NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6250

Title

Community-Based Training and Impact on Care of Disadvantaged Population

Priority 1 (Research Category)

Education and training

Presenters

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Abstract

Context: The geographic maldistribution of primary care physicians across rural and underserved areas continues to exacerbate inequitable access to health care for populations with the most needs. Objective: To examine the association between community-based training and subsequent care of population in the community with high social needs among family physicians Study Design and Analysis: A retrospective cohort study. Using a multivariate logistic regression model, we assessed the association between community-based training and subsequent practice location among family physicians who completed residency between 2017 and 2022. Setting or Dataset: The American Board of Family Medicine Initial Certification Questionnaires from 2017 to 2022 were used to identify a multiyear resident cohort. The 2024 American Medical Association (AMA) Physician Masterfile was used to identify current practice location. Population Studied: 15,851 family physicians completing residency, 2017-2022 Intervention/Instrument: We defined a community-based training program in two ways. In the broader definition, physicians who completed their training in a program that, according to the AMA FREIDATM database, primarily trained residents outside of a hospital or large academic center were considered community-trained. In the narrow definition, physicians who trained in a Teaching Health Center Graduate Medical Education (THCGME) program or a rural/rural training track (RTT) residency program were considered community-trained. Outcome Measures: The outcome was practice location after residency (6-year post residency for the 2017 graduates vs 1-year post residency for the 2022 graduates). We defined the areas with high social needs if the Social Deprivation Index (SDI) score for the area was greater than median. Results: Among the 15,851 family physicians in this study, 36.1% primarily trained in outside a hospital or large academic center (broad) whereas only 9% trained in the community via the THCGME or rural/RTT program (narrow). Family physicians from a narrowly defined community-based training program had higher odds of practicing in the disadvantaged communities (SDI≥Median) compared to their non-community-trained counterparts (OR=1.224, 95% CI=1.097 - 1.366, p=<.001). Conclusions: This study highlights the need for critical Graduate Medical Education policies

that support more community-based training programs to meet the surge of health care needs in rural and underserved areas.