Mr. Chairman, I am Mark Johnson, MD, MPH, Chair of the Department of Family Medicine at UMDNJ-New Jersey Medical School. As President of the Association of Departments of Family Medicine, I am here today to speak on behalf of the Organizations of Academic Family Medicine, including the Society of Teachers of Family Medicine, the Association of Departments of Family Medicine, the Association of Family Practice Residency Directors, and the North American Primary Care Research Group. I thank you for the opportunity to testify for the record on behalf of funding for family medicine training, and the Agency for Health Care Research and Quality (AHRQ).

HEALTH PROFESSIONS: THE PRIMARY CARE MEDICINE AND DENTISTRY CLUSTER

Mr. Chairman, the Organizations of Academic Family Medicine would like to thank you for this committee’s commitment to these programs. We appreciate the funding included in the FY2003 appropriations funding bill, especially in light of difficult fiscal constraints. Family medicine training programs are funded under Section 747, the Primary Care Medicine and Dentistry Cluster, of Title VII of the Public Health Service Act. We ask that you continue your support for family medicine training, and bring the appropriations level for section 747, the Primary Care Medicine and Dentistry Cluster, up to $169 million for FY 2004, of which $96 million is needed for family medicine.

This statement is designed to show the committee how its investment is paying off. This statement will discuss the success of these programs and include recommendations about what still needs to be done. As you look at all the opportunities you have to fund domestic health programs you need to be able to make judgments about the value and utility of these programs. We have been asked in various venues to show proof that these funds actually do what they are designed to do. We must show that this money makes a difference. In this statement we intend to do just that. In addition, we believe we can show how Health Professions programs can successfully help address the unmet healthcare needs that exist in our nation.

President’s Budget Request for FY 2004 Once Again Zeros Out Primary Care Funding

The President’s budget zeros out funding for the Primary Care Medicine and Dentistry Cluster. In addition, the proposal includes only $109 million for all of the Health Professions programs (Titles VII and VIII), a sharp cut of almost 75% from the FY 2003 level of $423.8 million. The budget documents also claim these programs are ineffective, although we believe the analysis used by OMB to determine this is extremely flawed. While OMB has criticized the entire group of 21 health professions programs taken together as lacking clear purpose, the goals of those specific programs under Section 747 are very clear. According to several studies (see below), Title VII dollars in general, and family medicine funding in particular have proven very effective in addressing several major health professions challenges.

Family Medicine Training Programs Are A Success

First, let’s take a look at health professions training – specifically family medicine training. These programs are producing the outcomes that Congress has requested. In a recent study the Robert Graham Center For Policy Studies In Family Practice and Primary Care has shown that federal funding through Title VII of family medicine departments, predoctoral programs, and faculty development has made a difference. The study shows that:

- All three types of grants made a difference in producing more family physicians, and more primary care doctors.

The Association of Title VII Funding to Departments of Family Medicine with Choice of Physician Specialty and Practice Location; Fryer, Meyers, et al (Fam Med 2002;34(6):436-40.)
• Predoctoral and department development grants made a difference in producing more primary care doctors serving in rural areas, and more primary care doctors serving in primary care health professional shortage areas (PCHPSAs).
• Sustained funding during the years of medical school training had a more positive impact than intermittent funding.

We must conclude from this data that this funding means that thousands of physicians are making different career choices, choices that positively affect millions of patients in underserved areas and those needing primary care. Moreover, if this money were to “go away” fewer students would be making these career choices.

**Patient Outcome Measures**

The success of these programs can be addressed in other ways. We can look beyond the production numbers – the facts relating to an increase of family physicians in general, beyond the increase in numbers of those practicing in PCHPSAs or in rural areas and ask the question – Does it matter? What does this mean in terms of patient care and disease incidence and mortality?

According to one study a greater supply of primary care physicians was associated with fewer cases of cervical cancer, and fewer cervical cancer deaths. This study measured this effect in every county in Florida. If what was true in Florida is the same nationwide, the increase of family physicians produced associated with Title VII dollars, could mean 4000 fewer cases of cervical cancer and 1800 fewer deaths from cervical cancer. These numbers could be duplicated every three years, as long as the number of primary care physicians remains at the levels indicated. Clearly, when one looks at the impact of such an increase in primary care physicians on the nations’ health – using just this one indicator – it is profound.

