

SUBJECT: Diverse Funding for Community-Based Primary Care Residencies  
SUBMITTED BY: Antoinette Johnson, OMS I, Student Delegate, Arizona Delegation  
REFERRED TO: 2017 ACOFP Congress of Delegates

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RESOLUTION NO. 17

1 WHEREAS, since the passage of Medicare in 1965, Medicare has been the primary source of  
2 all medical residency funding (1, 2). Medicare was only intended to be a source of  
3 elderly-focused, hospital-based residency funding temporarily until the community  
4 identified supplemental funding mechanisms (1, 3) and;  
5  
6 WHEREAS, states and hospitals have had to financially contribute to residency funding as a  
7 result of the Balanced Budget Act of 1997's, Medicare Graduate Medical Education  
8 (GME) funding cap (4), and  
9  
10 WHEREAS, a vast majority of primary care takes place in the community, not in the  
11 hospital, where most residency positions are available (5) and;  
12  
13 WHEREAS, medical residency graduates are more likely to practice near the location they  
14 completed their residency training (6); the need for primary care workforce exist  
15 highest in rural and underserved community settings; (5) and;  
16  
17 WHEREAS, Teaching Health Centers (THC's) are community-based ambulatory health care  
18 centers usually located in medically underserved areas and have proven since their  
19 inception in 2011 to have supported family medicine residencies as well as to have  
20 increased the number of primary care physicians in rural and underserved areas (6, 7);  
21 now, therefore be it  
22  
23 RESOLVED, that the American College of Osteopathic Family Physicians (ACOFPP) partner  
24 with all interested parties to encourage diversified private sector (e.g. Insurance,  
25 technology, pharmaceutical companies and foundations) funding support toward  
26 sustaining and expanding primary care residency programs nationwide in  
27 community-based ambulatory settings where the need is highest.

FINAL ACTION: APPROVED as of March 16, 2017

## Resources

1. What Funding Is Available? American Osteopathic Association website. <http://www.osteopathic.org/inside-aoa/Education/OGME-development-initiative/Pages/what-funding-is-available.aspx>. Accessed December 14, 2016.
2. Heisler, Elayne et. al. Federal Support for Graduate Medical Education: An Overview. <https://fas.org/sgp/crs/misc/R44376.pdf> Published February 12, 2016. Accessed December 13, 2016
3. Medicare Payments for Graduate Medical Education: What Every Medical Student, Resident and Advisor Needs to Know. Association of American Medical Colleges website. [www.members.aamc.org/eweb/upload/Medicare Payments for Graduate Medical Education 2013.pdf](http://www.members.aamc.org/eweb/upload/Medicare%20Payments%20for%20Graduate%20Medical%20Education%202013.pdf) Published 2013. Accessed December 13, 2016.
4. O'shea, John. Reforming Graduate Medical Education in the U.S. The Heritage Foundation website. <http://www.heritage.org/research/reports/2014/12/reforming-graduate-medical-education-in-the-us> Published December 29, 2014. Accessed December 14, 2016
5. Ku, Leighton et. al. Teaching Health Centers: A Promising Approach for Building Primary Care Workforce for the 21st Century. [http://publichealth.gwu.edu/pdf/eIR/GGRCHN\\_PolicyResearchBrief\\_40.pdf](http://publichealth.gwu.edu/pdf/eIR/GGRCHN_PolicyResearchBrief_40.pdf) Updated March 10, 2015. Accessed: December 23, 2016.
6. Laff, Michael. Reports Highlight the Importance of Residency Training in Underserved Areas. American Academy of Family Physicians website. <http://www.aafp.org/news/education-professional-development/20150218gmetraining.html>. Published February 18, 2015. Accessed December 23, 2016.
7. Regenstein, Marsha et. al. The Cost of Residency Training in Teaching Health Centers. *N Engl J Med.* 2016; 375:612-614. DOI: 10.1056/NEJMp1607866