

# COUNCIL OF ACADEMIC FAMILY MEDICINE

Association of Departments of Family Medicine  
Association of Family Medicine Residency Directors  
North American Primary Care Research Group  
Society of Teachers of Family Medicine



September 13, 2017

Chairman Michael Burgess  
Energy and Commerce  
Subcommittee on Health  
2336 Rayburn House Office Building  
Washington, D.C. 20515

Ranking Member Gene Green  
Energy and Commerce  
Subcommittee on Health  
2470 Rayburn House Office Building  
Washington, D.C. 20515

Dear Chairman Burgess and Ranking Member Green:

The Council of Academic Family Medicine (CAFM) represents teachers of and researchers in family medicine. In anticipation of the upcoming hearing on “Supporting Tomorrow’s Health Providers: Examining Workforce Programs Under the Public Health Service Act,” we are sharing our positions on two critical issues in your jurisdiction: Teaching Health Centers (THC) and Title VII primary care funding. We ask that this be included in the statement record of the hearing.

## Teaching Health Centers:

We encourage you to promptly reauthorize the Teaching Health Center Graduate Medical Education (THCGME) program, which will expire on September 30, 2017.

Teaching health centers (THCs) play a vital role in training the next generation of primary care physicians, with more than 700 medical residents handling an estimated one million patient visits in FY2017 in underserved rural and urban communities. These centers are responding to the crisis-level shortage of primary care physicians by delivering doctors to communities where they are needed most. We are advised that a higher percentage of THC graduates remain in primary care practice and practice in underserved urban and rural communities than graduates of traditional GME programs<sup>1</sup>, reflecting the benefits that accrue from a well-designed program.

We believe that in reauthorizing the THC GME program, Congress should extend its duration for at least three years. In addition, we believe that reauthorization legislation should establish sufficient annual funding amount, of at least \$116.5 million for current programs so that a per resident allocation more truly reflects the cost of training each resident than the current funding level of \$60 million. Moreover, we ask that you include additional funding in the second and third year of the authorization to allow for new residencies to join the THCGME program. We are advised that the insufficient current funding level, coupled with the uncertainty regarding the program’s expiration in September, has led some programs to reduce their resident slots, which is particularly unfortunate given the shortage of primary care physicians and the fact that some THCs have over 100 applicants for every available residency slot.

## Title VII:

We urge the Committee to pass a straight reauthorization for the health professions program, Primary Care Training and Enhancement, authorized under Title VII, Section 747 of the Public Health Service Act under the jurisdiction of the Health Resources and Services Administration (HRSA.) The Primary Care Training and Enhancement Program has a long history of funding training of primary care physicians.

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<sup>1</sup> Primary Care Residents in Teaching Health Centers: Their Intentions to Practice in Underserved Settings After Residency Training; Zohray Talib, MD, Mariellen Malloy Jewers, MIA, et al. *Academic Medicine* (online ahead of print Aug 22, 2017.)

The most recent Congressional reauthorization modified the Title VII health professions programs to direct HRSA to prioritize training in the new competencies relevant to providing care in the patient-centered medical home model. It also calls for the development of infrastructure within primary care departments for the improvement of clinical care and research, as well as innovations in team management of chronic disease, integrated models of care, and health care transitions. Its purpose is not only, as the President's budget contends, to increase workforce numbers, but to also increase the value and training of the primary care workforce. In fact, these programs have accomplished both aims.

Multiple studies have recognized the value of this program.<sup>i</sup> Primary care health professions training grants under Title VII are vital to the continued development of a workforce designed to care for the most vulnerable populations and meet the needs of the 21st century.

We look forward to working with you in support of both of these vital programs.

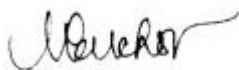
Sincerely,




Stephen A Wilson, MD  
President  
Society of Teachers of Family Medicine



Karen B Mitchell, MD  
President  
Association of Family Medicine  
Residency Directors



Valerie Gilchrist, MD  
President  
Association of Departments of  
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William Hogg, MD  
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<sup>i</sup> <http://www.jgme.org/doi/full/10.4300/JGME-D->  
- Fryer GE Jr, et al. The association of Title VII fund:  
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- Politzer RM, et al. The impact of Title VII departmental and predoctoral support on the production of  
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- Rittenhouse DR, et al. Impact of Title VII training programs on community health center staffing and national health service corps participation. *Ann FamMed*. 2008;6(5):397-405.