Training Tomorrow’s Physicians: Teaching Health Centers and Interprofessional Education
NUMBER OF COMMUNITY HEALTH CENTER PATIENTS

In millions

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients (in millions)</th>
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<tbody>
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<td>2000</td>
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Shortages of Medical Personnel at Community Health Centers
Implications for Planned Expansion

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L. Gary Hart, PhD

Context The US government is expanding the capacity of community health centers (CHCs) to provide care to underserved populations.
Objective To examine the status of workforce shortages that may limit CHC expansion.
PERCENT WORKING IN SPECIFIC UNDERSERVED SETTINGS

* P<0.05

[Bar chart with percentage working in different settings for CHC and Non-CHC. The categories include NHSC, HPSA, MHC*, IHS*, RHC*, MUA*, and CHC*. The legend indicates yellow for Non-CHC and green for CHC.]
HC-trained physicians 3.4 times more likely to work in a HC (controlling for years from training, gender, FTE)
2.7 times more likely to work in underserved setting
No difference in training preparation for practice, spectrum of practice, and practice satisfaction
WHAT IS A TEACHING HEALTH CENTER?

- Sec. 5508 of Patient Protection and Affordable Care Act, “Increasing Teaching Capacity”
- “Community based, ambulatory patient care center that operates a primary care residency program”
- Specifically Includes
  - FQHC
  - Community mental health clinics
  - Rural health clinics
  - IHS or tribal health centers
  - Title X clinics
WHAT IS A TEACHING HEALTH CENTER?

- Primary care residency program includes
  - Family medicine
  - Internal medicine
  - Pediatrics
  - Medicine-pediatrics
  - Obstetrics-gynecology
  - Psychiatry
  - General and pediatric dentistry
  - Geriatrics
Payments for direct and indirect expenses to qualified teaching health centers that are listed as sponsoring institutions by the relevant accrediting body for expansion of existing or establishment of new approved graduate medical residency training programs.
Teaching Health Centers: A New Paradigm in Graduate Medical Education
Candice Chen, MD, MPH, Frederick Chen, MD, MPH, and Fitzhugh Mullan, MD

Abstract

The Patient Protection and Affordable Care Act of 2010 created the Teaching Health Center Graduate Medical Education (THCGME) program to provide graduate medical education (GME) funding directly to community-based health centers that expand or establish new primary care residency programs. The THCGME program was the legislation’s only new investment in GME, and it represents a significant departure from the Medicare GME funding system. It provides payments to ambulatory care centers for both direct and indirect GME expenses, and mandates a level of reporting from recipients that is not required for Medicare GME support. This initial look at the 11 inaugural teaching health centers (THCs) shows that they are training primary care residents in relevant delivery models (e.g., interprofessional teams, patient-centered medical homes), developing educational initiatives that address primary care practice in underserved areas, and transforming organizational and funding structures to support community-based training. The THCs plan to evaluate and report resident performance, patient quality of care, and graduate outcomes. The work of the first THCs has implications for primary care training, the GME system, and future policies and legislation aimed at strengthening the health care workforce.
LESSONS LEARNED

- Strong medical student interest
- New model of GME with payments directly to the residency and community health center
- Innovative training settings
  - Electronic health records
  - Interprofessional teams
  - Management/Leadership training
  - Quality Improvement and PCMH
NEW NATIONAL CENTER

- Nexus Center for Interprofessional Education and Practice
- HRSA award to University of Minnesota 10/1/12
- Will provide leadership, scholarship, evidence, coordination to advance interprofessional education and practice
Creating the Transformational Nexus for Health

Improved Health and Community Outcomes
National Aims / Triple Aim

The Nexus:
Collaborative linking of academia and the practice of health care.

Team-based Care

Health Professions Education
Orientation and essential skills

Senior Leadership

Faculty, Clinicians, and Practitioners
Operations

Practice Community
Evolving integrated health systems
IPE: Opportunities for Community-University Partnerships Linked to Health

Integrated Health Care & Higher Ed System Transformation

- Driving Costs Out of Systems
- Community Health Outcomes
- Workforce Development
- Access to Care
- Patient Safety/Quality
- Teamwork
- Getting to Know Each Other

Improved Health and Learning Outcomes