



PENNSYLVANIA ACADEMY  
OF FAMILY PHYSICIANS

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# THE PAFP FAMILY MEDICINE RECOVERY PLAN

By Tracey Conti, MD, PAFP President

The scope, breadth, and intensity of family medicine is often overlooked until moments like this current pandemic bring the significance of what we do to the forefront. With every crisis, we family physicians learn from the experience and vividly see what needs to be addressed, both now and in the future. The entire health care sector is doing so much extraordinary work to address COVID-19; it is humbling.

Over the last several weeks, we have advocated with Gov. Tom Wolf and his team to ensure that family physicians have the support they need during this unprecedented time. We applaud his efforts, and all the state agencies involved, to address this pandemic head-on. Our interactions with the Wolf administration have included advocating for expanded telehealth options and payment parity from commercial insurers, allocation of personal protective equipment (PPE) to family physicians and independent practices, an emergency response fund for frontline providers, an early call for a statewide stay-at-home order, suspension of prior authorization requirements for generic drugs, and COVID-19 testing orders from independent and direct primary care (DPC) physicians.

Now, we are focusing on other challenges facing family medicine that have arisen from this crisis. We are very concerned about the disrupted revenue stream that is leading to hardships for independent practices. Over the years, reimbursement rates for independent family medicine physicians have made their sustainability

difficult, while our family physicians who are employed by health systems have seen wages stagnate.

Commercial insurers' endless bureaucratic red tape is hindering patient access and reimbursement for telemedicine services. Our patients do not benefit from commercial health plans offering telemedicine services that require them to interact with physicians who know nothing about the patient's medical history. As the current situation makes clear, telemedicine should be about linking a patient to his or her doctor, not some faceless provider who knows nothing of their needs.

Beyond those matters, we must invest in the future of family medicine to strengthen the workforce pipeline. We call for state investments in graduate medical education and family medicine residency programs to yield more family physicians, positively impacting the public health. These investments also produce valuable health care services, even during the training years serving in safety-net residency practices. Family medicine residents offer a broad scope of services including pediatrics, geriatrics, obstetrics and newborn deliveries, managing chronic conditions and mental health issues. View the [impact of family medicine residents on health care in Pennsylvania by the numbers](#).

Further, it is time for a state study examining track records of Pennsylvania medical schools

graduating medical students into family medicine. Public investments in these institutions must produce the family physician workforce Pennsylvanians need. The PAFP tracks fewer than 10% of Pennsylvania medical school graduates entering family medicine. The PAFP calls on medical schools and policymakers to take steps to increase that number to 25% by 2030. [House Resolution 625](#) has been introduced in the Pennsylvania House of Representatives to study this issue, and we urge the House Health Committee to act on it now.

Public health studies show that a strong primary care workforce leads to improved health outcomes in communities, lower healthcare expenditures in emergency and hospital services, and higher patient satisfaction with the health care experience. Innovative, data-driven investments and health policies targeting primary care workforce needs and telehealth will help Pennsylvania achieve these objectives.

Meanwhile, now and into the future, we will promote key items of our legislative agenda here in Pennsylvania including: 1) executive action on a “Health in All Policies” plan to advance the health of all Pennsylvanians and sustain a strong and economically vibrant Commonwealth; 2) legislative action on prior authorization reform to ease administrative burdens on physicians and ensure timely patient care – determined by physicians, not insurance companies; 3) legislative action on physician credentialing reform to streamline the process and prevent delays in patient care, while preserving safeguards to ensure physicians are appropriately licensed and qualified to provide care; and finally, 4) preserve collaborative agreements between physicians and nurse practitioners to ensure the highest quality patient care and allow all members of

the physician-led health care team to practice to the full extent of their education and training.

These are the tenets of our Family Medicine Recovery Plan – to strengthen and expand our production of physicians who specialize in family medicine, sustain independent practices during this difficult period, and address systemic problems that need to be solved so we can get back to doing what we do best: caring for our patients. ■