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Title

Are Community-Based Residency Programs Located in High-Need Areas?

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context: Community-based residency programs (CBRPs), which are defined as Teaching Health Centers (THCs) and programs with Rural Training Track (RTTs), produce physicians that are more likely to practice in rural and other underserved areas. Further, most family medicine residents remain within 50 miles of their residency graduate location. Previous research identified high-need counties based on consistently low primary care physician capacity. Identifying CBRPs relative to high-need areas is important. Objective(s): This research explores the relationship between CBRP location and high-need areas, defined as counties with consistently low rates of primary care physician capacity. Study Design and Analysis: cross-sectional, geospatial analysis; proximity analysis using geographic information systems (GIS) mapping to identify CBRPs within 25 and 50 miles of high-need areas. Dataset(s): Teaching Health Center Graduate Medical Education (THC GME) program; The Rural Training Track (RTT) Collaborative; Robert Wood Johnson County Health Rankings, 2023. Population Studied: CBRPs (THCs, RTTs). Results: Of the 157 CBRPs, 68% are located within 50 miles and 47% are located within 25 miles of any of the 526 high-need areas. More than $\frac{3}{4}$ of RTTs and about $\frac{1}{2}$ of THCs are located within 50 miles of high-need areas. About $\frac{1}{3}$ of all CBRPs are more than 50 miles from any high-need area, with most of these programs located in metropolitan areas in California, the Pacific Northwest, and New England. Despite most CBRPs being located near high-need areas, more than 6 in 10 high-need counties do not have any CBRP within 50 miles. More than 5.7 million people live in these counties, many of which are located in the southeast (particularly GA, LA, TN), Texas, and the Dakotas. Conclusions: Improving access to high-quality primary care for underserved populations requires increasing the number of primary care residents training in CBRPs. This research found that while many CBRPs are located near high-need areas, there are still many high-need areas that do not have any CBRP located within 50 miles.

Increasing the number of primary care physicians in high-need areas requires targeting CBRPs that have the highest potential of producing physicians in these areas.

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