

May 19,2025

**Representative Marvin Abney, Chair
House Committee on Finance**

RI General Assembly
RI State House
82 Smith St.
Providence, RI 02903

Re: Testimony in FAVOR of House Bill: H5526: RELATING TO HUMAN SERVICES-THUNDERMIST FAMILY MEDICINE RESIDENCY PROGRAM

Dear Chair Abney:

I, Matthew J Roman, from House District 36, Chief Operating Officer at Thundermist Health Center and a Rhode Island Independently Licensed Clinical Social Worker, write in support of 5526, to provide the state funding needed to initiate and sustain financial support of the proposed Thundermist Family Medicine Residency Program and continued investment in Teaching Health Center initiatives.

I would appreciate if you and the committee would consider the following pieces of information:

1. **Residency is the final step before to becoming a licensed Physician** – Physicians must complete undergraduate education, Medical School and then must complete an accredited Residency program to Practice Medicine.
2. **Why a Family Medicine Residency?**
 - A. Only about 29% of all physicians practice in Primary Care
 - B. However, of physicians who specialize in Family Medicine, 80 to 90% going into primary care.
 - C. Family Medicine Physicians deliver nearly half of Physician delivered primary care in Rhode Island (45%) as compared to Internal Medicine (31%) and Pediatrics 24%
3. **The development of this residency is already paid for.**
 - A. Residency programs can cost millions of dollars to develop and staff.
 - B. In 2022 Senator Jack Reed secured over 3 million dollars to support Thundermist is developing a wide array of Workforce Development programs. One of those programs was a new Family Medicine Residency in Woonsocket.
 - C. Thundermist secured a HRSA Teaching Health Center Planning and Development grant in 2023. The HRSA grant provided \$250,000 per year for two years we are currently using this funding to support the planning activities being conducted by the residency faculty.

Woonsocket | West Warwick | Wakefield

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4. The program is turnkey and ready to start training physicians:

- A. Under the direction of Dr. Paul George, the program's Residency Director the program has already achieved the following:
 - 1. Thundermist the host organization received ACGME Sponsoring Institution Accreditation in October 2023. This allows Thundermist to host an ACGME accredited residency or fellowship.
 - 2. The residency received ACGME Accreditation as a Family Medicine Residency in October of 2024.
 - 3. The Residency has secured an academic affiliation with Tufts School of Medicine.
 - 4. The residency has hired all the required core faculty to teach the residents.
 - 5. The residency has agreements in place for all required rotations to train the residents.

We only need two things the funding and the residents

5. How does the funding work?

- A. The residency has received a conditional HRSA Teaching Health Center Award to partially fund the residency.
- B. HRSA will provide \$160,000 per resident of funding:
 - 1. Year 1: 4 Residents \$640,000
 - 2. Year 2: 8 residents \$1,280,000
 - 3. Year 3: 12 Residents \$1,920,000
- C. Multiple Studies looking at the cost of training residents in training residents in Teaching Health centers indicate the cost per resident ranges from \$210,000 to \$220,000 per resident.
- D. HRSA Expects that Teaching Health Center Grantees work with their state partners to secure matching funding. That is what this legislation seeks to do.

6. Developing this residency goes hand and hand with developing a new Primary Care focused Medical School at URI.

- A. Residency leadership has met with leadership at URI. The Provost and Dean of Health Sciences agree that both the new Medical School and additional residency are needed. BOTH are needed.
- B. The existing Family Medicine Residency in Rhode Island has been filled every single year for more than a decade. SO, if the new Medical School starts to graduate Medical Students who want to go into primary care they will have to compete for a limited # of highly competitive residency slots at the existing Thundermist/Brown/CNE Family medicine residency or LEAVE THE STATE to complete a Family Medicine Residency.

7. When Primary Care Providers train in Rhode Island they often stay in Rhode Island

- A. At the most basic level, moving is challenging. When someone trains in Rhode Island for 3 years they are very likely to want to stay in Rhode Island.
- B. Most Physicians that Thundermist employees trained at one of the primary care residency in Rhode Island (Family Medicine or Pediatrics) so we already know from experience that Physicians train in Rhode Island they stay in Rhode Island.
- C. In addition to Physician residency, Thundermist operates a number of Nurse Practitioner Fellowships and Physician Post-Doctoral Fellowships. We have seen a similar pattern of Primary Care providers training in those programs and staying on at Thundermist or with other health care organizations in the state.

8. Residency Immediately creates Primary Care Capacity from Day 1

- A. Thundermist already partners with Care New England/Kent/Brown to operate one of the two campuses of the Brown Family Medicine Residency Program at our West Warwick site. So, we have very detailed data about how much patient care occurs during residency training.
- B. Looking at the last 2 years of visits at our West Warwick Family Medicine Residency location we have delivered approximately 8000 visits per year in the residency. That equates to the visits that 2 to 3 PCPs would do. Additionally, it assures access to primary care for more than 2000 patients annually.
- C. Nationally teaching health centers have delivered more than 7.9 million patient care hours since the beginning of the Teaching Health Center program.

9. Teaching Health Centers (aka Residencies set in Federally Qualified Health Centers) achieve better outcomes related to primary care to non-Teaching Health Center Residencies.

- A. A study was completed looking at the 1st 10 years of outcomes of teaching health center programs it found these key findings:
- B. 65% of THC graduates are practicing in a primary care setting after completing residency, nearly double the rate of physicians completing training in non-THC Residencies.
- C. More than half of THC graduates practice in medically underserved or rural communities, AKA where their care is needed the most.
- D. 26% of THC graduates practice in medically underserved and or rural communities.
- E. 26% of all THC graduates practice at a FQHC or FQHC look alike. Organizations like Thundermist that traditional have the most challenges recruiting and retaining clinicians.
- F. THC graduates are more likely to incorporate care for behavioral health and substance use disorder conditions into the primary care they deliver than residents who train at non-THC residencies.

10. **What Happens if this funding doesn't pass?**

- A. This residency is not financially sustainable without BOTH a federal and state investment. Without this state investment nearly \$2,000,000 in federal funding will not come to Rhode Island.
- B. Rhode Island would lose its opportunity to establish its 1st teaching health center in the state. Currently there are 72 Primary Care Teaching Health Center Residencies in 23 states training 960 residents per year. Not one of them in RI.
- C. More than a million dollars in federal funding that went into the development of this Residency will go to waste.
- D. This residency will lose its ACGME Accreditation – Once you receive Residency Accreditation you have a certain amount of time to start training residents. Without funding the residency cannot pay for residents and will lose accreditation, wasting greater than 2 years of effort.

I respectfully urge you to support funding for the Thundermist Family Medicine Residency Program and Rhode Island's broader commitment to the Teaching Health Center model and strengthening the primary care workforce.

Sincerely,



Matthew J. Roman, LICSW, MBA
Chief Operating Officer
Thundermist Health Center