

Testimony of

Deborah Edberg, MD

Program Director McGaw Northwestern Family Medicine Residency
Program
Teaching Health Center
Erie Family Health Center, Chicago

**Subcommittee Hearing - Addressing Primary Care Access and
Workforce Challenges: Voices from the Field**

U.S. Senate Committee on
Health, Labor, Education, and Pensions Subcommittee on Primary Health
and Aging

April 9, 2014

Chairman Sanders, Ranking Member Burr, and Distinguished Members of the Subcommittee:

My name is Deborah Edberg. I am a family physician and program director for one of the original 11 Teaching Health Center residency programs, housed at Erie Family Health Center in Chicago. Erie is a 57 year old federally qualified health center (or FQHC) serving more than 50,000 patients annually at 12 locations throughout Chicago and the surrounding suburbs. Like all of our nation's 1,200 FQHCs, our health centers are located in low-income and medically underserved communities and provide comprehensive primary care regardless of patients' insurance status or ability to pay.

I am here today to talk about the Teaching Health Center program and describe the urgent need to re-authorize this critical program as soon as possible. On behalf of Erie and the American Association of Teaching Health Centers, representing the 36 Teaching Health Centers nationwide, thank you so much for allowing me to speak at this subcommittee hearing.

The Teaching Health Center Graduate Medical Education Program represents a proven and powerful strategy to address some of the key challenges confronting our health care system. These include ensuring access to care amidst a growing shortage of primary care providers and reducing persistent health disparities that plague our nation's communities. First authorized in

2010, the Teaching Health Center program is a five-year program that directly funds primary care residency positions in community-based and ambulatory care settings like Erie. It is the only primary care physician and dentist residency program managed and directed by community health centers themselves. Different from traditional GME funding which funds hospitals to train physicians in acute care settings, the THCGME funds go directly to practicing community ambulatory care centers where their clinicians design and teach a curriculum that is reflective of the opportunities and challenges in caring for medically underserved communities in an outpatient setting. This is where we address health care issues such as chronic disease management and prevention of serious illness before they become emergent conditions requiring expensive hospital care. Today, 36 Teaching Health Centers train more than 300 residents who are providing more than 700,000 primary care visits in underserved communities nationwide.

Erie is a partner in the Northwestern McGaw Family Medicine Residency Program, which brings together Erie, our academic partner Northwestern University, and Norwegian American Hospital, the disproportionate share hospital in our community. We accepted our first class of eight residents in July of 2010 and graduated our first class last summer.

Our 24 residents participate in hospital rotations at Norwegian American Hospital and specialty rounds at Northwestern Memorial Hospital and Lurie Children's Hospital. But they spend the bulk of their time providing comprehensive primary care to patients at our health center in Humboldt Park, a low-income, predominately Hispanic community on Chicago's west side. Last year alone, our Teaching Health Center residents provided care to 7,200 patients through 13,200 visits. For most of these patients, other options for affordable high quality, community-based primary care were extremely limited or non-existent.

The THC program has come far in a relatively short period of time – growing from 11 to 36 sites and expanding the health system's capacity to care for tens of thousands of people living in our country's most underserved urban, low-income and rural communities. But there is still much to do. Authorization for the Teaching Health Center program expires in 2015 and the need for immediate reauthorization has become critical in the face of extreme provider shortages and a changing healthcare landscape.

As was discussed previously in prior hearings, the provider shortage in this country is acute and growing. Close to 50 million people lack access to primary care because of physician shortages in their communities. According to the National Association of American Medical Colleges' Center for Workforce Studies physician shortages are projected to reach 91,500 by 2020, half of which will be in primary care.

And with tens of millions of people becoming eligible for health care coverage through the Affordable Care Act, a perfect storm is brewing. Without enough providers, many of these newly insured individuals may remain without care or continue to be relegated to emergency rooms. Meanwhile, overloaded Medicaid providers will be required to limit the number of patients they see, reduce the services they provide, and spend less time with their current patients (Zyzanski, et al, 1998). In order to improve health outcomes, reduce disparities and contain costs, there is an urgent need to ensure and expand our nation's capacity to provide high-quality affordable primary care.

