



# Teaching Health Center Planning and Development - Technical Assistance Center (THCPD-TAC)

March 16, 2023

A partnership between





# Disclosures

THCPD-TAC is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #U3LHP45321-01-00. The content are those of the presenters and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



# Collaborators

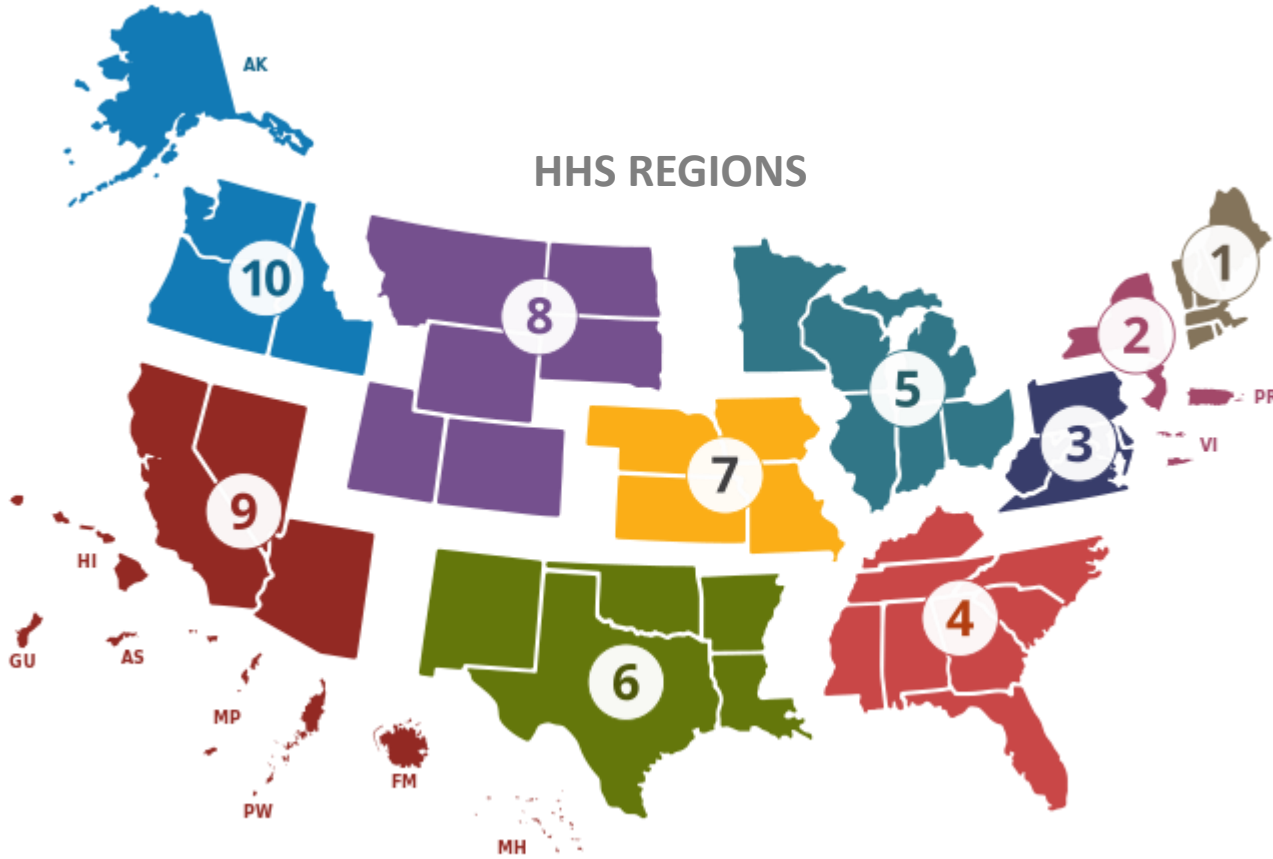
- Erin Fraher, PhD, MPP
- Candice Chen, MD, MPH
- Dustin Beck, DO
- Doug Nolan, DO
- Judy Pauwels, MD
- Jacob Rains, BA
- Lauren Tomola, MSLS
- Cristen Page, MD, MPH
- Mark Koday, DDS



# Objectives

- Overview of Teaching Health Center Planning and Development (THCPD) Cohort 1 Grantee Progress
- Description of technical assistance provided to grantees and non-grantees
- Story of one THCGME program

# THCPD Residency Programs | FY2022 Awards



Region 1 | 2 awards

Region 2 | 7 awards

Region 3 | 3 awards

Region 4 | 14 awards

Region 5 | 3 awards

Region 6 | 5 awards

Region 8 | 1 awards

Region 9 | 8 awards

Region 10 | 4 awards



# THCPD Cohort 1 Awardee Specialties

SPECIALTY	NUMBER OF THCPD RECIPIENTS
Family Medicine	30
General Dentistry	6
Psychiatry	4
Pediatrics	3
Pediatric Dentistry	2
Internal Medicine	2



## STAGE 1 Exploration



### Community Assets

Identify community assets and interested parties.



