

Projected Impact of the Primary Care Residency Expansion Program Using Historical Trends in Graduate Placement

ROSSAN M. CHEN, MD, MSc; STEPHEN M. PETTERSON, PhD; and ANDREW W. BAZEMORE, MD, MPH

The Primary Care Residency Expansion (PCRE) program was created by the Health Resources and Services Administration in 2010 to help address the shortage of primary care physicians. If historical graduate placement trends for funded programs remain stable, the PCRE program would have a potential impact of more than 600 new physicians working in primary care.

In response to looming primary care workforce shortages, the Health Resources and Services Administration funded a five-year, \$168 million grant to expand enrollment in primary care residency programs beyond their authorized graduate medical education caps.¹ By the end of the grant period in 2015, the program will have supported the training of 900 new residents in family medicine, general internal medicine, and general pediatrics.

Because the first cohort of residents has yet to enter into practice, historical data have been used to project the potential impact of the PCRE program. Graduates of these residency programs from 2006 to 2008 were evaluated based on their practice location using the 2013 American Medical Association Physician Masterfile and the National Plan and Provider Enumeration System.²

The proportion of PCRE residents projected to work in primary care does not account for those who will become hospitalists. This is likely offset by the higher proportion of PCRE residents training in primary care tracks, which have been shown to positively influence the decision to practice in primary care.³ 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 (see accompanying table). Future directions

Table. Projected Work Areas of Residents Funded by the Primary Care Residency Expansion Program

Type of residency	Number of residents	Projected work areas		
		Primary care	Health professional shortage area	Rural areas
Family medicine	425	393 (92%)	110 (26%)	50 (12%)
Internal medicine	285	112 (39%)	69 (24%)	14 (5%)
Pediatrics	190	97 (51%)	39 (21%)	3 (2%)
Total	900	602 (67%)	218 (24%)	67 (7%)

NOTE: Categories are not mutually exclusive.

Data from the 2013 American Medical Association Physician Masterfile, National Plan and Provider Enumeration System, Health Resources and Services Administration health professional shortage area designation, and U.S. Department of Agriculture Rural-Urban Continuum Codes.

in graduate medical education funding should focus on programs that have a proven track record of producing physicians working in shortage areas to better align taxpayers' investment in physician training with society's pressing health care needs.

The information and opinions contained in research from the Graham Center do not necessarily reflect the views or the policy of the AAFP.

Policy One-Pagers are available from the Graham Center at <http://www.graham-center.org>.

Author disclosure: No relevant financial affiliations.

REFERENCES

1. U.S. Department of Health and Human Services. Affordable Care Act: Primary Care Residency Expansion (PCRE) Program. Frequently asked questions. July 1, 2010. <http://www.hrsa.gov/grants/healthprofessions/pcrefaqs.pdf>. Accessed February 25, 2014.
2. Chen C, Petterson S, Phillips RL, Mullan F, Bazemore A, O'Donnell SD. Toward graduate medical education (GME) accountability: measuring the outcomes of GME institutions. *Acad Med*. 2013;88(9):1267-1280.
3. West CP, Dupras DM. General medicine vs subspecialty career plans among internal medicine residents. *JAMA*. 2012;308(21):2241-2247. ■