

Teaching Health Centers

RECOMMENDATION

The American Academy of Family Physicians (AAFP) urges Congress to support the Teaching Health Center Graduate Medical Education (THCGME) program and align its extension with the *Training the Next Generation of Primary Care Doctors Act of 2019* ([S. 1191/ HR 2815](#)). Introduced by Sens. Susan Collins (R-ME), Jon Tester (D-MT), Reps. Raul Ruiz (D-CA), and Cathy McMorris Rodgers (R-WA) the legislation authorizes the THCGME program for over five years and supports the creation of new residencies prioritizing those in rural and underserved communities. The bills would increase the current annual funding level from \$126.5 million to \$141.5 million/year (S.1191) or \$151 million/year (HR 2815).

Background

The THCGME program, 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 seven specialties: family medicine, internal medicine, general pediatrics, geriatrics, obstetrics-gynecology, and psychiatry.

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 which operate a primary care residency program. On February 9, 2018, the THCGME program reauthorization was approved within the *Bipartisan Budget Act* ([HR 1892/PL 115-123](#)), until September 30, 2019, at \$126.5 million per year.

The *Lower Health Care Costs Act* ([S. 1895](#)), approved by the Senate Health, Education, Labor, and Pension Committee, extends the THCGME program at current funding levels for five years. The *Reauthorizing and Extending America's Community Health (REACH) Act of 2019* ([HR 2328](#)), approved by the Energy and Commerce Committee, updates the program at current levels for four years. **The program has remained funded within continuing appropriations bills, including HR 1865, the Further Consolidated Appropriations Act, 2020 ([PL 116-94](#)), which was signed into law December 20, 2019. The monies will expire May 22, 2020 unless Congress takes action.**

Action is Needed Now

In the current academic [year](#), there are 728 residents being trained in 56 HRSA-supported teaching health center (THC) residencies in 23 states and the District of Columbia.ⁱ However, they are facing funding uncertainty, and some THCGME residencies have slowed down their recruiting or closed over the past few years. **The reauthorization bill not only extend the program, it enhances funding, and creates a pathway for increasing the number of residents trained.** The THCGME program is tied to specific health care workforce goals and held accountable for outcomes;ⁱⁱ and it should be funded sustainably. Congress should provide for the THCGME program immediately to prevent a disruption in the pipeline of primary care physician production.

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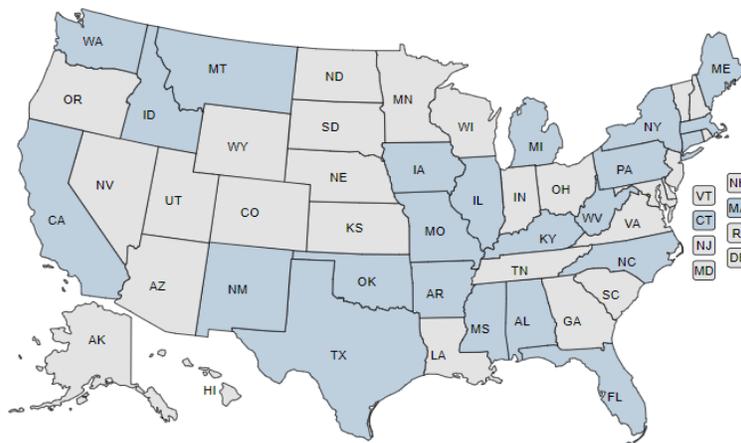
Benefits of THCs

This program directly addresses three major challenges regarding physician production: (1) the primary care physician shortage, (2) the geographic distribution 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 upon graduation.ⁱⁱⁱ In addition, [research](#) demonstrates that most family physicians practice within 100 miles of their residency program.^{iv} 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. **According to a 2019 George Washington University [study](#), THCGME programs may help yield as much as \$1.8 billion in health care savings within Medicare and Medicaid.**

Residency Characteristics and Outcomes

According to HRSA's Workforce [Analysis](#) based on academic year 2017-2018 data, THCGME programs.^v

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



The following are THCGME resident profiles:

- **65% 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 MUC and/or rural communities.

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

ⁱ Health Resources and Services Administration, Teaching Health Center Graduate Medical Education, website: <https://bhw.hrsa.gov/grants/medicine/thcgme>

ⁱⁱ Chen, C., Chen, F., & Mullan, F. (2012). Teaching health centers: A new paradigm in graduate medical education. *Academic Medicine*, 87(12), 1752-1756. <https://insights.ovid.com/article/00001888-201212000-00028>

ⁱⁱⁱ Ferguson, Warren, *Fam Med* 2009;41(6):405-10; accessed at: <https://fammedarchives.blob.core.windows.net/imagesandpdfs/fmhub/fm2009/June/Warren405.pdf>

^{iv} Fagan, Blake, *Am Fam Physician*. 2013 Nov 15;88(10):704, <https://www.aafp.org/afp/2013/1115/p704.html>

^v HRSA, Workforce Analysis, 2018-2017, accessed: <https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/program-highlights/2018/teaching-health-center-graduate-medical-education-program-2018.pdf>