### Leadership

Assemble local leadership and determine program mission.



### Sponsorship

Identify an institutional affiliation or sponsorship. Begin to consider financial options and governance structure.




## STAGE 2 Design



### Initial Educational & Programmatic Design

Identify Program Director (permanent or in development). Consider community assets, educational vision, resources, and accreditation timeline.



### Financial Planning

Develop a budget and secure funding. Consider development and sustainability with revenues and expenses.




### Sponsoring Institution Application

Find a Designated Institutional Official and organize the GME Committee. Complete application.



## STAGE 3 Development



### Program Personnel

Appoint residency coordinator. Identify core faculty and other program staff.



### Program Planning & Accreditation

Develop curricular plans, goals and objectives; evaluation system and tools; policies and procedures; program letters of agreement; faculty roster. Complete ACGME application and site visit.




## STAGE 4 Start-Up




### Marketing & Resident Recruitment

Create a website. Register with required systems. Market locally and nationally.



### Program Infrastructure & Resources

Hire core faculty and other program staff. Ensure faculty development. Complete any construction and start-up purchases. Establish annual budget.



### Matriculate

Welcome and orient new residents.



## STAGE 5 Maintenance



### Ongoing Efforts

Report annually to ACGME and the Sponsoring Institution. Maintain accreditation and financial solvency. Recruit and retain faculty. Track program educational and clinical outcomes. Ensure ongoing performance improvement.

To advance to the next stage:  
Make an organizational decision to proceed with investing significant resources in program development.

To advance to the next stage:  
Finalize a draft budget. Complete program design to include curriculum outline and site mapping. Submit a Sponsoring Institution (SI) application & receive initial accreditation.

To advance to the next stage:  
Achieve initial program accreditation – requires successful site visit and letter of accreditation from the ACGME.

To advance to the next stage:  
Complete contracts and orient first class of residents. Hire all required faculty.

# Assessment Data - Medical

## Program Readiness Scores (%):

Sum of completed weighted objectives / Sum of all the weighted objectives x 100

<b>Median Readiness Score</b>	<b>B: 18%</b>	<b>Q2: 24%</b>	<b>Q3: 32%</b>
-------------------------------	---------------	----------------	----------------

1=red  
51=yellow  
100=green

Specialty - Location	2022				2023				2024				2023				2024				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
<b>COHORT 1</b>																					
FM:		100	100	100									46	47	45						
FM:		100	100	100									23	23	57						
FM:		100	100	100									8	8	20						
FM:		100	100	100									43	67	85						
FM:		100	100	100									3	7	30						
FM:		100	100	100									10	17	15						
FM:		100	100	100									4	20	20						
FM:		100	100	100									7	10	19						
FM:		-	-	-									-	-	-						
FM:	PA	100	100	100									20	40	58						
FM:		100	100	100									30	50	50						
FM:		100	100	100									28	62	71						
FM:		100	100	100									4	13	14						
FM:		100	100	100									8	22	22						
FM:		100	100	100									7	10	12						
FM:		100	100	100									11	17	24						
FM:		100	100	100									25	27	38						
FM:		100	100	100									19	22	22						
FM:		100	100	100									25	29	40						
FM:		100	100	100									7	20	24						
FM:		100	100	100									29	30	33						
FM:		100	100	100									0	7	4						
FM:		100	100	100									18	36	37						
FM:		100	100	100									19	23	25						
FM:		100	100	100									13	24	32						
FM:		100	100	100									13	23	36						
FM:		100	100	100									6	8	9						
FM:		-	-	-									-	20	-						
FM:		100	100	100									24	24	24						
IM:		100	100	100									4	16	17						
IM:		100	100	100									32	62	66						
PED		100	100	100									70	73	76						
PED		-	-	-									-	-	-						
PED		100	100	100									23	48	40						
PSY:		100	100	-									4	36	-						
PSY:		100	100	100									27	52	72						
PSY:		100	100	-									35	39	-						
PSY:		100	100	100									18	44	54						

