



# Academic Family Medicine Issues Update



# 116<sup>th</sup> Congress



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- House Democrats in Charge
- Senate Republicans stay in Charge
- Diversity: gender, race, age, religion, culture
- Committee assignments just being completed now in the House.
- Budget Deadlines/Budget Agreements - Sequestration
- Debt Ceiling
- Investigations

	<b>Key Health Committee Leadership</b>	
	<b>Chairman</b>	<b>Ranking Member</b>
<b>Senate</b>		
<b>Finance</b>	Charles Grassley (R-IA)	Ron Wyden (D-OR)
<b>HELP</b>	Lamar Alexander (R-TN)	Patty Murray (D-WA)
<b>Appropriations</b>	Richard Shelby (R-AL)	Patrick Leahy (D-VT)
<b>LHHS Approps Subcommittee</b>	Roy Blunt (R-MO)	Patty Murray (D-WA)
<b>House of Representatives</b>		
<b>Ways and Means</b>	Richard Neal (D-MA)	Kevin Brady (R-TX)
<b>Health W&amp;M Subcommittee</b>	Lloyd Doggett (D-TX)	Devin Nunes (R-CA)
<b>Energy and Commerce</b>	Frank Pallone (D-NJ)	Greg Walden (R-OR)
<b>Health E&amp;C Subcommittee</b>	Anna Eschoo (D-CA)	Michael Burgess (R-TX)
<b>Appropriations</b>	Nita Lowey (D-NY)	Kay Granger (R-TX)
<b>LHHS Approps Subcommittee</b>	Rosa DeLauro (D-CT)	Tom Cole (R-OK)

# Budget Appropriations Process



President's  
Budget Due 1<sup>st</sup>  
week in Feb  
(delayed)

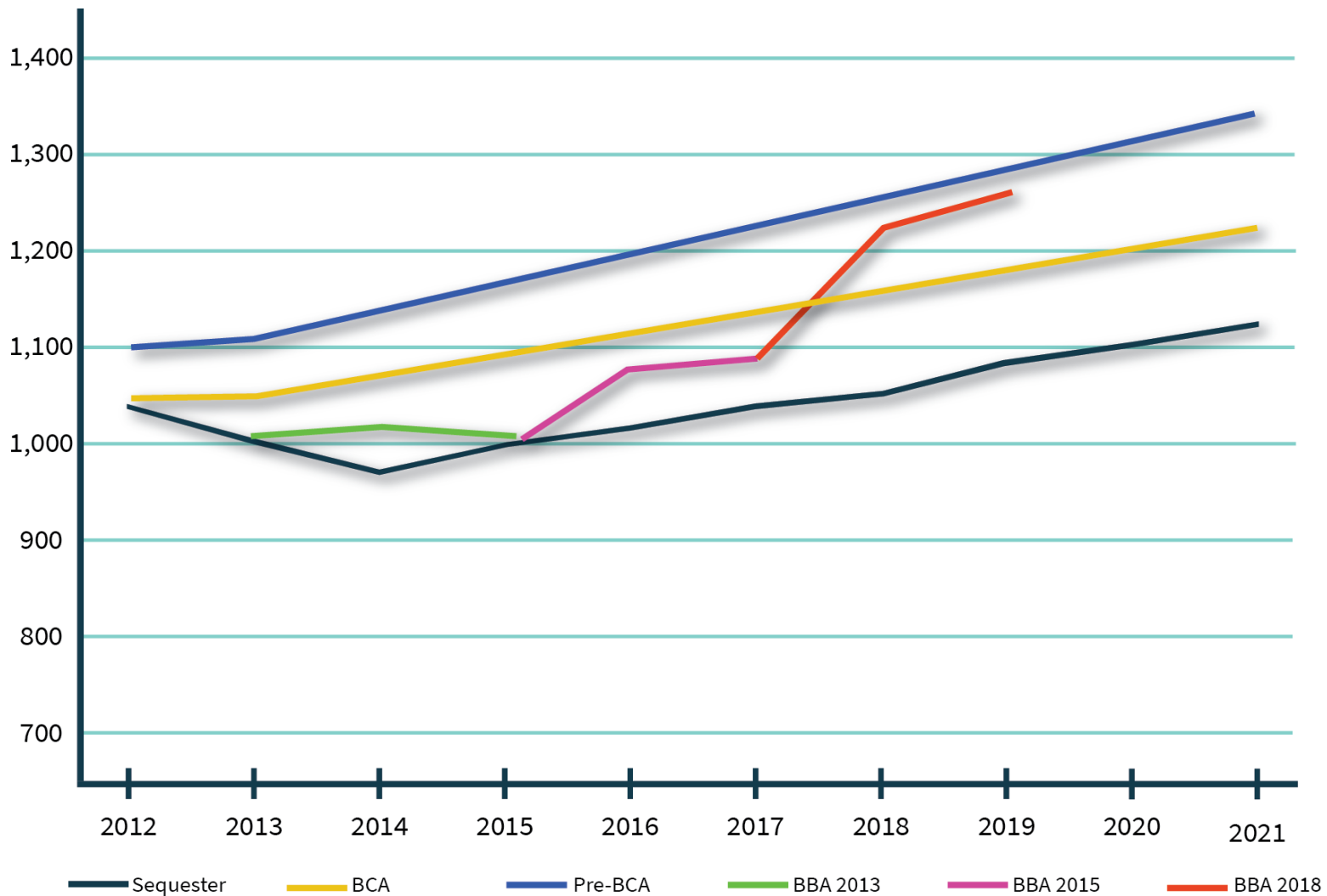
Appropriations  
Deadline –  
FY2020  
September 30,  
2019

