



# 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

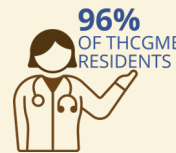
## BENEFITS OF THCGME

**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 **\$46.27M** in start up grants to **93 organizations across 36 states** to establish new accredited community-based residencies in **eight medical and dental specialties**.<sup>12</sup>
- As of August 2023, THCPD has created **11 new Teaching Health Center programs**, resulting in approval for **152 new residency positions**.<sup>13</sup>
- **57 program directors** have been appointed to lead the launch of their residency program.<sup>14</sup>
- **42 grant recipients** have obtained sponsoring institution accreditation which is a critical step in the development of any residency program.<sup>15</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 30, 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 more information about THCGME and THCPD programs, visit

[www.thcgme.org](http://www.thcgme.org)

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For citations, scan:

