Teaching Health Center Graduate Medical Education (THCGME) Program

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

56% OF THCGME graduates are practicing in medically underserved and/or rural communities.2

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

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

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

Reduces the primary and dental care shortage in rural and underserved areas.

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

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

Trains the health workforce in community-based outpatient settings.

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
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 more information about THCGME and THCPD programs, visit [thcgme.org](http://thcgme.org)