

## Teaching Health Centers

### RECOMMENDATION

The American Academy of Family Physicians (AAFP) urges policy makers to reauthorize and fully fund the Teaching Health Center Graduate Medical Education (THCGME) program. Sens. Susan Collins (R-ME) and Jon Tester (D-MT), and Reps. Raul Ruiz (D-CA) and Cathy McMorris Rodgers (R-WA) introduced the *Training the Next Generation of Primary Care Doctors Act of 2019* ([S. 1191/HR 2815](#)). The legislation authorizes the THCGME program for over five years and supports the creation of new programs with a priority for those in rural and underserved communities. The bills would also increase funding from \$126.5 million per year (current law) to \$141.5 million/year (S.1191) and \$151 million/year (HR 2815).

### 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 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.

### Action is Needed Now:

Currently, for the 2018-19 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.<sup>i</sup> Due to funding uncertainty, some programs have slowed down their recruiting or closed over 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, it 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 Teaching Health Center Graduate Medical Education (THCGME) program immediately to prevent a disruption in the pipeline of primary care physician production.

### 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.

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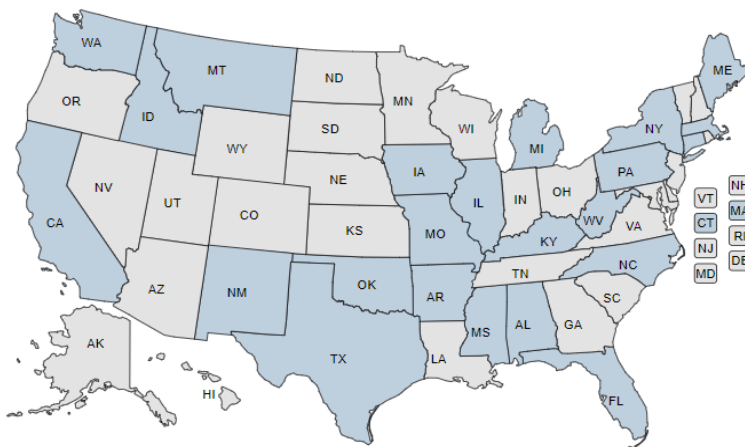
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Residents trained in THCs are well prepared for primary care practice in community settings, and data [show](#) that training in a medically underserved community (MUC) increases the likelihood that these residents will choose to practice in similar settings upon graduation.<sup>ii</sup> THC graduates are more [likely](#) to work in safety net clinics than residents who did not train in these community-based centers.<sup>iii</sup> In addition, [research](#) demonstrates that most family physicians practice within 100 miles of their residency program.<sup>iv</sup> The THC program's decentralized training model serves to help remedy the 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 academic year 2017-2018 data, THCGME programs<sup>v</sup>:

- Produced **880 new primary care physicians and dentists** since the program's inception;
- 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.*

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

<sup>ii</sup> Ferguson, Warren, *Fam Med* 2009;41(6):405-10; accessed at:

<https://fammedarchives.blob.core.windows.net/imagesandpdfs/fmhub/fm2009/June/Warren405.pdf>

<sup>iii</sup> Bazemore, Andrew, *Am Fam Physician*. 2015 Nov 15;92(10):868, accessed: <https://www.aafp.org/afp/2015/1115/p868.html>

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

<sup>v</sup> 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>