

## HEALTH POLICY CORNER

# HRSA Title VII Shaping the Primary Care Workforce

Angela Jackson, MD

*Dr. Jackson is chair of the Education Committee and can be reached at Angela.Jackson@bmc.org.*

**E**nsuring robust and sustained appropriations for the Title VII workforce training and diversity programs is a critical advocacy activity of SGIM's Health Policy Committee. While most SGIM members are not direct Title VII grantees, many of us are products of such training programs. Since the 1960s, Title VII legislation has catalyzed the growth of the generalist workforce and helped establish many divisions of general internal medicine (GIM), primary care clerkships, residencies, and GIM fellowship programs. These Health Resources and Services Administration (HRSA) programs are unique in their focus on training a workforce to address health care disparities and the health care needs of medically underserved communities, both urban and rural.

HRSA's Bureau of Health Professions (BHPr) oversees grant programs of potential interest to SGIM members, including pipeline and diversity programs (Centers of Excellence, Health Careers Opportunity Program, Area Health Education Centers) and seven primary care training grants in: 1) predoctoral training, 2) residency training, 3) physician faculty development, 4) academic administrative units (research infrastructure grants), 5) physician assistant training, 6) interdisciplinary and intraprofessional joint degrees, and 7) National Research Service Awards (NRSAs).

During the 1960s and 1970s, HRSA Title VII programs addressed the shortage of health care professionals by funding the expansion of medical schools and student loan programs. In the 1980s, the focus

shifted to building the infrastructure for academic primary care in divisions of GIM, general pediatrics, and departments of family medicine and providing funding for generalist research training. In the 1990s, HRSA responded to growing concerns about health care inequities by focusing Title VII programs on the care of vulnerable populations. New grant scoring mechanisms were implemented for training grants. The Primary Care Funding Priority added points to the final grant score if the applicant met specific targets for placement of graduates in primary care careers. The Medically Underserved Community Preference moved submissions to the top of the list of approved grant applications if specific targets for placement of graduates in medically underserved communities were

achieved. All grant applicants were required to propose innovative curricula designed to prepare trainees to care effectively for segments of the medically underserved community.

## Moving Forward

With the enactment of the Affordable Care Act in 2010, Title VII was reauthorized. The new authorization eliminated a funding preference for family medicine, earmarked 15% of the funding for physician assistant education, expanded the funding cycle from three to five years, and increased the funds authorized to be appropriated to \$150 million per year. The expansion of the grant funding cycle, along with flat funding, has resulted in less frequent competitions (Table 1).

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**Table 1. Title VII Grant Cycles, 2011-2012**

	<i>Reviewed/ funded</i>	<i>Current grants</i>	<i>\$ in first funding year</i>
<b>Academic Administrative Units</b>	2011: 39/19	34	\$2.9 million
<b>Pre-doctoral Training</b>	2011: 45/21	41	\$3.8 million
<b>Inter-professional Joint Graduate Degree Program</b>	2012: 32/10	13	\$2.5 million
<b>Residency Training</b>	2011: 77/30	58	\$5.8 million
<b>Physician Faculty Development</b>	2011: 69/23	33	\$4.4 million
<b>Physician Assistant Training</b>	2012: 19/12	39	\$2.3 million

*Source: Shannon Bolon, MD, MPH, Branch Chief, Division of Medicine and Dentistry, Primary Care Medical Education Branch, ACTPCMD meeting, July 2012.*

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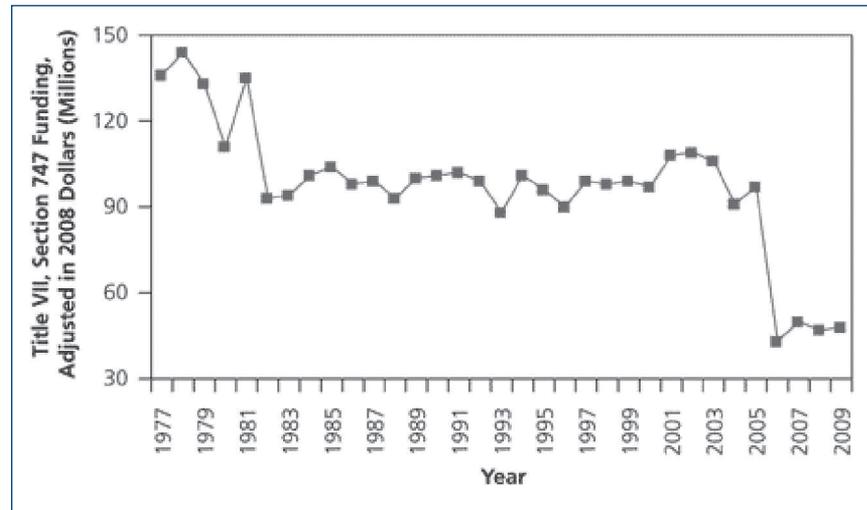
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The Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) advises and makes recommendations to the secretary of Health and Human Services concerning policy and program development for the HRSA BHP. Their ninth report recently submitted to the secretary and to Congress highlights improvements in primary care education, faculty development, and workforce capacity due to Title VII Section 747 grant programs despite significant reductions in funding over several years. The committee suggests as areas of emphasis for future Title VII grant guidance: interprofessional training in the patient-centered home model, skills to address population-based health, and increased funding for faculty development.

### Title VII Funding Levels

In its early years, Title VII provided the equivalent of \$2.5 billion (in 2008 dollars) for new medical and dental schools. Current Title VII

**Figure 1. Title VII Funding, 1977-2009**



funding remains modest with approximately \$200 million available for health professions. Medicine has been flat funded at approximately \$39 million for the past two years (Figure 1), despite calls for substantial funding increases from the Council on Graduate Medical Education (\$560 million) and others,

dramatically limiting the program’s ability to impact workforce development as effectively as it has in the past.

SGIM members can take advantage of future CapWiz alerts and send letters to legislators urging their support for full funding of these critical programs. *SGIM*