



NATIONAL ASSOCIATION OF  
Community Health Centers®

## HEALTH CENTERS SERVING VETERANS:

The US Department of Veteran Affairs  
(VA) Graduate Medical Education  
(GME) Pilot

June 12, 2024

National Webinar



# THE NACHC MISSION

## America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



# Welcome!

- Today's office hour is being recorded – you will receive recording and slides by email
- Please take a moment to ensure your name is displayed correctly
- All attendees will be muted, and your cameras will be off, so you may participate by:
  - Using the **Chat** feature to introduce yourself, chime in, share your thoughts, and engage throughout the session
    - **Make sure to tap the drop down next to “To:” and select “Everyone” before sharing your thoughts!**
  - All **questions** should go in the **Q&A box** as soon as possible
    - Any unanswered questions may be sent to [trainings@nachc.org](mailto:trainings@nachc.org)
- Please share your feedback by completing the post-webinar evaluation!

# HEALTH PROFESSIONALS CEU

The NACHC Certificate of Participation may be used toward state licensing requirements for a variety of disciplines requiring continuing education credits (e.g., health educators, nurses, physician assistants, doctors of osteopathic medicine, etc.). **The Certificate of Participation is only available to webinar participants who complete and submit the specific event evaluation to NACHC.** NACHC will generate the Certificate for the learner based upon their request for it in their submitted evaluation. It is recommended that a Certificate of Participation and a copy of the webinar presentation be submitted to your state-licensing agency.

# Today's Learning Objectives

1

Articulate the importance of health centers having teaching as a component of their mission.

2

Understand the opportunities available through the [MISSION 403 GME Pilot](#).

3

Determine whether the opportunities available through the [MISSION 430 GME Pilot](#) fit with their health center's workforce plan.

# AGENDA

- 1** Welcome and Introductions
- 2** Training and Teaching in Health Centers
- 3** MISSION Act Section 403: Pilot Program for Graduate Medical Education Residency
- 4** Training in a Rural & Frontier State
- 5** Q&A, Resources and Wrap-up

# MEET THE TEAM (Full Bios in Appendix)



**Gina Capra**  
Senior Vice President, Health Center Operations & Governance, National Association of Community Health Centers (NACHC)



**Donald L. Weaver, MD**  
NACHC Advisor on Workforce & Service Integration



**Curi Kim, MD, MPH, FACPM**  
CAPT, U.S. Public Health Service, Senior Advisor, Division of Medicine & Dentistry, Bureau of Health Workforce, Health Resources and Services Administration



**Ryan Scilla, MD**  
Director of Medical & Dental Education, Office of Academic Affiliation, Veterans Health Administration, Department of Veteran Affairs



**James W. Guyer, MD**  
Clinical Professor, University of Washington, School of Medicine, Department of Family Medicine, Representing RiverStone Health



# Training and Teaching in Health Centers

National Association of Community Health Centers Office Hours

Health Centers Serving Veterans: The U.S. Department of Veterans Affairs Graduate Medical Education Pilot

June 12, 2024

**Curi Kim, MD, MPH**  
**CAPT, U.S. Public Health Service**  
**Senior Advisor, Division of Medicine and Dentistry**  
**Bureau of Health Workforce (BHW)**  
**Health Resources and Services Administration (HRSA)**

**Vision: Healthy Communities, Healthy People**





# Agenda

- 1 • Workforce Challenges
- 2 • Community-Based Training
- 3 • Bureau of Health Workforce Training Programs
- 4 • Graduate Medical Education Challenges
- 5 • Health Workforce Resources

# The Health Workforce Challenge

## STAT

FIRST OPINION

### Policymakers must take action on the physician shortage

By Toeh Iroku-Mofize, Sandy Chung, Verda Hicks, Omar T. Aciq, Ira P. Morita and Petros Levounis  
Sept. 26, 2023



The pressures of the last three and a half years have affected every corner of the health care landscape, but nowhere is the effect more evident than the country's physician workforce. Burnout, staffing shortages, financial challenges, administrative burden, and two U.S. Supreme Court decisions that stand to stifle [diversity and representation in medicine](#) have hamstrung physicians across specialties and settings — in rural and urban communities, in hospitals, clinics, and independent practices.

These workforce challenges are compounded by the fact that America — both physicians and our patient population — is also aging, and the number of available doctors is shrinking. Nearly [234,000](#) health care professionals left the workforce in 2021. Further, the Health Resources and Services Administration estimates that by 2025, there will be a shortage of more than 250,000 mental health professionals, including psychiatrists.



### Concern grows around US health-care workforce shortage: 'We don't have enough doctors'

By Jacqueline Howard, CNN

Published 11:00 AM EDT, Tue May 16, 2023



(CNN) — There is mounting concern among some US lawmakers about the nation's ongoing shortage of health-care workers, and the leaders of historically Black medical schools are calling for more funding to train a more diverse workforce.