\*Stages: 1, Exploration = 0; 2, Design = 1; 3, Development = 2; 4, Start-up = 3; 5, Maintenance = 4





Progress Tracker for Medical Grantees	Completed (n=35)
Complete community asset/capacity inventory.	86% (n=30)
Confirm health center support for program and governance structure.	83% (n=29)
Appoint a Program Director in development.	80% (n=28)
Assemble a local leadership team.	80% (n=28)
Obtain Sponsoring Institution accreditation.	71% (n=25)
Make an organizational decision to invest in program development.	69% (n=24)
Complete initial program design.	31% (n=11)
Complete a detailed pro forma.	29% (n=10)
Submit ACGME application.	29% (n=10)
Identify key staff support and core faculty members.	23% (n=8)
Complete ACGME site visit.	23% (n=8)
Obtain ACGME accreditation.	11% (n=4)





Assessment Goals for Dental Grantees	Completed (n=8)
Appoint a Program Director in development.	88% (n=7)
Complete community asset/capacity inventory.	88% (n=7)
Assemble a local leadership team.	88% (n=7)
Make an organizational decision to invest in program development.	63% (n=5)
Confirm health center support for program and governance structure.	50% (n=4)
Develop Sponsoring Institution application.	25% (n=2)
Establish annual budget.	25% (n=2)
Complete initial program design.	13% (n=1)



# THCPD Program Structure (n=41 programs)

---

## Program Sponsor

Non-profit healthcare organization  
(n=40)

Public/State Controlled Institution  
of Higher Education (n=1)

---

---

## Class Size Per Year

Two (n=3)

Three (n=6)

Four (n=24)

Six (n=8)

---

---

## Partners

School of Medicine  
Affiliation (n=13)

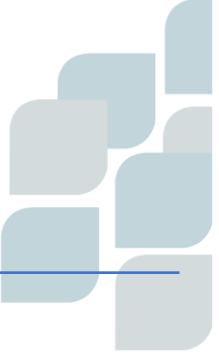
VA Partnerships (n=9)

Indian Health Service  
Partnership (n=3)

AHEC (n=22)

---

# THCPD Planned Practice Sites



## Ambulatory Care Site

Federally Qualified Health Centers  
(n=57)

Federally Qualified Health Center  
Look-Alike (n=2)

Behavioral Health Clinics (n=5)

Health-system affiliated primary care  
clinic (n=2)

Private specialty care clinic (n=1)

## Hospital Site

Psychiatric Hospital (n=5)

Disproportionate Share  
Hospital (n=7)

VA Medical Center (n=3)

Children Hospital (n=3)

Critical Access Hospital (n=2)

Sole Community Hospital (n=3)



# Challenges for THC Development

- Financial Uncertainty
- Start-Up Funding Time Frame
- Faculty Recruitment
- Accreditation
- Hospital Partnerships
- Training/Clinical Space



# TA Center Grantee Support

- Advisor Meetings
- THCPD toolbox ([thcgme.org](http://thcgme.org))
- Consultative Services (e.g. accreditation, finance, partnerships)
- Monthly Webinars
- Workshops (e.g. program accreditation)
- Annual Meeting

# TA Center Non-Grantee Support

- Email listserv
- Toolbox (thcgme.org)
- Monthly Webinars
- Twitter







## Teaching Health Center Graduate Medical Education (THCGME) Program



Since inception, the THCGME program has trained **2,027** new primary care physicians and dentists across the country

### BENEFITS OF THCGME

**65%** OF THCGME graduates are practicing in a primary care setting- nearly double the national average for all physicians and dentists.<sup>1</sup>



Reduces the primary and dental care shortage in rural and underserved areas.

**56%** OF THCGME graduates are practicing in medically underserved and/or rural communities.<sup>2</sup>



96% of residents train in a rural or underserved area<sup>3</sup> which expands the geographic distribution of medical education.

**26%** OF THCGME graduates are practicing in Federally Qualified Health Centers<sup>4</sup> or FQHC look-alikes, more than double of non-THCGME graduates.



THCGME residents have provided **7.9 million hours of patient care<sup>5</sup>** in medically underserved and rural settings.

THC graduates are more likely to offer behavioral health care and substance use disorder treatment services to patients.<sup>6</sup>



Trains the health workforce in community-based outpatient settings.

