

## Residency Training in Community Health Centers: Implications for Staffing, Service, Quality of Care, and Provider Productivity

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### ISSUE

Community-based residency programs are an important strategy to address rural and underserved primary care shortages. Health centers engaged in residency programs report both benefits and challenges to training. This study aims to understand the impact of the new Teaching Health Center (THC) residency programs on health center provider staffing, patient service, quality of care, and provider productivity.

### METHODS

Using the Uniform Data System, the authors used propensity score matching to generate weights for a balanced sample of health centers between new THC and non-THC health centers, based on center-level characteristics in 2010. The propensity score weighted regressions were applied to examine changes in full-time staffing equivalents (FTE), productivity, service lines provided, and quality outcomes in health centers with new THC programs compared to non-THC health centers. The sample included 22 new THC program centers and 907 non-THC health centers that existed in both 2010 and 2018.

### FINDINGS

In 2018, health centers with new THC programs were associated with increased physician (15.89,  $p < 0.001$ ) and nurse staffing (8.71,  $p = 0.03$ ) yet decreased physician visits per FTE (-464.0,  $p < 0.001$ ) relative to non-THC centers. New THC centers also had increased substance use disorder visits (839.7,  $p = 0.05$ ) and depression visits (7,432,  $p = 0.01$ ), and had a smaller percentage of the prenatal care babies born with low birthweight (-1.44%,  $p = 0.003$ ).

### DISCUSSION

New residency programs are associated with increased provider recruitment, expanded patient service, and improved health outcomes, but also with decreased provider productivity in health centers. Provider productivity can have financial implications for health centers and suggests the need for sufficient and stable GME payments to support community-based primary care residency programs.

**Key Words:** Health workforce; Graduate Medical Education; Teaching Health Center; physician productivity