As of Monday, in areas where a health workforce shortage has been identified, the United States needs more than 17,000 additional primary care practitioners, 12,000 dental health practitioners and 8,200 mental health

## The Washington Post

### Primary care saves lives. Here's why it's failing Americans.

By Frances Smedley  
October 17, 2023 at 10:00 a.m. EDT



### Less staff, longer delays and fewer options: Rural America confronts a health care crisis

Young medical professionals confront a looming rural health care crisis.

By Peter Charalambous  
March 18, 2023, 8:06 AM

More than 40,000 graduating medical students learned Friday where they will spend the next three to seven years of their medical training.

With the United States grappling with a simultaneous shortage of primary care physicians and a rural health care crisis, many of the graduating students are set to enter the front lines of the country's health care shortage.

At least 136 rural hospitals and health systems closed between 2010 and 2021, and over 40% of rural hospitals operate with negative profit margins. Despite billions of dollars in investment in health care, hospitals throughout the United States face the possibility of shutting down.

## TIME

DEALS + HEALTH

### American Health Care Faces a Staffing Crisis And It's Affecting Care

BY ROBERT CLAYTON, DEVID FAFANIKIS AND TASH SOHAI | TIME | BY JACKSON ZUM EDD

Hospitals, urgent care facilities, clinics, and imaging centers throughout the United States are experiencing staffing issues. Since the COVID-19 pandemic, exits have reached new heights as institutions see forced to staff their facilities with temporary health professionals due to rising turnover.



# Projected Shortages through 2035

## Nationwide Shortages 2035



PRIMARY CARE

**35,260**



BEHAVIORAL HEALTH

**15,180**



ORAL HEALTH

**1,310**



MATERNAL HEALTH

**5,790**



LP NURSES

**141,580**

## NonMetro Areas / Projected Adequacy 2035 (Selected Examples)

**49%**

General  
Internal  
Medicine

**29%**

Adult  
Psychiatrists

**57%**

Oral  
Surgeons

**54%**

OB/GYN  
Physicians

**N/A**

\*Reflects data from early in the COVID-19 pandemic.

<https://data.hrsa.gov/topics/health-workforce/workforce-projections>

<https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand>



# Health Center Fundamentals

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- ***Deliver comprehensive, culturally competent, high quality primary health care*** and supportive services like health education, translation, and transportation.
- Provide services regardless of patients' ability to pay and charge for services on a sliding fee scale.
- Develop ***systems of patient-centered and integrated care that respond to unique needs*** of diverse medically underserved areas and populations.
- Are private non-profit or public entities operating under direction of patient-majority governing board.



# Postgraduate Community-Based Training



# Strategies for Success

-  Recruit students from the communities we serve
-  Train students in rural and underserved communities
-  Expand community-based training
-  Leverage loan and scholarship programs
-  Train interprofessional and collaborative teams
-  Integrate behavioral and public health into primary care



# HRSA Workforce Aims

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Increase Supply



Advance Health Equity



Improve Distribution



Promote Resilience



Amplify HRSA Impact

# Health Professions Education and Training Initiative

## Year One (2020-2021)



Assign a program manager for workforce development



Provide T/TA re: Readiness to Train Assessment Tool (RTAT)



Monitor RTAT completion rate

## Year Two (2021-2022)



Analyze RTAT results



Develop workforce action plans



Foster partnerships

## Years Three & Four<sup>†</sup> (2022-2024)



Implement workforce action plans



Disseminate evidence-based models and promising practices



Demonstrate sustainability and return on investment

<sup>†</sup> The program has received a one-year extension.





# Building and Navigating Collaborative Partnerships

## NATIONAL HEALTH WORKFORCE ACADEMY

*Empowering health professionals to lead retention, recruitment, and training of the health workforce*

