

HOD ACTION: Council on Medical Education Report 4 adopted, and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 4-I-18

Subject: Reconciliation of AMA Policy on Primary Care Workforce

Presented by: Carol Berkowitz, MD, Chair

Referred to: Reference Committee C
(Peter C. Amadio, MD, Chair)

1 INTRODUCTION

2

3 The goal of this report is to review, reconcile, and consolidate existing American Medical
4 Association (AMA) policy on primary care workforce, eliminate duplication, and ensure that
5 current policies are coherent and relevant. For each policy recommendation, a succinct but cogent
6 justification is provided to support the proposed action. The most recent policy was deemed to
7 supersede contradictory past AMA policies, and the language of each proposed policy was edited
8 so that it is coherent and easily understood, without altering its meaning or intent.

9

10 POLICIES INCLUDED IN THIS REPORT

11

12 The following AMA policies are addressed in this report:

- 13
- 14 1. D-200.979, "Barriers to Primary Care as a Medical School Choice"
 - 15 2. D-200.994, "Appropriations for Increasing Number of Primary Care Physicians"
 - 16 3. H-200.956, "Appropriations for Increasing Number of Primary Care Physicians"
 - 17 4. H-200.966, "Federal Financial Incentives and Medical Student Career Choice"
 - 18 5. H-200.972, "Primary Care Physicians in the Inner City"
 - 19 6. H-200.973, "Increasing the Availability of Primary Care Physicians"
 - 20 7. H-200.975, "Availability, Distribution and Need for Family Physicians"
 - 21 8. H-200.977, "Establishing a National Priority and Appropriate Funding for Increased
22 Training of Primary Care Physicians"
 - 23 9. H-200.978, "Loan Repayment Programs for Primary Care Careers"
 - 24 10. H-200.982, "Significant Problem of Access to Health Care in Rural and Urban
25 Underserved Areas"
 - 26 11. H-200.997, "Primary Care"
 - 27 12. H-295.956, "Educational Grants for Innovative Programs in Undergraduate and Residency
28 Training for Primary Care Careers"
 - 29 13. H-300.957, "Promoting Primary Care Services Through Continuing Medical Education"
 - 30 14. H-310.973, "Primary Care Residencies in Community Hospitals"

31

32 SUMMARY AND RECOMMENDATIONS

33

34 This report encompasses a review of current AMA policies on primary care workforce to ensure
35 such policy is consistent, accurate and up-to-date.

1 The new policy being proposed in recommendation 1, below, incorporates relevant portions of the
2 13 existing policies that are recommended for rescission in recommendation 2. Appendices A and
3 B show a worksheet version and a clean text version, respectively, of the policy that is being
4 proposed for adoption. Appendix C lists the 13 existing policies that are proposed for rescission.

5
6 Policy H-200.972, "Primary Care Physicians in the Inner City," contained elements that were not
7 germane to the newly proposed policies. Accordingly, this policy is recommended for revision, as
8 shown below, with the deleted portions to be reflected in the proposed policy. In addition, the
9 policy's content and title have been expanded to reflect rural as well as urban populations of
10 underserved patients.

11
12 The Council on Medical Education therefore recommends that the following recommendations be
13 adopted and that the remainder of the report be filed:

- 14
15 1. That our American Medical Association (AMA) adopt as policy "Principles of and Actions
16 to Address Primary Care Workforce" the language shown in column 1 in Appendix A to
17 this report. (New HOD Policy)
- 18
19 2. That our AMA rescind the following policies, as shown in Appendix C:
20
21 1. D-200.979, "Barriers to Primary Care as a Medical School Choice"
22 2. D-200.994, "Appropriations for Increasing Number of Primary Care Physicians"
23 3. H-200.956, "Appropriations for Increasing Number of Primary Care Physicians"
24 4. H-200.966, "Federal Financial Incentives and Medical Student Career Choice"
25 5. H-200.973, "Increasing the Availability of Primary Care Physicians"
26 6. H-200.975, "Availability, Distribution and Need for Family Physicians"
27 7. H-200.977, "Establishing a National Priority and Appropriate Funding for Increased
28 Training of Primary Care Physicians"
29 8. H-200.978, "Loan Repayment Programs for Primary Care Careers"
30 9. H-200.982, "Significant Problem of Access to Health Care in Rural and Urban
31 Underserved Areas"
32 10. H-200.997, "Primary Care"
33 11. H-295.956, "Educational Grants for Innovative Programs in Undergraduate and
34 Residency Training for Primary Care Careers"
35 12. H-300.957, "Promoting Primary Care Services Through Continuing Medical
36 Education"
37 13. H-310.973, "Primary Care Residencies in Community Hospitals" (Rescind HOD
38 Policy)
- 39
40 3. That H-200.972, "Primary Care Physicians in the Inner City," be amended by addition and
41 deletion, and a title change, to read as follows:

42
43 "Primary Care Physicians in Underserved Areas"

44
45 Our AMA should pursue the following plan to improve the recruitment and retention of
46 physicians in ~~the inner city~~ underserved areas:

- 47
48 (1) Encourage the creation and pilot-testing of school-based, ~~church~~ faith-based, and
49 community-based urban/rural "family H~~e~~alth clinics, with an emphasis on health
50 education, prevention, primary care, and prenatal care.

