

Graduates of Teaching Health Centers Are More Likely to Enter Practice in the Primary Care Safety Net

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The Teaching Health Center Graduate Medical Education (THCGME) program funds new primary care residencies at community health centers caring for the nation's underserved population. In a national census of third-year family medicine residents, those who trained in teaching health centers were more likely to plan to work in safety net clinics than residents who did not train in these centers.

Evidence that training in community-based underserved settings is associated with a higher likelihood of practicing in those settings inspired the creation of the THCGME program, which has funded residency education in community health centers, rural health clinics, and tribal clinics since 2011.¹ The 2014 American Board of Family Medicine census of family medicine residents who registered for their board examinations three months prior to graduation included questions on intended future practice. This group included the first class graduating from THCGME programs. We used these data to assess whether graduates of these programs were more likely than other physicians to plan to practice in underserved settings (*Figure 1*). Among graduates with an anticipated practice location, significantly

more residents from teaching health centers than from other family medicine residencies (33% vs. 18%; $P = .004$) planned to practice in settings primarily associated with underserved populations (e.g., community health centers, rural health clinics, Indian Health Service, U.S. Public Health Service).

A shortage of 35,000 primary care physicians by 2025 has been projected,² which will be more acute in underserved areas and settings.³ Funding to expand primary care residency training in teaching health centers was provided for only three years, and most THCGME program directors report that these training positions cannot continue without additional funding.^{4,5} Congressional action in the spring of 2015 to extend funding for the THCGME program by two years was important, but the program's long-term viability and the production of safety-net physicians are jeopardized without broader graduate medical education reform.

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REFERENCES

1. Phillips RL, Petterson S, Bazemore A. Do residents who train in safety net settings return for practice? *Acad Med*. 2013;88(12):1934-1940.
2. Colwill JM, Cultice JM, Kruse RL. Will generalist physician supply meet demands of an increasing and aging population? *Health Aff (Millwood)*. 2008;27(3):w232-w241.
3. Chen C, Chen F, Mullan F. Teaching health centers: a new paradigm in graduate medical education. *Acad Med*. 2012;87(12):1752-1756.
4. Chen RM, Petterson SM, Bazemore AW. Projected impact of the Primary Care Residency Expansion program using historical trends in graduate placement. *Am Fam Physician*. 2014;89(7):518.
5. Brown E, Klink K. Teaching health center GME funding instability threatens program viability. *Am Fam Physician*. 2015;91(3):168-170. ■

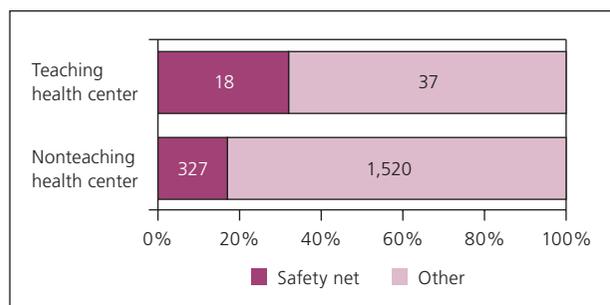


Figure 1. Self-reported first practice sites for graduates of teaching health centers vs. all other family medicine training programs.

Data from the 2014 American Board of Family Medicine census.