



Teaching Health Center Planning and Development Program: An Overview and Update

August 2023

A partnership between





Presenters

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Disclosures

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Objectives

- Outline tools, resources, and potential funding available to health centers interested in starting Teaching Health Centers.
- Describe the THCPD program and the developmental progress of the grantees.
- Understand strategies that THCPD grantees have used to navigate barriers and successfully launch medical and dental training programs.



Background

- Last year, Teaching Health Center Graduate Medical Education (THCGME) residents treated **over 792,000 patients** during more than 1.2 million patient encounters.
- Since 2010, **2,027 new primary care physicians and dentists** have completed residencies and entered the workforce.
- **65%** of graduates are practicing in a primary care setting.
- **56%** of graduates are practicing in medically underserved and/or rural communities.
- More likely than non-THC graduates to practice within 5 miles of training.
- THC graduates are more likely to provide treatment for opioid use disorder, offer behavioral health care, and perform gynecological procedures.



HRSA's Teaching Health Center Programs



- Two percent of residency training occurs in rural areas, and 3.5% in safety-net clinics.
- In FY2023, HRSA awarded **over \$175 million** to fund over **1,096** THCGME residents in **81** community-based residency programs.
- In FY2022 and FY2023, HRSA awarded **\$46.3 million to 93** grantees in 36 states through the Teaching Health Center Planning and Development (THCPD) program.
- HRSA awarded \$5 Million to a Technical Assistance Center to support THCPD award recipients' efforts to establish and maintain new community-based residency programs that receive program accreditation.

THCPD Grantees by Specialty

Specialty	Cohort 1 <small>(Started 12/2021)</small>	Cohort 2 <small>(Started 4/2023)</small>	Total
Family Medicine	30	18	52% (n=48)
General Dentistry	6	13	20% (n=19)
Geriatrics	0	1	1% (n=1)
Internal Medicine	2	2	4% (n=4)
Obstetrics and Gynecology	0	1	1% (n=1)
Pediatric Dentistry	2	2	4% (n=4)
Pediatrics	3	1	4% (n=4)
Psychiatry	4	8	13% (n=12)
TOTAL	47	46	93

Program Characteristics



Program Sponsor

Non-profit healthcare organization (n=42)

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

Consortium Sponsorship

Yes (n=18)

Class Size Per Year

Two (n=3)

Three (n=6)

Four (n=25)

Six (n=9)

Partners

AHEC (n=24)

School of Medicine or Dentistry Affiliation (n=14)

VA (n=9)

Indian Health Service, Tribal or Urban Indian (n=3)

Planned Practice Sites



Ambulatory Care Sites

Federally Qualified Health Centers (n=60)

Behavioral Health Clinics (n=5)

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

Private specialty care clinic (n=2)

Health-system affiliated primary care clinic (n=1)

Tribal-affiliated primary care clinic (n=1)

Hospital Sites

Disproportionate Share Hospital (n=8)

Psychiatric Hospital (n=5)

VA Medical Center (n=3)

Children's Hospital (n=3)

Critical Access Hospital (n=2)

Sole Community Hospital (n=2)

Practice Site Characteristics



Census region

Northeast (n=18)

Midwest (n=11)

South (n=49)

West (n=41)

Percentage of training sites in rural area

CBSA definition of rural: 31.09% (n=37)

FORHP definition of rural: 38.6% (n=46)

Self-reported in rural: 24.37% (n=29)

Community Characteristics



County characteristic	Metro Counties ⁺ with a THCPD Program (n=42)	Metro Counties ⁺ without a THCPD Program (n=923)
% Persons in Poverty (2020)	11.90 (9.40-15.20)	11.10 (8.3-14.30)
% Medicaid Eligible Population**	23.01 (18.46-30.43)	18.93 (14.06-23.98)
% Hispanic Non-White**	51.26 (34.85-59.07)	30.50 (18.75-46.95)
Population Estimate (2021)**	841,570 (379,620-1,478,190)	130,500 (59,690-269,010)