- 1 (2) Encourage the affiliation of these family health clinics with ~~urban~~local medical
2 schools and teaching hospitals.
- 3
- 4 ~~(3) Promote medical student rotations through the various inner-city neighborhood~~
5 ~~family health clinics, with financial assistance to the clinics to compensate their~~
6 ~~teaching efforts.~~
- 7
- 8 ~~(4) Encourage medical schools and teaching hospitals to integrate third- and fourth-~~
9 ~~year undergraduate medical education and residency training into these teams.~~
- 10
- 11 ~~(5) Advocate for the implementation of AMA policy that supports extension of the~~
12 ~~rural health clinic concept to urban areas with appropriate federal agencies.~~
- 13
- 14 ~~(6) Study the concept of having medical schools with active outreach programs in the~~
15 ~~inner city offer additional training to physicians from nonprimary care specialties~~
16 ~~who are interested in achieving specific primary care competencies.~~
- 17 ~~(7) Consider expanding opportunities for practicing physicians in other specialties to~~
18 ~~gain specific primary care competencies through short-term preceptorships or~~
19 ~~postgraduate fellowships offered by departments of family practice, internal~~
20 ~~medicine, pediatrics, etc. These may be developed so that they are part-time,~~
21 ~~thereby allowing physicians enrolling in these programs to practice concurrently.~~
- 22
- 23 ~~(8) Encourage the AMA Senior Physicians Services Group Section to consider the use~~
24 ~~involvement of retired physicians in underserved urban settings of retired~~
25 ~~physicians, with appropriate mechanisms to ensure their competence.~~
- 26
- 27 ~~(9) Urge urban hospitals and medical societies to develop opportunities for physicians~~
28 ~~to work part-time to staff urban health clinics that help meet the needs of~~
29 ~~underserved patient populations.~~
- 30
- 31 ~~(10) Encourage the AMA and state medical associations to incorporate into state and~~
32 ~~federal health system reform legislative relief or immunity from professional~~
33 ~~liability for senior, part-time, or other physicians who serve the inner-city poor~~
34 ~~help meet the needs of underserved patient populations.~~
- 35
- 36 ~~(11) Urge medical schools to seek out those students whose profiles indicate a~~
37 ~~likelihood of practicing in underserved urban areas, while establishing strict~~
38 ~~guidelines to preclude discrimination.~~
- 39
- 40 ~~(12) Encourage medical school outreach activities into secondary schools, colleges, and~~
41 ~~universities to stimulate students with these profiles to apply to medical school.~~
- 42
- 43 ~~(13) Encourage medical schools to continue to change their curriculum to put more~~
44 ~~emphasis on primary care.~~
- 45
- 46 ~~(14) Urge state medical associations to support the development of methods to improve~~
47 ~~physician compensation for serving this population, such as Medicaid case~~
48 ~~management programs in their respective states.~~

- 1 (157) Urge ~~urban~~ hospitals and medical centers to seek out the use of available military
2 health care resources and personnel, which can be used to ~~fill gaps in urban~~
3 ~~care~~ help meet the needs of underserved patient populations.
4
5 (16) ~~Urge CMS to explore the use of video and computer capabilities to improve access~~
6 ~~to and support for urban primary care practices in underserved settings.~~
7
8 (17) ~~Urge urban hospitals, medical centers, state medical associations, and specialty~~
9 ~~societies to consider the expanded use of mobile health care capabilities.~~
10
11 (18) ~~Continue to urge measures to enhance payment for primary care in the inner city.~~
12 (Modify Current HOD Policy)

Fiscal note: \$1,000.

APPENDIX A: PROPOSED AMA POLICY: “PRINCIPLES OF AND ACTIONS TO ADDRESS PRIMARY CARE WORKFORCE” (WORKSHEET VERSION)

Note: The left column shows the proposed language for adoption ; the right column shows the original language that is being modified and its policy number, if any.

Proposed language for adoption	Original language
<p>1. Our patients require a sufficient, well-trained supply of primary care physicians—family physicians, general internists, general pediatricians, and obstetricians/gynecologists—to meet the nation’s current and projected demand for health care services.</p>	<p>The AMA believes that there should be a sufficient supply of primary care physicians - family physicians, general internists, general pediatricians, and obstetricians/gynecologists. In order to achieve this objective: H-200.997</p>
<p>2. To help accomplish this critical goal, our American Medical Association (AMA) will work with a variety of key stakeholders, to include federal and state legislators and regulatory bodies; national and state specialty societies and medical associations, including those representing primary care fields; and accreditation, certification, licensing, and regulatory bodies from across the continuum of medical education (undergraduate, graduate, and continuing medical education).</p>	<p>(new)</p>
<p>3. Through its work with these stakeholders, our AMA will encourage development and dissemination of innovative models to recruit medical students interested in primary care, train primary care physicians, and enhance both the perception and the reality of primary care practice, to encompass the following components:</p> <ul style="list-style-type: none"> a) Changes to medical school admissions and recruitment of medical students to primary care specialties, including counseling of medical students as they develop their career plans; b) Curriculum changes throughout the medical education continuum; c) Expanded financial aid and debt relief options; d) Financial and logistical support for primary care practice, including 	<p>4. Our AMA will collaborate with appropriate organizations to support the development of innovative models to recruit medical students interested in primary care, to train primary care physicians, and to enhance the image of primary care practice. D-200.979</p> <p>(3) It is the policy of the AMA, with representatives of primary care specialty groups and the academic community, to develop recommendations for adequate reimbursement of primary care physicians and improved recruitment of medical school graduates into primary care specialties. H-200.997</p> <p>It is the policy of the AMA, with representatives of primary care specialty groups and the academic community, to develop recommendations for adequate reimbursement of primary care physicians, improved recruitment of medical school graduates and training a sufficient number of</p>

