Funding Request for Investment in Primary Care Workforce: Title VII

Recommendation:
Invest in innovation to revitalize our nation's primary care physician workforce by including $59 million for fiscal year (FY) 2026 for Title VII Health Professions Primary Care Training & Enhancement (PCTE) grants administered by HRSA, to allow for a robust competitive grant cycle. Include report language on PCTE grants. Current funding levels are at $49 million.

Background:
Historically funding for Section 747 primary care programs has been shown to produce more primary care physicians for the nation. In recent years, however, we have seen the primary care physician workforce under tremendous stress and its members are aging. In 2019, more than one-quarter of primary care physicians were aged 60 years or older[1]. The production of primary care physicians has not kept pace with the need. If supply and demand trends persist, the American Association of Medical Colleges (AAMC) estimates a shortage ranging between 17,800 and 48,000 primary care physicians by 2034.[2] This deficit is important because we know, according to a 2021 National Academy of Science, Engineering and Medicine (NASEM) report[3], that "primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes." Additional funding is needed for both residencies and medical school departments to help address faculty retention, public health competencies, recruit and retain students into primary care, develop new curriculum related to the pandemic, address health equity concerns and to increase full scope primary care physicians.

Title VII – Primary Care Training and Enhancement Health Professions Program
The PCTE has a long history of funding training of primary care physicians. As experimentation with new or different models of care continues, departments of family medicine need to be able to innovate in primary care education and research to produce more primary care physicians. Evidence has identified a number of factors that are shown to increase production of primary care physicians[4]. These include: family medicine and internal medicine outpatient clerkships; preceptor (community teachers) support, including faculty development; mentors (formalized programs or mentor support, structure, curriculum on how to be a mentor, etc.); Family Medicine Interest Groups (FMIGs); (support for faculty development of advisors, outside speakers, etc.); support for longitudinal curricular pathways: experiences in rural training, primary care tracks, underserved care, and public health, and leadership development for primary care faculty. The PCTE Program supports the above; but more investment is needed.

Value of Primary Care Training and Enhancement Program:

[1] Willis J, Antono B, Bazemore A, Jetty A, Petterson S, George J, Rosario BL, Scheufele E, Rajmane A, Dankwa-Mullan I, Rhee K. *The State of Primary Care in the United States: A Chartbook of Facts and Statistics*. October 2020.
[2] https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage
[3] https://www.nationalacademies.org/our-work/implementing-high-quality-primary-care
[4] Personal Communication, Julie Phillips, MD re: series of papers in press for publication this summer in *Family Medicine*

Hope R Wittenberg, *Director, Government Relations*
hwittenberg@stfm.org
1133 Connecticut Ave. NW, Suite 1100 • Washington DC 20036 • Ph: 202-986-3309 • Fax: 202-232-9044

Multiple studies have recognized the value of this program.[5] In addition, decreased resources for the program over time have had a detrimental impact. The Advisory Committee on Training in Primary Care Medicine and Dentistry December 2014 reports that "[r]esources currently available through Title VII, Part C, sections 747 and 748 have decreased significantly over the past 10 years, and are currently inadequate to support the [needed] system changes."[6] In its most recent 19th report (in press)[7],The Advisory Committee recommended that Congress increase funding levels for training under the primary care training health professions program and the dental health profession program to $200 million.

The NASEM report identified the problems with under-funding Title VII programs, finding that despite the demonstrably better patient outcomes that have resulted from Title VII investments, Title VII funding remains only a tiny fraction of the total GME funding; reduced to less than 10% since the 1960s. Primary care training grants under Title VII are vital to the continued development of a workforce designed to care for the most vulnerable populations, including concerns related to health equity.

Administrative Academic Units:
For FY 2023, the HRSA Congressional Budget Justification (CBJ) indicated the agency would no longer fund medical schools under the PCTE Program (PCTE). The new language explicitly eliminated the Administrative Academic Units (AAU) grant funding under the PCTE program. HRSA's change was not discussed with stakeholders, or with the Advisory Committee on Training in Primary Care Medicine and Dentistry, which is charged with providing advice and recommendations on policy and program development to the Secretary of Health and Human Services (Secretary) concerning medicine and dentistry activities under section 747 of the PHS Act. The Senate FY 2024 report included the below report language; because FY 2025 is under a continuing resolution this went unaddressed. We support including the FY 2024 language for FY 2026.

AAU Report Language: Funding of medical school departments/divisions (academic administrative units) under the HRSA Primary Care Training and Enhancement Program (PCTE) has been a critical part of the PCTE program both in its role in medical student selection of primary care training programs and in facilitating scholarly activity in departments of family medicine. The Committee directs HRSA to not eliminate this funding and to continue funding opportunities to support administrative academic units within medical schools."

We believe that providing enough funding in FY 2026 to allow for a robust grant competition, allowing for support for programs within academic units related to the factors listed above, will provide the largest impact over time. It's critical to expand the number of medical students choosing primary care careers. To stimulate this supply, it's important to reach as many primary care medical school departments as possible to explore innovations in training, more research into increasing primary care production, and best practice dissemination. Title VII funding for primary care training is an evidence-based investment in the future care of the nation.

---

[5] http://www.jgme.org/doi/full/10.4300/JGME-D-14-00329.1
- Fryer GE Jr, et al. The association of Title VII funding to departments of family medicine with choice of physician specialty and practice location. Fam Med. 2002;34(6):436–440.
- Politzer RM, et al. The impact of Title VII departmental and predoctoral support on the production of generalist physicians in private medical schools. ArchFam Med. 1997;6(6):531–535.
- 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.

[6] http://www.hrsa.gov/advisorycommittees/bhpradvisory/actpcmd/Reports/eleventhreport.pdf
[7] Presentation from Chair, Sandra Snyder, DO to Council on Graduate Medical Education, Mar 24, 2022

Conclusion:
Primary care health professions training grants under Title VII are vital to the continued development of a workforce to meet the needs of the 21st century. We urge your support for $59 million in FY 2025 to fund new initiatives to help address issues related to the COVID-19 pandemic and a shortage of primary care physicians as well as AAU report language.