



Highlights From ACADEMIC MEDICINE

JOURNAL OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES
www.academicmedicine.org

Are Title VII Investments in Primary Care Training Enough?

The programs supported under Title VII, Section 727 of the Public Health Service Act have been in place for more than 30 years, focusing on improving Americans' access to primary care clinicians through community-based, primary care-focused education, development of curricula addressing national priorities, and preparation of skillful generalist faculty. US medical students' interest in primary care fields is at an all-time low, however, leading the Office of Management and Budget (OMB) to assert that Title VII primary care programs are "ineffective."

Eugene C. Rich, MD, and Fitzhugh Mullan, MD, wonder how to reconcile the government's view with that of numerous medical educators who document the success of Title VII primary care programs. They claim that the problem arises in large part from the inherent challenges in evaluating the success of small and diminishing primary care training programs during a time when subspecialized training programs and practice are receiving increasing amounts of federal and commercial support.

The authors maintain that the OMB's dismissive conclusions about the Title VII primary care programs are not reflective of the importance of these programs in building and sustaining primary care teaching. Furthermore, these programs are struggling with decreasing funding, while there has been a surge of federal programs supporting specialized care.

Although the evaluation of Title VII primary care programs could be improved, say the authors, there is evidence of

beneficial outcomes for learners at all levels, as well as for teaching institutions. What is most impressive about the outcomes of 30 years of Title VII investments in primary care training is not their record of success, but the fact that these tangible benefits have been achieved despite powerful forces driving students, faculty, and institutions toward subspecialty care. The authors hope that the next generation of policy makers will draw upon this history to recommit to a national investment in primary care education.

Rich EC, Mullan F. Commentary: Evaluating Title VII investments in primary care training: drop in the ocean, or levee against the flood? Acad Med 2008;83(11):1002-1003.

Funding for Title VII Diversity Programs Urgently Needed

Title VII programs are currently being funded far below their historical levels as a result of funding cuts in fiscal year 2006, and the diversity cluster of the Title VII programs has suffered the most dramatic reductions. In addition, the proposed 2009 budget recommends the total elimination of funding for Title VII health professions training programs, including diversity programs. John E. Maupin, DDS, MBA, President of Morehouse School of Medicine in Atlanta, and Wayne J. Riley, MD, MPH, MBA, President and CEO of Meharry Medical College in Nashville, state that Title VII programs are critical to enable institutions such as theirs to continue to send physicians from minority and disadvantaged groups into the communities where they are needed most. Already there are many students who cannot even enter the system because of insufficient funding.

Institutions such as those headed by the authors have always operated with a relatively low tuition revenue base in comparison with nonminority health professions schools. Most of their students come from modest or disadvantaged socioeconomic

strata and are often first-generation college graduates. Therefore, it is not possible for these schools to raise tuition—and thereby increase student debt—in order to improve the schools' financial viability. Furthermore, these institutions have not benefited significantly from research activity—and its related technology transfer revenues—because of their relatively small faculties and faculty members' heavy teaching and patient care responsibilities.

Without support from the Title VII health professions training programs, the authors stress, the affected institutions would face severe financial challenges to maintaining their academic programs. There would be insufficient funds for faculty salary support, necessitating major faculty reductions and thereby compromising the quality of existing programs and putting accreditation in jeopardy. Elimination of these programs would also curtail the contributions that these institutions make toward the availability and placement of culturally sensitive health care providers for underserved communities.

The proposed elimination of Title VII funding, say the authors, will destroy the delicate economic balance among the four missions of education, patient care, research, and service, and would negate the progress made during the past decade. Therefore, they urge the incoming administration and Congress to restore funding to these programs.

Maupin JE, Riley WJ. Commentary: Funding the diversity programs of the Title VII Health Professions Training Grants: an urgent need. Acad Med 2008;83(11):999-1001.

Legislative History of Title VII

A series of federal commissions and reports in the 1950s stressed the urgency of the impending shortage of health professionals and recommended expanding the number of medical and dental schools and establishing loan and scholarship programs for students in need. Federal assistance for health professions training arose from these reports. P. Preston Reynolds, MD, PhD, discusses the history of this legislation.

The first period of federal assistance, from 1963 to 1975, provided federal funds

to expand the capacity of health professions schools to increase the overall number of physicians and dentists, as well as physician assistants (PAs), optometrists, podiatrists, veterinarians, pharmacists, nurses, and public health professionals. During this period, the focus of health professions legislation was to ensure the financial stability of schools and expanding their enrollments to enable them to better meet the country's health care needs. Grants and loans were given for new construction and for student loan programs.

