

THE CASE FOR TEACHING HEALTH CENTERS

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Patient care increasingly occurs in ambulatory settings, yet medical education occurs mainly in inpatient hospital facilities. This produces a physician workforce whose skills and experience are poorly matched to the primary care needs of the vast majority of the population.

Primary care and health centers, particularly, produce excellent outcomes at lower costs than the system as a whole^{i,ii} and have the potential to save the system billions of dollars annually by preventing avoidable ER visits.ⁱⁱⁱ However, primary care practices and health centers cannot maintain, let alone expand, their work without adequate numbers of primary care physicians.

Primary Care Workforce Needs

In order to achieve the quality, access, and affordability, we must invest in the development of a robust primary care physician workforce -- particularly as an aging population and expanded health care coverage increase the demand for services. Accounting for population growth, aging and the current rate of production of primary care physicians, by 2025 we will face a generalist physician deficit over 35,000.^{iv} Health Centers also struggle with a deficit of primary care providers. By 2015, it is estimated that these centers will need an additional 15,585 primary care providers to reach 30 million patients^v and health centers, particularly in rural areas, currently have high physician vacancy rates and rely heavily on the National Health Service Corps to remain operational.^{vi}

Developing residency programs within community-based ambulatory primary care settings such as health centers, with the appropriate infrastructure investment, will immediately bolster the primary care workforce. Residents provide patient care services and the opportunity to teach promotes recruitment and retention for existing staff. Teaching in these sites also promotes recruitment. Graduates of health center residency programs are more likely to practice in health centers.^{vii} Investment in Teaching Health Centers will ensure future physicians are trained to effectively provide service in community based ambulatory settings, where the majority of health care takes place.

Teaching Health Center Funding

Teaching hospitals receive substantial Medicare funding to support their residency (GME) programs. These monies have become the backbone of hospital based GME throughout the country. Ambulatory primary care settings, however, receive little additional support and use all revenues to provide clinical services. They lack the financial margin to move or generate additional funds to subsidize residency programs. Teaching Health Centers, particularly those developed by health centers or rural health clinics, face the additional challenges of –

- high rates of chronic and untreated illness increasing the complexity of care

- social, cultural, and linguistic challenges associated with treating vulnerable and diverse populations
- the need to contract with hospitals to provide inpatient rotations for residents
- higher relative cost of repositioning staff from clinical service to teaching service. Health centers have many fewer physicians than teaching hospitals and the loss of clinical revenues from a physician dedicating time to teaching in a health center is relatively more costly than for a physician who is one among many physicians in a teaching hospital setting

All of these factors suggest that federal support for Teaching Health Center residency programs needs to be near actual cost for the health center to run the program.

Teaching Health Centers and Health Care Reform Legislation

Two separate but related programs need to be enacted in order to launch the Teaching Health Center initiative.

- 1) Full Medicare GME payments must be extended to Teaching Health Centers to provide support for community based GME just as these payments are made to hospitals for in-patient GME.
- 2) Start-up grants must be made available to health centers intending to initiate new residency programs to assist with the costs of obtaining accreditation, developing curriculum, and recruiting teaching staff and residents.

This modest investment in Teaching Health Centers will provide substantial long term savings as health centers and primary care grow due to an increase of physicians well prepared to practice primary care in community based settings. This, in turn, will increase the provision of coordinated and preventive care nationally and reduce emergency room visits and hospitalizations.

ⁱ Starfield B et al. Contribution of Primary Care to Health Systems and Health. *Milbank Qu.* 2005;83:457-502.

ⁱⁱ NACHC. A Sketch of Community Health Centers: Chart Book 2009. Available at:

http://www.nachc.com/client/documents/Chartbook_Update_20091.pdf

ⁱⁱⁱ NACHC and ACAP. The Impact of Community Health Centers & Community-Affiliated Health Plans on Emergency Department Use. April 2007.

^{iv} Colwill JM et al. Will Generalist Physician Supply Meet Demands of an Increasing and Aging Population? *Health Affairs.* 2008;27:w232-w241.

^v NACHC, George Washington University, Robert Graham Center. Access Transformed: Building a Primary Care Workforce for the 21st Century. August 2008.

^{vi} Rosenblatt RA et al. Shortage of Medical Personnel at Community Health Centers: Implications for Planned Expansion. *JAMA.* 2006;295:1042-1049.

^{vii} Morris CG et al. Training Family Physicians in Community Health Centers: A Health Workforce Solution. *Fam Med.* 2008 Apr;40(4):271-6.

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