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DATE: 11/14/05  TIME: A.M.(P.M.)

PLEASE DELIVER THE FOLLOWING PAGES IMMEDIATELY TO:

NAME: Anne Grady  EXTENSION:

FIRM: Senator Murray's Office

FAX NUMBER: 202-224-0238

FROM: Eric Troyer, M.D.  TELEPHONE: 206-227-5360

COMMENTS: Here is a little data on how Title VII Section 717 can improve health outcomes (decrease cancer cases and deaths), increase service to underserved areas, and provide economic benefits to communities.

TOTAL NUMBER OF PAGES, INCLUDING COVER LETTER: 4

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Title VII Funding Is Associated with More Family Physicians and More Physicians Serving the Underserved

Title VII funding of departments of family medicine at U.S. medical schools is significantly associated with expansion of the primary care physician workforce and increased accessibility to physicians for the residents of rural and underserved areas. Title VII has been successful in achieving its stated goals and has had an important role in addressing U.S. physician workforce policy issues.

Recognizing the versatility of family practice, the Bureau of Health Professions, via section 747 of Title VII, has since 1978 provided grants to departments of family medicine for predoctoral education, departmental support, and faculty development. The two goals of Title VII predoctoral and departmental grants for departments of family medicine are to increase the number of family physicians in America and to increase the number of doctors practicing in rural and underserved communities. Title VII family medicine faculty development grants seek to increase the number of family medicine teachers.

Between 1978 and 1993, 2,268 Title VII grants were awarded to 120 U.S. medical schools for family practice predoctoral programs (1,074), departmental support (737), and faculty development (457). Grants to departments of family medicine in these three programs totaled $290 million over this 16-year period. The average annual grant amount per institution was $127,500.

In a comprehensive analysis of Title VII funding between 1978 and 1993, approximately 180,000 medical school graduates were followed to evaluate their practice specialty and practice location in the year 2000. Students who attended schools that received no family medicine Title VII funding during their four-year tenure chose family practice at a rate of 10.2 percent. Students who attended schools that received funding of any type for one or more years of their enrollment chose family practice at a rate of 15.8 percent. Additionally, Title VII funding was associated with higher rates of practice in whole county primary care health personnel shortage areas (1.2 versus 1.5 percent) and practice in a rural area (9.5 versus 12.7 percent). All associations were statistically significant and remained so after controlling for possible medical school selection bias.

Current Practice Specialty and Location for Physicians Graduating from U.S. Medical Schools from 1981-1993 by their Medical Schools' Receipt of Title VII Funding

<table>
<thead>
<tr>
<th></th>
<th>Family Practice</th>
<th>PCHPSA</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Funding</td>
<td>10.2% (10.2%)</td>
<td>1.2%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Any Funding</td>
<td>15.8%</td>
<td>1.5%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Additional practicing physicians associated with Title VII Funding</td>
<td>6968</td>
<td>457</td>
<td>3864</td>
</tr>
</tbody>
</table>

PCHPSA = Primary Care Health Personnel Shortage Area

Graduates of schools with Title VII faculty development grants were significantly more likely to choose careers in academic family medicine than were graduates of schools without this funding. Title VII funding to departments of family medicine was not associated with an increase or decrease in the number of students entering other primary care specialties.

Review of Title VII family practice funding clearly demonstrates that these grant programs are achieving their legislative intent to the benefit of millions of Americans.


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Title VII Funding

May 2005

RECOMMENDATION:

Restore funding for Section 747 of Title VII of the Public Health Service Act to FY03 levels of $92 million. Section 747 authorizes the Primary Care Medicine and Dentistry cluster, which includes federal dollars for training family physicians (as well as general internal medicine/ general pediatrics, physician assistants and general/ pediatric dentistry). The current funding level for Section 747 is $88.8 million.

Section 747 is once again zeroed out in the President's budget, and the HHS proposal states, “the budget continues the policy of not funding more general training efforts – (including) primary care...” Last year Congress recognized the need for these programs and increased their funding by almost $7 million; we ask that Congress continue to increase funding this year to achieve funding at FY03 levels.

Increased Funding For Section 747 Can Help Increase Quality And Lower Costs

An article in Health Affairs (April 2004) demonstrates that states that spent more on Medicare had lower quality of care. The authors suggest that more specialists and fewer generalists mean higher costs and lower quality. The study showed workforce measures explain 42 percent of the variation in Medicare spending between states. Moreover, just a small increase in the number of generalists in a state was associated with a large boost in that state’s quality ranking. Section 747 funds are specifically aimed at increasing the production of needed generalist physicians.

Family Physicians Staff the Nation’s Community Health Centers

- The President’s FY 2006 budget would provide approximately $2 billion to the Community Health Centers (CHC) in FY 2006, an increase of $304 million.

- Since nearly one-half of the physicians who staff the nation’s Community Health Centers are family physicians, support for Section 747 would mean more trained doctors for those centers.

Family Physicians Have an Economic Impact on States

On average, the income that comes into a community due to the presence of one family physician, and the additional jobs that result from his or her practice, amounts to approximately

- $1.2 million in rural areas, and
- $0.9 million in urban areas.

(Okahoma Physician Manpower Training Commission, October 2003.)

Section 747 Authorization Is Directed Toward Outcomes

Congress, in its authorizing legislation, directed this funding to achieve certain workforce objectives:

- Increase the number of primary care health professionals.
- Distribute the healthcare workforce to rural and other underserved areas.
- Increase the diversity of the health professions' workforce.

Section 747 Grants Meet Statutory Goals

A study by the Robert Graham Center for Policy Studies showed that medical schools that received Section 747 family medicine funds during the years of medical school training had more of a positive impact than those receiving intermittent funding as well as produced more medical students who ultimately:

- practiced in family medicine or other primary care (family physicians, general practitioners, general internists or general pediatricians);
- practiced in a rural area; or
- practiced in a whole county Primary Care Health Professions Shortage Areas (HPSAs) (those counties with inadequate numbers of primary care physicians, general pediatrics, general internists, or obstetricians/gynecologists).
Section 747 Produces Positive Health Outcomes for Patients
According to another study done by the Graham Center, a greater supply of primary care physicians was associated with fewer cases of cervical cancer and deaths from this disease. The study measured this association in every county in the state of Florida.

If what was true in Florida was the same nationwide, the increase in the number of family physicians that is associated with Title VII dollars could mean 4000 fewer cases of cervical cancer and 1800 fewer deaths in a three-year period. The number of cases and deaths could continue to be prevented, as long as the number of primary care physicians remained at the levels indicated in the Graham Center study as being associated with Title VII funding.

Section 747 Grants Enhance Americans’ Ability to Seek Services from Family Physicians
Another study by the Robert Graham Center looked at counties designated as HPSAs. It showed that the US relies on family physicians more than any other specialty. Of the more than three thousand counties in the US, 784 are designated HPSAs. In a hypothetical exercise, the study removed all family physicians from the US counties. Without family physicians, there would be 1,184 HPSAs - a 43% increase.

Congress Advised to Increase Funding for Section 747
The Congressionally established Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) has continued to recommend increased funding for Section 747 to continue current activities, and to increase effectiveness in future funding priorities such as culturally competent care, eliminating health disparities, and emerging health initiatives.

Section 747 Can Help Family Medicine Adapt to the 21st Century
Section 747 funds are important to education and training programs as they revamp their activities to change curricula and address shifting patient needs. These funds are essential to aiding family medicine departments and residencies redesign the training and education provided to bring information technology, quality improvement systems, and clinical research into the mainstream of the practice of family medicine.