

# Becoming a Teaching Health Center: **TIPS FOR HEALTH CENTER BOARDS**

**TEACHING HEALTH CENTERS** are one strategy to address the workforce crisis facing primary care in the United States. Fewer and fewer medical school graduates are pursuing careers in primary care, many current primary care providers plan to retire, and the pandemic has made it more challenging to retain existing providers. Teaching Health Centers aim to ensure that primary care providers continue to work in low-income communities, by providing training at **federally qualified health centers** (“health centers” in this document) and similar sites. **Research** by the Institute of Family Health, based in New York, shows that residents who train in health centers and look-alikes are more likely to practice in medically underserved areas.

**This resource offers tips for boards when a health center is considering starting the process to become a Teaching Health Center.<sup>2</sup> It offers a case example of how one board used these strategies.**

Please note that becoming a Teaching Health Center can be complex. Although this document does not go into detail about specific steps, the **Resources** section later in this article offers suggestions on where to learn more.

**The Teaching Health Center Graduate Medical Education Program (THCGME)** was created by the Health Resources and Service Administration (HRSA) to help increase the number of primary care physicians working with underserved populations. The program increases the amount of time residents spend in community-based settings such as health centers. This provides the type of training that will prepare them to not only practice high-quality primary care but also address the unique and challenging needs of the nation’s most vulnerable patients.<sup>1</sup> **Teaching Health Center Graduate Medical Education Programs** receive funding through HRSA’s Bureau of Health Workforce.

1 Definition adapted from **What is a Teaching Health Center?**

2 Boards may also wish to review the Education Health Center Initiative’s resource, **Education Health Center Guide**, that provides additional governance context.

# TIP 1:

**Use the strategic planning process to decide if becoming a Teaching Health Center is right for the health center to address its workforce needs.<sup>3</sup>**

**STRATEGIC PLANNING OFFERS** dedicated time and focus to consider a center’s workforce challenges and opportunities, in addition to the center’s vision, mission, and future. Becoming a Teaching Health Center is a multi-year process that requires going through accreditation<sup>4</sup> and financial investment. Strategic planning is an ideal time to discuss whether becoming a Teaching Health Center is a strategic fit for the health center. Centers may want to use **HRSA’s Workforce Projections tool** as part of this process.

In the case of **MHC Healthcare**,<sup>5</sup> a community health center in Arizona, the discussion began about five years ago during a strategic planning session. Staff presented data and concerns around provider burnout, patient access barriers, and the links to patient outcomes. Additionally, the center was dealing with workforce shortages and difficulties in provider recruitment. MHC board members were struck by the existing provider shortages in their state, which would only grow worse in the coming years. After some discussion, the board updated the strategic plan to include a focus on “workforce” and asked staff for potential solutions to address provider shortages.

## **DATA THAT MAY BE USEFUL IF CONSIDERING BECOMING A TEACHING HEALTH CENTER:**

- retention data for hospital-trained vs. health center-trained providers
- workforce numbers: local, statewide
- preliminary numbers around staffing and budget; for example, which staff likely would be involved, possible time allocations, if new staff are needed, budgetary impacts, etc.
- needs assessment data
- overview of the accreditation process and funding opportunities

3 For more on strategic planning, see NACHC’s **Governance Guide for Health Center Boards**, Chapter 3 or **Board’s Role in Strategic Planning**.

4 Information on the accreditation process can be found from the **Accreditation Council on Graduate Medical Education** or the **American Dental Association’s Commission on Dental Accreditation**.

5 A member of the MHC board was interviewed for this case study.



## TIP 1 (continued):

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As a follow up to the strategic planning session, staff presented ways to improve existing recruitment and retention efforts and proposed a bold goal, become a Teaching Health Center with a Family Medicine residency program. The board asked questions to gain an understanding of what this process would require. Staff explained becoming a Teaching Health Center could help create a long-term solution to provider shortages. However, it would require seeking accreditation, multiple years of staff effort, financial investment that would not yield an immediate return on investment, community partnership,

fundraising, and continued board support. After weighing the risks and rewards, the board authorized the health center to begin the process of becoming a Teaching Health Center.

As the center has taken steps to becoming a Teaching Health Center, the board has continued to explore workforce issues through conversations about the center's mission, vision, and values. Additionally, workforce has remained in MHC's strategic plan, which now includes related strategies such as becoming certified as a **"Great Place to Work"**, which it achieved in 2020 and 2021.

# TIP 2:

## Consider what investments the health center will need to make, including both human capital and financial investments

### CHECK WITH THE CHIEF EXECUTIVE OFFICER

(CEO)<sup>6</sup> on whether the center has the staffing resources needed and consider regular board conversations to weigh financial risk.

