



DAILY NEWS

Bipartisan Dear-Colleague Letter Seeks Support For Funding Health Center GME

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Reps. Cathy McMorris Rodgers (R-WA) and Niki Tsongas (D-MA) are drumming up support for reauthorizing at least three years of funding for a program that helps teaching health centers train providers, and more than 90 lawmakers have signed their dear-colleague letter to House Energy & Commerce Committee leaders. Osteopathic physicians say the program, while small compared to Medicare graduate medical education grants, could be a model for reforming Medicare GME because the program is transparent and has succeeded in training and retaining physicians in medically underserved areas.

The Teaching Health Center Graduate Medical Education program, which is run by the Health Resources and Services Administration, expires after Sept. 30. [It's one on a long list of programs that expire this year](#), and the American Osteopathic Association hopes to bring attention to the program now to increase the chances that it will be included in expected legislation reauthorizing many of the expiring programs at the end of the year.

The Medicare GME program includes direct and indirect payments to hospitals, [and lawmakers have criticized indirect Medicare GME](#) because hospitals don't have to use the money for training doctors. Congressional Medicare advisers in 2010 [reported that the Medicare GME program perpetuates](#) the focus on inpatient care and specialization, instead of emphasizing primary and community care.

Conversely, HRSA's teaching health center GME program is designed to train primary care providers in areas of the country that need it most, said American Osteopathic Association Senior Vice President for Public Policy Laura Wooster.

John Sealey, an osteopathic surgeon and director of medical education at Authority Health in Detroit, said the Teaching Health Center GME program requires health centers to account for every dollar they spend. The program works well because it lets health centers use the money to tailor the training of residents to the areas they serve. The health center programs must meet the same criteria as traditional Medicare GME, Sealey said, but the funding can also be used for additional training, such as the population health certificate that Authority Health created. To be certified in population health, physicians must visit homeless shelters and food banks to help them deal with the root causes of health problems for patients in their area, such as hunger and poor diets.

An added bonus of the program is that physicians who are trained at health centers are more likely to stay in their communities than doctors trained at hospitals. Sealey said nearly half of the residents trained with Teaching Health Center GME funds at his facility stay in state, and 90 percent of those physicians practice in doctor shortage areas.

McMorris Rodgers and Tsongas also say the program has been successful while accounting for only 0.5 percent of the annual federal funding on physician training. They emphasize that residents are trained in areas of practice with the largest shortages, including family medicine, general internal medicine, pediatrics, obstetrics and gynecology, psychiatry, and dentistry.

"Furthermore, when compared with traditional Medicare GME residents, residents who train at THCs are more likely to practice primary care (82 percent vs. 23 percent) and remain in underserved (55 percent vs. 26 percent) or rural (20 percent vs. 8 percent) communities," they write in the letter to colleagues. "It is clear that the well-designed THCGME program not only plays a vital role in training our next generation of primary care physicians, but helps bridge our nation's physician shortfall." -- *John Wilkerson* (jwilkerson@iwpnnews.com)

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