

Graduate Medical Education Funding Gaps for Rural and Underserved Sites



Dr. Dan Otero, CEO, Hidalgo Medical Services

Robert Whitaker, CEO, Gila Regional Medical Center

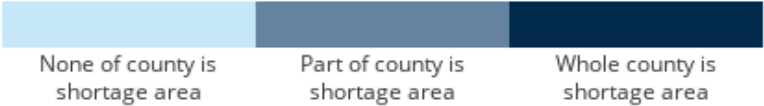
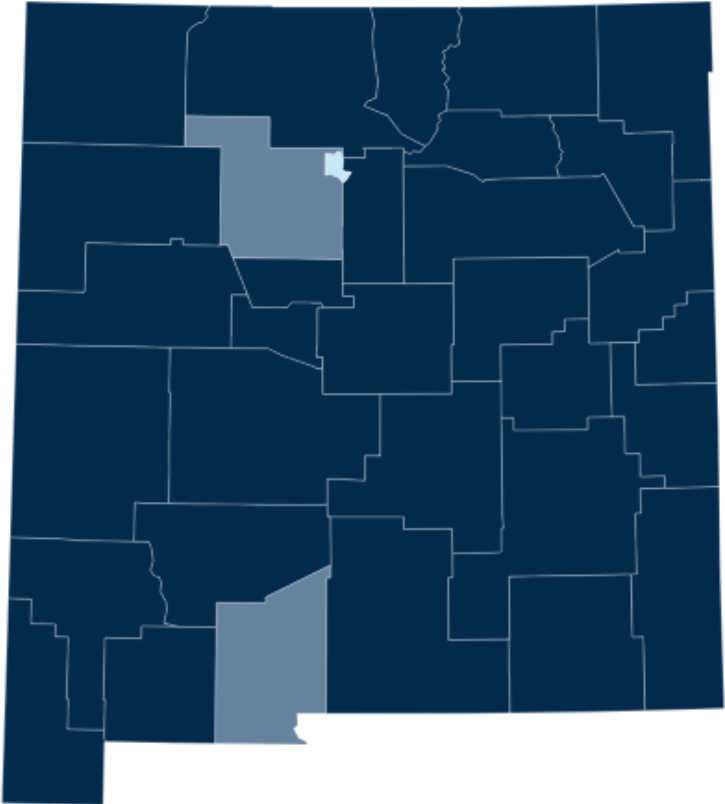
Dr. Mary Alice Scott, Executive Director, New Mexico Primary Care Training Consortium



GILA REGIONAL

Medical Center

Health Professional Shortage Areas: Primary Care, by County, July 2024 - New Mexico



Source: data.HRSA.gov, July 2024.

Success of Rural Tracks/Residencies in New Mexico



UNM Psychiatry
Residency Rural Track

74%



NM Family Medicine
Residency Programs

74%



Rural NM Family Medicine
Residency Programs

67%

Health Resources and Services Administration Rural Residency Program Development Grant Success



	MDEC	National Average
Positions Filled in Match	100%	75%
In State Residents	75%	34.4%

National Rural Training Data

	Family Physicians from Rural Background	Family Physicians from Urban Background	Family Medicine Rural Trainees	Family Medicine Urban Trainees
Percent Choosing Rural Practice	39.2%	13.8%	50.9%	18%

