Academic Family Medicine Issues Update
Working Party Discussion – Keep these questions in mind as you read the slides

- What do WP members think should be our top priorities for Academic Issues in the coming year? Low, Medium, High
- Are there any concerns or suggestions for moving forward on any of our key issues. For example:
  - Our thinking about what the THC reauthorization should contain;
  - What are our limits for narrowing the Rotator bill,
  - Coordinated efforts to try to achieve funding for AHRQ’s Center for Primary Care Research,
  - Other?
- Are the new mechanisms for Veterans GME going to be enough to get FM programs interested in pursuing them? How can our organizations help our residencies with them?
Academic Family Medicine Issues

- Overall GME Reform
- MedPAC
- Rural GME
- VA GME
- Teaching Health Centers
- Single Accreditation System
- Title VII - Appropriations and Reauthorization
- Primary Care Research
- Student Documentation Guidelines
- Grassroots
What’s on Our Plate in the 116th Congress?
Overall GME Reform

- AFMAC provides input several times to AAFP Revision
- CAFM Orgs adopt new GME Reform principles
- Democratic House is not a panacea
  - Prospective Chair of House Ways and Means Ctme is from Massachusetts
  - Sen. Chuck Schumer, Minority Leader
Medicare’s Role in the Supply of Primary Care Physicians

COUNCIL OF ACADEMIC FAMILY MEDICINE

NOVEMBER 26, 2018
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
S. 3014, Rural Physician Workforce Production Act of 2018; To be reintroduced in 2019

- 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
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.
Teaching Health Center Reauthorization Redux

Signed Into Law

TEACHING HEALTH CENTERS
New Reauthorization Bill – Needed by Oct 1

Potential Leads

- **Senate:**
  - Senate Majority – Susan Collins (R-ME)
  - Senate Minority – Doug Jones (D-AL); with support from Sen. Tester (D-MT) as co-lead

- **House**
  - House Majority - Paul Ruiz (D-CA)
  - House Minority – Cathy McMorris Rogers (R-WA)
  - Other potentials as new Dems are appointed to E&C CTME

- **Length of Reauth**
  - 5 Years – keep in sync with others
  - If successful – gives us time to work toward permanence
THC Reauth, cont.

- **Funding**
  - Current funding for existing (Plus up for lost slots) for PRA of $150K
  - COLA – Medical CPI, definite percentage, other?
  - Question re: expansion (new programs or centers); how much can we get away with?
    - Concern that HRSA hasn’t used the previous (current) reauthorization to increase programs as included in the statute
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 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
Primary Care Research Issues

PCORI
- Authorization expires Sept. 30, 2019 if not reauthorized
- AFMAC organizations support reauthorization
- Heavy lift to get it reauthorized
- 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, and
  ○ 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
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 Ctes to send letters of support to HHS/CMS (ACICBL letter available)
- No additional changes included in Medicare Fee Schedule final rule
Inaugurating Advocacy Newsletter and Social Media efforts

- January quick “Involvement” survey
- New software for newsletter and alerts
- Later in January begin substantive issue area monthly newsletter; tweets derived from that
- All CAFM organizations logos on Action Center page are linked to each CAFM organizations’ website.