



Purpose

Research shows that **medical students receiving education and training in rural and underserved communities are more likely to stay and practice in those areas.** The *Community TEAMS Act* will increase medical school clinical rotations in rural and underserved areas, strengthening the physician workforce pipeline and leading to greater healthcare access in these communities.

Background

According to the Health Resources and Services Administration's (HRSA) Advisory Committee on Interdisciplinary, Community-Based Linkages, there is a growing trend toward providing care in community-based clinics instead of academic hospitals. In fact, 80% of all hospital admissions occur outside academic hospitals, yet only 20% of physician training happens there. To address workforce shortages and community needs, **the provision of healthcare is shifting away from centralized hospitals to encompass more lower-cost, community-based settings.**

As the provision of care has shifted to community facilities, so has the training of medical students. The community-based distributed training model of education is used by the vast majority of osteopathic (DO) and new allopathic (MD) medical schools. However, **more than three-quarters of all medical schools report concerns about the number of clinical training sites.**

Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are community-based facilities that serve more than 31 million patients at over 14,000 locations. These facilities provide training opportunities for medical students but 80% of physician training still occurs in academic medical centers. **Colleges of osteopathic medicine (COMs) prioritize training future physicians in rural and underserved areas served by FQHCs and RHCs.** Fifty-six percent (56%) of COMs are located in health professional shortage areas, 64% require their students to go on clinical rotations in rural and underserved areas and 88% have a stated public commitment to rural health. Training in these communities directly contributes to the state's healthcare workforce as **86% of DOs who attend a COM and residency in a state, stay to practice in that state.**

Impact

Championed by in the House by Reps. Carol Miller (R-WV) and Ann Kuster (D-NH) and in the Senate by Sens. Roger Wicker (R-MS) and Bob Casey (D-PA), **the *Community TEAMS Act* establishes a new HRSA grant program for medical schools to partner with FQHCs, RHCs or other healthcare facilities located in medically underserved communities to increase medical school clinical rotations in rural and underserved areas.** Clinical training in community-based settings exposes medical students to the unique healthcare needs of disadvantaged populations and prepares them to serve these communities after graduation.

AACOM Recommends

- Cosponsor the *Community TEAMS Act* (H.R. 7258 / S. 3968)

About AACOM

The American Association of Colleges of Osteopathic Medicine (AACOM) leads and advocates for osteopathic medical education to improve the health of the public. Founded in 1898 by the nation's osteopathic medical schools, AACOM represents all 41 colleges of osteopathic medicine — educating more than 36,500 future physicians, 25 percent of all US medical students — at 66 medical school campuses, as well as osteopathic graduate medical education professionals and trainees at US medical centers, hospitals, clinics and health systems. **For more information, please contact David Bergman, Senior Vice President of Government Relations and Health Affairs, dbergman@aacom.org (301) 968-4174.**