physicians practice in these areas. Congress can help address the dearth of primary care physicians and increase access in rural communities by passing the Rural Physician Workforce Production Act of 2021 ([S. 1893](#)), which would remove caps for rural training and provide new financial incentives for rural hospitals to provide training opportunities in communities facing primary care shortages.



Strengthen the family physician pipeline by investing in federal programs that reduce medical student debt. The average student loan debt for four years of medical school, undergraduate studies and higher education was \$200,000 last year. Research has shown that loan forgiveness or repayment programs directly influence physician practice choice.⁸ Congress should:

- Pass the Student Loan Forgiveness for Frontline Health Workers Act ([H.R. 2418](#)), which would forgive the outstanding student loan debt of frontline physicians and medical students who are treating patients with coronavirus.
- Pass the COMMUNITIES Act ([H.R. 4285](#)), which would institute 100% loan repayment under the NHSC Loan Repayment Program if a primary care clinician commits to serving in an eligible underserved community for five years.
- Pass the REDI Act ([H.R. 4122](#)), which would allow medical residents to defer their student loans interest free during residency.



Address the family physician shortage by increasing the number of visas for international medical graduates. More than 22% of active family physicians are IMGs and they are twice as likely to practice in health professional shortage areas. Congress should:

- Pass the Healthcare Workforce Resilience Act ([S. 1024](#)), which would recapture unused immigrant visas Congress authorized in previous years and reallocate them, with 15,000 reserved for physicians.
- Pass the Conrad State 30 & Physician Access Act ([S. 1810](#) / [H.R. 3541](#)), which reauthorizes the Conrad 30 program for three additional years and ensures that resident physicians from other countries that are trained in the U.S. can continue to provide care in communities most in need.



Provide an adequate number of family medicine residency positions to meet the "25% by 2030" goal for U.S. medical school graduates making a career choice of family medicine. Effective health care systems have a physician workforce made up of roughly 50% primary care and 50% subspecialty. Today's U.S. physician workforce is 33% primary care. To achieve the goal of 50% primary care, it is imperative that at least 25% of U.S. medical school graduates choose family medicine by 2030.

(1) Starfield, B., Shi, L., Macinko, J. (2005, Sep) "Contribution of Primary Care to Health Systems and Health" *Milbank Quarterly*. 83(3): 457-502. doi: 10.1111/j.1468-0009.2005.00409.x Accessed at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/>; (2) Steinwald, B., Ginsburg, P., Brandt, C., Lee, S., Patel, K. (2018, Dec.) "Medicare Graduate Medical Education Funding is Not Addressing the Primary Care Shortage: We Need a Radically Different Approach" USC-Brookings Schaeffer Initiative for Health Policy https://www.brookings.edu/wp-content/uploads/2018/12/Steinwald_Ginsburg_Brandt_Lee_Patel_GME-Funding_12.3.181.pdf; (3) AAMC (2021, Jun. 11) "AAMC Report Reinforces Mounting Physician Shortage" *Press Release*. Retrieved July 2, 2021 at: <https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage>; (4) Analysis conducted by the Robert Graham Center.; (5) Primary care physician visit frequency among adults, U.S., 2018. (n.d.). Statista. Retrieved April 23, 2021, from <https://www.statista.com/statistics/916781/primary-care-physician-visit-frequency-among-adults-us/>; (6) Hamel, L., Kirzinger, A., Munana, C., & Brodie, M. (2020, December 22). KFF COVID-19 Vaccine Monitor: December 2020. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/report/kff-covid-19-vaccine-monitor-december-2020/>; (7) CDC (2019, Nov. 7) "Rural Americans are dying more frequently from preventable causes than their urban counterparts" *Press Release*. Retrieved on December 15, 2020, at <https://www.cdc.gov/media/releases/2019/p1107rural-americans.html>; (8) Scheckel, C., Richards, J., Newman, J., Kunz, M., Fangman, B., Mi, L., Poole, K.G. (2019, April) "Role of Debt and Loan Forgiveness/Repayment Programs in Osteopathic Medical Graduates' Plans to Enter Primary Care" *The Journal of the American Osteopathic Association*. Vol. 119, 227-235. doi: <https://doi.org/10.7556/jaoa.2019.038> Accessed at <https://jaoa.org/article.aspx?articleid=2729401>