



**National AHEC
Organization**

Connecting students to careers,
professionals to communities,
and communities to better health.

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The Area Health Education Center Role in Promoting Effective Teaching Health Centers

The National Area Health Education Centers Organization (NAO) supports the development of Teaching Health Centers. NAO believes that THCs can provide a mechanism to increase the production of needed primary care providers and, at the same time, immediately increase the availability of care to currently underserved individuals through service provided by residents in training. NAO also believes that AHEC programs and centers are equipped to play a pivotal role in the development of Teaching Health Centers. As partners with the ambulatory clinics that will be THCs, AHEC programs and centers can make critical contributions to the success of the THC effort.

The United States faces an ever-increasing shortage of primary care physicians and dentists. As the population ages and programs to expand the availability of health care coverage begin to increase the demand for primary care services, this shortage threatens to become even more severe.

In one effort to increase the production of primary care physicians and dentists as well as link the needed educational programs to increasing care for the underserved, the Patient Protection and Affordable Care Act of 2010 (PPACA) has created a new grant program to encourage the establishment or expansion of primary care residency programs at Teaching Health Centers (THC). The law defines a THC as a community-based ambulatory patient care center that operates a primary care residency program (i.e., family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, geriatrics, general dentistry and pediatric dentistry). Sites that are eligible to be recognized as Teaching Health Centers include: federally qualified health centers (FQHCs); community mental health centers; certified rural health clinics; health centers operated by the Indian Health Service, an Indian tribe, tribal organization, or urban Indian organization; and family planning programs receiving funds under Title X of the Public Health Service (PHS) Act.

The grant program is created under Title VII of the PHS Act. The law authorizes \$25 million in FY2010, \$50 million in FYs 2011 and 2012, and “such sums as may be necessary” in subsequent years. Of this funding, up to \$5 million annually may be spent on “technical assistance program grants”. If funds are appropriated, THCs could apply for up to \$500,000 a year for up to 3 years to defray costs of establishing or expanding a primary care residency program, including costs of curriculum development; recruitment, training, and retention of residents, and faculty; accreditation; faculty salaries during residency development; and technical assistance.



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AHECs are ideal partners in the development of a THC because:

- The AHEC mission is consistent and complimentary with that of the THC: increasing the supply, quality, and distribution of primary care providers delivering care to underserved communities and populations
- AHEC programs and centers have extensive experience and expertise in providing and facilitating community-based training of health professions students and residents that can contribute to the success of THC program;
- The university-based AHEC program can provide an essential link between the THC-based residency program and the academic health center through which the educational quality of the residency program can be enhanced, accreditation requirements can be satisfied, and needed hospital inpatient rotations can be facilitated;
- AHECs across the nation have existing partnerships and collaborations with FQHCs, community mental health centers, RHCs, tribal clinics and other community-based healthcare providers that can provide a strong foundation for THC development and operation;
- AHECs provide various educational opportunities and support services to practicing health care providers to enhance retention in underserved communities – opportunities and services that can assist THCs in retaining the primary care physicians and dentists trained in their residency programs; and
- Because of the wide range of youth recruitment, health professions student training, and community and professional education programs offered by AHECs, residents training at THCs can have opportunities to develop skill and gain experience in health professions student, patient, and public education that would not otherwise be available to them.

The PPACA envisions a strong role for AHECs in the development and implementation of THCs in that it 1) accords a funding preference to THC grant applicants that have a written affiliation agreement with an AHEC program and 2) specifically identifies AHECs as eligible entities to receive grant funds to provide technical assistance to THCs.

Teaching Health Centers hold the promise of significantly improving the primary care workforce and increasing access to care for underserved communities and populations. Area Health Education Centers can and should be partners in the development and implementation of Teaching Health Centers. AHECs and THCs in partnership will be a potent tool for primary care workforce development.