



# Primary Care for America

October 28, 2021

The Honorable Joseph R. Biden, Jr.  
President of the United States  
The White House  
1600 Pennsylvania Avenue, N.W.  
Washington, D.C. 20500

Dear President Biden:

Over the past 20 months, our health care system and our primary care workforce have been challenged and stressed. Throughout this pandemic, primary care physicians have been and continue to be on the frontlines of patient care, seeing patients in their offices, clinics and virtually, in emergency rooms, and in-hospital COVID wards, working closely with their communities to mitigate the negative impact of the virus and deliver primary care, educate patients, and delivery life-saving treatments and vaccines. Without our nation's heroic primary care physicians and their care teams, many people would have been left without access to care when they needed it most.

COVID-19 has once again demonstrated the inherent value and critical importance of primary care to the health and wellbeing of individuals, communities, and the country. Yet the future of primary care is at great risk at a time when the evidence suggests that the nation needs primary care more than ever. HRSA estimates that there are currently 84 million individuals living in health professional shortage areas (HPSAs) and that it would take approximately 14,900 additional primary care physicians to eliminate them. The current trend suggests that these shortages gaps will only increase.<sup>1</sup> The American Association of Medical Colleges estimates that by 2034, there will be a primary care physician shortage of between 17,800 and 48,000. Compounding the workforce challenges is the aging of our physician workforce. Today, approximately 25% of all primary care physicians are over the age of 60.<sup>2</sup>

A key factor negatively impacting the current primary care supply chain is the number of available residency positions and how graduate medical education (GME) is funded. As the primary funder of GME, **the federal government should establish a process to assess how GME funds are allocated and whether they are effectively addressing the health care needs of communities and the country.** The government invests nearly \$16 billion on GME annually, and the current lack of assessment,

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<sup>1</sup> HRSA. (2021, October 11). HRSA - Shortage areas. Retrieved October 12, 2021, from <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

<sup>2</sup> Willis J, Antono B, Bazemore A, Jetty A, Petterson S, George J, Rosario BL, Scheufele E, Rajmane A, Dankwa-Mullan I, Rhee K. *The State of Primary Care in the United States: A Chartbook of Facts and Statistics*. October 2020.

particularly in Medicare GME, makes it difficult for policymakers to be strategic about producing the physician workforce that our nation needs.<sup>3</sup>

GME plays a major role in addressing the nation's workforce needs because it is the ultimate determinant of physician output. In numerous reports, the Council on Graduate Medical Education (COGME), an advisory body to the U.S. Department of Health and Human Services and Congress, has called for a national strategic plan for GME, increasing federal GME investments above current levels, and policies and programs "*to enhance and support the practice of primary care, and to increase the supply of primary care physicians,*"<sup>1</sup>

In order to meet the health care needs of current and future generations, we are making the following recommendations to drive improvements to our federally funded Graduate Medical Education (GME) programs. If implemented, we believe these policies will help ensure that everyone has access to a primary care physician and team. Our recommendations are:

- **Sustain and increase GME funding using a more strategic approach and prioritize increasing the number of physicians trained in three specialties: family medicine, internal medicine, and pediatrics.** The nation needs workforce policies that include sufficient support to educate and train a supply of health professionals that meets the nation's health care needs—policies that ensure an adequate supply and spectrum of primary care physicians trained to manage care for the whole patient.
- **Expand and make permanent the Teaching Health Center Graduate Medical Education (THCGME) program.** Community-based training programs such as THCGME are one option to ensure more training in non-hospital ambulatory settings for primary care residents and address the maldistribution and shortage of primary care physicians. This model has demonstrated a unique ability to train high-quality primary care physicians who are committed to serving our communities, especially those that face barriers accessing health care. Without permanent federal funding, most of the THCGME programs would be unlikely to maintain residency recruitment and enrollment, threatening the initial program investments and even the viability of the program itself. Funding for the THCGME program should not come out of existing Medicare GME funds but should be supported through additional GME funding in primary care.
- In addition, we urge the establishment of additional programs and incentives that will strengthen and diversify the pipeline of medical students pursuing careers in primary care. For instance, the federal government should:
  - **Invest in efforts to diversify the primary care workforce.** The lack of a diverse workforce has significant implications for public health. Studies show that racial, ethnic, and gender diversity among physicians promotes better access to health care,

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<sup>3</sup> Congressional Research Service. Federal support for graduate medical education: an overview. <https://fas.org/sgp/crs/misc/R44376.pdf> Published December 27, 2018. Accessed October 12, 2021.

improves health care quality for underserved populations, and better meets the health care needs of our increasingly diverse population.<sup>4,5</sup> Additionally, research has shown that physicians from racial and ethnic minorities are more likely than white physicians to offer primary care in economically disadvantaged areas and to practice in medically underserved areas.<sup>6,7</sup>

- **Preserve and expand the National Health Service Corps (NHSC) loan repayment program.** The NHSC loan repayment program plays a critical role in strengthening the primary care workforce and providing access to care, particularly in medically underserved and rural areas. Currently, the program is capped at \$50,000 for two years or \$100,000 for five years, which does not cover the full cost of medical school – where average debt for graduating students is between \$200,000 and \$250,000.<sup>8</sup>
- **Aggressively pursue increases in programs and incentives, such as the Public Service Loan Forgiveness Program, that drive greater interest in careers in primary care such as medical education debt relief.** The median compensation in radiology, procedural, and surgical specialties had an almost twofold difference compared with primary care.<sup>9,10</sup> Additionally, medical students and residents carry an average of \$250,000 in debt making a career with less earning potential less attractive. The amount of student debt – and the prospect that it can take decades to pay off – often dissuades medical students from choosing a career in primary medicine. These two dynamics drive bright students interested in primary care to more lucrative specialties and also negatively impact the diversity of the physician workforce.