Proposed language for adoption	Original language
<p>adequate reimbursement, and enhancements to the practice environment to ensure professional satisfaction and practice sustainability; and</p> <p>e) Support for research and advocacy related to primary care.</p>	<p>primary care physicians to meet projected national needs. H-200.977</p> <p>The AMA will continue to recommend specific strategies to increase the availability of primary care physicians, which may include curricular modification, financing mechanisms for medical education and research, financial aid options, and modifications of the practice environment. H-200.975</p> <p>2. Our AMA will collaborate with appropriate organizations in urging medical schools to develop policies and to allocate appropriate resources to activities and programs that encourage students to select primary care specialties, including: a. admissions policies ...D-200.979</p>
<p>4. Admissions and recruitment: The medical school admissions process should reflect the specific institution’s mission. Those schools with missions that include primary care should consider those predictor variables among applicants that are associated with choice of these specialties.</p>	<p>(2) The admission process should be sensitive to the institution’s mission. Those schools with missions that include primary care should consider those predictor variables known to be associated with choice of these specialties. H-200.973</p>
<p>5. Medical schools, through continued and expanded recruitment and outreach activities into secondary schools, colleges, and universities, should develop and increase the pool of applicants likely to practice primary care by seeking out those students whose profiles indicate a likelihood of practicing in primary care and underserved areas, while establishing strict guidelines to preclude discrimination.</p>	<p>(3) Through early recruitment and outreach activities, attempts should be made to increase the pool of applicants likely to practice primary care. H-200.973</p> <p>(11) Urge medical schools to seek out those students whose profiles indicate a likelihood of practicing in underserved urban areas, while establishing strict guidelines to preclude discrimination. H-200.972</p> <p>(12) Encourage medical school outreach activities into secondary schools, colleges, and universities to stimulate students with these profiles to apply to medical school. H-200.972</p>
<p>6. Career counseling and exposure to primary care: Medical schools should provide to students career counseling related to the choice of a primary care specialty, and ensure that primary care physicians are well-represented as teachers, mentors, and role models to future physicians.</p>	<p>(7) Medical schools should provide career counseling related to the choice of a primary care specialty. H-200.973</p> <p>5. Our AMA will collaborate with appropriate organizations in urging medical schools to develop policies and to allocate appropriate resources to activities and programs that encourage students to select primary care specialties, including: ... b. utilization of primary care physicians in the roles of</p>

Proposed language for adoption	Original language
	teachers, mentors, and role models.... D-200.979
7. Financial assistance programs should be created to provide students with primary care experiences in ambulatory settings, especially in underserved areas. These could include funded preceptorships or summer work/study opportunities.	Federal financial assistance programs aimed at stimulating interest in primary care should have the following characteristics: (1) Financial assistance programs should be created to provide students with primary care experiences in ambulatory settings, especially in underserved areas. These could include funded preceptorships or summer work/study opportunities. H-200.966
8. Curriculum: Voluntary efforts to develop and expand both undergraduate and graduate medical education programs to educate primary care physicians in increasing numbers should be continued. The establishment of appropriate administrative units for all primary care specialties should be encouraged.	(1) Voluntary efforts to develop and expand both undergraduate and graduate programs to educate primary care physicians in increasing numbers should be continued. The establishment of appropriate administrative units for family practice should be encouraged. H-200.997
9. Medical schools with an explicit commitment to primary care should structure the curriculum to support this objective. At the same time, all medical schools should be encouraged to continue to change their curriculum to put more emphasis on primary care.	(4) Medical schools with an explicit commitment to primary care should structure the curriculum to support this objective. H-200.973
	(13) Encourage medical schools to continue to change their curriculum to put more emphasis on primary care. H-200.972
	(1) Each medical school should reexamine its institutional goals and objectives, including the extent of its commitment to primary care. Those schools recognizing a commitment related to primary care should make this an explicit part of the mission, and set institutional priorities accordingly. H-200.973
10. All four years of the curriculum in every medical school should provide primary care experiences for all students, to feature increasing levels of student responsibility and use of ambulatory and community-based settings.	(5) All four years of the curriculum in every medical school should provide experiences in primary care for all students. These experiences should feature increasing levels of student responsibility and use of ambulatory and community settings. H-200.973
	5. Our AMA will collaborate with appropriate organizations in urging medical schools to develop policies and to allocate appropriate resources to activities and programs that encourage students to select primary care specialties, including: ... c. educational experiences in community-based primary care settings. D-200.979

Proposed language for adoption	Original language
<p>11. Federal funding, without coercive terms, should be available to institutions needing financial support to expand resources for both undergraduate and graduate medical education programs designed to increase the number of primary care physicians. Our AMA will advocate for public (federal and state) and private payers to a) develop enhanced funding and related incentives from all sources to provide education for medical students and resident/fellow physicians, respectively, in progressive, community-based models of integrated care focused on quality and outcomes (such as the patient-centered medical home and the chronic care model) to enhance primary care as a career choice; b) fund and foster innovative pilot programs that change the current approaches to primary care in undergraduate and graduate medical education, especially in urban and rural underserved areas; and c) evaluate these efforts for their effectiveness in increasing the number of students choosing primary care careers and helping facilitate the elimination of geographic, racial, and other health care disparities.</p>	<p>(2) Federal support, without coercive terms, should be available to institutions needing financial support for the expansion of resources for both undergraduate and graduate programs designed to increase the number of primary care physicians. H-200.997</p>
	<p>7. Our AMA will advocate for public (federal and state) and private payers to develop enhanced funding and related incentives from all sources to provide graduate medical education for resident physicians and fellows in progressive, community-based models of integrated care focused on quality and outcomes such as the patient-centered medical home and the chronic care model in order to enhance primary care as a career choice. D-200.979</p>
	<p>8. Our AMA will advocate for public (federal and state) and private payers to develop enhanced funding and related incentives from all sources to provide undergraduate medical education for students in progressive, community-based models of integrated care focused on quality and outcomes such as the patient-centered medical home and the chronic care model in order to enhance primary care as a career choice. D-200.979</p>
	<p>Our AMA encourages the Bureau of Health Professions to establish a series of grants for innovative pilot programs that change the current approaches to medical education at the undergraduate/graduate level in the primary care area which can be evaluated for their effectiveness in increasing the number of students choosing primary care careers. H-295.956</p>
	<p>2. Our AMA will encourage the Centers for Medicare & Medicaid Services, American Osteopathic Association, Accreditation Council for Graduate Medical Education, American Board of Medical Specialties and the Association of American Medical Colleges to foster the development of innovative training programs for medical students, residents and fellows in rural and underserved areas so that the number of physicians increases in these underserved</p>