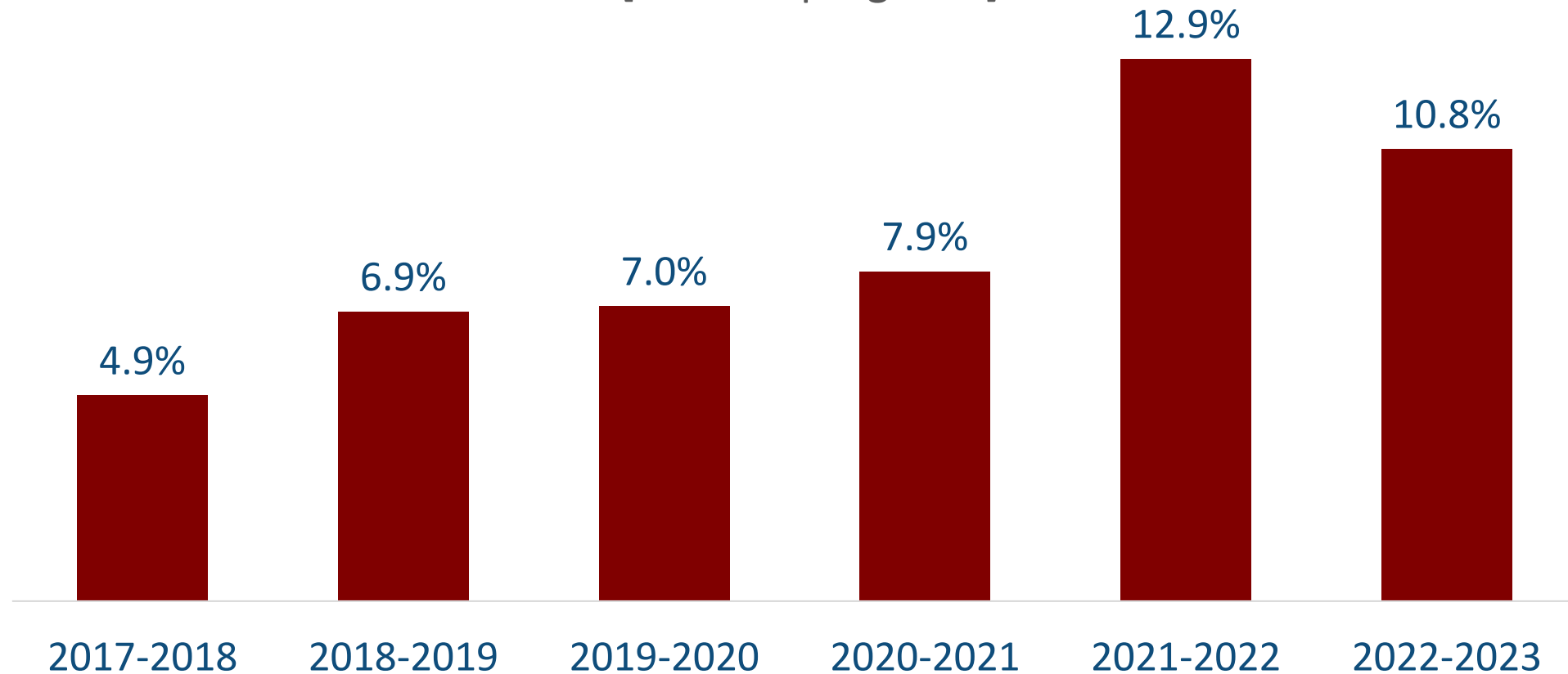
## UPCOMING WORKSHOP

- Explore options for academic, community, and industry collaboration
- Discuss opportunities for non-traditional partnerships and multi-sector collaboration
- Strategize how to stand out in a pool of applicants for funding opportunities that require partnerships
- Learn from peers leading successful partnerships



# Community-Based Training at FQHCs

Percent of Clinical Training Sites in FQHCs  
[all BHW programs]



FQHC = Federally Qualified Health Center



# Teaching Health Center Programs

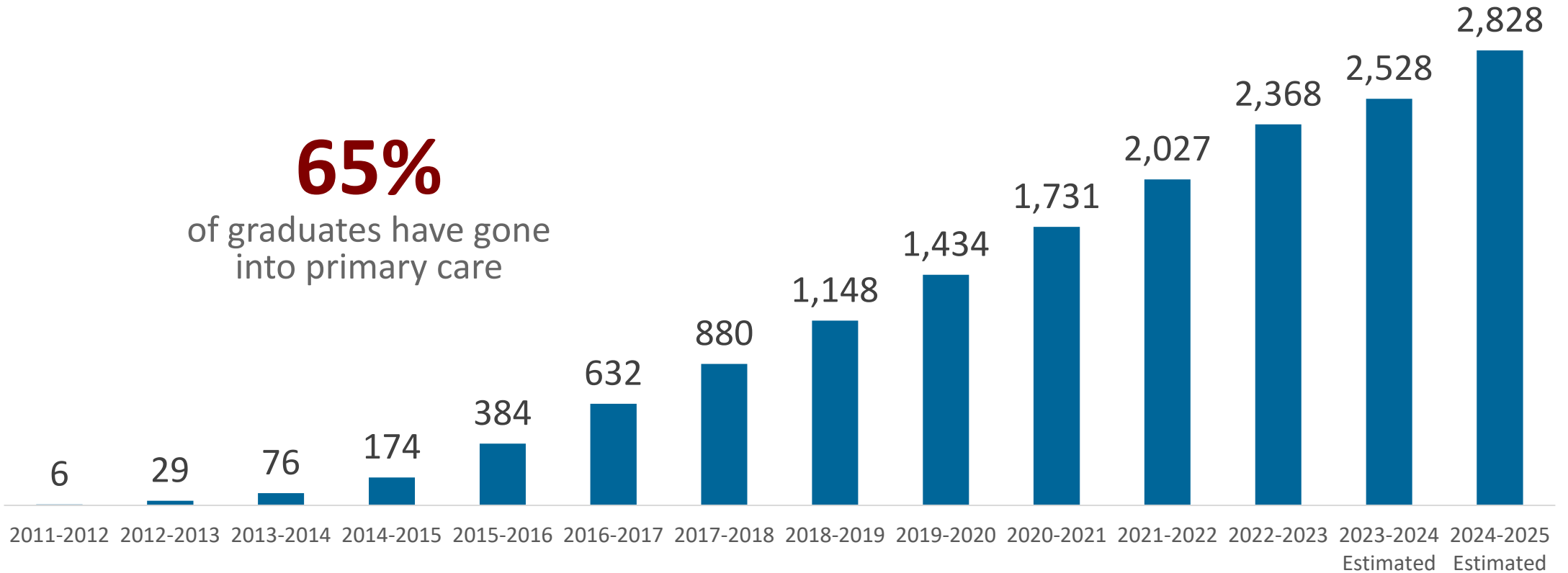
<b>Teaching Health Center Graduate Medical Education (THCGME)</b>	<b>Teaching Health Center Planning and Development (THCPD)</b>	<b>Teaching Health Center Planning and Development-Technical Assistance (THCPD-TA)</b>
<ul style="list-style-type: none"><li>• Supports primary care residency training in community-based ambulatory patient care centers</li><li>• 2023-2024 per resident FTE rate is \$160,000</li></ul>	<ul style="list-style-type: none"><li>• Establish primary care residency programs in community-based settings</li><li>• Up to \$500,000/recipient program</li></ul>	<ul style="list-style-type: none"><li>• Provides TA to THCPD Program award recipients</li><li>• Funds TA Center up to \$5,000,000 (3-year period of performance)</li></ul>