* p<.05; **p<.01; ⁺according to FORHP

Community Characteristics



County characteristic	Metro Counties⁺ with a THCPD Program (n=42)	Metro Counties⁺ without a THCPD Program (n=923)
Primary Care – Part County HPSA**	41 (97.62%)	656 (71.69%)
Mental Health – Part County HPSA**	39 (92.86%)	558 (60.98%)
Dental – Part County HPSA**	40 (95.24%)	633 (69.18%)

* p<.05; **p<.01; ⁺according to FORHP

Technical Assistance Center Grantee Support



- THCGME Portal/Toolbox
- Regular advisor meetings with grantees
- Consultative services (e.g. accreditation, finance, partnerships)
- Monthly webinars
- Workshops (e.g. program application, sponsor accreditation)
- Annual meeting

Technical Assistance Center Non-Grantee Support

- THCGME general listserv
- Monthly webinars
- Portal/Toolbox
- Twitter





TEACHING HEALTH CENTER RESIDENCY RESOURCES

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

[REGISTER](#)



Toolkit Resources



Community Engagement



Program Design & Development



Financial Planning



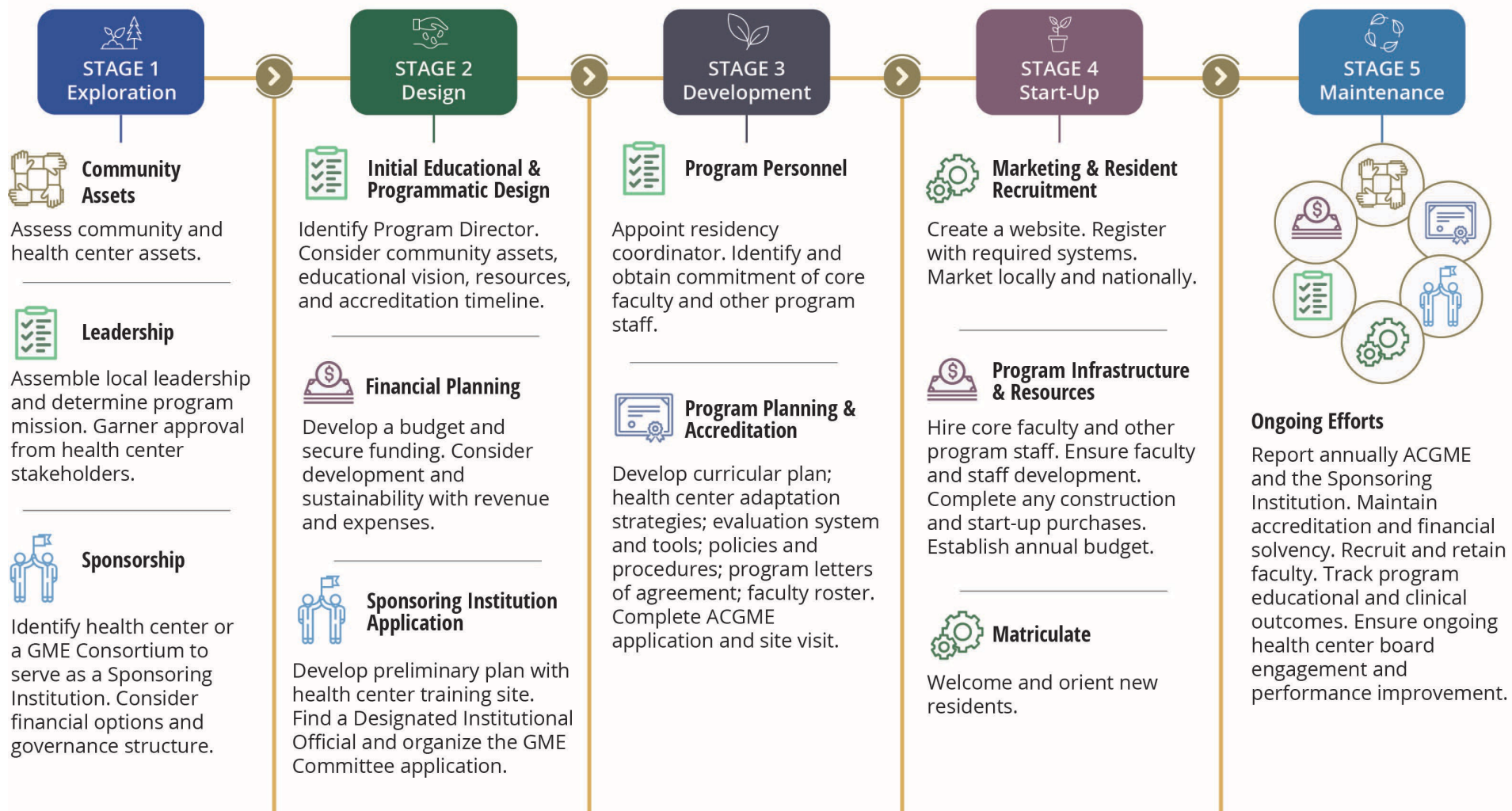
Institutional Sponsorship



Program Accreditation



Program Implementation



TO ADVANCE TO THE NEXT STAGE:
Make an organizational decision to proceed with investing significant resources in program development. Confirm health center support for program.

TO ADVANCE TO THE NEXT STAGE:
Finalize a draft budget. Complete initial program design. Receive Initial Accreditation as a Sponsoring Institution.

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.

Medical Cohort 1 Progress

Assessment Goals for Medical Grantees	Completed
Complete community asset/capacity inventory.	97%
Assemble a local leadership team.	97%
Appoint a Program Director in development.	94%
Confirm health center support for program and governance structure.	91%
Obtain Sponsoring Institution accreditation.	86%
Develop Sponsoring Institution application.	83%
Make an organizational decision to invest in program development.	74%
Complete initial program design.	66%
Refine program design, including curriculum and site mapping.	60%
Identify key staff support and core faculty members.	54%
Submit ACGME application.	51%
Complete a detailed pro forma.	43%
Achieved ACGME accreditation	31%

Dental Cohort 1 Progress



Assessment Goals for Dental Grantees	Completed
Appoint a Program Director in development.	100%
Complete community asset/capacity inventory.	88%
Assemble a local leadership team.	88%
Confirm health center support for program and governance structure.	88%
Make an organizational decision to invest in program development.	63%
Develop Sponsoring Institution application.	38%
Establish annual budget.	38%
Refine program design, including curriculum and site mapping.	25%



Challenges for THC Development

- Financial Uncertainty
- Start-Up Funding Time Frame
- Faculty Recruitment
- Accreditation Challenges
- Hospital Partnerships