Proposed language for adoption	Original language
	<p>areas, which would facilitate the elimination of geographic, racial, and other health care disparities.</p> <p>H-200.982</p>
<p>12. Medical schools and teaching hospitals in underserved areas should promote medical student and resident/fellow physician rotations through local family health clinics for the underserved, with financial assistance to the clinics to compensate their teaching efforts.</p>	<p>(3) Promote medical student rotations through the various inner-city neighborhood family health clinics, with financial assistance to the clinics to compensate their teaching efforts.</p> <p>H-200.972</p> <p>(4) Encourage medical schools and teaching hospitals to integrate third- and fourth-year undergraduate medical education and residency training into these teams. H-200.972</p>
<p>13. The curriculum in primary care residency programs and training sites should be consistent with the objective of training generalist physicians. Our AMA will encourage the Accreditation Council for Graduate Medical Education to (a) support primary care residency programs, including community hospital-based programs, and (b) develop an accreditation environment and novel pathways that promote innovations in graduate medical education, using progressive, community-based models of integrated care focused on quality and outcomes (such as the patient-centered medical home and the chronic care model).</p>	<p>(8) The curriculum in primary care residency programs and the sites used for training should be consistent with the objective of training generalist physicians. H-200.973</p> <p>Our AMA advocates that the Accreditation Council for Graduate Medical Education support primary care residency programs, including community hospital based programs.</p> <p>H-310.973</p> <p>6. Our AMA will work with the Accreditation Council for Graduate Medical Education (ACGME) to develop an accreditation environment and novel pathways that promote innovations in training that use progressive, community-based models of integrated care focused on quality and outcomes such as the patient-centered medical home and the chronic care model. D-200.979</p>
<p>14. The visibility of primary care faculty members should be enhanced within the medical school, and positive attitudes toward primary care among all faculty members should be encouraged.</p>	<p>(6) The visibility of primary care faculty members should be enhanced within the medical school and positive attitudes toward primary care among all faculty members should be encouraged. H-200.973</p>
<p>15. Support for practicing primary care physicians: Administrative support mechanisms should be developed to assist primary care physicians in the logistics of their practices, along with enhanced efforts to reduce administrative activities unrelated to patient care, to help ensure professional satisfaction and practice sustainability.</p>	<p>(10) Administrative support mechanisms should be developed to assist primary care physicians in the logistics of their practices, and enhanced efforts to eliminate “hassle” and unnecessary paper work should be undertaken.</p> <p>H-200.973</p>

Proposed language for adoption	Original language
<p>16. There should be increased financial incentives for physicians practicing primary care, especially those in rural and urban underserved areas, to include scholarship or loan repayment programs, relief of professional liability burdens, and Medicaid case management programs, among others. Our AMA will advocate to state and federal legislative and regulatory bodies, among others, for development of public and/or private incentive programs, and expansion and increased funding for existing programs, to further encourage practice in underserved areas and decrease the debt load of primary care physicians. The imposition of specific outcome targets should be resisted, especially in the absence of additional support to the schools.</p>	<p>(9) There should be increased financial incentives for physicians practicing primary care. H-200.973</p>
	<p>1. Our AMA encourages state legislatures and the Congress of the United States to recognize this significant problem and to develop rapidly incentives to make practice in rural and urban underserved areas more attractive to primary care physicians in order to provide access to necessary medical services in these areas. H-200.982</p>
	<p>(18) Continue to urge measures to enhance payment for primary care in the inner city. H-200.972</p>
	<p>(14) Urge state medical associations to support the development of methods to improve physician compensation for serving this population, such as Medicaid case management programs in their respective states. H-200.972</p>
	<p>2. Our AMA supports existing programs and advocate for the introduction of new programs in the public and private sectors that decrease the debt load of physicians who choose to practice in a primary care specialty. D-200.979</p>
	<p>The AMA will (1) work with federal and state governments to develop incentive programs, such as loan repayment, to encourage practice in underserved areas, H-200.978</p>
<p>17. Our AMA will continue to advocate, in collaboration with relevant specialty societies, for the recommendations from the AMA/Specialty Society RVS Update Committee (RUC) related to reimbursement for E&M services and coverage of services related to care coordination, including patient education,</p>	<p>(12) States should be encouraged to provide positive incentives--such as scholarship or loan repayment programs, relief of professional liability burdens and reduction of duplicative administrative responsibilities--to support medical students' choice of a primary care specialty. The imposition of specific outcome targets should be resisted, especially in the absence of additional support to the schools. H-200.973</p>
	<p>1. In collaboration with relevant specialty societies, our AMA will take the following actions related to reimbursement for primary care physician services: a. Continue to advocate for the recommendations from the AMA/Specialty Society RVS Update Committee (RUC) related to reimbursement for E&M services and coverage of services</p>

