Strengthening the Primary Care Workforce

National Coalition on Health Care
Primary Care Forum
September 20, 2017
What is Primary Care?

The Institute of Medicine defines primary care as “the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.”

The hallmarks of primary care medicine—first contact care, continuity of care, comprehensive care, and coordinated care—are going to be increasingly necessary in taking care of an aging population with growing incidence of chronic disease and have proven to achieve improved outcomes and cost savings.
Why is an Investment in Primary Care Important?

- U.S. adults who have a primary care physician have 19% lower odds of premature death than those who only see specialists for their care.
- Also have 33 percent lower health care costs.
- States with higher ratios of primary care physicians to population have better health outcomes, including decreased mortality from cancer, heart disease, or stroke.
- Medicare spending is also lower in states with more primary care physicians.

Source: [https://www.acponline.org/acp_policy/policies/primary_care_shortage_affecting_hc_2008.pdf](https://www.acponline.org/acp_policy/policies/primary_care_shortage_affecting_hc_2008.pdf)
Why is an Investment in Primary Care Important?

- April 2017 study of 4 million Medicare beneficiaries (65 and older) who had at least two or more chronic conditions.
- Over 30% percent used a specialist as their main doctor.
  - Had less continuity of care and made more outpatient visits
  - Had more hospitalizations (40.3 more per 1000) and spending was higher ($1,781 more per beneficiary)
- People who saw PCPs saw fewer doctors and also had fewer hospitalizations and lower costs.

Americans Have Poor Access to Primary Care

- Existing primary care workforce is poorly distributed

- 6,708 primary care Health Professional Shortage Areas (designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).

- 67 million Americans affected
Primary Care Workforce Shortage

- HRSA’s National Center for Health Workforce Analysis projects the total demand for primary care physicians will grow by 38,320 full-time equivalents (FTEs) between 2013 and 2025.

- Estimates a shortage of 23,640 primary care physician FTEs by 2025.

- Based on current utilization patterns by age, determined the increased demand in primary care is seen most prominently among general/family medicine, and general internal medicine.
Federal Programs that Support the Primary Care Workforce

- National Health Service Corps (NHSC)
- Teaching Health Centers Graduate Medical Education Program (THCGME)
- Title VII’s Primary Care Training Enhancement Programs
Federal Programs that Support the Primary Care Workforce

National Health Service Corps (NHSC):

- Provides scholarships and loan forgiveness to nearly 10,500 primary care medical, dental, and mental and behavioral health professionals training in rural, urban, and frontier communities.
- More than 60% of NHSC members continue to practice in Health Professional Shortage Areas ten years after service.
- 100% of federal NHSC dollars expire October 1st.
Federal Programs that Support the Primary Care Workforce

Teaching Health Center Graduate Medical Education (THCGME):

- In Academic Year 2017-2018, currently training 732 primary care residents in 57 programs across 24 states in Federally Qualified Health Centers, Rural Health Clinics, and Tribal health centers.
- Over half (55%) of THCGME program training sites are in medically underserved areas.
Federal Programs that Support the Primary Care Workforce – THCGME continued

- Training in these communities increases health care services and primary care workforce in underserved communities

- Half of residents completing training plan to practice in a medically underserved or rural area.

- 100% of federal Teaching Health Center Graduate Medical Education funding expires October 1st
Title VII Primary Care Training and Enhancement Programs:

- Educational grants for programs designed to encourage students to enter primary care fields, support the training of primary care medical residents and fellows, and the careers of primary care medical faculty.
- Trained 1,041 primary care residents and fellows in Academic Year 2015-2016.
- 58% of this program’s physician and physician trainees practiced in a medically underserved area.
- President’s FY 2018 Budget proposes eliminating all funding for the program.
What are we asking of Congress?

- Reauthorize and fund the National Health Service Corps and Teaching Health Centers GME Program for the long term.
- Adequately Fund FY 2018 Discretionary Health Care Workforce Programs
  - Appropriate $580 million for FY 2018 Title VII health professions and Title VIII nursing and workforce development programs
  - Reject proposals to zero out vital workforce programs including Primary Care Training and Enhancement Programs
What are we asking of Congress?

Keep Primary Care Practice a Viable Career Path

• Promote Payment Innovation that Supports Strong Primary Care (CPC+, Independence at Home)
• Successfully Implement MACRA’s MIPS and Advanced APM provisions
• Sustain the Community Health Center Fund’s support for Federally Qualified Health Centers
• Extend the Children’s Health Insurance Program
Resources/Questions

Questions?

ACP Staff Contacts:
Renee Butkus—rbutkus@acponline.org
Jared Frost—jfrost@acponline.org

Resources: www.acponline.org/advocacy