

Investing in the Primary Care Workforce

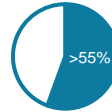


The AAFP urges Congress to invest in strategies that strengthen and diversify the family physician pipeline, especially in underserved areas, and bring accountability to federal GME programs to assess if spending is aligned with workforce needs.

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.

i Regulatory Update

The AAFP was [strongly supportive](#) of the 1,000 new Medicare GME slots that Congress approved as part of Consolidated Appropriations Act of 2021, as well as [CMS' final decision](#) prioritizing applications for new residency slots for those training programs located in Health Professional Shortage Areas.

In January 2023, CMS awarded the first round of the 1,000 slots and the AAFP was pleased that 125 of the 200 new residency slots will be for primary care specialties – including 60 residency slots for family medicine.

While the new Medicare GME residency slots were very much appreciated, additional action is needed to address disparate access to care in rural and other medically underserved areas. Merely expanding the existing Medicare GME system will not fix the shortage and maldistribution of physicians..

Evidence indicates **physicians typically practice within 100 miles of their residency program**. As a result, the current distribution of trainees leads to physician shortages in medically underserved and rural areas.⁶

Investing in the Primary Care Workforce

Solutions to Strengthen Primary Care



Permanently authorize the THCGME Program. The Teaching Health Center Graduate Medical Education (THCGME) Program plays a vital role in training the next generation of primary care physicians and addressing the shortage and maldistribution of physicians. To date, the program has trained more than 1,730 primary care physicians and dentists, 63% of whom are family physicians. THCGME graduates are also more likely to continue practicing primary care medicine and serving in medically underserved communities than those in Medicare GME–supported programs. The program’s authorization expires on September 30, 2023.

Congress should pass the Doctors of Community (DOC) Act (H.R. 2569), which would permanently authorize and expand the Teaching Health Center Graduate Medical Education (THCGME) program



Address the family physician shortage by reauthorizing the Conrad 30 Waiver Program. More than 22% of active family physicians are International Medical Graduates (IMGs) and they are twice as likely to practice in health professional shortage areas. The Conrad 30 Waiver Program has brought more than 15,000 foreign physicians to underserved and rural communities. With communities across the country facing physician shortages, the Conrad 30 Waiver Program ensures that physicians who are often educated and trained in the U.S. can continue to provide care for patients during the COVID-19 crisis and beyond.

Congress should pass the Conrad State 30 & Physician Access Act (S. 665) to provide immigration certainty to the thousands of IMGs caring for patients in underserved communities.



Strengthen federal GME programs by ensuring transparency and accountability. One barrier to creating a more equitable and effective Medicare GME program is the lack of transparency in how funds are used. Medicare as the largest single payer – spends about \$16 billion annually on GME – but it does not assess how those funds are ultimately used or whether they actually address physician shortages. CMS has indicated their authority is limited to making payment to hospitals for the costs of running approved GME residency programs.

Congress should pass legislation granting the Secretary of HHS and the CMS Administrator the authority to collect, analyze data on how Medicare GME positions are aligned with national workforce needs, and publish an annual report.

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(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) 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. (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>