# Teaching Health Center Graduate Medical Education

## A Growing Impact

THCGME Cumulative Graduates



# Teaching Health Center Graduate Medical Education

## By the Numbers

Since 2011, residents have provided:

**4.1 M**

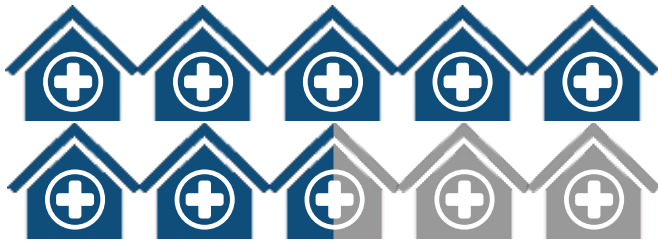
patient encounters in primary care settings



**7.9 M hrs**

of patient care in rural and medically underserved communities

**2023 Grantees:**



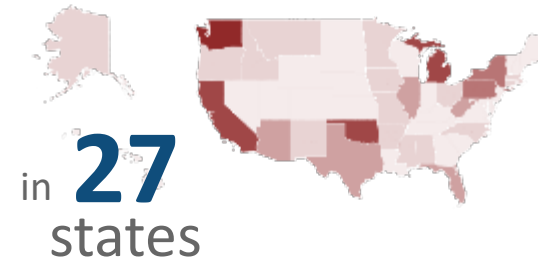
**76%**

of grantees are FQHCs or Look-Alikes

Funding supports:

**82**

residency programs



Clinical training site details:

**635** rotation sites

**63%**

in medically underserved communities

**50%**

in primary care settings

**19%**

in rural areas



FQHC = Federally Qualified Health Center



# Teaching Health Center Graduate Medical Education

## Post-Graduation Practice Location



Rural area

THC Program  
Graduates

**17.9%**

Other Program  
Graduates

11.8%

Within 5 miles  
of residency

**18.9%**

12.9%

Medically underserved  
communities

**35.3%**

18.6%

In FQHCs or Look-Alikes

**26.7%**

11.7%

Davis CS, *et al.* Evaluating the Teaching Health Center Graduate Medical Education Model at 10 Years: Practice-Based Outcomes and Opportunities. *Journal of Graduate Medical Education* (2022 Oct)



# HRSA Preventive Medicine Stakeholder Meetings

## Findings

- Strenuous efforts should be made to strengthen linkages between *health systems* and preventive medicine physicians.
- Preventive medicine residents should be routinely placed in *health systems* to give them the opportunity to demonstrate their skills.
- The number of preventive medicine specialists are declining and preventive medicine specialists are not well distributed in rural areas.



# GME Challenges

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# Health Workforce Connector



56,000+  
Sites





9,000+  
Opportunities



Virtual  
Job Fairs

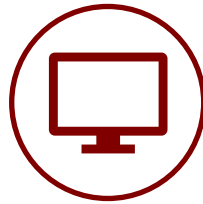
- Career and training opportunities
- Customized profiles
- Powerful filters

 For NHSC and Nurse Corps  
 health care facilities



<https://connector.hrsa.gov/connector/>

# Workforce Resources



## LEARN MORE

- [bhw.hrsa.gov](http://bhw.hrsa.gov)
- [nhsc.hrsa.gov](http://nhsc.hrsa.gov)
- [data.hrsa.gov](http://data.hrsa.gov)
- [grants.gov](http://grants.gov)



## GET HELP

- FAQs
- Webinars
- Regional offices
- Project officers



## STAY INFORMED

- Subscribe to email updates

# Contact Us

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Website: [bhw.hrsa.gov](http://bhw.hrsa.gov)