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.¹



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.²



96% of residents train in a rural or underserved area³ which expands the geographic distribution of medical education.

26% OF THCGME graduates are practicing in Federally Qualified Health Centers⁴ or FQHC look-alikes, more than double of non-THCGME graduates.



THCGME residents have provided **7.9 million hours of patient care⁵** in medically underserved and rural settings.

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



Trains the health workforce in community-based outpatient settings.

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



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

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.⁹

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.¹⁰

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



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.¹²
- **40% of grantees** have obtained sponsoring institution accreditation which is a critical step in the development of any residency program.¹³

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

Last Updated February 2023



THCGME.org



Becoming a Teaching Health Center: **TIPS FOR HEALTH CENTER BOARDS**

TEACHING HEALTH CENTERS are one strategy to address the workforce crisis facing primary care in the United States. Fewer and fewer medical school graduates are pursuing careers in primary care, many current primary care providers plan to retire, and the pandemic has made it more challenging to retain existing providers. Teaching Health Centers aim to ensure that primary care providers continue to work in low-income communities, by providing training at **federally qualified health centers** (“health centers” in this document) and similar sites. **Research** by the Institute of Family Health, based in New York, shows that residents who train in health centers and look-alikes are more likely to practice in medically underserved areas.

This resource offers tips for boards when a health center is considering starting the process to become a Teaching Health Center.² It offers a case example of how one board used these strategies.

Please note that becoming a Teaching Health Center can be complex. Although this document does not go into detail about specific steps, the **Resources** section later in this article offers suggestions on where to learn more.



Training the Primary Care Workforce to Deliver Team-Based Care in Underserved Areas: The Teaching Health Center Program



JUNE 2023

Emily Hawes, Jacob Rains,
Candice Chen, Erin Fraher

Policy Points

- > The Teaching Health Center Graduate Medical Education program is a model designed to align health workforce training with population health needs.
- > Long-term financial uncertainty undermines the sustainability of teaching health centers.