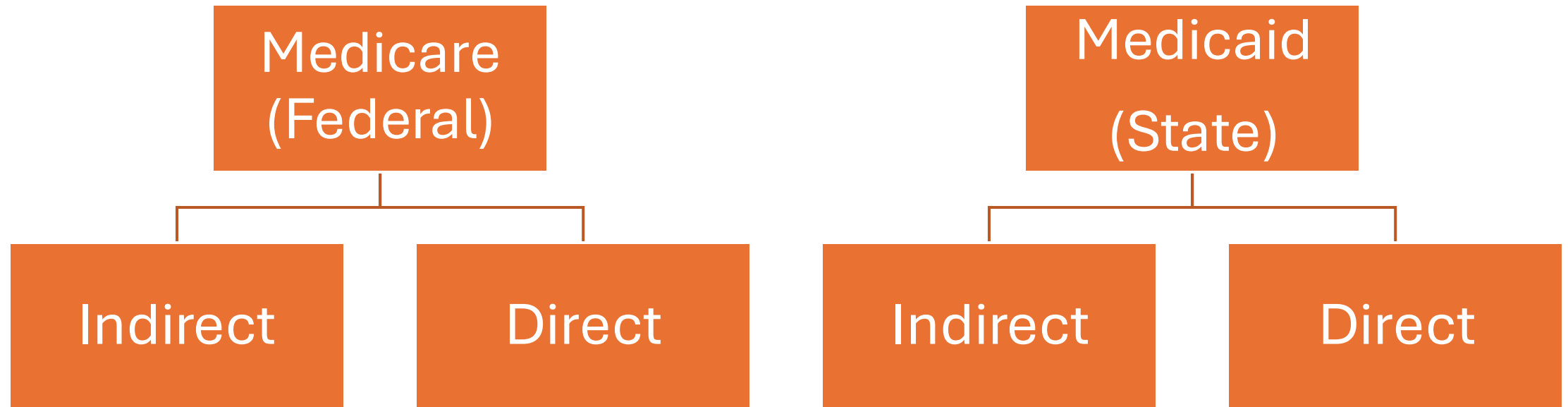


Residency Program Costs

\$160,000-\$180,000 per
resident per year

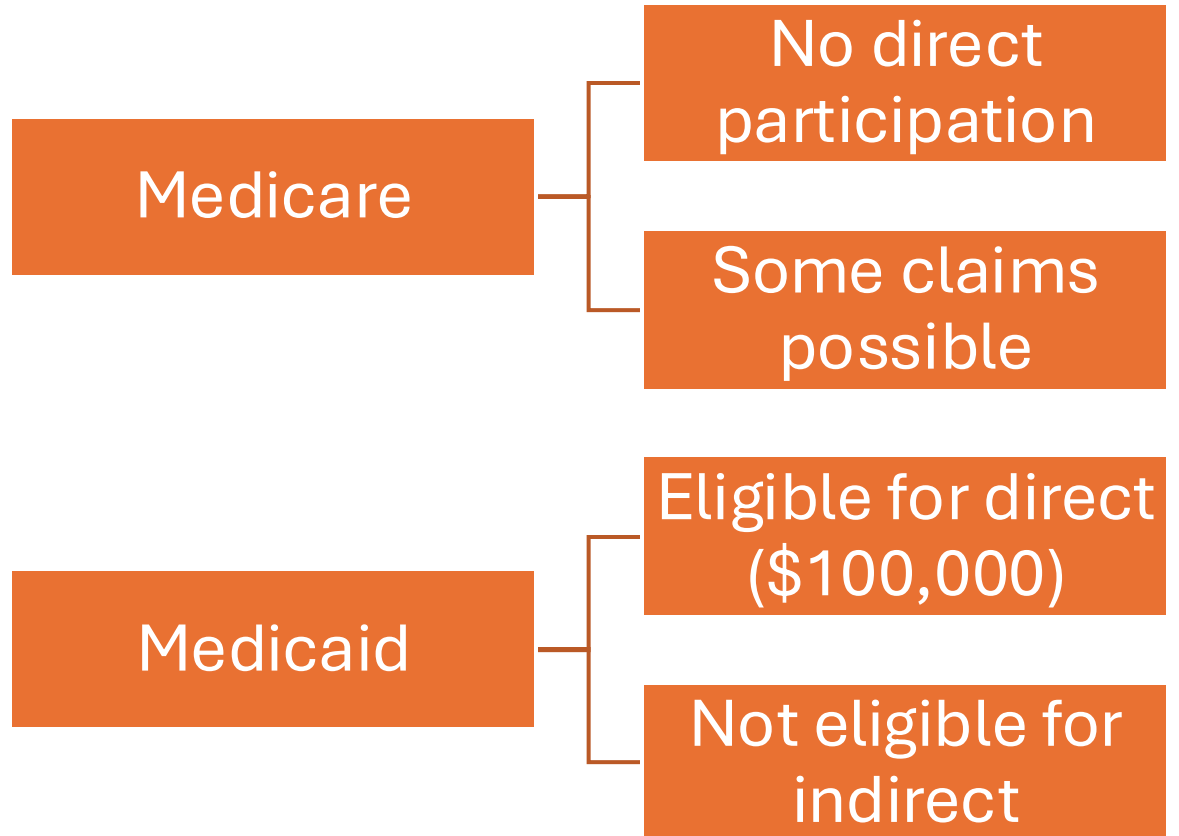
**Academic costs for
mature program**

Residency Program Funding

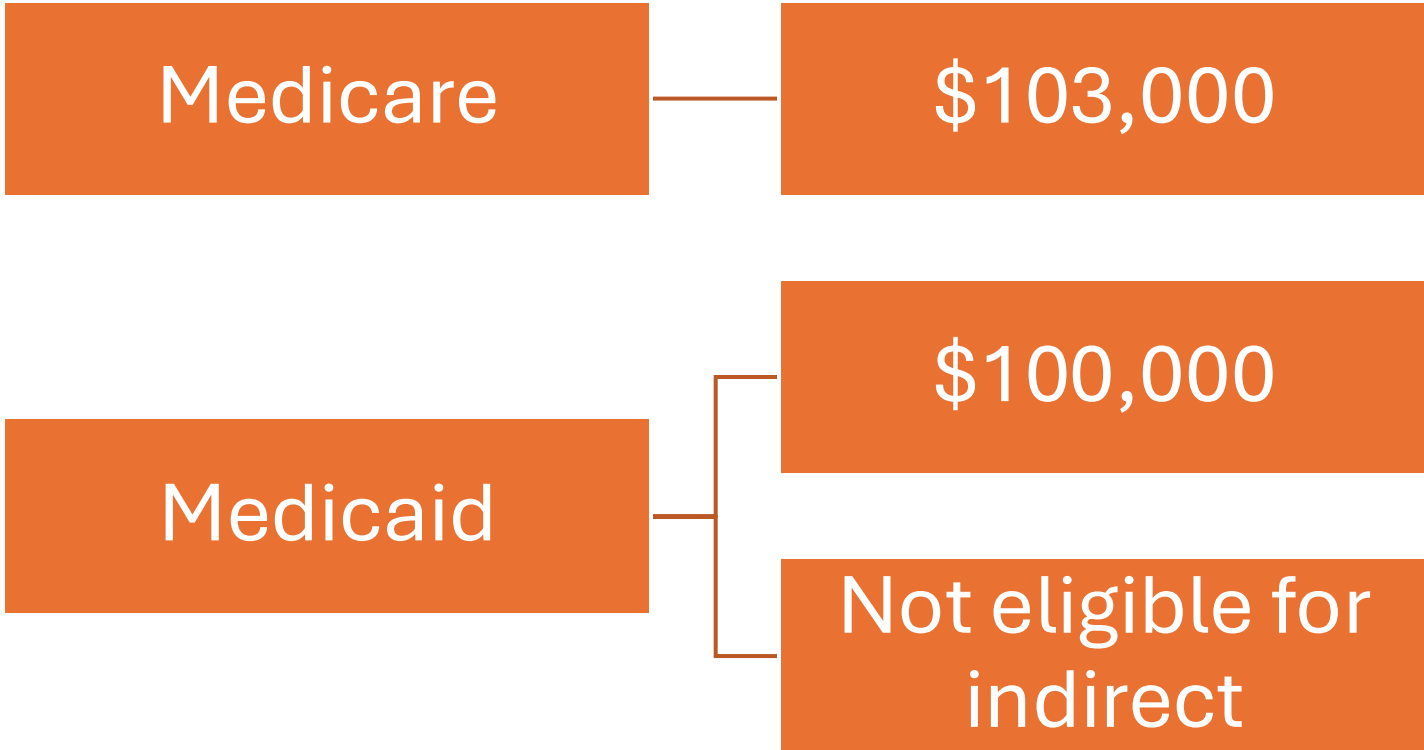




Critical Access Hospitals



Gila Regional Medical Center



Federally Qualified Health Centers

Medicare

Direct cost
claims possible

Not eligible for
indirect

Medicaid

Eligible for
direct
(\$100,000)

Not eligible for
indirect

Teaching
Health Center

Not currently
available

No guarantee
of future
availability

Hidalgo Medical Services

Medicare

Not eligible

Medicaid

\$100,000

Not eligible for
indirect

Independent Psychiatric Facilities

Medicare

Limited through
teaching adjustment

Medicaid

\$100,000

Not eligible for
indirect



Mesilla Valley Hospital/Doña Ana County Program

- Medicare/Medicaid funding is insufficient.

Possibility for Change

Medicare

Significant
changes
unlikely

Medicaid

Change
possible over
long term



To train and retain primary care physicians in rural and underserved areas, we need a permanent state fund for critical access hospitals, federally qualified health centers, and independent psychiatric facilities.



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