WSU Spokane and business and health care leaders identified a critical need to improve access to health care in Eastern Washington with an emphasis on our primary care needs.

Rural areas are predominantly served by primary care physicians, but while close to a quarter of U.S. residents live in a rural area, only 10 percent of the nation’s primary care physicians practice there. In addition, fewer medical students are now choosing primary care as a career.

The U.S. average number of physicians is 20.2 per 10,000 people. The ratio in nine rural counties in Eastern Washington is less than half that, with the most severe physician shortages in the state. Twenty-nine other counties, mostly rural, are also designated by the federal government as underserved.

WSU is looking at numerous solutions to meet the health care needs of Spokane and Eastern Washington, including partnering with Empire Health Foundation and Providence Health Care to create the Spokane Teaching Health Center consortium. The consortium successfully applied for Teaching Health Center Graduate Medical Education (THCGME) funding under the Affordable Care Act (ACA). Teaching Health Center’s were provided mandatory funding for this competitive grant process through 2015 so that community health centers could implement training as the accredited body, unlike Medicare GME funding, which is allocated primarily to hospitals.

The Spokane Teaching Health Center has received accreditation through the Accreditation Council for Graduate Medical Education (ACGME) as a sponsor of Graduate Medical Education. It was a successful recipient of a $900,000 award from the Health Resources and Services Administration (HRSA) for the funding of six new medical residency slots beginning July 1, 2014, with the opportunity to apply for additional funding support up to $2.7 million, bringing the total number of new residencies to 18.

The new residency slots will be housed at a new community clinic on the WSU Spokane campus that will provide health care access to the underserved. Students in medical sciences, nursing, pharmacy and other allied health care specialties support this interprofessional teaching health facility model. The six new residencies will include three internal medicine and three family medicine.
LEGISLATIVE BACKGROUND:

The Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. HRSA works to strengthen the health care workforce, build healthy communities, and improve health equity. The HRSA Bureau of Primary Health Care (BPHC) is the fiscal and administrative agent for the Teaching Health Center programs. The BPHC handles the competitive process and is authorized to manage the $230 million, five-year initiative.

In July 2011, eleven THCs began receiving funding for 63 primary medical and dental residents. By 2013 the program grew to a total of 40 programs and 350 residency slots. Awards included twelve Federal Qualified Health Centers (FQHC), two Native American Health Authorities, and one community mental health clinic. Forty-five percent of the total were providing training in medically underserved areas and provided specialized training for veterans and their families, older adults and children. There are four funded in Washington State—in addition to the recent Spokane Teaching Health Center award—with opportunities for more across the state.

FUTURE FUNDING

Since FY 2011 HRSA has released more than $43 million in competitive grants, of the total $235 million authorized in the ACA. This funding expires at the end of FY2015. In order to protect these funds and provide the opportunity to support more THCGME’s, President Obama has proposed protecting and extending authorization for the remaining funding at HRSA, along with combining the program into Targeted Support for Graduate Medical Education Program to provide funding for:

- Teaching hospitals
- Children’s hospitals
- Community based consortia of teaching hospitals
- Health entities to expand residency training in primary care or high need specialties not supported by GME payments

LEGISLATIVE ASK

- Support firewall and extension of time for allocating THCGME funding through HRSA
- Support Targeted Support for Graduate Medical Education

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CURRENT RESIDENTS IN WASHINGTON

<table>
<thead>
<tr>
<th>Location</th>
<th>Total</th>
<th>Additional THC Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>WA State</td>
<td>1600</td>
<td>Internal Medicine-3/year</td>
</tr>
<tr>
<td>Yakima</td>
<td>30</td>
<td>Family Medicine-3/year</td>
</tr>
<tr>
<td>Spokane</td>
<td>75</td>
<td>with nearly half in Family &amp; Internal Medicine</td>
</tr>
<tr>
<td>(Including Colville-2)</td>
<td></td>
<td></td>
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</tbody>
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Identified Need:
150 more in next 10 years