Debt  
Ceiling  
March 2

Budget  
Resolutions (April  
15)

If no  
budget  
Sequester  
Kicks in –  
loss of  
\$125 B by  
2020

# Discretionary Caps (In \$ Billions)



# What's on Our Plate in the 116<sup>th</sup> Congress?



# Overall GME Reform



- All Family Medicine Organizations adopt new global GME reform policy.
- Ambitious and Difficult
- Democratic House is not a panacea
- Chair of House Ways and Means Committee is from Massachusetts
- Sen. Chuck Schumer, Minority Leader



# Global GME Reform – FM principles



1. New FM positions to meet the "25% by 2030" goal for U.S. medical school graduates. = 10,000 by 2030 PGY1 positions
2. Accountability for Federal GME Re: mitigating historic maldistribution in rural/urban, other geographic and specialty, to reduce shortage and medically underserved areas. (new)
3. Create new funding collaborations between federal, state, and nongovernmental stakeholders. To impact health disparities, health equity, infant mortality and social determinants of health. (new)

# Global GME Reform – FM principles, cont.



4. Make permanent and increase funding to the Teaching Health Center Graduate Medical Education (THCGME) program. (new)
5. Modernize GME financing by creating a per resident payment. (new)
6. Refocus Medicare GME funding first-certificate residency programs. (carryover)

# Medicare's Role in the Supply of Primary Care Physicians



**COUNCIL OF  
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MEDICINE**

**NOVEMBER 26, 2018**

**CAFM**

**COUNCIL OF ACADEMIC FAMILY MEDICINE**

# MedPAC: Medicare's Role in Supply of Primary Care Physicians



- Need for increased primary care training/production
- Data on impact of primary care on quality, cost, utilization and morbidity/mortality
- Measuring Primary Care
- Internal Medicine Workforce Data
- Geographic Maldistribution
- Rural primary care needs, especially training
- Barriers to rural training; proposed solutions
- Innovations – Teaching Health Centers

