



February 27, 2023

Chairman Deb Patterson
Oregon State Senate
900 Court St. NE
Salem, Oregon 97301

Vice Chair Cedric Hayden
Oregon State Senate
900 Court St. NE
Salem, Oregon 97301

Dear Senators Patterson and Hayden,

On behalf of the American Academy of Family Physicians (AAFP), which represents 127,600 family physicians and medical students across the country, I write to express the AAFP's support for SB 490, which will fund the Oregon Residency Collaborative Alliance for Family Medicine (ORCA-FM). This bill will provide much needed resources for family medicine residency training program directors, faculty and residents.

The AAFP has long been concerned about the shortage of primary care physicians in the U.S., particularly the supply of family physicians, who provide comprehensive, longitudinal primary care services for patients across the lifespan, including chronic disease management, treatment of acute illnesses, and preventive care. It is projected that we will face a shortage of up to 48,000 primary care physicians by 2034.ⁱ Currently in Oregon, there are more than two million people who live in medically underserved areas. A 2020 study from Oregon Health & Science University highlighted inequitable access to primary care for Medicaid patients in rural Oregon, and yet, during the 2022 fall season, Portland's wait times to see a primary care physician were the worst in the country at 44 days.ⁱⁱⁱⁱ

Currently, Oregon graduates just 36 family physicians per year from eight residency sites around the state, five of which are rural. However, we know that rural capacity is growing, and Oregon must support it. We know most physicians are trained at large academic medical centers in urban areas, and evidence indicates physicians typically practice within 100 miles of their residency program. As a result, expanding resident education in underserved areas will help address the shortage and maldistribution of physicians in Oregon

A study on the health of U.S. primary care released last week by the Milbank Memorial Fund cited a shrinking primary care workforce as a key driver of the widening gap in access to care.^{iv} It also highlighted the need to ensure that more physicians are trained in the communities where the need is greatest.

The faculty and staff of these residency sites require the support of a robust collaborative to deliver an outstanding education. Shared faculty development opportunities, distributed research opportunities, and shared curriculum development helps to ensure their longevity and success.

Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes. In 2016, Americans made nearly 900 million visits to office-based physicians with almost half of those visits made to primary care

physicians.^v Despite the significant role that primary care plays in our health system, primary care accounts for a mere 5-7 percent of total health care spending.^{vi}

The factors driving our workforce crisis are multifaceted and resolving them requires collaboration across sectors and institutions. Expanding investment in ORCA-FM, which provides resources to help ensure the success of Oregon's current training sites and of additional sites to come, is a critical part of the solution.

We look forward to working with you to move this legislation forward. For more information, please contact Julie Harrison, Manager of AAFP's Center for State Policy at jharrison@aafp.org.

Sincerely,



Sterling N. Ransone, Jr., MD, FFAFP
Board Chair, American Academy of Family Physicians

ⁱ IHS Markit Ltd. The Complexities of Physician Supply and Demand: Projections From 2019 to 2034. Washington, DC: AAMC; 2021

ⁱⁱ McConnell, K.J., Charlesworth, C.J., Zhu, J.M. *et al.* Access to Primary, Mental Health, and Specialty Care: a Comparison of Medicaid and Commercially Insured Populations in Oregon. *J GEN INTERN MED* 35, 247–254 (2020). <https://doi.org/10.1007/s11606-019-05439-z>

ⁱⁱⁱ Payerchin, Richard. "Appointment Wait Times Drop for Family Physicians, Indicating Shift in Care." www.medicaleconomics.com, Medical Economics, 13 Sept. 2022, <https://www.medicaleconomics.com/view/appointment-wait-times-drop-for-family-physicians-indicating-shift-in-care>.

^{iv} Jabbarpour Y., Petterson S., Jetty A., Byun H., The Health of US Primary Care: A Baseline Scorecard Tracking Support for High-Quality Primary Care, The Milbank Memorial Fund and The Physicians Foundation. February 22, 2023.

^v Centers for Disease Control and Prevention. National Center for Health Statistics. Ambulatory Health Care Data. National Ambulatory Medical Care Survey (NAMCS). 2016. <https://www.cdc.gov/nchs/ahcd/index.htm>. Accessed February 9, 2023.

^{vi} Jabbarpour Y, Greiner A, Jetty A, et al. Investing in Primary Care: A State-Level Analysis. Patient-Centered Primary Care Collaborative and the Robert Graham Center; July 2019. <https://www.grahamcenter.org/content/dam/rgc/documents/publications-reports/reports/Investing-Primary-Care-State-LevelPCMH-Report.pdf>. Accessed February 9, 2023.