During early discussions at MHC, the CEO, Chief Medical Officer (CMO), and Chief Financial Officer (CFO) educated the board about the large staffing and financial investments needed. The board reviewed preliminary numbers to understand the needs and discussed the budgetary impacts and financial risks. The CEO and CMO explained success would require an “all-in” team

approach. The board considered financial support for the accreditation process, ramp-up period, ongoing costs, and what other financial supports sources might be available.

One source of financial support the board identified was the MHC Healthcare Foundation. By leveraging community connections, the foundation could raise money to support and expand MHC’s services and programs. The board and foundation partnered to designate specific fundraising events to support the center’s efforts to have a residency program.

### STAFF WORKLOAD QUESTIONS TO CONSIDER ASKING THE CEO

Understanding that the CEO manages the center’s day-to-day and staff, asking some high-level questions can help a board decide— in partnership with the CEO and leadership— if pursuing becoming a Teaching Health Center is practical. Sample questions might include:

- Does the compliance and legal team have capacity to manage the compliance requirements for becoming a Teaching Health Center?
- If staff are taking on additional duties, are their workloads manageable?

- Are staff eager and engaged to conduct this process?
- Does the health center have the right mix of expertise for this process?
- Does the health center have the necessary staff committee structure?
- Has sufficient management and oversight been built into this process?
- Do we need to add staff? What are the budget impacts?

6 The CEO is also referred to as the “Project Director” in the [HRSA Health Center Program Compliance Manual](#).

# TIP 3:

**Ask questions about whether the health center has partnerships in place to meet Teaching Health Center requirements.**

## **BECOMING A TEACHING HEALTH CENTER**

requires providing residents with experience related to specialty services that health centers do not offer. This means health centers *must* partner with hospitals and other institutions. Follow-up questions might include whether the health center has a plan to build new community partnerships and/or deepen existing ones as soon as possible, before seeking accreditation.

MHC staff leveraged existing relationships and built new partnerships to pave the way for these requirements. Board members also participated by reaching out to other key community leaders and stakeholders. MHC found that building many relationships gave them options and leverage when considering partnership agreements (e.g., payment terms).

## **OTHER PROGRAMS**

While this short document focuses on Teaching Health Centers, some health centers have embraced that all centers are “teaching centers” in some capacity and prioritized programs for nurse practitioner residencies and other models. Additionally, there are many **other innovative programs**, including the **Rural Residency Program**, that centers can consider.

## **RESOURCES**

While health center staff will handle the mechanics of becoming a Teaching Health Center, here are some helpful resources and links:

- More information on the Teaching Health Center Graduate Medical Education Program (THCGME) – including funding – can be found **here** and additional FAQs are available **here**.

- Information is available from **THCGME.org**, including a **roadmap for THC Program Development**. Note: The THCGME Technical Assistance Center cannot provide one-on-one assistance for organizations who are not grantees and for those who are in the application process. However, there is a free portal with a toolbox of resources that may be helpful for organizations considering starting a Teaching Health Center. Click the green register button on the home page of the website to attain access to the **THCGME.org Portal**.
- Information on the accreditation process can be found from the **Accreditation Council on Graduate Medical Education (ACGME)** or the **American Dental Association’s Commission on Dental Accreditation (CODA)**.
- The Education Health Center Initiative also has an excellent resource titled, **Education Health Center Guide**, that provides additional information, including on governance considerations.

# TIP 4:

**Consider the staff and board infrastructure needed to support becoming a Teaching Health Center, including committee structure and communication.**

**THE PROCESS TO BECOME A TEACHING HEALTH CENTER** is extensive and requires a focus on compliance. At MHC, staff committees were created by the CEO to ensure program compliance. The staff and board were also able to put together a thoughtful approach to board oversight. They considered: processes for receiving updates, which committee(s) this best fit under, and how to use standing agenda items for updates and education. The MHC board decided this work most closely fit under the Clinical and Quality Board Committee. This committee was supported by the Executive Committee, which

checked in regularly with the CEO for updates. Additionally, MHC has board education built into its monthly board agendas and annual “work plan” calendar. Throughout the accreditation process, the board planned time for updates and education from the CEO and CMO about upcoming steps in addition to setting expectations.

In March 2022, MHC was awarded designation as a sponsoring institution, and it was granted accreditation for its Family Medicine residency program through Accreditation Council on Graduate Medical Education in Fall 2022.

## QUESTIONS THAT CAN HELP WITH BOARD INFRASTRUCTURE CONVERSATIONS

- What processes will the board use to receive ongoing education and updates?
- Which committees does this work fall under?
- Who are the key stakeholders? How will they communicate?
- What changes, if any, will we need to make to our current committees and structure?

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