Teaching Health Centers

RECOMMENDATION
The American Academy of Family Physicians (AAFP) urges policymakers to support the Teaching Health Center Graduate Medical Education (THCGME) program and align its extension with the reauthorization bill Training the Next Generation of Primary Care Doctors Act of 2019 (S. 1191/ H.R. 2815). Introduced by Sens. Susan Collins (R-ME) and Jon Tester (D-MT) and Reps. Raul Ruiz (D-CA) and Cathy McMorris Rodgers (R-WA), the legislation authorizes continuation of the THCGME program for five years (i.e., through fiscal year 2024) and supports the creation of new programs, with priority given to those in rural and underserved communities. S. 1191 would increase funding for approved and new approved residency training programs from $126.5 million in 2020 to $157.5 million in 2024. H.R. 2815 would increase funding for approved and new approved residency training programs from $126.5 million in 2020 to $180 million in 2024.

The Lower Health Care Costs Act (S. 1895), approved in the Senate Health, Education, Labor, and Pensions Committee, extends the THCGME program at current funding levels for five years (i.e., through fiscal year 2024). The Reauthorizing and Extending America’s Community Health (REACH) Act of 2019, an amendment in the nature of a substitute to the Community Health Investment, Modernization, and Excellence Act (H.R. 2328), approved in the House Energy and Commerce Committee, updates the program at current levels for four years (i.e., through fiscal year 2023).

Background
The THCGME program, currently administered by the Health Resources and Services Administration (HRSA), provides funding to increase the number of primary care medical and dental residents training in community-based settings across the country. Since most health care in the U.S. takes place in the outpatient setting, the fundamental goal of the THCGME program is to increase access to well-trained primary care clinicians, particularly in ambulatory settings. It trains residents in family medicine, internal medicine, pediatrics, geriatrics, obstetrics-gynecology, psychiatry and dentistry.

THCGME programs can be located in federally qualified health centers, community mental health centers, rural health clinics, health centers operated by the Indian Health Service or other outpatient clinics that operate a primary care residency program. On February 9, 2018, THCGME program reauthorization was approved within the Bipartisan Budget Act (H.R. 1892/P.L. 115-123) through September 30, 2019, at $126.5 million per year.

Action is Needed Now:
During the current 2018-19 academic year, 728 residents are being trained in 56 HRSA-supported teaching health center (THC) residencies in 23 states and the District of Columbia. Due to funding uncertainty, some programs have slowed down their recruiting or closed during the past few years.

This highly successful and impactful program is set to expire September 30, 2019, unless Congress acts to reauthorize and fund it. The legislation not only reauthorizes the program, but also provides enhanced funding and a pathway for increasing the number of residents trained. Most important, the legislation will continue to build the primary care physician pipeline necessary to reduce costs, improve patient care, and support underserved rural and urban communities. This is an important and
productive program; it should be funded sustainably. Congress should provide for the THCGME program immediately to prevent a disruption in the primary care physician production pipeline.
Benefits of THCs
This program directly addresses three major challenges regarding physician production: (1) the primary care physician shortage, (2) the geographic maldistribution of medical education, and (3) the number of physicians who serve underserved populations.

Residents trained in THCs are well prepared for primary care practice in community settings, and data show that training in a medically underserved community (MUC) increases the likelihood that these residents will choose to practice in similar settings on graduation.\(^i\) THC graduates are more likely to work in safety net clinics than residents who did not train in these community-based centers.\(^ii\) In addition, research demonstrates that most family physicians practice within 100 miles of their residency program.\(^iii\) The THC program’s decentralized training model serves to help remedy the geographic maldistribution of physicians. The program has been successful in increasing access for people who are geographically isolated and economically or medically vulnerable. Additionally, THCGME residency programs meet strict accountability requirements in which every federal dollar is used exclusively for primary care training. These accountability measures can serve as a model for other graduate medical education programs.

Residency Characteristics and Outcomes
According to HRSA’s Workforce Analysis based on data for the 2017-18 academic year, THCGME programs:\(^iv\):

- Retained physicians in primary care at a higher rate than other GME programs (64% of physicians and dentists remain in primary care versus 33% in other GME programs); and
- Increased the proportion of physicians providing care in an MUC (58% practice in an MUC and/or rural settings).

The analysis also includes the following THCGME resident profiles:

- Nearly 60% are trained in the specialty of family medicine;
- 47% received substance use disorder training;
- 40% received training to provide medication-assisted treatment for opioid use disorder care; and
- 82% spent at least part of their training in medically underserved and/or rural communities.

For more information, contact the American Academy of Family Physicians’ Government Relations Department at 202-232-9033.

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\(^i\) Health Resources and Services Administration, Teaching Health Center Graduate Medical Education, website: https://bhw.hrsa.gov/grants/medicine/thcgme