Milbank
Memorial Fund 



Primary Care Association (PCA) THCGME Initiative with EHCI

A partnership approach to developing Teaching Health Centers between Community Health Centers and Primary Care Associations

The mission of EHCI is to improve healthcare for underserved populations by helping Community Health Centers (CHCs) and State Primary Care Associations (PCAs) develop innovative workforce training partnerships in urban and rural settings.

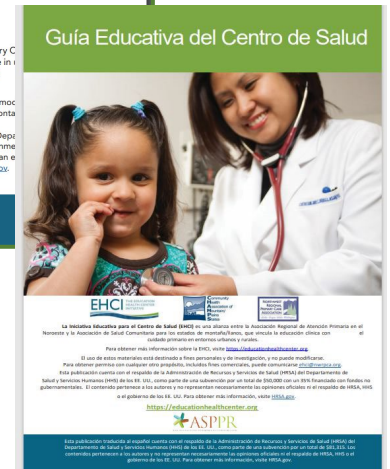
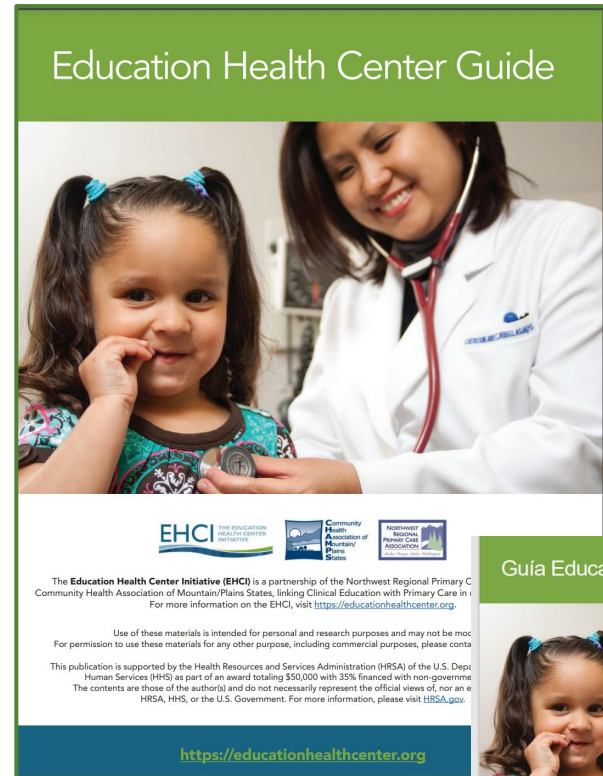
EHCI is a partnership between NWRPCA and CHAMPS.

