AMERICAN ACADEMY OF FAMILY PHYSICIANS

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Dr. Irene Sandvold
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Re: AAFP Recommendations for Strengthening the Primary Care Physician Workforce through the Primary Care Training and Enhancement Programs

Dear Chief Harne and Dr. Sandvold:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 130,000 family physicians and medical students across the country, I write to express our appreciation for the Health Resources and Services Administration's (HRSA) continued interest in supporting and expanding the primary care workforce through the Primary Care Training and Enhancement (PCTE) umbrella of programs. The AAFP appreciated the invitation to attend HRSA's recent listening session on primary care resident and fellow training programs that are funded through the PCTE, and we look forward to continuing to work with HRSA to strengthen the primary care workforce to improve health outcomes and achieve health equity for all Americans.

The AAFP has previously submitted recommendations to HRSA on ways to support primary care, especially in rural and underserved communities. Investing in primary care is essential to HRSA's mission and to achieving our shared goals. The AAFP has long supported the authorization and expansion of primary care training and loan repayment programs administered by HRSA. AAFP also recognizes the important role of Community Health Centers (CHCs), federally qualified health centers (FQHCs), and rural health clinics (RHCs) in increasing equitable access to high-quality, culturally competent primary care for low-income patients, those living in rural areas, and other underserved populations. In fact, primary care physicians make up nearly 90 percent of physicians working in CHCs, and most of those physicians are family physicians.[i] To ensure every American can get the comprehensive primary care they need, we look forward to partnering with you to strengthen training and loan repayment programs; support CHCs, FQHCs, and RHCs; and bolster maternal and child health programs. Our detailed recommendations in response to the questions posed during the Oct. 16, 2024, Primary Care Training and Enhancement Program Listening Session are below.

Questions 1 and 4: What are the most prevalent medical and public health trends and training concerns that should be addressed in developing the primary care physician workforce? In your view, what training needs can be met by the PCTE program?

The AAFP has long been concerned about the shortage of primary care physicians in the U.S., particularly the supply of family physicians, who provide comprehensive, longitudinal primary care services for patients across the lifespan, including chronic disease management, treatment of acute illnesses, and preventive care. Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes. Studies have shown that more than 127,000 deaths could be averted through an increase in the number of primary care physicians.[ii] In fact, for every 10 additional primary care physicians per 100,000 people, there is shown to be associated with a 51.5-day increase in life expectancy. By comparison, an additional 10 specialist physicians per 100,000 people corresponded to a 19.2-day life expectancy increase.[iii]

Individuals living in rural areas face significant barriers and challenges to accessing high-quality, comprehensive health care. Rural hospitals have closed at an alarming rate over the last ten years, and many rural populations face long travel times for primary and emergency care. Additionally, while many patients benefited from new telehealth flexibilities due to the COVID-19 public health emergency (PHE), rural individuals were less likely to have broadband access and therefore less likely to connect via video for virtual visits.[iv]

The AAFP has long advocated to improve access to high-quality care in rural communities. Seventeen percent of our members practice in rural areas, the highest percentage of any medical specialty. Family physicians are uniquely trained to provide a broad scope of health care services to patients across the lifespan. This enables them to tailor their practice location and individual scope of practice to the needs of their communities. As a result, family physicians are an essential source of emergency services, pregnancy care, hospital outpatient services, and primary care in rural areas.

Additionally, the National Academies of Sciences, Engineering, and Medicine (NASEM) report on primary care highlighted the chronic underfunding of Title VII programs.[v] Despite proven benefits of Title VII investments in improving patient outcomes, its funding has been reduced to less than 10 percent of total GME funding since the 1960s. Title VII primary care training grants are crucial for developing a workforce capable of caring for vulnerable populations and addressing health equity issues. Expanding the number of medical students choosing primary care careers is critical, and reaching more primary care medical school departments is essential for innovating training methods, conducting research on increasing primary care production, and disseminating best practices. Specifically, grants provided under Title VII's Section 747 continue to support traditional training for family physicians, and the AAFP strongly supports the expansion of the Teaching Health Centers Development Grants and Rural Physicians Training Grants.

