Greater Lawrence Family Health Center
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July 14, 2025

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Thomas Engels
Administrator
Health Resources and Services Administration
Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

RE: The Teaching Health Center Graduate Medical Education Program Reconciliation Tool (Attn: OMB No. 0915-0342-Revision)

Dear Administrator Engels,

As you know, Community Health Centers are the best, most innovative, and resilient part of our nation's health system. For sixty years, health centers have provided high-quality, comprehensive, affordable primary and preventive care. In addition to medical services, CHCs provide dental, behavioral health, pharmacy, vision, and other essential health services to America's most vulnerable, medically underserved communities in urban, rural, suburban, frontier, mountain, and island communities. Today, health centers serve more than 32.5 million people at over 16,000 locations, ensuring patients receive the care they need and pay what they can based on a sliding fee scale. The collective mission and mandate of the 1,496 health centers nationwide are to close the primary care gap and provide access to high-quality, cost-effective primary and preventive medical care.

The 90 Teaching Health Centers (THCs), serving over 1,200 residents in 26 states and Washington, D.C., are an essential piece in the health center puzzle. Since its creation in 2010, the Teaching Health Center Graduate Medical Education (THCGME) program has allowed CHCs to improve workforce shortages and health outcomes. The THCGME program shifts the physician training paradigm and provides the majority of training at CHCs in community-based settings with a focus on rural and underserved communities. The need for this program remains true 15 years later, as CHCs continue to face workforce shortages, resulting in longer wait times, reduced hours of operation, and decreased appointment availability.

Greater Lawrence Family Health Center (GLFHC) strongly supports this program and appreciates the opportunity to respond to the current Information Collection Request (ICR). Our affiliated residency, the Lawrence Family Medicine Residency (LFMR), remains one of the nation's largest and most established THC programs. With full ACGME accreditation for 48, we serve a predominantly underserved population in Lawrence, MA. Our program continues to demonstrate strong graduate outcomes—over 80% of our graduates

work in underserved areas, and 97% report satisfaction with their training, significantly above the national average of 89%. Our graduates have broad scope of care that allows them to maximize preventive benefits to our patients and limit referrals to specialists.

LFMR's training model has been nationally recognized for its impact on maternal health, addiction medicine, HIV/Hepatitis Care, and community engagement. Our surgical obstetrics track is now considered fellowship-equivalent, with graduates eligible for board certification in Family Medicine Obstetrics. We also lead national learning collaboratives on performance improvement and competency-based education and have contributed more than a dozen scholarly works in the past year alone.

Our residents play a central role in our health center's clinical care. They manage 20% of GLFHC's total patient panel (13,812 of 66,160 patients), and continuity metrics have improved year over year. Our outpatient redesign has prioritized integrated care, team-based panel management, and high-acuity group visits for chronic disease and maternal health. All of this is made possible by the sustained funding and support from the THCGME program.

We echo the importance of collecting accurate FTE data and ensuring reconciliation tools do not disincentivize hospital-CHC partnerships. Reducing THCGME payments based on duplicative DGME funding—without accounting for the actual amount received by the hospital—can result in significant net losses for CHCs. For example, a $160,000 reduction to a THC due to a $55,000 DGME payment at a partner hospital creates a funding disparity and threatens the viability of these essential training rotations. We strongly recommend HRSA reduce the THCGME payment only by the actual duplicative amount as verified through Medicare Cost Reports.

We also emphasize the urgency of funding the 54 conditionally approved FTEs already training in newly accredited programs. These residents are contributing to the workforce now and should be fully supported under THCGME.

Finally, we strongly advocate for continued support of fourth-year THC programs that address maternal health, addiction, and public health priorities through advanced training. These programs are not only meeting workforce needs but also redefining what it means to train for community-based care.

Greater Lawrence Family Health Center appreciates HRSA's commitment to high-quality data and meaningful support of the Teaching Health Center GME model. We look forward to partnering with HRSA to ensure the continued success of this program. If you have any questions, please contact Nicholas Weida, Program Director and Vice President of Clinical Affairs, at nweida@glfhc.org.

Sincerely,

steven paris

steven paris (Jul 14, 2025 13:49 EDT)

Steven Paris MD, CEO
Greater Lawrence Family Health Center