

# ACTPCMD

## Advisory Committee on Training in Primary Care Medicine and Dentistry

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April 29, 2009

The Honorable Henry Waxman  
Chair, House Committee on Energy and Commerce  
U.S. House of Representatives  
2125 Rayburn House Office Building  
Washington, DC 20515

Dear Mr. Chairman:

On behalf of HRSA's Advisory Committee on Training in Primary Care Medicine and Dentistry, I am asking for a restoration of the federal government's investment in primary care education and training. Specifically, we request \$235 million in funding for the Title VII, Section 747 primary care training programs; however, we would like to point out that this amount still reflects a decrease from recommended funding levels for Title VII earlier this decade. In recent years, Title VII programs have been decimated by severe cuts that have weakened our primary care training programs at time when we need them most. In our Seventh Annual Report from December 2008, currently being reviewed by Dr. Wakefield, new Director of HRSA, we offer specific recommendations as to how to allocate these restored funds, especially to support training in promising team-based models of primary care. However, we would like to highlight several reasons for the investment in primary care training.

As you know, there is a widely recognized and well-documented crisis in our nation's ability to provide primary medical and dental care. America's primary care workforce is insufficient for current needs and shrinking rapidly. Because primary care physicians and other allied primary care providers also deliver care in safety net settings, these shortages especially adversely affect our most vulnerable citizens from minority and low income groups as well as rural areas. But, to be clear, all Americans are facing challenges in finding primary care physicians and dentists who will oversee all of their care. In our Seventh Annual Report entitled "Coming Home: The Patient-Centered Medical-Dental Home in Primary Care", we describe in detail our nation's great need for coordinated, comprehensive preventive and disease-based care in a primary care settings that use information technology and multidisciplinary teams to meet patients' health care needs. We also address the impact of our crumbling primary care infrastructure on the costs and quality of care.

Historically, Title VII, Section 747 programs have represented a significant component of the federal investment in primary care education but, as noted

above, these programs have been slashed under the Bush administration. The major impact of Title VII, Section 747 on training primary care providers and improving the health of the public has been summarized in a series of papers published in *Academic Medicine* in its November 2008 issue. This compendium clearly demonstrates the effectiveness of these programs. But training will not produce primary care physicians without addressing the underpinning forces that are precipitously causing the demise of primary care.

The first key remedy must be to drastically reduce the financial disincentives to become a primary care provider. These measures include: reducing the debt that students invoke as compelling them to enter higher paying specialties; offering appealing incentives for trainees to pursue careers in primary care; and paying primary care providers much more fairly for the highly complex demanding roles they serve ranging from delivering preventive care services and education to coordinating all care for patients with many highly complex clinical diseases. The primary care physician and his or her team is the hub of all care – making sure that all treatments are appropriate and safe for the patient. A primary care dentist serves a similar role. In some rural areas, a nurse practitioner or a physician assistant fills in the gap in available services.

A second key focus must be on improving the environment of primary care through implementing models such as the primary care medical-dental home where teams insure that patients receive the preventive care and disease-focused coordinated care that will improve outcomes and decrease costly use of hospital and emergency care. Physicians in particular are unable to deliver the care that they know their patients deserve in the current environment where the physician does it all, including mountains of paperwork.

A third, key focus for Congress and the Obama administration must be adequate funding to launch new training opportunities and support initiatives that will reinvigorate primary care. The medical-dental home model of care has been endorsed by hundreds of health care groups and industry leaders through the Patient-Centered Primary Care Collaborative. This model of care deserves support not only from Title VII but also many other federal and state mechanisms that can assist current primary care providers to restructure care according to the precepts of the model and to receive equitable payment for this central focus of health care.

We need to pursue new policies that will restore our nation's systems of primary care delivery. Providing needed support to Title VII programs is an important step in this restoration process. My HRSA Advisory Committee hopes that you and the new Administration's budget planners will carefully consider our recommendations, and the Committee looks forward to working with you in addressing these issues that are so vital to the viability of our health care system. We attach our draft recommendations for your consideration, recognizing that they represent our collective input as experts but have not been fully vetted by

HRSA or the DHHS. One of the Committee's challenges has been making these recommendations available to policymakers in a timely fashion because of the protocols for review that take a substantial amount of time.

Therefore, we present this draft to inform your deliberations about the budget for the critical Title VII Section 747 programs this year.

Sincerely yours,

Barbara J. Turner, MD, MEd  
Chair, Advisory Committee on Training in Primary Care Medicine and Dentistry  
Professor of Medicine, University of Pennsylvania School of Medicine

## **Summary of Draft\* Recommendations for Title VII, Section 747**

The foundation of health care in the U.S. -- primary care -- is disappearing because trainees are shunning primary care specialties while practicing primary care physicians, in particular, are leaving the field. Primary care clinicians from many disciplines have rallied to support the patient-centered medical home and dental home (PCM-DH) as an exciting, innovative model of care designed to meet the burgeoning needs of Americans for disease prevention and chronic disease treatment. This team-based model of care promises to improve quality of patient care in a professionally satisfying primary care practice environment. The Advisory Committee on Training in Primary Care Medicine and Dentistry makes nine recommendations for the Title VII, section 747 program to support primary care training and to prepare training programs to educate clinicians to practice in the PCM-DH:

### **1. Restore Funding**

- We request that Congress fund Title VII, section 747 at the \$215 million level requested previously in the 2006 Advisory Committee Report in order to support existing primary care programs and to fund, in part, the following initiatives to establish the educational environment for the PCM-DH.

