

Unique primary care residency program hangs in budget balance

May 4 2017, by David Orenstein



Medical student Shayla Durfey writes that the Teaching Health Centers medical residency will depend on a renewal of funding by Congress. Credit: Michael Salerno

It's too soon for Shayla Durfey to know whether she'll apply for a Teaching Health Centers (THC) residency when she graduates from the

Warren Alpert Medical School of Brown University in a few years—but as she and two professors write online in [JAMA](#), the unique opportunity won't still exist for her or other medical students without action from Congress.

Created under the Affordable Care Act (ACA), the \$60 million THC program needs budget reauthorization by Sept. 30, 2017. The program currently funds 700 residents to serve as primary care providers at 59 community [health centers](#), rural [health](#) clinics and Indian Health Centers in 28 states. The program helps to serve the outpatient medical needs of about 500,000 people, most of whom live below the poverty line and either have public insurance or none at all.

The nation also needs to train more [primary care physicians](#), wrote Durfey, Dr. Eli Adashi, professor of medicine and former dean of medicine and biological sciences at Brown, and Dr. Paul George, associate professor of family medicine and assistant dean of medical education.

"There is a projected primary care shortage in the United States, especially with increased coverage and access under the ACA," said Durfey, a student in Brown's primary care and population medicine dual degree program. "This program addresses that shortage by training people in the highest need areas."

In the Viewpoint essay, the trio cites research showing that the program succeeds in inspiring more young physicians to stay in primary care practice (91 percent among THC residents compared to 23 percent for residents overall), to do so in underserved areas and community health clinics (76 percent compared to 26 percent) or in rural areas (21 percent vs. 5 percent).

To students like Durfey, THC also offers young doctors aspiring to

primary care the prospect of training for the realities of primary care practice, she said. The program's residencies offer training in areas such as multidisciplinary leadership, primary care innovation and patient-centered medical homes. Many traditional residency programs are inpatient focused, even though that's not how most primary care is delivered, she said. But THC is unique in channeling residency funding directly to outpatient centers, rather than through inpatient-focused hospitals.

Whether any funding remains in 2018 will be up to Congress, even as it continues to debate the future of the Affordable Care Act.

"A permanent funding solution is essential to ensure the future of the THC [residency] program," the authors wrote. "The uncertain future of the ACA makes awareness and funding of successful [primary care](#) programs like this one critically important. Without such awareness, the THC [program](#) could be easily forgotten in the face of larger health system upheaval."

More information: Shayla N. M. Durfey et al, Permanent GME Funding for Teaching Health Centers, *JAMA* (2017). [DOI: 10.1001/jama.2017.5298](https://doi.org/10.1001/jama.2017.5298)

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