# Advocacy Support Needed



I'm Part of the  
**SOLUTION**

**family medicine  
advocacy**

# Rural GME Reform Principles



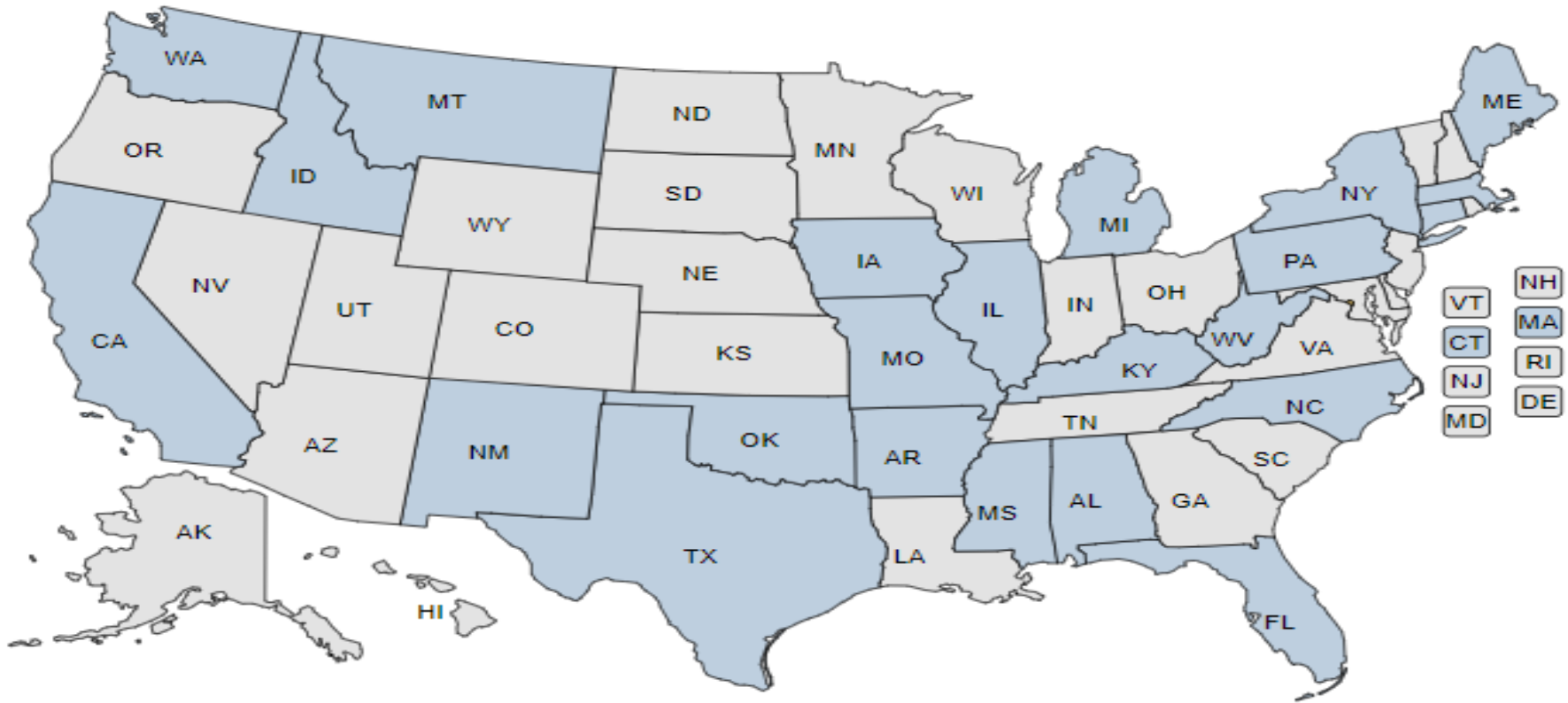
- New payment alternative to Medicare formulas – equivalent to about \$150K per resident payment
- No cap restrictions in rural locations; none for urban locations for Rural Training Tracks
- Allow use of alternate payment for rotations in rural areas of at least 8 weeks
- Allow funding for DME/IME in critical access hospitals and Sole community hospitals

# S. 289 Rural Physician Workforce Production Act of 20189; Reintroduced Jan 31



- Cost (as CBO would determine it) too high
- Budget Neutrality portion causing worry over cuts to IME
- Need to reduce impact on IME
- AAMC opposed – especially due to IME concerns.
- Meeting in January with AAMC and Gardner to discuss their concerns and see what we may be able to negotiate in terms of changes
- Possible use of Unused Residency slots in next iteration to defray cost impact of bill

# Teaching Health Center Reauthorization Redux





# Teaching Health Center Reauthorization Funding Cliff - Sept 30, 2019



## Senate Action:

### S. 192 – Alexander/Murray

- Flat funding; 5 year extension
- Baseline – Success

### S. 304 – Collins (R-ME), Tester (D-MT), Capito (R-WV), Jones (D-AL), Boozeman( AR), Manchin, Harris

- 5 year extension
- Increase of \$6 M over 5 yrs for existing programs
- Increase of \$60 M over 5 yrs for new programs (2 cohorts.)