### **2. Curriculum Development (undergraduate, graduate, and faculty)**

- Title VII, section 747 should give priority to commissioning 30 expert educator teams to develop and evaluate new curricula on the skills, attitudes, and knowledge base needed to practice effectively in the PCM-DH.

### **3. Train Leaders (post-graduate fellows and faculty, dentists)**

- Title VII, section 747 should give priority to developing 25 non-degree, clinician-educator training programs for 160 primary care post-graduate fellows/trainees and faculty annually to become leaders in training clinicians in the unique skills, attitudes, and knowledge needed to practice in the PCM-DH.
- Title VII, section 747 should give priority to creating 20 clinician-researcher training programs for 100 primary care postgraduate fellows/trainees and faculty annually to acquire the research skills necessary to conduct evaluations of the PCM-DH in regard to patient, clinician, and societal outcomes.

### **4. Pilot PCM-DH Educational Programs**

- Title VII, section 747 should give priority to supporting and evaluating 50 two year pilot projects of the PCM-DH in diverse clinician training programs followed by the implementation of the most promising projects in 100 additional training settings.

## **5. Vulnerable Populations and Health Disparities**

- Title VII, section 747 should be charged with insuring that all curricula and training programs prepare clinicians to provide culturally competent, quality care for vulnerable populations within the PCM-DH.

## **6. Infrastructure Development**

- Congress should consider allocating additional resources to support Title VII, section 747 to become the key federal resource for information about PCM-DH educational programs and initiatives to establish a PCM-DH infrastructure in training programs.
- Congress should consider funding the basic infrastructure needed to implement the PCM-DH in training programs (medical, dental, and physician assistant).

## **7. Continuing Medical and Dental Education**

- Congress should expand the authority of Title VII, section 747 to serve as the federal program charged with insuring that organizations meet expert-established standards for training in the PCM-DH in their continuing medical and dental education programs as well as maintenance of certification.

## **8. Funding and Expanded Authority for Programs Related to the PCM-DH**

- To support the initiatives in recommendations 2, 3 and 4, Congress should allocate \$20 million in addition to the restored budget of \$215 million requested for Title VII, section 747 (recommendation 1);
- Congress should expand the authority of Title VII, section 747 to address new programs described under recommendations 6 and 7 and provide \$5 million for staff support for these programs.

## **9. Evaluation**

- Congress should commission a study by a respected external organization, such as the Institute of Medicine, to examine critical topics related to the success of primary care including federal support for the PCM-DH, training to practice in the PCM-DH, and incentives to increase interest in primary care.

In our report, we present the justification for the Patient-Centered Medical and Dental Home (PCM-DH) to serve as this new primary care practice environment and define the key role that Title VII, section 747 must play in its development and implementation. It is critical that both Congress and the Secretary of Health and Human Services arrest the incessant efforts to eliminate Title VII, section 747. Poor understanding of the mission and accomplishments of this federal program have led to a slashed budget that has devastated existing Title VII, section 747 efforts to train the leaders of primary care education and research. From 2002 to 2008, the funding for Title VII, section 747 dropped from

\$93 million to \$48 million, despite the urgent efforts of a broad consortium of primary care and other health care organizations to restore adequate funding for these programs. Ironically, these cuts occurred at a time when Congress and many expert groups have called for a revitalization of primary care training and practice.

In 2004, the American Academy of Pediatrics (AAP), in association with the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), and the American Osteopathic Association (AOA), defined comprehensive guidelines for the Patient-Centered Medical Home (PCMH) as the central approach to improve health care in the U.S (Patient Centered Primary Care Collaborative, 2007). In the same year, the American Academy of Pediatric Dentistry (AAPD) formally adopted a policy endorsing the Dental Home (DH) (AAPD, 2004). The Patient-Centered Medical-Dental Home (PCM-DH) represents an enhanced health care model. In this model, each patient has a personal physician or dentist who leads a team of clinical care providers and staff who take collective responsibility for delivering comprehensive, coordinated care that addresses all of a patient's health care needs.

The PCM-DH focuses on the patient instead of a single organ system. It requires a well-trained, large primary care workforce with expertise in providing broad-based, collaborative health care. This report describes the core components of the PCM-DH, focusing on the need for training programs funded by Title VII, section 747 to offer a foundation for the this model of care. It is important to note that, in these recommendations, we focus on specific types of training under the purview of Title VII, section 747 so that, for instance, we do not address training of nurses, as it is the responsibility of Title VIII. In this document, we first offer key recommendations for Title VII, section 747 training programs. Second, we discuss forces that mandate restructuring the U.S. health care system. Third, we describe central features of the PCM-DH and summarize evidence supporting the potential for the PCM-DH to improve health outcomes, increase access, and arrest increasing health care expenditures. Fourth, we comment on necessary changes in graduate medical and dental education to support the transition to a PCM-DH delivery system. Lastly, we emphasize that HRSA is the primary federal agency that focuses on delivering primary care to Americans. Within HRSA, we summarize the critical role that Title VII, section 747 programs must serve to develop an infrastructure in training programs for the PCM-DH model of care. We also endorse a new role for HRSA to coordinate diverse groups' continuing medical education programs that retrain current primary care clinicians to practice in this new model of care.

\*Note that these are considered DRAFT because they are undergoing review at HRSA and then will be vetted at DHHS. Although our report is dated December 2008, the delay in appointing the leadership of these federal agencies means that it has not completed the approval process. We are submitting these the consensus of the experts on the Advisory Committee on Training in Primary Care Medicine and Dentistry.

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