

COGME

Council on Graduate Medical Education

Kristen H. Goodell, MD, FAAFP
Chair

Lois Nora, MD, JD, MBA
Vice-Chair

Kennita R. Carter, MD
Designated Federal Official

May 31, 2017

The Honorable Thomas E. Price, MD
Secretary of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

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

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

The Honorable Greg Walden
Chair, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Frank Pallone
Ranking Member, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

Dear Secretary Price, Chairman Alexander, Ranking Member Murray, Chairman Walden, and Ranking Member Pallone:

Our nation currently has a shortage of physicians in primary care. Projections show that without corrective action this shortage will only get worse. To promote primary care training, the Council on Graduate Medical Education (COGME) expresses its strong support for continued funding of the Teaching Health Center Graduate Medical Education (THCGME) program. COGME has reviewed the THCGME program and concluded that it plays a significant and essential role in graduate medical education (GME) and in the delivery of primary care, especially in underserved areas.^{1,2} COGME continues to believe that this program is of crucial importance to the health of our country. Under current legislation, funding will cease in less than six months and this vital and successful program will close.

Several members of the House of Representatives have introduced a resolution (H. Res. 899), *Expressing support for a stable and sustainable funding source for the Teaching Health Center Graduate Medical Education (THCGME) Program*. The COGME membership, as key advisers for ensuring an adequate health professional workforce, submit our letter in support of this resolution, and urge continued funding for the critical work of the THCGME program.

Teaching Health Centers (THCs), begun in 2011, focus on providing primary care in rural and other underserved areas. The THCGME program funds THCs to support the training of residents in primary care. Originally authorized for five years, Congress reauthorized the program for two more years in 2015 through the Medicare Access & CHIP Reauthorization Act (MACRA), with strong bipartisan support. Here are a few facts:

- This year, 59 THCs in 27 states and the District of Columbia are training over 740 residents.
- 91% of THC residency graduates practice primary care (compared to 23% of traditional residency graduates).
- THCGME graduates are about three times as likely as traditional GME graduates to practice in underserved areas and four times as likely to practice in rural areas.
- Every dollar given to fund THCs is used exclusively for residency training.^{3,4}

¹ COGME. The Role of Graduate Medical Education in the New Health Care Paradigm. Washington, D.C. COGME, 2014.

² COGME. Teaching Health Center Graduate Medical Education (THCGME) Support Letter to Congress and the Secretary, DHHS. Washington, D.C. COGME, 2013.

³ Ku, L., et al. Policy Research Brief #40 – Teaching Health Centers. Geiger Gibson/RCHN Community Health Foundation Research Collaborative. Available at: http://publichealth.gwu.edu/pdf/eIR/GGRCHN_PolicyResearchBrief_40.pdf. Accessed: May 1, 2017.

⁴ American Association of Teaching Health Centers. Know the Facts. From: <http://aathc.org/know-the-facts/>. Accessed: May 1, 2017.

Furthermore, COGME notes that the program is already underfunded. THCs currently receive an allocation of \$116,000 per resident per year. A 2016 study, published in the *New England Journal of Medicine*, found that the cost to THCs of training medical residents is actually closer to \$157,000 per resident per year.⁵ The inadequate funding has forced many THCs to curtail educational programming or reduce their number of residency slots, even as THCs have more than 100 applicants vying for each slot.

The THCGME program is an unqualified success, and it requires stable funding. Losing this program would exacerbate the already severe shortage in primary care doctors, and decrease access to primary care and other vital health care services for individuals and communities across the country.

COGME has expressed strong and consistent support for the THCGME program. In 2013, COGME sent a letter to then-Secretary Kathleen Sebelius and to Congress requesting continued funding for and expansion of the program. In its 22nd Report, *The Role of Graduate Medical Education in the New Health Care Paradigm*, COGME recommended that funding for the THCGME program “should be stabilized with dedicated ongoing funding.”

By its charter, COGME is responsible for “assessing physician workforce needs on a long-term basis, [and] recommending appropriate federal and private sector efforts necessary to address these needs.” Thus, it is the role of COGME to review and evaluate legislation concerning the THCGME program.

The members of COGME agree with H. Res. 899, that the THCGME program “delivers value in physician training” and is “helping to meet the need of increasing the number of physicians choosing to practice primary care,” therefore it should be protected and sustained. We further believe reauthorizing and providing consistent, reliable, long-term funding for this program is necessary to meet the healthcare workforce needs of our nation, and to improve access to primary care for all.

Sincerely,

/s/

Kristen H. Goodell, MD, FAAFP
Chair
Council on Graduate Medical Education

Enclosure

⁵ Regenstein, M., Nocella, K., Jewers, M. M., & Mullan, F. (2016). The cost of residency training in teaching health centers. *New England Journal of Medicine*, 375 (7), 162-4.