March 20, 2023

The Honorable Bernie Sanders  The Honorable Bill Cassidy, M.D.
Chair  Ranking Member
United States Senate  United States Senate
Committee  Committee
Washington, DC 20510 Washington, DC 20510

Dear Chairman Sanders, Ranking Member Cassidy, and members of the Senate HELP Committee:

The Society of General Internal Medicine (SGIM) appreciates the opportunity to provide comments to the Senate Health, Education, Labor, and Pensions (HELP) Committee regarding your request for information (RFI) on the drivers of health care workforce shortages and potential solutions. SGIM is a member-based internal medical association of more than 3,000 of the world’s leading academic general internists, who are dedicated to improving the access to care for all populations, eliminating health care inequities, and enhancing medical education. Our members are committed to delivering high quality care and ensuring patients have access to a well-trained physician workforce.

SGIM was a proud co-sponsor of the National Academies of Sciences, Engineering and Medicine (NASEM) report titled Implementing High Quality Primary Care: Rebuilding Foundation of Health Care. The report highlights the need for better education, training, and support for the primary care workforce to improve patient access and health equity. As such, we are pleased to offer our expertise and the following recommendations as the HELP Committee works to alleviate health care workforce shortages in the United States.

Primary care is the foundation of a strong health care system. Therefore, SGIM is deeply concerned about primary care workforce shortages. Research shows that nearly one-fourth of Americans do not have adequate access to a primary health care clinician, due to a series of factors including, but not limited to, the shortage of primary care clinicians, including general internal medicine physicians (who have special expertise in meeting the primary care needs of adults with complex medical conditions), general pediatricians (who specialize in meeting the primary care needs of children), family physicians (who specialize in meeting the primary care needs of a broad range of adults and children), and other health professionals who provide complementary primary care services. According to the Health Resources and Services Administration’s (HRSA) workforce projections, the supply of primary care physicians, including general internal medicine physicians, is projected to increase from 2018-2030, yet continues to lag projected demand during the same time period.1 Data from the American Association of Medical Colleges corroborates this, projecting a primary care physician shortage of between 17,800 and 48,000 by 2034.2

1 https://data.hrsa.gov/topics/health-workforce/workforce-projections
2 https://www.aamc.org/media/54681/download?attachment
Federal physician workforce training programs play a critical role in this work. The Teaching Health Center Graduate Medical Education (THCGME) program is designed to support the training of residents in primary care training programs in community-based patient care centers. These instrumental programs will prepare residents to provide high quality care, particularly in rural and underserved communities, and develop competencies to serve these diverse populations and communities. In academic year 2021-2022, the THCGME program strengthened the primary care workforce by supporting 38 family residency programs, eight internal medicine residency programs, and three pediatrics programs. However, more funding is necessary to support additional residency programs and residents in training. Additionally, the THCGME program is currently set to expire on September 30; therefore, Congress will need to reauthorize the program before that date to secure access for rural and urban medically underserved individuals. The Doctors of Community (DOC) Act, introduced by Senator Patty Murray (D-WA) in the 117th Congress, would permanently authorize the THCGME program, provide increased and sustained annual funding, and increase the number of residency slots available each year. SGIM requests that the HELP Committee support this legislation and provide adequate, stable funding with the goal to bolster the supply of primary care physicians trained in internal medicine, family medicine, or pediatrics, particularly in medically underserved and rural communities.

Furthermore, SGIM recommends sustained, robust funding for the HRSA Title VII programs that have a long history of supporting primary care physicians training in internal medicine, family medicine, and pediatrics, and providing health care to communities with limited access to care. These programs improve the supply, distribution, and diversity of the primary care workforce and train the next generation of health professionals to meet our nation’s growing health care needs. Specifically, the Title VII workforce diversity programs, including the Centers of Excellence and Health Careers Opportunity Program, are crucial in increasing representation of underrepresented minorities in the health professions. The Primary Care Training and Enhancement and Medical Student Education program support a workforce that delivers comprehensive primary care services, which we know leads to more equitable health outcomes, lower costs, and better-quality care.4,5,6 SGIM looks forward to working with you to ensure ongoing and sufficient federal funding for the HRSA Title VII health professions workforce programs to meet the nation’s growing demands for primary care clinicians trained in internal medicine, family medicine, and pediatrics, particularly in underserved rural and urban communities. SGIM recommends that Congress examine opportunities for replicating programs like the HRSA Title VII program across the federal government to diversify the professionals who work in the health and social service sector. This is critical to reducing health disparities as true health care system transformation cannot be achieved without a primary care workforce that reflects the diversity of the population.

4 https://www.healthaffairs.org/content/forefront/primary-care-investment-key-improving-population-health-and-reducing-disparities
5 https://pubmed.ncbi.nlm.nih.gov/30776056/
Additionally, the Medicare Graduate Medical Education Program (GME) is a major public funding source that is central to the development of a robust, well-trained workforce. According to a Congressional Budget Office estimate, total federal spending for GME in 2018 was more than $15 billion, of which roughly 80 percent or approximately $12 billion was financed by Medicare.\(^7\) Pressure to achieve long-term economic stability in health care and growing concern that the United States does not match medical training with national needs has prompted calls for a redesign of GME residency programs that improves future access to and delivery of health care services.

SGIM is pleased to share our white paper which outlines our vision for GME reform that we believe addresses the nation’s physician workforce needs and provides viable options to ensure patient access to care. We recommend that Congress work to develop a payment structure for GME that supports primary care, is transparent, holds teaching institutions accountable for their training outcomes, and results in a highly trained, appropriately distributed workforce well-equipped to meet the nation’s health care needs. Specifically, Congress must ensure that any increase in GME slots include dedicated slots for specialties with well-documented shortages, like internal medicine, family medicine, and pediatrics. Increasing GME slots without specific policy dedicating slots to specialties with well-documented shortages will exacerbate primary care workforce shortages and impact patients’ ability to access appropriate care. SGIM also recommends completing a more accurate workforce needs assessment, such as through the National Healthcare Workforce Commission, broadened GME funding sources, and implementation of incentives to increase the accountability of GME-funded programs for the preparation and specialty selection of their program graduates. The number and specialty distribution of available GME positions shapes the overall composition of our national workforce, and we appreciate the support from Congress in this regard to date. However, as the country’s population continues to age and we experience a growing incidence in chronic disease, Congress must increase funding for Medicare GME funded training positions, particularly for primary care physicians training in internal medicine, family medicine, or pediatrics, to best reflect the physician workforce needs of the nation.

Finally, SGIM believes an evidence-based mechanism should be developed and implemented to bolster the workforce both by growing and retaining the primary care physician workforce. The Agency for Healthcare Research and Quality (AHRQ) has indicated its plans to make investments to support an expanded primary care outcomes research workforce. Increased funding, specifically targeted to fund fellowship-level training and career development awards for young investigators with a particular commitment to increasing the diversity of the workforce, is necessary for AHRQ to be able to complete this important work. Therefore, SGIM recommends additional funding for AHRQ to support grants for research on the primary care workforce.

\(^7\) https://www.cbo.gov/budget-options/54738
Thank you again for the opportunity to provide these comments. We welcome the opportunity to meet with you to discuss these issues further. Should you have any questions or require further information, please contact Michaela Hollis at mhollis@dc-crd.com.

Sincerely,

LeRoi Hicks, MD, MPH
President, Society of General Internal Medicine