# Teaching Health Center Reauthorization



## House Action

- Identifying new Lead Sponsors
- Rep. Raul Ruiz (D-CA)?
- Rep. Cathy McMorris Rodgers (R-WA)
  
- Submitted request language even higher than Collins bill.

# HE 4552/S. 1291: Resident Rotator Legislation



- Need for new sponsors
- Senator Nelson (D-FL) lost re-election
- Need Strong Ways and Means democrat on House side
  
- House Ways and Means Democratic staff requested a narrowing of provisions to bring down the cost
- Staff stipulated that narrowing couldn't include limiting it by specialty



Are recent VA changes enough to encourage more involvement by FM residencies?

- Pilot for establishment of new medical residency programs at covered facilities, including VA facilities, a facility operated by an Indian tribe or tribal organization, an Indian Health Service facility, a FQHC, or a DOD facility.
  - Implementation: Advocating with VA and Congress to try to include rural FM residency sites.
- Two positive internal policy changes within VA
  - Allow facility sharing and partnerships between the VA and its educational affiliates.
  - Allow for joint recruitment of VA faculty. Residency faculty could become a part-time VA faculty and serve as such in the shared facility.

# VA GME Contacts



## Edward T. Bope, MD

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VA Office of Academic Affiliations

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Field based at Columbus VA

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- [Edward.Bope@va.gov](mailto:Edward.Bope@va.gov)

# Title VII - Appropriations



- Title VII – Primary Care Training and Enhancement
- FY 18 and FY 19 – \$48.9 m
- Two new NOFO; one for PAs, one for primary care/behavioral health integrations
- FY2020
  - What should we ask for?
  - We don't know how much funding will be available for FY20 even if we stay at current levels.

# Title VII Reauthorization



- Happily, the clock ran out for a reauthorization this year
- Reauthorization in the new Congress should have higher authorization levels – more than just the current appropriated levels
- Working with key Senate offices (Barasso (R-WY) and Smith (D-MN) on primary care training and enhancement piece
  - Effort to add a rural health workforce commission
  - Effort to add rural priority for all the PCTE grants (not just academic units)

# Primary Care Research Issues



## AHRQ

- Coordinated names to send in for Rand Study of health services and primary care research.
  - Jack Westfall, Kurt Stange picked to serve on their Technical Advisory Panel.
- AHRQ's Center for Primary Care Research
  - FY 19 – effort to gain funding for Center for Primary Care Research; failing that, report language to prioritize Center
  - Renewing that effort in the coming year (FY2020)
- Potential loss of funding from PCOR trust fund if not reauthorized by FY 2020;
- Appropriations FY 18 – increase of \$10 m (to \$334 m); additional \$4 m in FY 19, but dedicated funding
- **ADVOCACY Needed –**
  - Funding Line for Center for Primary Care Research (\$5 M)
  - \$ 460 M FY2020 full approps (FY2010 plus inflation.)



# Primary Care Research Issues



## PCORI Reauthorization

- Funding Cliff
- AFMAC organizations support; Heavy lift to get it reauthorized
- Friends of PCORI organizing now
- CAFM letter to Board of Governors re:
  - methodology - participatory research that is patient centered,
  - representation of true primary care researchers on the spectrum of PCORI advisory panels and review committees,
  - appropriate metrics and measures that matter and are meaningful to patients

# New Rural Residency Expansion Program



- FY 18 Appropriations contained \$15 M for **new** programs
- FY 19 included an additional \$10 million.
- TA grant approved (North Carolina, WWAMI, Rural Training Track Collaborative)
- NOFO – \$21 million
  - Applications due March 4
- Do we need to request more funding this year (FY2020)?
- Do we need more funding annually?