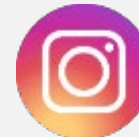
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Learn more: [HRSA.gov](https://www.hrsa.gov)

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Veterans Health Administration

# MISSION Act Section 403: Pilot Program for Graduate Medical Education Residency NACHC Webinar

Ryan M. Scilla, MD, FACP  
Director of Medical and Dental Education  
VA Office of Academic Affiliations



# MISSION Act of 2018 – Sec. 403

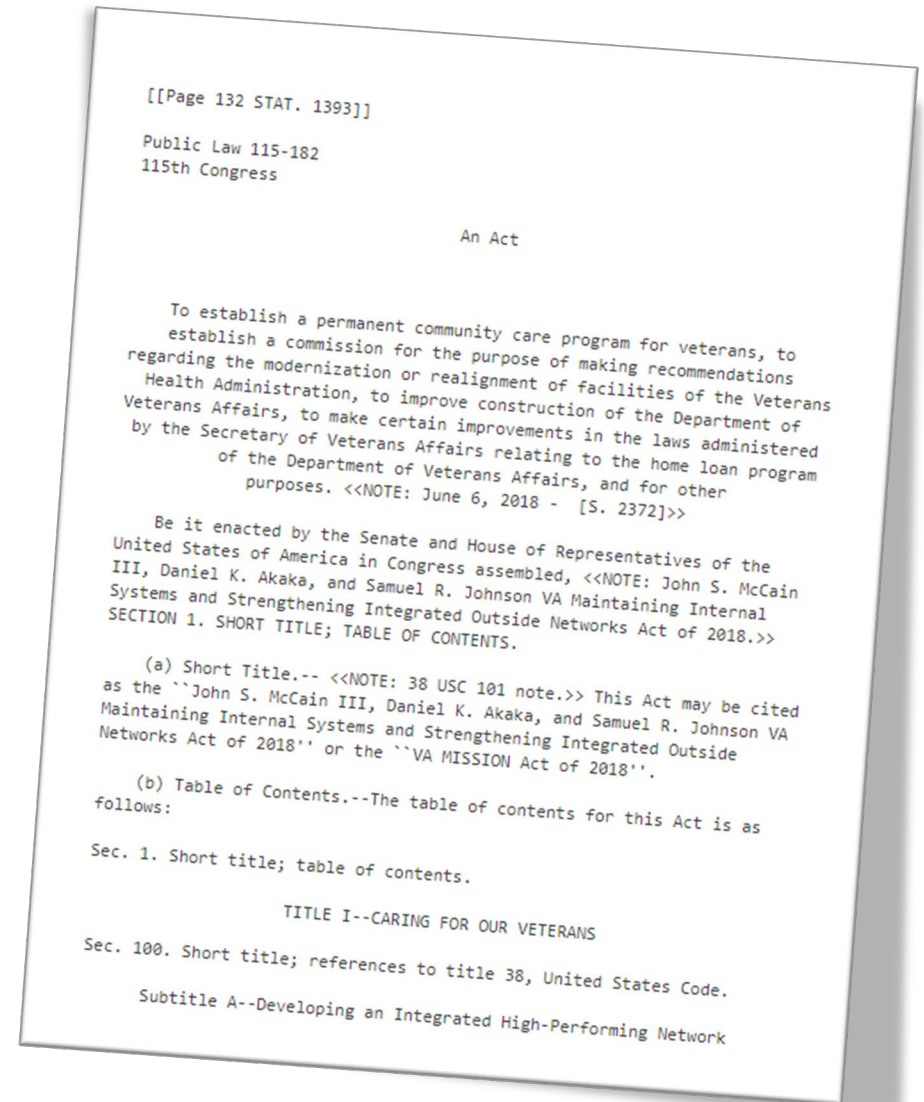
## VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act Section 403

