COGME
Council on Graduate Medical Education

David Goodman, M.D., M.S.
Chair

H. David Reines, M.D.
Vice Chair

Shane Rogers
Designated Federal Official

December 18, 2013

The Honorable Tom Harkin
Chairman, Committee on
Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Lamar Alexander
Ranking Member, Committee on
Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Fred Upton
Chairman, Committee on
Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Henry A. Waxman
Ranking Member, Committee on
Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Kathleen Sebelius
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

Dear Chairman Harkin, Ranking Member Alexander, Chairman Upton, Ranking Member Waxman and Secretary Sebelius,

The number of Americans who will have access to health care is about to increase significantly; there are not enough primary care physicians to meet this need. Even before the passage of the Affordable Care Act (ACA) it was estimated another 35,000 primary care physicians would be needed by 2025 to meet the needs of Americans. This need coupled with current deficiencies in community-based training means that we have far too few primary care physicians who can provide preventive services, monitor and treat chronic illness, and are willing to serve the populations with the greatest health needs.

Teaching Health Center Graduate Medical Education (THCGME) programs are community based with three quarters of them occurring in Community Health Centers (CHC). These programs have been funded through 2015 because of the ACA. Because of the importance and success of this program COGME recommends that the THCGME program should be reauthorized and funding should be appropriated beyond 2015, for no less than five years.

The THCGME program addresses some of the pressing need for primary care as follows:

1. **THCGME programs have increased the number of available primary care training slots.** Since Teaching Health Centers (THCs) began operating in 2011, the number has doubled each year to a total of 32 centers with 44 THCGME funded residency training programs in 2013. This has created over 300 FTEs in training, which are overwhelmingly focused on providing primary care in underserved and rural

communities. These programs are distributed across the U.S. and include dental residencies. In addition to teaching new physicians, the programs provide an additional 700,000 new patient visits per year in areas that have limited access to health care professionals. Medical students are attracted to the concepts and mission of THCs and apply through residency matches to fill nearly all of their positions.

2. **The physicians training at THCGME programs are more likely to continue to practice in rural and underserved medical areas.** Physicians who trained in Community Health Centers are 2.7 times more likely to work in underserved settings. THCs offer young physicians experience in underserved settings, the training needed to care for underserved populations, and physician role models who have committed to serving these populations. Studies have shown that graduates from THCGME programs will continue to follow this trend and tracking tools are currently being implemented to ensure this is the case. Of the initial eleven THCGME programs funded in the first year, nine have a significant history of having placed their graduates into rural and underserved areas. THCGME funding has allowed these programs to offer more residents the opportunity to work in these settings with the hope they will more likely practice in such communities. Several of these programs report that learners are already intending to remain as faculty or serve in rural or underserved areas upon graduation.

3. **Physicians trained at THCs are being trained in new care delivery models.** To fulfill their mission, Community Health Centers must be innovative in how to deliver high-quality care with lower costs. By training at these sites, a new generation of physicians is learning how to meet these standards. Furthermore, THCs are likely to incorporate team-based care, be Patient Centered Medical Homes and utilize electronic health record quality indicators for population-based medical management. This is the future of primary care delivery in America, and THCGME is helping to train physicians for twenty-first century medicine[1,2].

4. **Funding for THCGME programs goes directly to support primary care training.** By directly funding the community based ambulatory training sites that sponsor the training programs, GME funds are directly funding primary care training.

While the THCGME program has great promise to address our looming primary care shortage, it will not reach that goal because funding for the program ceases after 2015. Because of the importance and success of this program, COGME recommends that the THCGME program should be reauthorized and funding should be appropriated beyond 2015, for no less than five years.

Renewed funding is imperative for a number of reasons:

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[1] Chen C, Chen F, Mullan F. Teaching Health Centers: A New Paradigm in Graduate Medical Education. Acad Med. 2012;87:1752

[2] Peccoralo LA et al. Primary Care Training and the Evolving Health Care System. Mt Sinai J Med. 2012;79:451

1. **Without further funding there can be no continuation of current THC based residency programs.** Postgraduate medical training is a lengthy process, requiring at a minimum three years. THCs are currently recruiting medical students to fill their training slots with projected graduating dates of 2017; a date that is beyond the current funding appropriation. Given the costs of GME and funding regulations imposed by CMS for outpatient sponsoring institutions, many of the THCs will be forced to limit or stop training if THCGME funding is not continued. This will mean fewer physicians available to underserved areas, both immediately and in the long term.

2. **Fewer primary care physicians will be trained.** We are facing an imminent shortage of primary care physicians with an estimated 7 million newly insured patients entering the health care system starting January 2014; with time this number will grow to 30 million. Though currently small, THCGME programs hold promise as trainers of primary care physicians to the meet the needs of our most vulnerable populations. These THC programs already provide over 700,000 documented new patient visits per year.

3. **Expansion of THCGME program funding will build on an already successful program.** The notable successes already apparent in THCGME program make it imperative to not only reauthorize and appropriate this program but to double the original appropriation of $230 million to leverage the high value of this training model. In addition, it is expected that evaluations already underway will demonstrate a high impact on primary care training and improved patient access to care. Through expanded funding we can reach more of the neediest patients, treat more chronic disease and address our nation's health burden on an expanded scale.

COGME believes that THCGME programs deliver excellent value in physician training. Primary care physicians are trained in medically underserved areas and are approximately three times as likely to stay in these areas. These physicians are trained to deliver primary care in newly developing care delivery systems that emphasize team-based care in Patient Centered Medical Homes that maximize quality at a moderate cost.

Sincerely,

/S/

David Goodman, MD, MS
Chairman
Council on Graduated Medical Education