Teaching Health Center Graduate Medical Education Program

Academic Years 2020-2021

HRSA is the primary federal agency for improving health care to people who are geographically isolated or economically or medically vulnerable. HRSA programs help those in need of high quality primary health care by supporting the training of health professionals – focusing in particular on the geographical distribution of providers to areas where they are needed most.

The THCGME Program aims to bolster the primary care workforce through support for new and expanded primary care and dental residency programs, as well as improve the distribution of this workforce into needed areas through an emphasis on underserved communities and populations. In addition to increasing the number of primary care residents training in these community-based patient care settings, the THCGME Program seeks to increase health care quality and overall access to care. Below is a descriptive summary of the characteristics and accomplishments of grantee programs and trainees who received THCGME support during Academic Year 2020-2021.

Select Program Characteristics

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Total Supported Residency Programs</th>
<th>Total Residents in Training</th>
<th>Total Disadvantaged or Rural Residents</th>
<th>Total Residents Graduated / Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>39</td>
<td>555</td>
<td>208</td>
<td>186</td>
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<tr>
<td>Internal Medicine</td>
<td>8</td>
<td>209</td>
<td>45</td>
<td>66</td>
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<tr>
<td>Pediatrics</td>
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<td>46</td>
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<td>13</td>
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<td>Obstetrics and Gynecology</td>
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<td>12</td>
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<tr>
<td>Psychiatry</td>
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<td>14</td>
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<tr>
<td>General Dentistry</td>
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<td>16</td>
<td>3</td>
<td>15</td>
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<tr>
<td>Geriatrics</td>
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<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>60</td>
<td>912</td>
<td>296</td>
<td>297</td>
</tr>
</tbody>
</table>
Clinical Training Settings

Notes: A Medically Underserved Community (MUC) is a geographic location or population of individuals that is eligible for designation by a state and/or the federal government as a health professions shortage area, medically underserved area, and/or medically underserved population. Training settings are not mutually exclusive.

Select Resident Characteristics

- A total of 912 primary care residents were supported during Academic Year 2020-2021.
- Approximately 19 percent of residents reported coming from a financially or educationally disadvantaged background, while 20 percent reported coming from a rural background.
- The THCGME program produced 297 new primary care physicians and dentists. Approximately 63 percent reported intentions to practice in a primary care setting, and 43 percent intended to practice in a MUC and/or rural area.
- Of those residents who completed their programs, 31 percent reported disadvantaged and/or rural backgrounds, and 18 percent comprised underrepresented minorities.
- Current graduates reported that 58 percent remained in the state of their residency to practice. This in-state retention rate is slightly higher than the national average of 57 percent.¹
- Of the 228 prior year program completers with available employment data, most currently practice in a primary care setting (64 percent) and/or in a MUC or rural area (56 percent).
- Approximately 22 percent of prior year completers are currently practicing in Federally Qualified Health Centers (FQHCs) or look-alikes, and 7 percent are practicing in rural health clinics.

Select Training Characteristics

- Nearly all residents (98 percent) received training in a primary care setting, providing care during almost half a million patient encounters and accruing over 620,000 contact hours with these primary care patients.
- The majority of THCGME residents (93 percent) spent part of their training in medically underserved and/or rural communities, providing over 1.1 million hours of patient care.
- THCGME residents treated over 740,000 patients during more than 1.3 million patient encounters across all settings, significantly enhancing access to care in primary care and underserved areas.

THCGME-funded residency programs developed or enhanced and implemented 1,547 courses and training activities, impacting almost 15,000 healthcare trainees.

Over 6,400 students, residents, and other health care professionals from a variety of professions and disciplines trained alongside THCGME residents while participating in interprofessional team-based care.

Among 562 health care delivery sites utilized for residency training, 33 percent offered substance use treatment services, 30 percent specifically offered medication assisted treatment (MAT) for opioid use, and 35 percent offered COVID-19 related services.

Approximately 68 percent of residents received training in substance use treatment, 66 percent received specific training in MAT for opioid use leading to 19 percent receiving a waiver to prescribe MAT, and 67 percent received COVID-19 related training.

Select Program Outcomes

Since the THCGME program began, 1,731 new primary care physicians and dentists that represent an expansion over and above current training caps have graduated and entered workforce. Of the total physicians who graduated from their THCGME residencies, their specialties included:

- 1,062 new Family Medicine physicians
- 398 new Internal Medicine physicians
- 89 new Pediatricians
- 18 new Obstetric and Gynecological physicians
- 3 new Geriatricians
- 54 new Psychiatrists
- 107 new Advanced General Dentists

Since the program began, THCGME residents have provided over 4.2 million hours of patient care in primary care settings during 3.6 million patient encounters. Residents additionally provided over 6.7 million hours of patient care in medically underserved and rural settings, significantly expanding access to care in these key settings.

Since 2017, the first year additional patient counts were mandated in statute, THCGME residents have treated over 2.8 million patients in almost 4.8 million patient encounters across all settings. As THCGME residents are funded by HRSA over current physician training caps, these patients may not have been treated had this program not existed.

As the national average of physicians going into primary care is approximately 33 percent\(^2\), the THCGME program has evidenced much stronger results. Cumulative follow-up data of all graduates since the program began indicate that 65 percent of physicians and dentists are currently practicing in a primary care setting and approximately 56 percent are currently practicing in a MUC and/or rural setting. These outcome data are significant as primary care physicians and dentists are in short supply nationwide, particularly in underserved areas\(^3\).

For more information, visit the website: bhw.hrsa.gov

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