132 STAT. 1472

PUBLIC LAW 115–182—JUNE 6, 2018

38 USC 7302  
note.

**SEC. 403. PILOT PROGRAM ON GRADUATE MEDICAL EDUCATION AND  
RESIDENCY.**

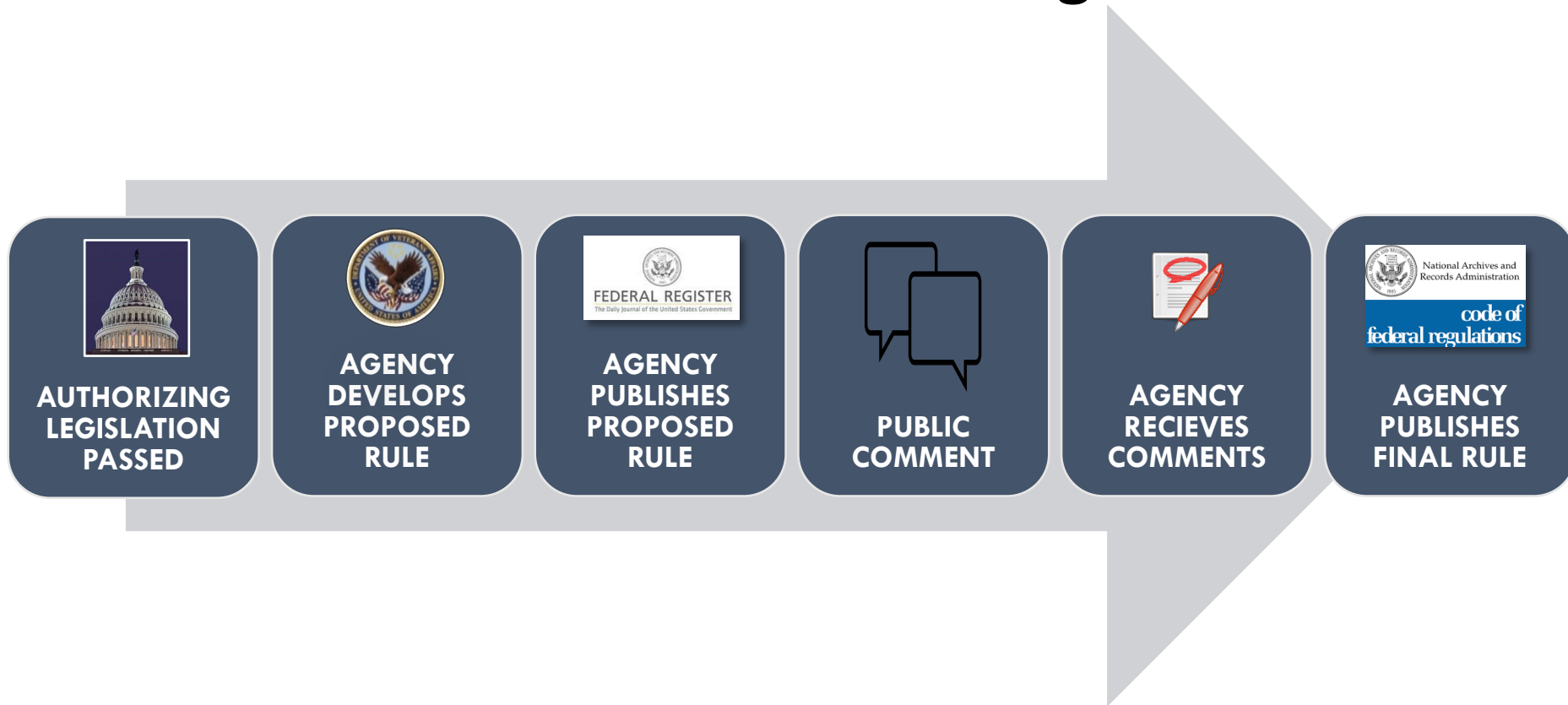


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# Section 403: Development of Regulations

## Federal Rulemaking



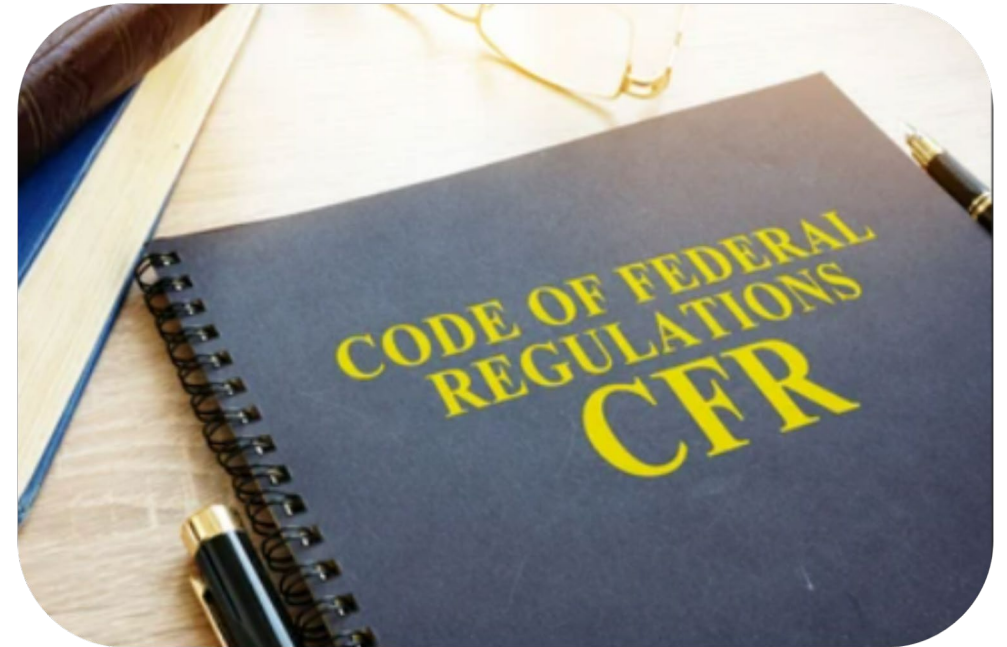
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# Purpose and Scope