THC graduates are more likely to practice within 5 miles of where they trained.<sup>7</sup>



Brings primary care training into the 21st century with a focus on whole-person care delivered by interprofessional teams.<sup>8</sup>

### OUR IMPACT

THCGME residents train in the primary care specialties of

- Family Medicine
- Internal Medicine
- Pediatrics
- Internal Medicine-Pediatrics
- OB-GYN
- Psychiatry
- General Dentistry
- Pediatric Dentistry
- Geriatrics

In Academic Year 2022-2023 THCGME funds are supporting the training of over **960 residents in 72 primary care residency programs**, across 23 states.

Most physicians and dentists practice within 100 miles of their residency program. Supporting residency programs in rural and underserved areas expands access to care.<sup>9</sup>

THCGME is projected to **save the federal government \$1.8 billion from 2019-2023** by training physicians and dentists to deliver high-quality, cost-effective primary care.<sup>10</sup>

Strict accountability requirements ensure every federal dollar is used exclusively for primary care training.<sup>11</sup>



## Teaching Health Center Planning and Development (THCPD) Program



The THCPD program provides start-up grants to develop residency programs and funds a technical assistance center to support them throughout the process.

- Health facilities in rural and underserved areas often face challenges around financing, governance, and faculty recruitment when establishing new residencies.
- Planning and development grants to establish new accredited or expanded community-based primary care residency programs.
- HRSA provided THCPD grants to **47 grantees in 2021**, and plans to provide an additional **47 in 2023**.
- **74% of grantees** have appointed a program director to lead the launch of their residency program.<sup>12</sup>
- **40% of grantees** have obtained sponsoring institution accreditation which is a critical step in the development of any residency program.<sup>13</sup>

### CHALLENGES FACING THCs

#### The Current THC Funding Model Lacks Long-Term Financial Certainty

THCGME program has relied on periodic appropriations by Congress rather than being guaranteed as a federal entitlement program. Since its creation in 2010, the THCGME program has faced several "funding cliffs", including now where federal funding is set to expire on September 31, 2023 unless Congress acts to extend the program's life.

#### The Allotted Timeframe and Funding for THC Start-Up are Insufficient

The Teaching Health Center Planning and Development program provides up to \$500,000 of funding to start a program in two years. Given the barriers and slower timeframes for underserved areas to launch GME programs, this level of support and time frame is often insufficient for new residency development.

For citations, scan:



For more information about THCGME and THCPD programs, visit [thcgme.org](https://thcgme.org)

Last Updated February 2023



THCGME.org

# Register for Toolbox



The screenshot shows the top navigation bar of the THCGME.org website. It includes a dark header with social media icons for email, Twitter, and YouTube. Below this is the THCGME.org logo and a navigation menu with links for HOME, REGIONAL HUBS, PUBLICATIONS, and PORTALS. The main banner features a photograph of a healthcare professional interacting with two young girls, all wearing face masks. A large yellow arrow points from the right towards a text box that reads 'TEACHING HEALTH CENTER RESIDENCY RESOURCES' and 'If you would like to access our portal containing resources, please use the link below to register online.' Below this text is a green 'REGISTER' button. At the bottom of the banner, there are two sections: 'TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION' and 'UPCOMING EVENTS'.

THCGME.org

HOME REGIONAL HUBS PUBLICATIONS PORTALS

**TEACHING HEALTH CENTER RESIDENCY RESOURCES**

If you would like to access our portal containing resources, please use the link below to register online.

[REGISTER](#)

TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION

UPCOMING EVENTS



# THCGME Case Study

# OMEACO Cherokee Nation Family Medicine Residency



## **Need:**

- Native American populations life expectancy is 5.5 years lower than all other Americans
- Indian Health Service (IHS) reports vacancy rates ranging from 21 to 46 percent
- Few residency programs exist within IHS facilities

# OMEACO Cherokee Nation Family Medicine Residency



## **The THC Program:**

- 100% of training occurs in rural IHS facilities
- Focused training on treatment of conditions of concern: Hepatitis C, Diabetes, and Opioid Use Disorder
- Partnership with the first tribal-affiliated medical school in the U.S.
- Consortium model in partnership with the Osteopathic Medical Education Consortium of Oklahoma

# OMEACO Cherokee Nation Family Medicine Residency



## **Program Outcomes:**

- Increased total number of residents from 12 to 24
- Wait times for assignment to a primary care physician reduced from nine months to three months
- Annually, 12,000 patients seen by residents
- 30% of program graduates continue to practice within the Cherokee Nation health system upon graduation



# QUESTIONS

[info@thcgme.org](mailto:info@thcgme.org)