**Other Indicators Of Success**

The federal government’s independent General Accounting Office (GAO) has also shown that this money works. The GAO, in two reports in 1994, addressed the question of how do we know Title VII money is well spent? A July 1994 report states that "the programs were important for funding innovative projects and providing ‘seed money’ for starting new programs. For example, Title VII was considered important in the creation and maintenance [emphasis added] of family medicine departments and divisions in medical schools."

In another report, the GAO states in October 1994 that "students who attended schools with family practice departments were 57% more likely to pursue primary care." In addition, the report goes on to say that "students attending medical schools with more highly funded family practice departments were 18% more likely to pursue primary care and students attending schools requiring a third-year family practice clerkship were [also] 18% more likely to pursue primary care." The money spent on Section 747 of Title VII is directly targeted in these areas.

**Loss Of Funding For Family Medicine Training Would Cause Tremendous Impact On Service To The Underserved**

Without family physicians, counties around the United States would not receive essential primary care services. A 2000 study by the Robert Graham Center showed that the United States relies on

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2 Cervical Cancer Rates and the Supply of Primary Care Physicians in Florida; Campbell, Ramirez, et al (Fam Med 2003;35(1):60–4.)
3 The Association of Title VII Funding to Departments of Family Medicine with Choice of Physician Specialty and Practice Location; Fryer, Meyers, et al (Fam Med 2002;34(6):436–40.)
4 One-Pager No. 5, Fryer, Dovey, Green, American Family Physician 2001; 63:1669
family physicians more than any other physician specialty. Specifically, the study looked at counties designated as Primary Care Health Professions Shortage Areas (HPSAs).

Of the 3142 counties in the United States, 1184 (38 percent) are designated full or partial county HPSAs, which translates to more than 41 million Americans. In a hypothetical exercise, the study removed all family physicians from the US counties. When this was done, that figure nearly doubles - the large majority of US counties became full or partial county HPSAs.

**What Is The Unmet Need? Why Must We Continue To Fund And Grow These Programs?**

According to a 1999 study, Title VII funding is key to ending HPSAs. This funding has led to the time needed for HPSA elimination to decrease to 15 years. Doubling the funding for these programs could decrease the time for HPSA elimination to as little as 6 years.

According to the study, without this funding, not only would HPSAs not be eliminated, but the number of shortage areas could continue to grow. Moreover, success has been attained by an allocation of funds more favorable to family medicine than the other two primary care specialties.

Title VII funding has indeed accomplished many of the objectives for which it was designed:

- Funding of innovative projects
- Providing “seed money” for the start-up of new projects
- The creation and maintenance of departments of family medicine in the nation’s medical schools
- The development of third-year clerkships in family medicine
- The increase in students selecting primary care residencies from those schools with funded family medicine departments and third-year clerkships
- The increased rate of graduates from Title VII funded projects entering practice in medically underserved areas (MUAs), with a resultant reduction in the time required for Health Professions Shortage Area (HPSA) elimination

**Section 747 Advisory Committee Recommends Higher Funding**

In 1998, Congress established an Advisory Committee to review and make recommendations on Section 747. The Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) recently released its recommendations to Congress and the Secretary of the Department of Health and Human Services. The first of six recommendations urges greatly expanding federal support for Section 747 to $198 million. The report notes the growing need for primary care providers as well as documents the success of Title VII funded programs.

The training enterprise that does not value primary care either financially or otherwise is a key part of the problem. Title VII funds that support the infrastructure and stability of family medicine departments in medical schools have to be sustained in order to keep producing the current levels of primary care physicians and, more specifically, those who will practice in rural and other underserved areas. Clearly, the programs of Title VII are on the right track toward meeting the health care challenges of the 21st century. So, while we believe that current funding must be maintained, more needs to be done.

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Proposed Performance Measures Need To Be Redefined
The performance measures proposed recently by the Office of Management and Budget (OMB) to
gauge program effectiveness are neither measurable nor appropriate. While we applaud the use of
targets and goals, the ones used by OMB and the conclusions drawn from their assessments are
highly flawed.

For example, most measures utilized by OMB do not include baseline levels from which targets can
be developed. One target for which data are available is the target set for the proportion of
underrepresented minorities (URMs) and disadvantaged students in health professions-funded
programs. OMB and HRSA set it at 40% for 2004. This is the target, although only 12.5% of current
medical school graduates are URMs, and data on disadvantaged backgrounds are not routinely, or
even accurately, collected. The concept of disadvantaged background varies based on income
related to family size, or is based on a vague, non-quantifiable notion of persons growing up in
environments that do not prepare them to enter health professions schools.