The AAFP believes PCTE programs could be especially impactful in providing rural training opportunities for primary care physicians and would strongly recommend an expansion of PCTE's existing programs and funding in this space. Most physicians are trained at large academic medical centers in urban areas, and evidence indicates physicians typically practice within 100 miles of their residency program.[vi] As a result, the current distribution of trainees leads to physician shortages that are particularly dire in medically underserved and rural areas. According to HRSA, 7.3 percent of U.S. counties do not have a primary care

physician, and by 2036, rural communities will have 27 percent fewer family physicians than needed to meet demand in these areas.[vii]

We look forward to working alongside HRSA, CMS, and other agencies; Congress; and additional stakeholders to reimagine what our country's GME and THCGME training systems could be so that primary care is better supported and invested in appropriately, including an expansion of training in community-based settings. Our current training approach primarily focuses on physicians being trained in large academic hospitals, which fails to acknowledge the community-based nature of primary care and leads to physician shortages in medically underserved and rural areas. **The AAFP has long supported strengthening training opportunities in community-based settings that will directly support primary care and particularly family physicians**. Below are several recommendations on how PCTE programs could be expanded to better address the maldistribution of the health care workforce, declining access to health care in rural areas, and the primary care physician shortage.

- Offer stipends, either to individual residents or to residency programs, for rural areas where CMS GME funding may not be available.
- Provide incentives for primary care physicians to become medical student and resident preceptors, which could help increase the number of training opportunities for medical students in community settings, including rural settings. The AAFP highly values family medicine preceptors, and it strongly supports clinical experiences for students at all stages of training.
    - Examples of direct preceptor incentives could include supplemental stipends, increased salaries, or tax credits.
    - Preceptor incentives could also be provided to the medical school and residency programs themselves, including additional resources, support, and training for family medicine departments and institutions to be able to recruit, develop, and retain community-based family physician preceptors.
- Offer medical students increased community-based and rural training experiences. PCTE programs could provide stipends, housing assistance, and transportation subsidies to make it possible for students to participate in training that may be remote from their usual place of training.
- Offer diverse clinical sites for residents outside of the academic health center, including community-based practices, street medicine, direct primary care, and CHCs.
- Provide financial incentives for students who commit to family medicine or primary care. These could include scholarship programs, tuition waivers, medical student education loan forgiveness programs, and low-interest loan programs for primary care residents and practicing physicians.
- Extend additional financial and educational support to CHCs, FQHCs, RHCs, and other community-based training sites for medical students and residents. Pursue expanded funding for rural training tracks.
- Fund longitudinal mentorship programs to connect students with family physicians throughout medical school, particularly physicians who practice in rural and underserved communities.

Question 2: The PCTE has supported many programs under its umbrella legislation. In your view, which programs had the most significant impact?

From the data available, the PCTE programs we believe have had the biggest impact on primary care are the current Residency Training in Primary Care (RTPC) Program and the Training Primary Care Champions Program, as well as the former Academic Administrative Unit (AAU) funding that is no longer available. **However, the AAFP could not find data regarding the most successful programs under the PCTE umbrella in terms of physician retention. One of the best signifiers for improved, long-term community access to health care is if physicians stay in the community after completing residency. If HRSA has this data available, we would greatly appreciate being able to review it**.

The RTPC and Training Primary Care Champions programs focus on readiness for interdisciplinary care, as well as health care access, quality, and cost. The RTPC Program improves accredited residency training programs in family medicine, internal medicine, and pediatrics in rural and high-need areas. The Training Primary Care Champions Program creates fellowship programs that train community-based practicing primary care physicians. Both programs support AAFP priorities of expanding the primary care workforce in rural areas and community-based settings.

HRSA's 2023 Congressional Budget Justification explicitly eliminated AAU grant funding, which was under the PCTE umbrella of programs. AAU funding was useful because it provided increased medical student experiences in primary care settings, which can in turn boost the number of students choosing primary care specialties. This funding was essential for supporting primary care workforce development and addressing the health care needs of communities nationwide. **The AAFP strongly supports explicit funding for AAUs being reincorporated in HRSA's future budgets**.