During the second period, from 1976 to 1991, federal funding focused specifically on increasing the number of primary care physicians, dentists, and PAs trained in the United States, and on diversifying the health care professions. In this period, general internal medicine and general pediatrics became academic divisions of their own, and many schools developed primary care residencies. Funding was granted to family medicine faculty development programs as well. There was still a lack of programs, however, to place graduates into underserved areas and to recruit minority and disadvantaged students.

The third period, from 1992 to the present, redirected health professions training programs to improve the quality of primary care, enhance the training of primary care clinicians to work in medically underserved communities, and increasing the diversity of the health professions.

The author laments the recent dramatic cuts in Title VII funding and states that Title VII has now lost much of its impact on maintaining and shaping the primary care workforce. She asserts that a major expansion of the Title VII primary care, loan and scholarship, and diversity pipeline programs is necessary.

Reynolds PP. A legislative history of federal assistance for health professions training in primary care medicine and dentistry in the United States, 1963–2008. Acad Med 2008;83(11):1004–1014.

Faculty Development Program to Serve the Underserved

To help medical students retain their original motivation for careers in medicine and

to enable them to learn new skills, a group of faculty, students, and community leaders founded the University of California–San Diego (UCSD) Student-Run Free Clinic Project in 1997. The UCSD faculty development program, “Addressing the Health Needs of the Underserved,” grew out of this vision in 1999 with Title VII funding. Ellen Beck, MD, and associates discuss this program and UCSD's yearlong Fellowship in Underserved Medicine.

The three-week faculty development program has been offered eight times. Participants, in groups of 10 to 15, attend three five-day sessions during a six-month period. Initial funding was for family medicine faculty; several years later, it was expanded to include other primary care disciplines. Instructors consist of both core faculty and guest teachers, who are available to offer individual guidance, review grant proposals and articles, provide other forms of support, and help establish connections and identify resources in participants' home communities. Learning takes place in an informal, supportive environment in a retreat-type setting, and is based on an adult experiential learning model and a service learning model.

The full-time fellowship, created in 2003, is designed for primary care physicians who, on completion of their residency training, want to devote their careers to underserved medicine. The Title VII-funded fellowship was designed on the premise that underserved health care, like any other medical field, has a specific knowledge base, skill set, and patient populations with unique needs. Participants have a choice of pursuing either a teaching and leadership focus or an academic focus that includes completing an MPH degree. To date, six physicians have completed this fellowship, and all currently devote their careers to underserved medicine.

The authors maintain that programs such as these can inspire, train, and re-energize faculty while increasing their effectiveness to work with students, residents, and underserved communities.

Beck E, Wingard DL, Zúñiga ML, Heifetz R, Gilbreath S. Addressing the health needs of the underserved: a national faculty

development program. Acad Med 2008; 83(11):1094–1102.

Impact of Title VII on Pediatric Dental Training

There are now 58 US dental schools that offer predoctoral dental education, down from a high of 60 in 1980. The annual supply of graduates has decreased from a high of 5756 in 1982 to 3778 in 1998. Although residency is required for dentists who wish to specialize in one of nine recognized fields, it is not required for the practice of general dentistry. In 2007, the most recent year for which data are available, there were 708 dental residency programs in the United States, 341 at dental schools and 367 at other sites. Man Wai Ng, DDS, MPH, and associates report on the state of pediatric dental education in the United States.

There have been significant reductions in the level of funding for postdoctoral dental training programs. This has helped create increases in student debt, while at the same time reducing the number of dental faculty at a time when the field sorely needs new practitioners, especially in underserved areas.

In pediatric dentistry, there is a great shortage of practitioners to meet the needs of the public. Pediatric dentists provide a disproportionate amount of care to young, low-income, vulnerable children, compared with general dentists; therefore, the projected shortage of pediatric dentists is of particular concern.

Title VII has played a vital role in the expansion and growth of both general and pediatric dentistry. Graduates from minority and disadvantaged backgrounds are more likely to provide care to underserved communities; Title VII programs have been successful in facilitating a more diversified dental workforce and providing outreach and care to underserved populations. There is a critical need to broaden the scope of Title VII to provide resources for general and pediatric dental programs to improve the ability of dentists to care for these patients.

Ng MW, Glassman P, Crall J. The impact of Title VII on general and pediatric dental education and training. Acad Med 2008; 83(11):1039–1048.