Proposed language for adoption	Original language
counseling, team meetings and other functions; and work to ensure that private payers fully recognize the value of E&M services, incorporating the RUC-recommended increases adopted for the most current Medicare RBRVS.	related to care coordination, including patient education, counseling, team meetings and other functions. b. Work to assure that private payers fully recognize the value of E&M services, incorporating the RUC recommended increases adopted for the most current Medicare RBRVS. D-200.979
18. Our AMA will advocate for public (federal and state) and private payers to develop physician reimbursement systems to promote primary care and specialty practices in progressive, community-based models of integrated care focused on quality and outcomes such as the patient-centered medical home and the chronic care model consistent with current AMA Policies H-160.918 and H-160.919.	9. Our AMA will advocate for public (federal and state) and private payers to develop physician reimbursement systems to promote primary care and specialty practices in progressive, community-based models of integrated care focused on quality and outcomes such as the patient-centered medical home and the chronic care model consistent with current AMA Policies H-160.918 and H-160.919. D-200.979
19. There should be educational support systems for primary care physicians, especially those practicing in underserved areas.	(11) There should be educational support systems for primary care physicians, especially those practicing in underserved areas. H-200.973
20. Our AMA will urge urban hospitals, medical centers, state medical associations, and specialty societies to consider the expanded use of mobile health care capabilities.	(17) Urge urban hospitals, medical centers, state medical associations, and specialty societies to consider the expanded use of mobile health care capabilities. H-200.972
21. Our AMA will encourage the Centers for Medicare & Medicaid Services to explore the use of telemedicine to improve access to and support for urban primary care practices in underserved settings.	(16) Urge CMS to explore the use of video and computer capabilities to improve access to and support for urban primary care practices in underserved settings. H-200.972
22. Accredited continuing medical education providers should promote and establish continuing medical education courses in performing, prescribing, interpreting and reinforcing primary care services.	The AMA urges accredited continuing medical education sponsors to promote and establish continuing medical education courses in performing, prescribing, interpreting and reinforcing primary care services. H-300.957
23. Practicing physicians in other specialties—particularly those practicing in underserved urban or rural areas—should be provided the opportunity to gain specific primary care competencies through short-term preceptorships or postgraduate fellowships offered by departments of family medicine, internal medicine, pediatrics, etc., at medical schools or teaching hospitals. In addition, part-time training should be encouraged, to allow physicians in these programs to	(7) Consider expanding opportunities for practicing physicians in other specialties to gain specific primary care competencies through short-term preceptorships or postgraduate fellowships offered by departments of family practice, internal medicine, pediatrics, etc. These may be developed so that they are part-time, thereby allowing physicians enrolling in these programs to practice concurrently. H-200.972 (6) Study the concept of having medical schools with active outreach programs in the

Proposed language for adoption	Original language
<p>practice concurrently, and further research into these concepts should be encouraged.</p>	<p>inner city offer additional training to physicians from nonprimary care specialties who are interested in achieving specific primary care competencies. H-200.972</p>
<p>24. Our AMA supports continued funding of Public Health Service Act, Title VII, Section 747, and encourages advocacy in this regard by AMA members and the public.</p>	<p>Our AMA supports continued funding of Public Health Service Act, Title VII, Section 747. H-200.956</p> <p>Our AMA will encourage members to communicate with their US Senators and Representatives to support Public Health Service Act, Title VII, Section 747. D-200.994</p>
<p>25. Research: Analysis of state and federal financial assistance programs should be undertaken, to determine if these programs are having the desired workforce effects, particularly for students from disadvantaged groups and those that are underrepresented in medicine, and to gauge the impact of these programs on elimination of geographic, racial, and other health care disparities. Additional research should identify the factors that deter students and physicians from choosing and remaining in primary care disciplines. Further, our AMA should continue to monitor trends in the choice of a primary care specialty and the availability of primary care graduate medical education positions. The results of these and related research endeavors should support and further refine AMA policy to enhance primary care as a career choice.</p>	<p>Federal financial assistance programs aimed at stimulating interest in primary care should have the following characteristics:... (2) There should be an analysis of outcome data for federal financial assistance programs, to determine if they are having the desired effects and a study of the impact of these programs on disadvantaged and underrepresented groups of students. H-200.966</p> <p>(2) engage in research to identify all factors which deter students and physicians from choosing and remaining in primary care disciplines H-200.978</p> <p>3. Our AMA will continue to monitor trends in the choice of a primary care specialty and the availability of primary care graduate medical education positions. D-200.979</p> <p>and (3) use this information to support and implement AMA policy to enhance primary care as a career choice. H-200.978</p>

APPENDIX B: PROPOSED AMA POLICY: “PRINCIPLES OF AND ACTIONS TO ADDRESS PRIMARY CARE WORKFORCE” (TEXT VERSION)