Question 3: What are some barriers that impact maternal healthcare education and services and how can they be mitigated?

Pregnancy, perinatal, and newborn care is a core discipline of the specialty of family medicine, and **the AAFP advocates that pregnancy, perinatal, and newborn care privileges should be based solely on the individual physician's training, experience, and demonstrated current competence – not by specialty-specific designation alone**. The AAFP and the American College of Obstetrics and Gynecology (ACOG), recognize there are health care disparities for people living in both rural and urban underserved areas, including disparities in critical access to pregnancy, perinatal, and newborn care. In some rural areas, family physicians provide 100 percent of pregnancy care. The AAFP is committed to improving access to quality health care, including comprehensive pregnancy, perinatal, and newborn care, for all people regardless of where they live.

Major barriers that negatively impact pregnancy health care education and services include a decreasing number of hospitals in rural areas providing delivery/obstetrics care and increasing hospital closures in rural communities over the past several years. Thankfully, family physicians

are uniquely prepared to fill some needs in pregnancy care deserts. PCTE programs can support the training of family medicine residents in the areas of greatest need, which in turn could help encourage increased access to pregnancy care in those communities in the future. The AAFP would support HRSA funding research into the root causes of rural hospital and obstetrics/delivery department closures, including increasing malpractice costs and expanded challenges associated with providing pregnancy care and reproductive services. **We strongly encourage HRSA to partner with CHCs, FQHCs, and RHCs to provide pregnancy training, care, and delivery**.

HRSA Website Recommendations

The AAFP urges HRSA to create a new page for their website that is dedicated to the PCTE suite of programs. This page would ideally include an overview of the PCTE, a summary on each of the current and past programs that fall under the PCTE umbrella, and details on which organizations received funding within each program. Currently, AAFP staff has only been able to find high-level information on the individual programs within PCTE by using the "Health Workforce Programs" search function. While some of the details suggested for inclusion are available throughout the HRSA website and can be found through multiple searches, it would be hugely helpful to organizations like ours, and the public at large, if this information was housed in a single place that was easily located. As a starting point for this new webpage, the AAFP recommends the information included in Chief Harne's August 1, 2024, presentation "Overview of the Primary Care Training and Enhancement Program (PCTE)" to the Advisory Committee on Training in Primary Care Medicine and Dentistry be included.[viii]

Thank you for the opportunity to provide our comments and recommendations regarding the important work done by HRSA through the PCTE umbrella of programs. The AAFP greatly appreciates the department's prioritization of and efforts to support the primary care physician workforce, particularly in communities of significant need. We look forward to continuing to partner with you on our shared goals for training a robust primary care physician workforce that is able to meet the nation's growing and diverse population. Should you have any questions, please contact Mandi Neff, Regulatory and Policy Strategist, at 202-655-4928 or mneff2@aafp.org.

Sincerely,

Steven P. Furr, M.D., FAAFP

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American Academy of Family Physicians, Board Chair

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[iv] Federal Communications Commission, "2019 Broadband Deployment Report," May 2019. Available at: https://www.fcc.gov/reports-research/reports/broadbandprogress-reports
[v] National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee on Implementing High-Quality Primary Care; Linda McCauley, Robert L. Phillips, Jr., Marc Meisnere, and Sarah K. Robinson, Editors.
[vi] Fagan BE, Finnegan SC, Bazemore AW, Gibbons CB, Petterson SM. Migration After Family Medicine Residency: 56% of Graduates Practice Within 100 Miles of Training - Graham Center Policy One-Pagers - American Family Physician.
[vii] State of the Primary Care Workforce 2023 (hrsa.gov)
[viii] Advisory Committee on Training in Primary Care Medicine and Dentistry, "Overview of the Primary Care Training and Enhancement Program (PCTE)," August 2024. Available at: https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/primarycare-dentist/meetings/title-vii-section-747-update-harne.pdf