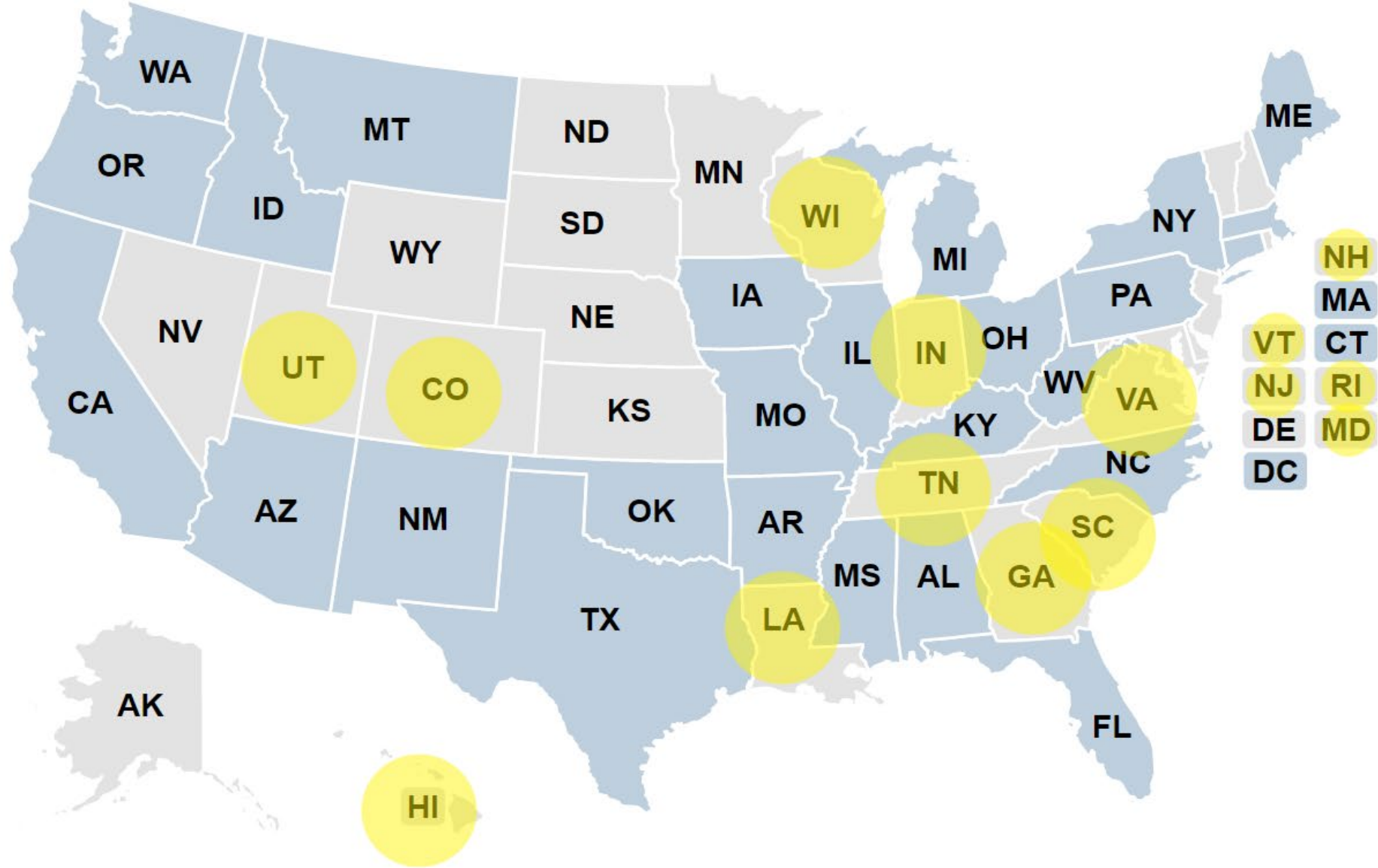


There are five key areas to address:

- 1 Overview and Mission
- 2 Governance
- 3 Administration and Operations
- 4 Finance
- 5 Legal

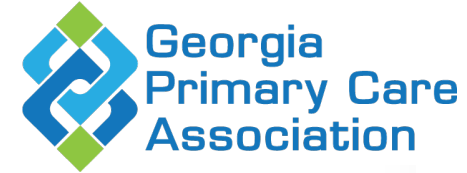
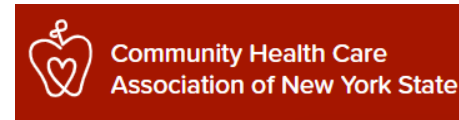
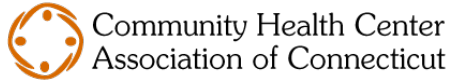
Each area has its own chapter in the Guide and is a stand-alone piece. The Guide is designed to be used in part or in whole to meet the needs of interested parties. Other resources relevant to information provided in the Guide are found through links in the text of the Guide.





THC Planning and Development Grantees are adding 93 new programs and 15 new states to this map

26 State PCA's Represent the THCPD Awards





Do all states have a Primary Care Association?

- Most individual states or pairs of states have PCAs.
- Primary Care Associations (PCAs) are private, non-profit organizations that support the Health Resources and Services Administration (HRSA) Health Center Program.
- PCA's play a vital and significant role in strengthening and expanding health centers and are strategic partners for shared success in the health care mission.

Workforce Funding at the PCA Level

- The goal of PCA workforce T/TA activities is to increase the percentage of health centers at full readiness to engage in health professions training programs.
- This initiative will complement and build on the [Education Health Center Guide](#) developed in partnership with the NWRPCA and CHAMPS to assist health centers with serving as training sites for health professions students and/or residents.