1. Our patients require a sufficient, well-trained supply of primary care physicians—family physicians, general internists, general pediatricians, and obstetricians/gynecologists—to meet the nation’s current and projected demand for health care services.
2. To help accomplish this critical goal, our American Medical Association (AMA) will work with a variety of key stakeholders, to include federal and state legislators and regulatory bodies; national and state specialty societies and medical associations, including those representing primary care fields; and accreditation, certification, licensing, and regulatory bodies from across the continuum of medical education (undergraduate, graduate, and continuing medical education).
3. Through its work with these stakeholders, our AMA will encourage development and dissemination of innovative models to recruit medical students interested in primary care, train primary care physicians, and enhance both the perception and the reality of primary care practice, to encompass the following components:
 - a) Changes to medical school admissions and recruitment of medical students to primary care specialties, including counseling of medical students as they develop their career plans;
 - b) Curriculum changes throughout the medical education continuum;
 - c) Expanded financial aid and debt relief options;
 - d) Financial and logistical support for primary care practice, including adequate reimbursement, and enhancements to the practice environment to ensure professional satisfaction and practice sustainability; and
 - e) Support for research and advocacy related to primary care.
4. **Admissions and recruitment:** The medical school admissions process should reflect the specific institution’s mission. Those schools with missions that include primary care should consider those predictor variables among applicants that are associated with choice of these specialties.
5. Medical schools, through continued and expanded recruitment and outreach activities into secondary schools, colleges, and universities, should develop and increase the pool of applicants likely to practice primary care by seeking out those students whose profiles indicate a likelihood of practicing in primary care and underserved areas, while establishing strict guidelines to preclude discrimination.
6. **Career counseling and exposure to primary care:** Medical schools should provide to students career counseling related to the choice of a primary care specialty, and ensure that primary care physicians are well-represented as teachers, mentors, and role models to future physicians.
7. Financial assistance programs should be created to provide students with primary care experiences in ambulatory settings, especially in underserved areas. These could include funded preceptorships or summer work/study opportunities.
8. **Curriculum:** Voluntary efforts to develop and expand both undergraduate and graduate medical education programs to educate primary care physicians in increasing numbers

should be continued, including such innovations as a three-year medical school curriculum that leads directly to primary care residency programs. The establishment of appropriate administrative units for family medicine should be encouraged.

9. Medical schools with an explicit commitment to primary care should structure the curriculum to support this objective. At the same time, all medical schools should be encouraged to continue to change their curriculum to put more emphasis on primary care.
10. All four years of the curriculum in every medical school should provide primary care experiences for all students, to feature increasing levels of student responsibility and use of ambulatory and community-based settings.
11. Federal funding, without coercive terms, should be available to institutions needing financial support to expand resources for both undergraduate and graduate medical education programs designed to increase the number of primary care physicians. Our AMA will advocate for public (federal and state) and private payers to a) develop enhanced funding and related incentives from all sources to provide education for medical students and resident/fellow physicians, respectively, in progressive, community-based models of integrated care focused on quality and outcomes (such as the patient-centered medical home and the chronic care model) to enhance primary care as a career choice; b) fund and foster innovative pilot programs that change the current approaches to primary care in undergraduate and graduate medical education, especially in urban and rural underserved areas; and c) evaluate these efforts for their effectiveness in increasing the number of students choosing primary care careers and helping facilitate the elimination of geographic, racial, and other health care disparities.
12. Medical schools and teaching hospitals in underserved areas should promote medical student and resident/fellow physician rotations through local family health clinics for the underserved, with financial assistance to the clinics to compensate their teaching efforts.
13. The curriculum in primary care residency programs and training sites should be consistent with the objective of training generalist physicians. Our AMA will encourage the Accreditation Council for Graduate Medical Education to (a) support primary care residency programs, including community hospital-based programs, and (b) develop an accreditation environment and novel pathways that promote innovations in graduate medical education, using progressive, community-based models of integrated care focused on quality and outcomes (such as the patient-centered medical home and the chronic care model).
14. The visibility of primary care faculty members should be enhanced within the medical school, and positive attitudes toward primary care among all faculty members should be encouraged.
15. **Support for practicing primary care physicians:** Administrative support mechanisms should be developed to assist primary care physicians in the logistics of their practices, along with enhanced efforts to reduce administrative activities unrelated to patient care, to help ensure professional satisfaction and practice sustainability.
16. There should be increased financial incentives for physicians practicing primary care, especially those in rural and urban underserved areas, to include scholarship or loan repayment programs, relief of professional liability burdens, and Medicaid case

management programs, among others. Our AMA will advocate to state and federal legislative and regulatory bodies, among others, for development of public and/or private incentive programs, and expansion and increased funding for existing programs, to further encourage practice in underserved areas and decrease the debt load of primary care physicians. The imposition of specific outcome targets should be resisted, especially in the absence of additional support to the schools.

17. Our AMA will continue to advocate, in collaboration with relevant specialty societies, for the recommendations from the AMA/Specialty Society RVS Update Committee (RUC) related to reimbursement for E&M services and coverage of services related to care coordination, including patient education, counseling, team meetings and other functions; and work to ensure that private payers fully recognize the value of E&M services, incorporating the RUC-recommended increases adopted for the most current Medicare RBRVS.
18. Our AMA will advocate for public (federal and state) and private payers to develop physician reimbursement systems to promote primary care and specialty practices in progressive, community-based models of integrated care focused on quality and outcomes such as the patient-centered medical home and the chronic care model consistent with current AMA Policies H-160.918 and H-160.919.
19. There should be educational support systems for primary care physicians, especially those practicing in underserved areas.
20. Our AMA will urge urban hospitals, medical centers, state medical associations, and specialty societies to consider the expanded use of mobile health care capabilities.
21. Our AMA will encourage the Centers for Medicare & Medicaid Services to explore the use of telemedicine to improve access to and support for urban primary care practices in underserved settings.
22. Accredited continuing medical education providers should promote and establish continuing medical education courses in performing, prescribing, interpreting and reinforcing primary care services.
23. Practicing physicians in other specialties—particularly those practicing in underserved urban or rural areas—should be provided the opportunity to gain specific primary care competencies through short-term preceptorships or postgraduate fellowships offered by departments of family medicine, internal medicine, pediatrics, etc., at medical schools or teaching hospitals. In addition, part-time training should be encouraged, to allow physicians in these programs to practice concurrently, and further research into these concepts should be encouraged.
24. Our AMA supports continued funding of Public Health Service Act, Title VII, Section 747, and encourages advocacy in this regard by AMA members and the public.
25. **Research:** Analysis of state and federal financial assistance programs should be undertaken, to determine if these programs are having the desired workforce effects, particularly for students from disadvantaged groups and those that are underrepresented in medicine, and to gauge the impact of these programs on elimination of geographic, racial, and other health care disparities. Additional research should identify the factors that deter