In addition to these important improvements, more must be done to grow the clinician workforce who are key contributors to primary care teams. More nurses and medical assistants are retiring or changing careers due to the stress of the COVID pandemic, and the short supply coupled with the high demand for these workers is making it very challenging for physicians to recruit and retain clinical staff. A recent survey found that 27 percent of primary care practices have clinician positions they cannot fill, which is negatively impacting their ability to care for patients.<sup>11</sup> As we seek to address

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<sup>4</sup> Cooper LA, Powe NR. [Disparities in patient experiences, health care processes, and outcomes: the role of patient-provider racial, ethnic, and language concordance](#). The Commonwealth Fund. Accessed October 12, 2021.

<sup>5</sup> Poma PA. Race/ethnicity concordance between patients and physicians. *J Natl Med Assoc.* 2017;109(1):6-8.

<sup>6</sup> Xierali, I. M., & Nivet, M. A. (2018). The Racial and Ethnic Composition and Distribution of Primary Care Physicians. *Journal of health care for the poor and underserved*, 29(1), 556–570. <https://doi.org/10.1353/hpu.2018.0036>

<sup>7</sup> Marrast LM, Zallman L, Woolhandler S, Bor DH, McCormick D. Minority Physicians' Role in the Care of Underserved Patients: Diversifying the Physician Workforce May Be Key in Addressing Health Disparities. *JAMA Intern Med.* 2014;174(2):289–291. doi:10.1001/jamainternmed.2013.12756.

<sup>8</sup> Hanson, M. (2021, July 25). *Average medical school debt*. EducationData.org. Retrieved October 12, 2021, from <https://educationdata.org/average-medical-school-debt>.

<sup>9</sup> Doximity. (2020, October). *2020 Physician Compensation Report - Fourth Annual Study*. Retrieved October 12, 2021, from <https://c8y.doxcdn.com/image/upload/Press%20Blog/Research%20Reports/compensation-report-2020.pdf>.

<sup>10</sup> MedPAC. (2019, March). *MedPAC - Report to the Congress Medicare Payment Policy*. MedPAC. Retrieved October 12, 2021, from [http://www.medpac.gov/docs/default-source/reports/mar19\\_medpac\\_entirereport\\_sec.pdf](http://www.medpac.gov/docs/default-source/reports/mar19_medpac_entirereport_sec.pdf).

<sup>11</sup> Larry A. Green Center, COVID-19 Primary Care Survey (2021, April) <https://static1.squarespace.com/static/5d7ff8184cf0e01e4566cb02/t/608025b52bcda1342b1296b5/1619010998067/C19+Seri es+28+National+Executive+Summary.pdf>

health inequities, it is also essential to cultivate a strong community workforce, including mental health counselors, community health workers, and social workers, that is integrated into the medical home to comprehensively address patients' unmet social needs. Any proposals to address health care worker shortages would be incomplete without acknowledging the important role all members of the primary care and community workforce play in patient care and positive health outcomes.

[Primary Care for America](#) is a diverse collection of organizations whose physicians, clinicians, products, and clinics are caring for infants and children; adults and seniors in the Medicaid, Medicare, and commercial markets; as well as the uninsured in every county across the nation. We applaud the work of the Administration to attempt to mitigate the impact of the pandemic on the health of our country but as we move forward, there must be an intentional focus on rebuilding the primary care workforce.

Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes.<sup>12</sup> The primary care workforce of tomorrow should be robust, diverse, and well-prepared to meet the needs of the population. This includes training in a variety of settings with the skills needed to treat an aging population with multiple chronic diseases.

Our legacy GME system is failing too many Americans and communities. We must do better. All stakeholders must do what they can to drive interest in careers in primary care if we are meant to accomplish our joint goal of improving the health and wellbeing of the country.

We look forward to partnering with you as we move forward on lessons learned from the COVID-19 pandemic and prepare for a brighter and healthier future for all Americans.

If you or your staff have any questions about our comments, please contact Stephanie Quinn at [squinn@aafp.org](mailto:squinn@aafp.org).

CC

The Honorable Xavier Becerra, Secretary of the Department of Health and Human Services  
The Honorable Chiquita Brooks-LaSure, Administrator of the Centers for Medicare and Medicaid Services

The Honorable Diana Espinosa, Acting Administrator of the Health Resources and Services Administration

The Honorable Luis Padilla, Associate Administrator for Health Workforce, Health Services and Resource Administration

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Primary Care for America (PCfA) is a collaboration focused on demonstrating the value of primary care, the need for increased primary care investment, and the importance of innovation in primary care delivery and payment models. PCfA is comprised of a diverse group of key partners in the American health care industry: agilon health, Aledade, American Academy of Family Physicians, American Academy of

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<sup>12</sup> National Academies of Sciences, Engineering, and Medicine. 2021. *Implementing high-quality primary care: Rebuilding the foundation of health care*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25983>.

Pediatrics, American College of Physicians, Catalyst Health Network, ChenMed, Elation Health, Everside Health, MDVIP, National Association of Community Health Centers, One Medical and VillageMD. For more information about Primary Care for America, visit [primarycareforamerica.org](https://primarycareforamerica.org).