- Purpose
  - Implement the Pilot Program
  - [Reimburse costs for] placement of residents in existing or new residency programs in covered facilities
  - Reimburse certain costs for establishing new residency programs in covered facilities
- Scope
  - Rulemaking applies only to the Pilot Program; not VA's administration of GME programs under 38 USC 7302(e)



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# MISSION Act - Section 403

- Pilot program
- Include no fewer than 100 resident physicians at covered facilities
  - Operated by Indian tribe or tribal organization
  - Indian Health Service
  - Federally-Qualified Health Centers
  - Department of Defense
- Reimbursement of costs
- Not a grant program
- Initiative ends August 7, 2031



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# MISSION Act - Section 403

- Selection criteria for covered facilities
  - Need for providers in areas surrounding facility(ies)
  - Local community designated as underserved by Secretary of VA
  - Facility located in health professional shortage area or rural/remote areas
- Priorities
  - Operated by Indian Health Service
  - Operated by Indian tribe or tribal organization
  - Located in communities designated by Secretary of VA as underserved (Section 401 PL 115-182)

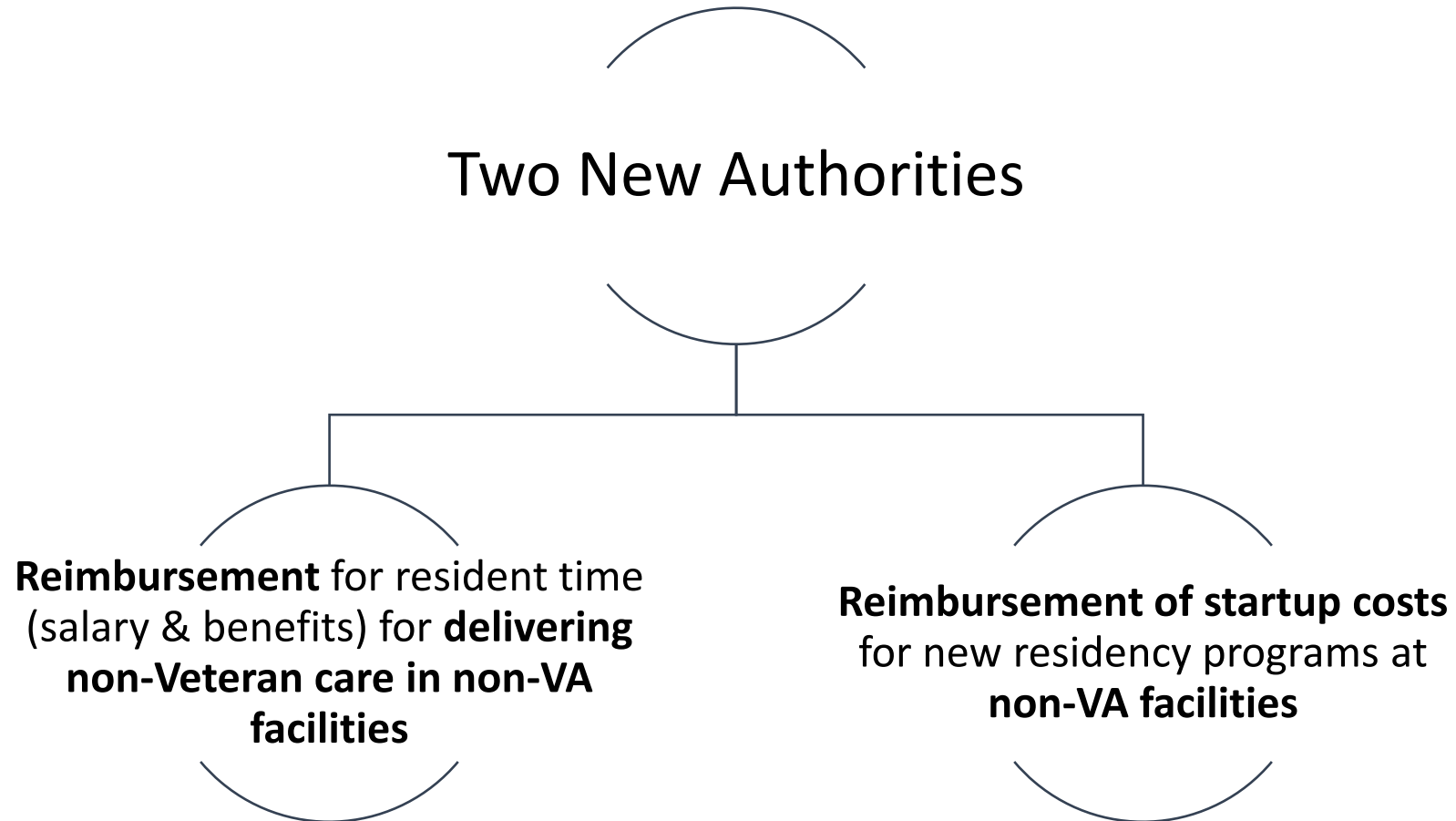


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# Section 403 – Development of Regulations