students and physicians from choosing and remaining in primary care disciplines. Further, our AMA should continue to monitor trends in the choice of a primary care specialty and the availability of primary care graduate medical education positions. The results of these and related research endeavors should support and further refine AMA policy to enhance primary care as a career choice.

APPENDIX C: AMA POLICIES AND DIRECTIVES PROPOSED FOR RESCISSION

1. *D-200.979, “Barriers to Primary Care as a Medical School Choice”*

1. In collaboration with relevant specialty societies, our AMA will take the following actions related to reimbursement for primary care physician services: a. Continue to advocate for the recommendations from the AMA/Specialty Society RVS Update Committee (RUC) related to reimbursement for E&M services and coverage of services related to care coordination, including patient education, counseling, team meetings and other functions. b. Work to assure that private payers fully recognize the value of E&M services, incorporating the RUC recommended increases adopted for the most current Medicare RBRVS.

2. Our AMA supports existing programs and advocate for the introduction of new programs in the public and private sectors that decrease the debt load of physicians who choose to practice in a primary care specialty.

3. Our AMA will continue to monitor trends in the choice of a primary care specialty and the availability of primary care graduate medical education positions.

4. Our AMA will collaborate with appropriate organizations to support the development of innovative models to recruit medical students interested in primary care, to train primary care physicians, and to enhance the image of primary care practice.

5. Our AMA will collaborate with appropriate organizations in urging medical schools to develop policies and to allocate appropriate resources to activities and programs that encourage students to select primary care specialties, including: a. admissions policies b. utilization of primary care physicians in the roles of teachers, mentors, and role models, and c. educational experiences in community-based primary care settings.

6. Our AMA will work with the Accreditation Council for Graduate Medical Education (ACGME) to develop an accreditation environment and novel pathways that promote innovations in training that use progressive, community-based models of integrated care focused on quality and outcomes such as the patient-centered medical home and the chronic care model.

7. Our AMA will advocate for public (federal and state) and private payers to develop enhanced funding and related incentives from all sources to provide graduate medical education for resident physicians and fellows in progressive, community-based models of integrated care focused on quality and outcomes such as the patient-centered medical home and the chronic care model in order to enhance primary care as a career choice.

8. Our AMA will advocate for public (federal and state) and private payers to develop enhanced funding and related incentives from all sources to provide undergraduate medical education for students in progressive, community-based models of integrated care focused on quality and outcomes such as the patient-centered medical home and the chronic care model in order to enhance primary care as a career choice.

9. Our AMA will advocate for public (federal and state) and private payers to develop physician reimbursement systems to promote primary care and specialty practices in progressive, community-based models of integrated care focused on quality and outcomes such as the patient-centered medical home and the chronic care model consistent with current AMA Policies H-160.918 and H-160.919.

CME Rep. 3, I-08; Appended: CME Rep. 8, A-10; Modified: CCB/CLRPD Rep. 2, A-14

2. *D-200.994, “Appropriations for Increasing Number of Primary Care Physicians”*

Our AMA will encourage members to communicate with their US Senators and Representatives to support Public Health Service Act, Title VII, Section 747.

Res. 814, I-03; Reaffirmed: BOT Rep. 28, A-13

3. *H-200.956, "Appropriations for Increasing Number of Primary Care Physicians"*

Our AMA supports continued funding of Public Health Service Act, Title VII, Section 747. Res. 814, I-03; Reaffirmation I-08

4. *H-200.966, "Federal Financial Incentives and Medical Student Career Choice"*

To further expand policy the AMA has adopted the following:

Federal financial assistance programs aimed at stimulating interest in primary care should have the following characteristics:

(1) Financial assistance programs should be created to provide students with primary care experiences in ambulatory settings, especially in underserved areas. These could include funded preceptorships or summer work/study opportunities.

(2) There should be an analysis of outcome data for federal financial assistance programs, to determine if they are having the desired effects and a study of the impact of these programs on disadvantaged and underrepresented groups of students.

CME Rep. 6, A-94; Reaffirmed: CME Rep. 2, A-05; Modified: CME Rep. 13, A-06; Reaffirmation I-08

5. *H-200.973, "Increasing the Availability of Primary Care Physicians"*

It is the policy of the AMA that:

(1) Each medical school should reexamine its institutional goals and objectives, including the extent of its commitment to primary care. Those schools recognizing a commitment related to primary care should make this an explicit part of the mission, and set institutional priorities accordingly.

(2) The admission process should be sensitive to the institution's mission. Those schools with missions that include primary care should consider those predictor variables known to be associated with choice of these specialties.

(3) Through early recruitment and outreach activities, attempts should be made to increase the pool of applicants likely to practice primary care.

(4) Medical schools with an explicit commitment to primary care should structure the curriculum to support this objective.

(5) All four years of the curriculum in every medical school should provide experiences in primary care for all students. These experiences should feature increasing levels of student responsibility and use of ambulatory and community settings.

(6) The visibility of primary care faculty members should be enhanced within the medical school and positive attitudes toward primary care among all faculty members should be encouraged.