That is what FQHCs do. And we do it well. FQHCs or community health centers are a major sector of health care, serving 22 million people, or one in every 15 Americans (NACHC, 2013) and this number is rapidly growing. Community health centers provide one-quarter of all primary care visits for the nation's low income population. The White House Office of Management and Budget rated community health centers as one of the most effective federal programs (OMB, 2007). And we continue to grow into communities where we are needed most.

Despite the promise and scope of community health centers and the urgent need for more primary care providers, we face a significant challenge in recruiting the number of qualified primary care physicians necessary to meet demand. The Teaching Health Center program is the *only* graduate medical education program in the country that provides funding directly to the community health center in order to train primary care physicians and we know that many medical students – including the best and brightest among them – want this opportunity. For example, in 2013, Erie received over 872 applications for 8 residency slots and made a 100% match for our top choices of residents in the incoming class. Currently we have 2 residents that are Pisacano Scholars, meaning that they are among the top medical students graduate going into family medicine in the country. We have a resident that has been consulting for the World Health Organization and setting up community assessments in national and international communities, a resident that started and was CEO of a small church based community health center while getting his MBA in medical school and a resident that started a sustainable community health center in Bolivia.

Our newly recruited eight Teaching Health Center residents join our current residents as nationally recognized scholars, as well as volunteers within domestic and international non-profit organizations, advocates, authors, researchers and refugees. Their backgrounds are diverse but they share a passion and commitment to working with underserved patients in community-based settings.

Engaging and retaining bright and energetic people like these into a career in community-based primary care was the original promise of the Teaching Health Center. And it's working. Physicians trained in health centers are 3 times more likely to work in a community health centers or other safety-net primary care settings. All eight of last year's graduates from the Northwestern McGaw Family Medicine Residency stayed in primary care settings, seven remained at community health centers and five stayed at Erie.

These talented doctors increase our nation's capacity to provide care in underserved communities. But they are also the leaders of tomorrow. In addition to direct experience, the McGaw program provides a rigorous academic curriculum that emphasizes leadership in health policy, community engagement, and research. The Teaching Health Center program invests in students, patients, communities and long-term solutions to some of the most critical challenges facing our health system and our society.

Today this innovative program stands at a crossroads. Its success is in jeopardy without legislation authorizing its continuation after 2015. Because of the three year term of the primary

care residency, Teaching Health Centers are already feeling the detrimental impact of this potential loss in support.

This year, for the first time, THC programs will have to decide whether they will accept residents who cannot be guaranteed funding for their full three year residency program or leave valuable primary care residency slots vacant. Erie, in particular, relies on support through the Teaching Health Center program to fund all 24 of our family medicine residency slots in their entirety. Students are also approaching THC residency opportunities with increasing reluctance for fear that they will not be able to complete their residency in a stable environment.

To ensure this program continues to thrive, we respectfully request your support in working to immediately reauthorize the THCGME program through the Senate Health, Education, Labor, and Pensions (HELP) Committee. On behalf of Erie and the American Association of Teaching Health Centers, we are extremely grateful to Chairman Sanders for introducing Senate Bill 1759, which supports this reauthorization and ensures that Teaching Health Centers will continue to guarantee a well-trained, passionate workforce prepared to meet the needs of underserved communities nationwide. We are also thankful to those on this committee who have been supportive of this bill including Senator Casey of Pennsylvania who is a co-sponsor and a member of this distinguished subcommittee and Senator Kay Hagen of North Carolina, who has been supportive of our reauthorization efforts for the past year. Finally, I would like to thank our own Senators the Honorable Richard Durbin and Mark Kirk, who have supported the mission of Erie for years and who, I trust, will continue to make the type of high-quality, compassionate, and affordable healthcare we provide as an FQHC possible.

Once again, on behalf of Erie, and the patients we serve... I very much appreciate the chance to testify today, I welcome your questions, and I would be happy to be of assistance to you and the Committee in the future.

The author wants to thank Rachel Krause and Dana Kelly for their assistance in the preparation of this testimony.