[State and Regional Primary Care Association Cooperative Agreements Workforce Funding Overview | Bureau of Primary Health Care \(hrsa.gov\)](#)

PCA: A Role In THC Development



- Connect with your PCA. They are there to serve your needs in T/TA
 - Preceptor training needs
 - Clinical and HR Peer Networking Groups
- PCA Boards are open- Networking Opportunities
- PCA Conferences- A wealth of training and growth in all areas
 - Financial, Governance, Workforce, Clinical training, Quality Improvement
- PCA's can make THC building the HP-ET focus
 - RTAT data on potential programs ~ CHC's ready to engage in THC development
 - Identify the gap or impact a new residency program would fill
 - Grant writing support
 - Letters of Support/Community Messaging

PCA: A Role In Support



- On-going T/TA
 - Preceptors and Administrative Support
- Retention Support
 - Keeping graduated of your programs in the Community Health world
- Funding Streams
 - Matching Programs and other State and Community Level Funding Opportunities
- State Policy Support
 - Rotational Programs with other Academic Residency Programs
- National Connection to THC and HP-ET Strategies for Success
 - THC as a small program- joining in a larger picture for growth and success



**FAMILY HEALTH CENTERS
OF SAN DIEGO**



THCGME Case Study: Family Health Centers of San Diego

About Us

- FHCSD was **founded in 1970** through the efforts of dedicated local Latina leader **Laura Rodriguez...**



Logan Heights Family Health Center

FHCSD Flagship Clinic



About Us

- One of the nation's ten largest FQHCs.
- More than **2,500 employees** across **75 sites** around San Diego County.
- Our staff provides care to over **227,000 patients** annually, of whom **91% are low income** and **29% are uninsured**.

About Us

FHCSD offers a range of health care services throughout the region, including:

- 23 primary care clinics
- 21 behavioral health facilities
- 8 dental clinics
- 3 mobile medical units
- 2 mobile counseling centers
- 2 physical rehabilitation clinics
- Pharmacy
- Outpatient Substance Use Treatment Program

Graduate Medical Education

- Family Health Centers of San Diego is an **ACGME-**
accredited Sponsoring Institution with **Continued**
Accreditation status since 9/2018.

Family Medicine Residency

- Began on July 1, 2014
- Three-year program, 6 residents per year, total complement of 18 residents
- **ACGME-accredited** residency program with **Continued Accreditation** status since 1/2017.
- Made possible by a **Teaching Health Center Graduate Medical Education (THCGME)** grant
- 10th year of operation, 42 graduates to date

FM Graduate Retention Rate



YEAR	GRADUATES	RETAINED	% RETAINED
2017	6	3	50%
2018	6	5	83%
2019	6	1	17%
2020	6	5	83%
2021	6	4	67%
2022	6	6	100%
2023	6	2	33%
TOTAL	42	26	62%*

**Exceeds FHCS D's mission to maintain a 50% retention rate.*

Family Medicine Residency Program

at City Heights Family Health Center



Psychiatry Residency Program

- Starts on July 1, 2024
- Four-year program, 6 residents per year, total complement of 24 residents
- **ACGME-accredited** residency program with **Initial Accreditation** status effective 7/2022.
- Start-up was made possible by the **Teaching Health Center Planning and Development (THCPD)** grant

Psychiatry Residency Program



THCPD Grantees by Specialty			
Specialty	Cohort 1 (Started 12/2021)	Cohort 2 (Started 4/2023)	Total
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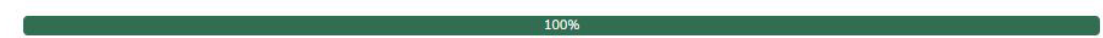







Psychiatry Residency Program



OVERALL PROGRAM READINESS	OVERALL  87% COMPLETED	PROGRAM STATUS You are currently in  Stage 3 Development	GOAL STATUS You have completed 16 Goals Out of 21.
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PROGRAM PROGRESS AT-A-GLANCE

Click on details to view the specific goals and objectives for each stage below.