For all of the health professions, minority representation has risen from 8.3% in 1985 to 11.7% in
2000. Given this data, it is simply unrealistic to expect a health professions program to increase its
minority representation in one year to 40%. A more appropriate and realistic target needs to be
identified and used.

Health Professions Summation
Mr. Chairman, we know that this committee has to weigh the value of funding various programs
against each other. We hope that the evidence we have presented here will bring the committee to
the conclusion that funding spent on these programs would bring value for the money and would be
money exceptionally well spent.

FUNDING FOR THE AGENCY FOR HEALTH CARE RESEARCH AND QUALITY(AHRQ)

Mr. Chairman, once again, we thank you and this committee for increasing funding for this important
agency. It is apparent that the key federal agency available to fund primary care research is the
Agency for Healthcare Research and Quality (AHRQ). In its recent reauthorization, Congress
established within the Agency a Center for Primary Care Research to “serve as the principal source
of funding for primary care practice research in the Department of Health and Human Services.” The
statute defined primary care research as research that “focuses on the first contact when illness or
health concerns arise, the diagnosis, treatment or referral to specialty care, preventive care, and the
relationship between the clinician and the patient in the context of the family and community.

Funding Request For AHRQ
We recommend appropriations of $390 million for the Agency for Healthcare Research and Quality
(AHRQ) in FY 2004. AHRQ conducts primary care and health services research geared to
physician practices, health plans and policymakers that help the American population as a whole.

President’s Budget Request for FY 2004 Cuts AHRQ Funding
The President’s budget includes $279 million for AHRQ, a cut of about $24 million, from the current
funding level of $303.7 million. If this budget request of $279 million were enacted, a reduction of
funding of over 8% would result. Under this scenario, AHRQ would be unable to award any new
non-patient safety grants in FY2004 and existing non-patient safety grants would have to be cut by
15%. We are particularly grateful for this committee’s efforts last year when the President’s
proposed budget would have reduced AHRQ by $48 million. Your restoration of AHRQ’s funding in
the final funding bill was critical in continuing research needed to improve health care quality,
access, and financing in the United States. Now as you develop your FY2004 budget, we ask that you not only maintain, but enhance funding for this critical agency.

**AHRQ Translates Research into Everyday Practice**

Congress has provided billions of dollars to the National Institutes of Health, which has resulted in important insights in preventing and curing major diseases. AHRQ takes this basic science and produces information that physicians can use every day in their practices. AHRQ also distributes this information throughout the health care system. In short, AHRQ is the link between research and the patient care that Americans receive. An example of this link is basic science research showing that beta blockers reduce mortality after heart attack. AHRQ supported research to help physicians determine which patients with heart attacks would benefit from this medication.

**AHRQ Supports Research on Conditions Affecting Most Americans**

Most Americans get their medical care in doctors’ offices and clinics. However, most medical research comes from the study of extremely ill patients in hospitals. AHRQ studies and supports research on the types of illness that trouble most people, and the primary care outpatient setting in which most illnesses are seen in their earliest, treatable forms. This setting – the family doctor’s office – is also the location in which most people receive most of their health care most of the time. Support of primary care research is part of the AHRQ mission, but other worthwhile issues have been preferentially targeted for funding. We are hopeful that additional resources can be devoted to primary care research. AHRQ looks at the problems that bring people to their doctors every day – not the problems that send them to the hospital. For example, AHRQ supported research that found older, less costly antidepressant drugs are as effective as new antidepressant medications in treating depression, a condition that affects millions of Americans.

**Institute of Medicine Recommends $1 Billion for AHRQ**

The Institute of Medicine’s report, *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001), recommended $1 billion a year for AHRQ to “develop strategies, goals, and actions plans for achieving substantial improvements in quality in the next 5 years…” The report looked at redesigning health care delivery in the United States. AHRQ is a linchpin in retooling the American health care system.

**RECOMMENDATIONS FOR FAMILY MEDICINE TRAINING AND RESEARCH**

The Organizations of Academic Family Medicine have two main recommendations for the FY2004 Labor/HHS Appropriations bill. They are as follows:

- We ask that you continue your support for family medicine training, and bring the appropriations level for section 747, the Primary Care Medicine and Dentistry Cluster, up to $169 million for FY 2004, of which $96 million is needed for family medicine.

- In order to support critical practice-oriented primary care research, and to ensure that existing grants and contracts will not be cut, we are asking that the Agency for Healthcare Research and Quality be funded at $390 million.