Teaching Health Centers: a New Model for Graduate Medical Education

Osteopathic graduate medical education (GME) in Oklahoma and Missouri is growing. Starting in July 2012, seventy-two new GME positions will open in Talihina, Tahlequah, Tulsa and Joplin, Missouri (Table 1). The Osteopathic Medical Education Consortium of Oklahoma (OMECO) secured funding for these positions through the Teaching Health Centers (THC) grant program administered by Health Services Resources Administration (HRSA), a division of Health and Human Services (HHS). OMECO was fortunate to receive six of the eleven awards, nation-wide, during this grant cycle. With the addition of the new positions, OMECO now has over 400 osteopathic GME positions available across Oklahoma, Missouri, and Arkansas (Figure 1). OMECO is growing GME at a responsible clip. Our goal is for every graduate from the OSU College of Osteopathic Medicine to have a place to train within the region.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Location</th>
<th>Specialty</th>
<th>Positions</th>
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</thead>
<tbody>
<tr>
<td>The Ozark Center</td>
<td>Joplin, Missouri</td>
<td>Psychiatry</td>
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<tr>
<td>Choctaw Nation Health Services Authority</td>
<td>Talihina, Oklahoma</td>
<td>Family Practice</td>
<td>9</td>
</tr>
<tr>
<td>Tahlequah Medical Group</td>
<td>Tahlequah, Oklahoma</td>
<td>Internal Medicine</td>
<td>9</td>
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<tr>
<td>OMECO Teaching Health Center</td>
<td>Tulsa, Oklahoma</td>
<td>Family Practice</td>
<td>15</td>
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<td></td>
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<td>Pediatrics</td>
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<tr>
<td></td>
<td></td>
<td>OB GYN</td>
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*The OMECO THC OB GYN residency program has been funded by HRSA pending AOA approval. All other programs have been funded by HRSA and approved by the AOA. OMECO will not recruit or market this OB program until approval is gained*

THC GME Funding versus Traditional GME Funding

Most hospital-based graduate medical education (GME) is funded partially through the Centers for Medicare and Medicaid Services (CMS). Two complex formulas are used to calculate a facility’s Direct and Indirect Medical Education (DME and IME) reimbursement. The Balanced Budget Act of 1997 established a limit on the number of allopathic and osteopathic residents that a hospital may include in its full time equivalent (FTE) resident count for direct GME and IME payment purposes, commonly referred to as the hospital’s GME cap. Thus new programs can now only be funded by CMS if placed in a hospital that has never had residency training programs. These hospitals are given three years to establish their resident FTE GME cap. This rule has the unfortunate consequence of prohibiting the development of new GME in our most capable and experienced teaching hospitals. It also encourages hospitals with no experience in GME to develop multiple new programs at the same time, since you only have three years to establish the hospital’s cap. What’s more is that GME is frequently mentioned as a target of federal budget cuts. This approach to GME funding has also created a shortage of GME positions. As of 2010, there are more new physicians graduating from medical schools than there are GME slots into which they will matriculate (Figure 2). As more medical schools

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are built, and existing ones increase class sizes, the GME shortage will continue to grow.

THCs stem from a new funding source that is different from the traditional CMS-funded hospital-based programs. Eligible THCs are community-based ambulatory patient care centers that operate primary care residency programs, as well as medical education consortiums. The osteopathic profession’s historical focus on community-based training, and the Osteopathic Postdoctoral Training Institute (OPTI) structure made OMECO uniquely qualified to pursue this funding. The OPTI concept was developed in 1995 and modeled after Michigan State University’s State-Wide Campus System, then known as the Consortium of Graduate Medical Education and Training. Each OPTI is a community-based training consortium consisting of one or more colleges of osteopathic medicine and one or more hospital-based teaching program(s). Ambulatory clinics, rehabilitation centers, and surgical centers can also now join OPTI’s. The OPTI’s

provide enhanced didactics, research support, access to learning resources, accreditation expertise, and programmatic linkages, as well as some educational oversight. The idea is to ensure that community-based training programs’ residents have the same resources available to them as those at larger teaching hospitals in the shadow of the osteopathic medical school. The OPTI for Oklahoma is OMECO, which was founded in 1999, and consists of the OSU College of Osteopathic Medicine and the following hospital-based partners:

- Freeman Health Systems, Joplin, Missouri
- Integris Bass Baptist Health Center, Enid, Oklahoma
- Integris Southwest Medical Center, Oklahoma City
- Medical Center of Southeastern Oklahoma, Durant
- OSU Medical Center, Tulsa
- St. Anthony Hospital, Oklahoma City
- Tahlequah City Hospital, Tahlequah, Oklahoma
- UAMS-AHEC, Pine Bluff, Arkansas

The Future

Oklahoma State University’s College of Osteopathic Medicine and OMECO are committed to building an increasingly stronger network of community-based training sites for third and fourth year medical students, as well as GME positions for our graduating physicians. This emphasis on community-based training is a stark contrast to the typical allopathic training model, which has been to attach the medical school to a large tertiary research-based teaching hospital. Often medical students would graduate from the school, and complete a residency program there, or at a similar institution. Surgery and sub-specialists are valued and emphasized in this model. Very few physicians from this model choose to remain in primary care; and even fewer ultimately settle in a rural community.

1. These include federally-qualified health centers; community mental health centers; rural health clinics; health centers operated by the Indian Health Service, an Indian tribe or tribal organization; and entities receiving funds under Title X of the Public Health Service Act.

References

FUNDING OF GRADUATE MEDICAL EDUCATION: An Issue Paper Prepared by the National Rural Health Association—February 1998


AAMC Center for Workforce Studies, 7/2009 from 2008 AAMC and AAMC sources.
Chart reimaged by OSU Center for Rural Health