

Teaching Health Neighborhoods: Funding for graduate health professional education in rural and underserved urban communities

The Concept

Over the past two decades the 'Teaching Health Neighborhood' appears to be an emergent property of community engaged health professions education and training in underserved communities, rural and urban. In places of high need, interprofessional siloes are more difficult to maintain and necessity requires interprofessional practice and training. In many cases, one funded program has provided the infrastructure and fostered the organic emergence of a second, and a third – in essence a community-based consortium of programs. Adding funding to existing and new community-based efforts in these communities has the potential to accelerate this phenomenon and mitigate workforce shortages and disparities in health care access, promoting resilience in the healthcare workforce and health equity across communities.

The Proposal

We are proposing a sustainable mechanism for graduate health professions education in rural and underserved communities that is aligned with recent calls from the [Accreditation Council for Graduate Medical Education](#); [National Academies of Sciences, Engineering, and Medicine](#); [National Rural Health Association](#); [Council on Graduate Medical Education](#); and the peer reviewed literature for such solutions. Funding Teaching Health Neighborhood Graduate Professional Education (THN-GPE) is an alternative to the traditional Medicare system for graduate physician education and expands funding to other select health professions.

THN-GPE is proposed as a 10-year pilot within the Center for Medicare and Medicaid Innovation (CMMI), characterized by the following:

- ❖ A payment mechanism for graduate education and training in a Teaching Health Neighborhood of programs in three or more professions or specialties in a rural or urban underserved community or facility and including an interprofessional component to the curriculum (e.g., a medical residency program(s) in one or more specialties and a pharmacy residency, aligned with a social work training program and/or psychology internship)
- ❖ At least one of the programs must be independently accredited and place its trainees in the rural community and/or underserved facility for at least 50% of their initial training period (e.g., 3 years in family medicine)
- ❖ Federally funded through a direct, per-resident or per post-doctoral trainee payment linked to training a minimum of 24 weeks in a rural place and/or in an FQHC, RHC, or other underserved facility in any community – for post-doctoral training in selected professions and specialties, unadjusted for geography or Medicare patient volume
- ❖ In an amount set each year as a CPI-adjusted payment (relevant to the respective profession) /FTE resident or trainee/month or year paid to a sponsoring consortium as a new THN-GPE payment
- ❖ The entire residency period is funded if > 50% training in any of the participating programs or tracks is (1) rurally located by [Federal Office of Rural Health Policy \(FORHP\) definition](#) and/or (2) located in an underserved or safety net facility (e.g., FQHC, RHC, or free clinic)

The governing body or sponsoring institution for a Teaching Health Neighborhood must be a non-profit consortium consisting of at least three (3) participating organizations governed by a board with greater than 50% of its members representing the rural or underserved urban communities served and the associated organizations and/or facilities and at least three (3) professions. A medical school or other health professions school or a hospital can participate but cannot have a controlling interest in the sponsoring consortium.

The consortium must sponsor and/or include accredited postgraduate training programs or tracks representing at least three (3) professions and at least two specialties. The following professions and specialties are eligible for payment under this mechanism:

- Medical residency in any of the following specialties: FM, IM, Peds, Psych, OB-GYN, Surgery
- Nurse Practitioner residency in any of the following specialties: FM, IM, Peds, Psych, OB-GYN, Surgery

- Pharmacy residency
- Dental residency
- Clinical Psychology post-doctoral internship or residency
- Social Work post-masters' degree training program

The Teaching Health Neighborhood must articulate a deliberate interprofessional curricular component of greater than eight (8) weeks each year that engages trainees from at least three (3) professions together in collaborative clinical practice.

A post-graduate program funded through a Teaching Health Neighborhood mechanism shall not also be funded for the same periods of training time funded through traditional Medicare Graduate Medical Education (GME), Children's Hospital GME (CHGME) or Teaching Health Center GME (THCGME). Existing programs already funded in these ways and wishing to expand into a THN-GPE may elect this alternative method of funding instead. As a requirement of continued funding, these programs will furnish to CMMI annual reports of program outcomes, much like that required of the HRSA-funded THC-GME grant program.

In summary, we are proposing an alternative mechanism for funding graduate health professional education and training (1) anchored in a rural community or an underserved facility, (2) governed by a sponsoring consortium, and (3) led by at least one independently accredited program with greater than 50% training in the rural community or underserved facility. Building upon assets already present in a community with workforce needs, this funding stream will enable an existing healthy clinician community in one specialty or profession to establish or expand a training program in other specialties and professions. The time for such an approach is now, the support for such an approach is growing, and the rationale for such an approach is compelling.

For more information and downloads of presentations on this topic visit:

<https://rttcollaborative.net/news/story/more-on-the-teaching-health-neighborhood/>

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