

# ACTPCMD

## Advisory Committee on Training in Primary Care Medicine and Dentistry

Caswell Evans, D.D.S., M.P.H.  
Chair

Shane Rogers  
Designated Federal Official

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September 17, 2014

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 Sylvia Burwell  
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 Burwell,

The Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD) strongly recommends **urgent reauthorization and a doubling of funding** for the Teaching Health Center Graduate Medical Education (THCGME) program (Section 340H, Public Health Services Act) for no less than 5 years.

The shortage of primary care clinicians facing this nation is dire and has been repeatedly documented across the spectrum of workforce research activities for two decades. The THCGME program is a vital mechanism to increase the production of community-trained physicians and dentists.

During the 2014-2015 academic year, 60 THCGME programs in 24 states will provide primary care graduate medical training to more than 550 medical and dental residents in Federally Qualified Health Centers (FQHC), FQHC Look-alikes and community mental health centers, rural health clinics, Indian Health Service or Tribal clinics, and Title X clinics that provide primary care services to underserved communities across the United States. Seventy-five percent of Teaching Health Centers are FQHCs or FQHC Look-alikes and create a synergistic federal investment in systems of care delivery and clinician training.

The underlying premise of the THCGME program is that physicians and dentists trained in community settings are three times more likely to work in a health center and twice as likely to work in an underserved area compared to physicians not trained at health centers. The result of this carefully constructed program is that the primary care workforce of the nation is expanded and an employment pipeline for clinicians trained in community settings is created. The Institute of Medicine (IOM) recently released the *Graduate Medical Education That Meets the Nation's Health*

*Needs* report and recommends significant reform of the Centers for Medicare & Medicaid Services current GME structure and funding. The report points out that:

*Although the GME system has been producing more physicians, it has not produced an increasing proportion of physicians who choose to practice primary care, to provide care to underserved populations, or to locate in rural or other underserved areas. The number of physician trainees is increasing, but there is little evidence to suggest that the expansion in training capacity is in areas—either geographically or by specialty—where they are most needed.*

The nation cannot wait for the GME reforms outlined in the IOM's report to be implemented. The THCGME program supports a critical existing pipeline of primary care physicians and dentists with the skills, knowledge, and attitudes needed to serve patients and communities in our existing primary care infrastructure. Through reauthorization and expansion, this program can serve as a model for GME realignment, consistent with current recommendations by the IOM.

**The uncertainty of reauthorization and expansion of THCGME funding jeopardizes existing programs.** Residency programs operate on a multi-year recruitment and training cycle and require significant investments of resources by host institutions, predominantly FQHCs and FQHC Look-alikes. Without urgent reauthorization and expansion, programs will be unable to effectively recruit applicants for next year's incoming class of residents and are at a significant disadvantage when they cannot assure candidates that ongoing THCGME funding will be available.

This is a critical moment in the preservation of the gains in primary care workforce accrued through the THCGME. The THCGME program will continue to help meet the needs of our nation only if the ACTPCMD's recommendation for reauthorization and increased funding for at least 5 years are acted upon expeditiously by Congress.

Sincerely,

/s/

Caswell A. Evans, Jr., D.D.S., M.P.H.  
Chair  
ACTPCMD

/s/

William O. Betz, D.O.  
Vice Chair  
ACTPCMD

/s/

David Keahey, PA-C, M.S.P.H.  
Vice Chair  
ACTPCMD