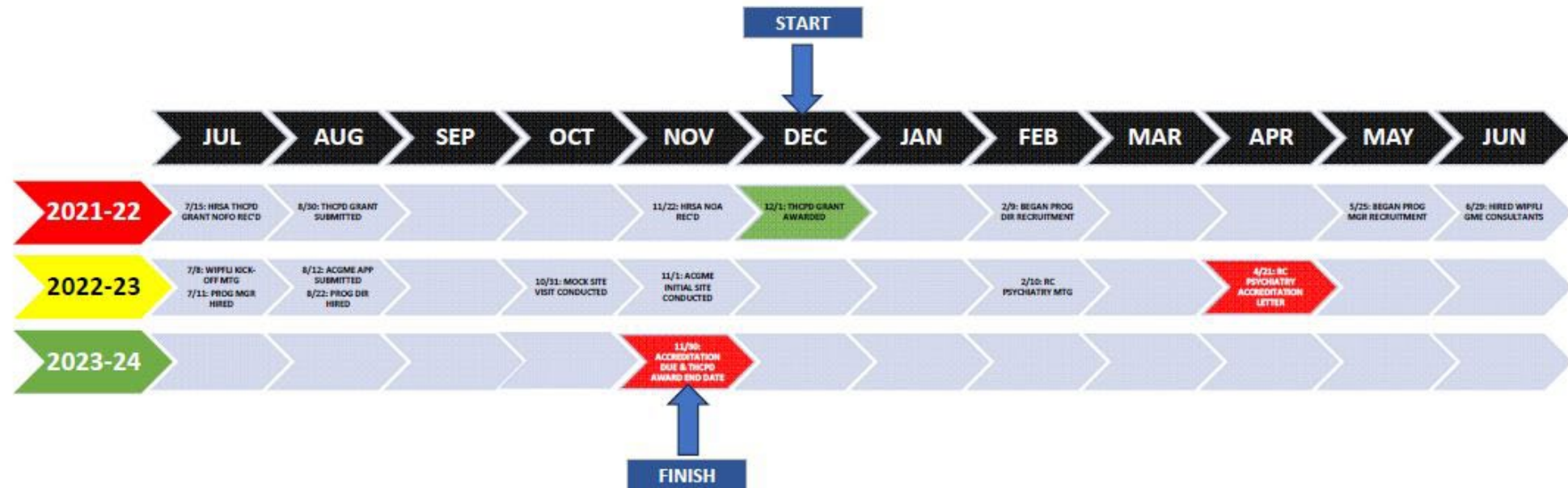
 Stage 1 Exploration		4 of 4 Goals Completed View Details
 Stage 2 Design		6 of 6 Goals Completed View Details
 Stage 3 Development		4 of 6 Goals Completed View Details
 Stage 4 Start-Up		2 of 5 Goals Completed View Details
 Stage 5 Maintenance		View Details

