

**Submission Id:** 4214

**Title**

*Evaluating the Teaching Health Center Graduate Medical Education model at 10 years: Practice-based Outcomes and Opportunities*

**Priority 1 (Research Category)**

Education and training

**Presenters**

Caitlin Davis, MD, MSc, Tuhin Roy, MD, MPH, Andrew Bazemore, MD, MPH, Lars Peterson, MD, PhD, Robert Phillips, MD, MSPH, MSPH

**Abstract**

**Context:** Since 2011, the Teaching Health Center Graduate Medical Education (THC GME) program has sought to expand access to care by training residents in safety net settings.

**Objective:** We used a unique data set to examine impact of the THC GME program on physician scope, location, and patient population served.

**Study Design:** Using 2017-2020 data from the American Board of Family Medicine’s National Graduate Survey (NGS), we used two-sided tested and a multivariate linear regression model to compare practice outcomes of THC GME graduates to those of their peers.

**Population Studied:** Our sample comprised 8,608 respondents surveyed three years after completion of FM residency training.

**Intervention:** We compared demographics, practice location, populations served, and scope of practice between graduates of THC GME programs and graduates of other Family Medicine (FM) programs.

**Outcome Measures:** Outcome measures included practice location, population, and scope of early career Family Physicians.

**Results:** THC graduates were significantly more likely than other graduates to practice in a rural location (17.9% to 11.8%), within 5 miles of their residency program (18.9% to 12.9%) and to care for medically underserved populations (35.2% to 18.6%). Their scope of practice was wider than other graduates and more likely to comprise services like buprenorphine prescribing, behavioral health care, and outpatient gynecological procedures. Regression results suggest that THC training is independently correlated with a broader scope of practice.

**Conclusions:** Graduates of THC programs were significantly more likely that graduates of other programs to practice close to their training sites and in rural areas, and to care for underserved patients while

maintaining a broader scope of practice than other graduates. These findings suggest that the THC GME model is helping to improve access to medical care for the most vulnerable patients in ways consistent with its original intent.