

Teaching Health Center GME Funding Instability Threatens Program Viability

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The Teaching Health Center Graduate Medical Education (THCGME) program, funded since 2011 and set to expire in 2015, has increased the numbers of primary care physicians and dentists training to care for underserved populations nationwide. Without continued federal funding, most of these THCs report that they would be unlikely to continue current residency recruitment and enrollment, threatening the initial program investments and even the viability of the program itself.

Residents who train in underserved settings are more likely to continue to practice in similar environments.^{1,2} The THCGME program supports new and expanded community-based primary care training programs. Organizations that can qualify to be THCs include federally qualified health centers, rural health clinics, and tribal clinics—all organizations that care for the underserved. Unlike most other GME payments, funds flow directly to the community-based, ambulatory patient care centers where residents train, instead of to teaching hospitals. The investment of \$230 million over five years (2011 to 2015) represents 0.3% of the annual \$15 billion federal GME funding that supports more than 120,000 residents in training each year nationwide.³ THCGME will expire in 2015 without congressional action.

In 2014, we surveyed the leadership of the 60 THCGME programs that train more than 550 full-time equivalent residents in 24 states. Among the 80% of programs that responded, two-thirds reported that they are unlikely (42% very unlikely and 24% unlikely) to be able to continue to support current residency positions in the future without continued federal funding.

Respondents indicated that they would recruit at least 128 fewer first-year residents in 2015 if federal money for THCGME is discontinued—likely an underestimate because 20% of the programs are not represented. *The accompanying table* summarizes the annual growth of the THCGME program since funding began in 2011. In correspondence with Reid Blackwelder, MD, American Academy of Family Physicians Board chair, Health Resources and Services Administration (HRSA)

Administrator Mary K. Wakefield said that HRSA projects more than 700 residents will be funded in academic year 2015 to 2016. This projected capacity may be in jeopardy if recruitment falls off because of unstable funding. Most of the survey respondents reported that they are exploring alternative financial sources of support, but few have identified viable options.

The need for primary care physicians and dentists to serve vulnerable populations is a federal priority,⁴ and training in underserved, community settings has a documented association with eventual practice in those settings.² THCs operate on smaller budgets and thinner margins than traditional hospital-based GME-sponsoring institutions, and health centers that participate in GME have cited cost as a major barrier to sustaining such training in the past.^{5,6}

Table. Annual Growth of the THCGME Program

| Academic year | 2011-2012 | 2012-2013 | 2013-2014 | 2014-2015 |
|---|-----------|-----------|-----------|-----------|
| THC FTE resident positions awarded | 63 | 143 | 331 | 556 |
| THC programs supported per funding year | | | | |
| Family medicine | 9 | 15 | 27 | 37 |
| Internal medicine | 1 | 2 | 5 | 8 |
| Dentistry | 1 | 2 | 3 | 3 |
| Obstetrics/gynecology | 0 | 1 | 2 | 3 |
| Pediatrics | 0 | 1 | 3 | 3 |
| Psychiatry | 0 | 1 | 3 | 4 |
| Geriatrics | 0 | 0 | 1 | 2 |
| Total | 11 | 22 | 44 | 60 |

FTE = full-time equivalent; THCGME = Teaching Health Center Graduate Medical Education.

Information from HRSA. Teaching health center GME payments. <http://bhpr.hrsa.gov/grants/teachinghealthcenters/payments.html>. Accessed January 5, 2015; and HRSA. Teaching health center GME 2014 grant awards. <http://www.hrsa.gov/about/news/2014tables/teachinghealthcenters>. Accessed January 5, 2015.

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Our findings highlight the need for stakeholders and policy makers to recognize that the THCGME program, which supports key national priorities, requires stable funding to protect the initial five-year investment and to ensure continued program viability.

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This series is coordinated by Sumi Sexton, MD, Associate Medical Editor.

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