Project Timeline

AY	MONTH	DEADLINE	DAYS		TASK	AY
			REMAINING			
AY 2021-22	JUL	7/14/21		<input checked="" type="checkbox"/>	THCPD HRSA-22-107 Grant Application Opening Date	AY 2021-22
	AUG	8/30/21		<input checked="" type="checkbox"/>	THCPD HRSA-22-107 Grant Application Due	
	SEP					
	OCT					
	NOV					
	DEC	12/1/21			AWARD BUDGET START DATE	
	JAN	1/3/22		<input checked="" type="checkbox"/>	Initiate Recruitment for a Residency Director	
	JAN	1/15/22		<input checked="" type="checkbox"/>	HRSA: Within 45 Days of Budget Start Date Report <small>[submit via EHBz]</small>	
	FEB					
	MAR	3/1/22		<input checked="" type="checkbox"/>	HRSA: Within 90 Days of Budget Start Date Report <small>[submit via EHBz]</small>	
	APR	4/1/22		<input checked="" type="checkbox"/>	Initiate Recruitment for a Residency Program Manager	
	APR	4/30/22		<input checked="" type="checkbox"/>	HRSA: Q1 Quarterly Report 12/1/21-3/1/22 <small>[submit via EHBz]</small>	
APR	4/30/22		<input checked="" type="checkbox"/>	HRSA: Annual Federal Financial Report (FFR) Due <small>[submit via PMS]</small>		
MAY						
JUNE						
AY 2022-23	JUL	7/1/22		<input checked="" type="checkbox"/>	HRSA: Q2 Quarterly Report 3/2/22-6/1/22 <small>[submit via EHBz]</small>	AY 2022-23
	JUL	7/1/22		<input checked="" type="checkbox"/>	ACGME: DIO Initiate New Program Application in ADS	
	JUL	7/31/22		<input checked="" type="checkbox"/>	HRSA: Performance Data Report for AY21-22 <small>[submit via EHBz]</small>	
	AUG	8/12/22		<input checked="" type="checkbox"/>	ACGME: Submit New Program Application	
	SEP					
	OCT	10/1/22		<input checked="" type="checkbox"/>	HRSA: Q3 Quarterly Report 6/2/22-9/1/22 <small>[submit via EHBz]</small>	
	NOV	11/11/22	(268)		RC for Psychiatry Meeting Agenda Closing Date	
	DEC	12/31/22		<input checked="" type="checkbox"/>	HRSA: Q4 Quarterly Report 9/2/22-12/1/22 <small>[submit via EHBz]</small>	
	JAN					
	FEB	2/10/23	(177)		ACGME: RC for Psychiatry Meeting	
	FEB	2/15/23	(172)		ACGME RC for Psychiatry Meeting Decision Released	
	MAR	3/31/23		<input checked="" type="checkbox"/>	HRSA: Q1 Quarterly Report 12/2/22-3/1/23 <small>[submit via EHBz]</small>	
APR	4/30/23		<input checked="" type="checkbox"/>	HRSA: Annual Federal Financial Report (FFR) Due <small>[submit via PMS]</small>		
MAY						
JUNE						
AY 2023-24	JUL	7/1/23		<input checked="" type="checkbox"/>	HRSA: Q2 Quarterly Report 3/2/23-6/1/23 <small>[submit via EHBz]</small>	AY 2023-24
	AUG					
	SEP	9/15/23	40		NRMP Residency Match Registration Begins	
	OCT	10/1/23	56		HRSA: Q3 Quarterly Report 6/2/23-9/1/23 <small>[submit via EHBz]</small>	
	NOV	11/30/23	116		AWARD BUDGET END DATE	
	NOV	11/30/23	116		HRSA: ACGME Accreditation Documentation Due <small>[submit via EHBz]</small>	
	DEC	12/31/23	147		HRSA: Q4 Quarterly Report 9/2/23-12/1/23 <small>[submit via EHBz]</small>	
	JAN					
	FEB					
	MAR	3/15/24	222		NRMP Residency Match Day	
APR	4/30/24	268		HRSA: Annual Federal Financial Report (FFR) Due <small>[submit via PMS]</small>		
MAY						
JUN						
4-2	JUL	7/1/24	330		***FHCSO Psychiatry Residency Program Begins***	4-2



Project Timeline



Accomplishments



- ☑ 239-page **ACGME New Program Application** was completed and submitted within **39 days** from start, 3 months in advance of the RC for Psychiatry meeting agenda closing date.
- ☑ A mock site visit led by a GME consulting group was conducted on 10/31/22 which helped prepare program leadership and faculty for the ACGME initial site visit conducted the following day on 11/1/22.
- ☑ The Review Committee for Psychiatry reviewed our new program application at its meeting on 2/10/23, and FHCSO received its LON on 4/21/23 with **Initial Accreditation** status (7 months PRIOR to THCPD accreditation letter submission deadline of 11/30/23).

Accomplishments (cont.)

- ☑ Successful and timely recruiting effort for a Program Director and Program Manager
- ☑ Procurement of administrative and clinical space for the Psychiatry Residency Program in a newly constructed building which is expected to open in January 2024.

Psychiatry Residency Program

at El Cerrito Family Health Center



Challenges

Challenges for THC Development

- Financial Uncertainty
- Start-Up Funding Time Frame
- Faculty Recruitment
- Accreditation Challenges
- Hospital Partnerships

Pearls

- Establish a reliable workgroup and include key players. It takes a village.
- Create a project timeline early on and include deliverables and deadlines.
- Get ahead of schedule whenever possible, because you will inevitably encounter unexpected hurdles and delays.
- Network with other similar programs for guidance, direction and sharing of best practices. No need to reinvent the wheel.
- Reach out to your TAC Advisor for assistance as needed. They are there to help and support.



QUESTIONS

info@thcgme.org