

Support the Delivery of Comprehensive Primary Care

The Society of General Internal Medicine (SGIM) is a member-based medical association of more than 3,300 of the world's leading general internal medicine physicians who focus on providing comprehensive, coordinated, and high-value care for diverse populations, educating the next generation of outstanding physicians, and conducting cutting-edge research to improve health care quality and access. Our advocacy supports the Society's mission and focuses on advancing clinical practice, education, and research. Below are highlights of our work in each area:

Clinical Practice

As general internal medicine physicians, SGIM members develop trusting, long term relationships with their patients – many of whom are Medicare beneficiaries. Through these relationships, physicians manage their patients' chronic conditions, like hypertension, diabetes, heart failure, and chronic obstructive pulmonary disease (COPD), as well as the interplay between these conditions. By providing evidence-based screenings and preventive care, general internal medicine physicians also prevent patients from developing more acute health problems. This type of comprehensive primary care plays an important role in improving the health of vulnerable, non-elderly individuals who may live with some of the same chronic conditions as the elderly but also may be struggling with mental health issues, substance use disorders, or social problems, such as homelessness or food insecurity.

Improving health outcomes and equity, particularly in non-elderly populations, requires primary-care-based strategies that occur outside of face-to-face visits with primary care physicians and other health care professionals. Programs that address social determinants of health, including food and housing insecurity, are critical to support and improve health outcomes. The Fruit and Vegetable Rx Program for Patients with Food Insecurity, which has been deployed in high needs populations in Georgia, is one example of how to address these patients' needs successfully.¹ Another example is the Maryland Primary Care Program Management Office HEART Payment Playbook, which was developed in conjunction with the Centers for Medicare & Medicaid Services (CMS) to provide additional support to address the complex needs of socioeconomically disadvantaged populations.²

Congress has recognized and taken steps to address the growing mental health and substance use disorder crisis in this country. The country needs more mental health specialists. However, general internal medicine physicians and other primary care clinicians are also critical to treating mental health and substance use disorders. Data show that adult primary care visits increasingly address mental health concerns.³ Therefore, growth in the primary care workforce is also critical to meeting these important health care needs.

SGIM welcomes the opportunity to work with you on legislation that supports the delivery of complex chronic disease management and mental health services.

¹ Slagel N, Newman T, Sanville L, Thompson JJ, Dallas J, Cotto-Rivera E, Lee JS. A Pilot Fruit and Vegetable Prescription (FVRx) Program Improves Local Fruit and Vegetable Consumption, Nutrition Knowledge, and Food Purchasing Practices. *Health Promot Pract.* 2021 Jun 2:15248399211018169. doi: 10.1177/15248399211018169.

² https://health.maryland.gov/mdpcp/Documents/MDPCP_HEART_Payment_Playbook.pdf

³ <https://doi.org/10.1377/hlthaff.2022.00705>

Education

SGIM members are committed to delivering high quality care and ensuring patients have access to a diverse, well-trained physician workforce. 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 physicians and other health professionals. In rural and underserved areas, the shortage is especially acute.

Federal physician workforce training programs play a critical role in this work. The Medicare Graduate Medical Education Program (GME) supports physician training, and any new training slots should be allocated to meet the needs of the community. Additionally, the Health Resources and Services Administration (HRSA) Title VII health professions workforce programs aim to improve the supply, distribution, and diversity of the primary care workforce and train the next generation of health professionals to meet our nation's demanding 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 services, particularly in underserved rural and urban communities.

Research

SGIM members are committed to conducting research that directly improves care. The work conducted by SGIM members, often described as health services research, has helped establish an evidence base to support improvements in the quality, safety, effectiveness, and efficiency of health care.⁷ Health services research, including primary care research, is conducted by members of the care team, with their patients and the communities they serve to translate science to the practice of medicine. Such research informs policies to improve health outcomes and the value of care delivered, and can identify strategies to reduce health care costs.

The Agency for Healthcare Research and Quality (AHRQ) is the only federal research agency with the sole mission of producing evidence to make health care safer; of higher quality; more accessible, equitable, and affordable; and to ensure that the evidence is understood and used. **Congress appropriated \$373.5 million for AHRQ in fiscal year (FY) 2023 and continued investment is needed to support the continued transformation of the health care delivery system.**

Questions? Please contact Erika Miller at emiller@dc-crd.com.

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/>

⁶ <https://pubmed.ncbi.nlm.nih.gov/20439859/>

⁷ National Academies of Medicine, *The Future of Health Services Research: Advancing Health Systems Research and Practice in the United States*, eds., Whicher, Rosengren, Siddiqui, and Simpson, Washington, D.C.: National Academies of Medicine, 2018.