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GRAHAM CENTER PROJECTS INCREASE IN PHYSICIANS WORKING IN SHORTAGE AREAS

The AAFP's Robert Graham Center for Policy Studies in Family Medicine and Primary Care recently published a 1-page policy brief that looked at the projected impact of the Primary Care Residency Expansion program (PCRE) on the number and distribution of new primary care physicians.

One key finding: federal dollars invested in family medicine residencies paid off handsomely in terms of the number of physicians practicing primary care in areas of need.

"The findings highlight the potential impact of targeted investment in primary care residency training, with family medicine residency programs representing the highest return on investment for production of physicians working in primary care, health professional shortage areas, and rural areas," wrote the authors.

The PCRE was funded by a 5-year, $168 million grant provided by the Health Resources and Services Administration in 2010 through the American Recovery and Reinvestment Act (ARRA). The grant was specifically intended to help address the nation's primary care shortage by increasing the number of residents trained in family medicine, general pediatrics, and general internal medicine. It has done this through supporting new expanded resident positions in 3-year primary care residency programs.

Grantees are required to be accredited primary care residencies that have committed to increasing the number of their training positions by 1 to 4 new postgraduate year 1 positions each year for 5 consecutive years. PCRE grant funds are used to pay resident salary, including fringe benefits and indirect costs; training expenses; and resident physician travel costs.

According to the report, when the grant period ends in 2015, the program will have provided financial support to train 900 residents in family medicine, general internal medicine, and general pediatrics.

The report, titled "Projected Impact of the Primary Care Residency Expansion Program Using Historical Trends in Graduate Placement," used data from the 2013 AMA Physician Masterfile and other resources to project how many of those residents would indeed practice primary care and how many would likely practice in rural America and health professional shortage areas.

Specifically, the authors projected that

- of 425 family medicine residents, 393 would practice primary care medicine, with 110 of those going to health professional shortage areas and 50 to rural areas
- of 285 internal medicine residents, 112 would stay in primary care, with 69 practicing in shortage areas and 14 in rural America
- of 190 pediatric residents, 97 would practice primary care, with 39 practicing in shortage areas and 3 in rural areas

The authors concluded that future allocation of GME dollars should take into account which residency programs have shown they are able to produce primary care physicians dedicated to practicing in areas where they are most needed.

In an interview with *AAFP News*, Robert Graham Center Research Director Stephen Petterson, PhD, said the center's work first and foremost addressed the strong need for more primary care physicians.

He noted that in addition to the PCRE program, the federal government also was experimenting with creating more teaching health centers, as well as expanding those already in place.

"We don't know if this (the PCRE program) is the best way to increase the number of primary care physicians in the areas of the country where they are most needed, but on the surface, it appears that, if sustained, the PCRE initiative could accomplish both of those goals," said Petterson.

There's a caveat, however: Noting that the PCRE was initiated through money allocated by the 2009 ARRA rather than the Patient Protection and Affordable Care Act, Petterson said that regardless of the promise the program holds, "It is uncertain whether this program will survive, given current budget constraints."

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AAFP News