# Rural Residency Key Provisions



- Funds will support planning and development costs – to achieve ACGME accreditation
- Encourages HRSA to support rural hospitals, medical schools, and community-based ambulatory settings with rural designation along with a consortia of urban and rural partnerships.
- Can't just be aspirational – need to show sustainability through funding from: Medicare, Medicaid, state line items, private funders
- Programs already in creation phase ok to apply until ACGME accreditation. Can't have residents starting in AY2019

# Student Documentation Guidelines



CMS changed its guidance to allow preceptors to use student documentation for billing purposes in February.

## Outstanding Issues for Continued Effort:

- Inclusion of:
  - NP/PA students
  - NP/PA preceptors
- Clarity that a resident can use student documentation as well, generally, and with Primary Care Exception
- Working with HRSA Advisory Ctmes to send letters of support to HHS/CMS (ACICBL letter available)
- No additional changes included in Medicare Fee Schedule final rule
- Several Additional meetings with HHS/CMS

# Inaugurating Advocacy Newsletter and Social Media efforts



- **January quick “Involvement” survey**
- **New software for newsletter and alerts**
- **First Issue with Substantive comment sent Feb 1 – will be engaging in social media efforts related to that content**
- **All CAFM organizations’ logos on Action Center page are linked to each CAFM organizations’ website.**



## Congress To Address GME and Primary Care

January has been a busy month! CAFM has been hard at work fighting for Medicare rural GME, Teaching Health Center (THC) legislation, and Primary Care Research funding. Soon, we'll need you help with these efforts. Be on the lookout for specific alerts coming soon:

**THC GME:** Senators Alexander (R-TN) and Murray (D-WA) introduced S. 192 which would fund THC GME, Community Health Centers and the National Service Corp at current levels for five years. In addition, other Health Education Labor and Pensions (HELP) committee members and strong, consistent allies of the THC program announced S. 304, the *Training the Next Generation of Primary Care Doctors Act of 2019* that would not only reauthorize the program for five years, but would increase funding for current programs. S. 304 even includes funding increases for the development of new programs/centers! We commend bill sponsors Senators Collins (R-Maine), Tester (D-Montana), Moore Capito (R-West Virginia) Jones (D-Alabama), Boozman (R-Arkansas), Manchin (D- West Virginia), and Harris (D-California). We expect to have a House companion shortly, too. [Learn more here.](#)

**Rural GME:** Senators Gardner (R-CO), Tester (D-MT), and Hyde-Smith (R-MS) reintroduced our rural GME legislation, S. 289, the *Rural Physician Workforce Production Act of 2019*. This bill addresses many of the problems inherent in the Medicare GME system that have limited growth and expansion of training in rural areas. It establishes an alternate payment system that would provide increased resources for rural training and it addresses many of the cap and other payment limitations that have been barriers to rural training. [Learn more here.](#)

**Primary Care Research:** As a result of CAFM advocacy, Congress requested that

# Advocacy Efforts Needed



- If not you – please designate someone in your department to take this on.
- Training is available
- STFM.ORG/advocacy – one pagers, talking points, etc.
- STFM/CAFAM Government Relations Staff:  
[hwittenberg@stfm.org](mailto:hwittenberg@stfm.org)
- **Family Medicine Advocacy Summit (May 20-21, 2019)**

# Tools to Help You



- **STFM.ORG/advocacy** – one pagers, talking points, etc.
- **STFM/CAFM Government Relations Staff:**  
[hwittenberg@stfm.org](mailto:hwittenberg@stfm.org)
- **Family Medicine Advocacy Summit**  
(May 20-21, 2019)
- **FREE online Advocacy course**



# FREE Online Advocacy Course

Learn how to educate legislators on the value of family medicine, and encourage them to support expansion of a well-trained family medicine workforce. This 45-minute course provides skills and practical strategies for advocating and promoting the value of family medicine.

**Module 1:** Getting Started in Advocacy

**Module 2:** Prepare and Make Contact

**Module 3:** The One-Pager

**Module 4:** The Visit

**Module 5:** Maintaining the Relationship

[www.stfm.org/OnlineEd/AdvocacyCourse](http://www.stfm.org/OnlineEd/AdvocacyCourse)

