Teaching Health Neighborhood

Takes an innovative approach to funding rural health professions education and training, e.g., the **Teaching Health Neighborhood**, through <u>Quentin-Burdick</u>-like funding for development and CMMI funding for implementation.

• See: <u>Federal Advisory Committee Rports Interdisciplinary</u>, <u>Community-Based Linkages</u>

2019 Pierce County -**Community Healthy Improvement Plan Priorities Healthy Neighborhoods & Healthy Communities** Neighborhoods are where we live. Communities are how we live together. Equitable Access to access to Safe, resources reliable affordable housing. and support to get around celebrate

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- A mechanism for CMS funding of GME in a Teaching Health Neighborhood of at least <u>three or more specialties or disciplines</u> and including an <u>interprofessional component</u> (e.g., can include a dental residency, pharmacy residency, or nurse practitioner residency)
- HRSA Quentin-Burdick funding for THN development grants
- Direct, <u>per-resident payment</u> linked to training > 24 weeks in a rural <u>place</u> and/or training in an FQHC, RHC, or other underserved <u>facility</u> – for all specialties and selected health disciplines and unadjusted for geography or Medicare patient volume

Teaching Health Neighborhood



- CPI-adjusted \$160K /FTE resident /year paid to the participating hospitals as a new THN-GME payment, and reported in a new section of the participating hospitals' cost reports
- Entire residency funded if > 50% training is rurally located and/or in an underserved facility (FQHC, RHC)
- A Federal mechanism of GME finance, but could also be a model for Statebased GME
- Implemented in a ten-year pilot under CMMI