(7) Medical schools should provide career counseling related to the choice of a primary care specialty.

(8) The curriculum in primary care residency programs and the sites used for training should be consistent with the objective of training generalist physicians.

(9) There should be increased financial incentives for physicians practicing primary care.

(10) Administrative support mechanisms should be developed to assist primary care physicians in the logistics of their practices, and enhanced efforts to eliminate "hassle" and unnecessary paper work should be undertaken.

(11) There should be educational support systems for primary care physicians, especially those practicing in underserved areas.

(12) States should be encouraged to provide positive incentives--such as scholarship or loan repayment programs, relief of professional liability burdens and reduction of duplicative administrative responsibilities--to support medical students' choice of a primary care specialty. The

imposition of specific outcome targets should be resisted, especially in the absence of additional support to the schools.

CME Rep. N, A-93; Reaffirmed: CME Rep. 2, A-03; Modified: CME Rep. 13, A-06; Reaffirmed: CME Rep. 1, I-08; Reaffirmation I-08

6. *H-200.975, "Availability, Distribution and Need for Family Physicians"*

The AMA will continue to recommend specific strategies to increase the availability of primary care physicians, which may include curricular modification, financing mechanisms for medical education and research, financial aid options, and modifications of the practice environment.

Sub. Res. 306, I-92; Reaffirmed: CME Rep. 2, A-03; Modified: CME Rep. 2, I-03; Reaffirmation I-08

7. *H-200.977, "Establishing a National Priority and Appropriate Funding for Increased Training of Primary Care Physicians"*

It is the policy of the AMA, with representatives of primary care specialty groups and the academic community, to develop recommendations for adequate reimbursement of primary care physicians, improved recruitment of medical school graduates and training a sufficient number of primary care physicians to meet projected national needs.

Res. 306, I-91; Reaffirmed: BOT Rep. GG, I-92; Reaffirmed: CME Rep. 2, A-03; Reaffirmation I-08

8. *H-200.978, "Loan Repayment Programs for Primary Care Careers"*

The AMA will (1) work with federal and state governments to develop incentive programs, such as loan repayment, to encourage practice in underserved areas, (2) engage in research to identify all factors which deter students and physicians from choosing and remaining in primary care disciplines and (3) use this information to support and implement AMA policy to enhance primary care as a career choice.

BOT Rep. EEE, A-91; Reaffirmed: BOT Rep. GG, I-92; Reaffirmed: CME Rep. 2, A-03; Reaffirmation I-06; Reaffirmed: CME Rep. 1, I-08

9. *H-200.982, "Significant Problem of Access to Health Care in Rural and Urban Underserved Areas"*

1. Our AMA encourages state legislatures and the Congress of the United States to recognize this significant problem and to develop rapidly incentives to make practice in rural and urban underserved areas more attractive to primary care physicians in order to provide access to necessary medical services in these areas.

2. Our AMA will encourage the Centers for Medicare & Medicaid Services, American Osteopathic Association, Accreditation Council for Graduate Medical Education, American Board of Medical Specialties and the Association of American Medical Colleges to foster the development of innovative training programs for medical students, residents and fellows in rural and underserved areas so that the number of physicians increases in these underserved areas, which would facilitate the elimination of geographic, racial, and other health care disparities.

Sub. Res. 35, I-90; Reaffirmed: BOT Rep. GG, I-92; Reaffirmation A-01; Modified: CME Rep. 2, I-03; Appended: Res. 320, A-10

10. H-200.997, "Primary Care"

The AMA believes that there should be a sufficient supply of primary care physicians - family physicians, general internists, general pediatricians, and obstetricians/gynecologists. In order to achieve this objective:

(1) Voluntary efforts to develop and expand both undergraduate and graduate programs to educate primary care physicians in increasing numbers should be continued. The establishment of appropriate administrative units for family practice should be encouraged.

(2) Federal support, without coercive terms, should be available to institutions needing financial support for the expansion of resources for both undergraduate and graduate programs designed to increase the number of primary care physicians.

(3) It is the policy of the AMA, with representatives of primary care specialty groups and the academic community, to develop recommendations for adequate reimbursement of primary care physicians and improved recruitment of medical school graduates into primary care specialties. CME Rep. C, I-79; Reaffirmed: CLRPD Rep. B, I-89; Reaffirmed: BOT Rep. GG, I-92; Reaffirmed: CME Rep. 2, A-03; Modified: CME Rep. 2, I-03; Reaffirmation I-08

11. H-295.956, "Educational Grants for Innovative Programs in Undergraduate and Residency Training for Primary Care Careers"

Our AMA encourages the Bureau of Health Professions to establish a series of grants for innovative pilot programs that change the current approaches to medical education at the undergraduate/graduate level in the primary care area which can be evaluated for their effectiveness in increasing the number of students choosing primary care careers.

Res. 173, I-90; Reaffirmed: Sunset Report, I-00; Modified: CME Rep. 2, A-10

12. H-300.957, "Promoting Primary Care Services Through Continuing Medical Education"

The AMA urges accredited continuing medical education sponsors to promote and establish continuing medical education courses in performing, prescribing, interpreting and reinforcing primary care services.

Res. 311, A-94; Reaffirmed: CME Rep. 2, A-04; Reaffirmed: CME Rep. 2, A-14

13. H-310.973, "Primary Care Residencies in Community Hospitals"

Our AMA advocates that the Accreditation Council for Graduate Medical Education support primary care residency programs, including community hospital based programs.

Sub. Res. 27, A-89; Reaffirmed: Sunset Report, A-00; Reaffirmation I-08