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# VA Reimburses GME Sponsor

## Model A

VA reimburses GME sponsor for salary and benefits of residents rotating to covered facilities



US Dept. of Veterans Affairs



Affiliated GME Sponsor  
Hires and pays residents



Residents rotate to covered facility



Covered facility



# VA Reimburses Covered Facility GME Sponsor

VA reimburses covered facility GME sponsor for new program startup costs + salary and benefits of residents



US Dept. of Veterans Affairs

## Model B



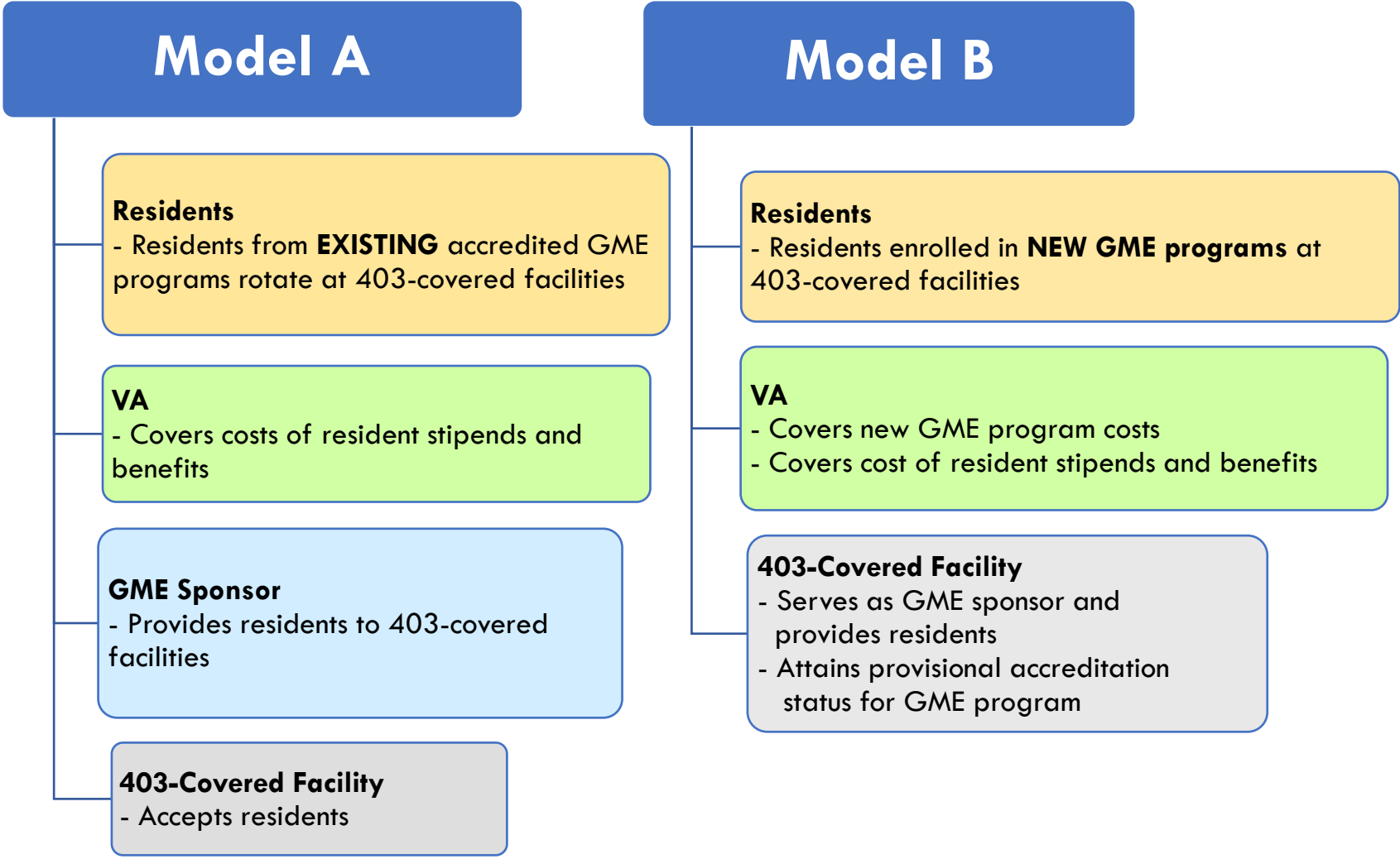
Covered facility sponsors new GME program



Faculty & residents from new GME program at covered facility



# Pilot Models: Stakeholder Responsibilities



# New Residency Programs

## Costs Covered

- Curriculum development
- Recruitment and retention of faculty
- Accreditation costs
- Faculty salary costs
- Resident education expense costs (e.g., medical equipment for training or residency program management software)

## Program Requirements

Reimbursement authorized for **new residency programs** that have

- Initial ACGME accreditation or
- Continued ACGME accreditation without outcomes and have not graduated an inaugural class

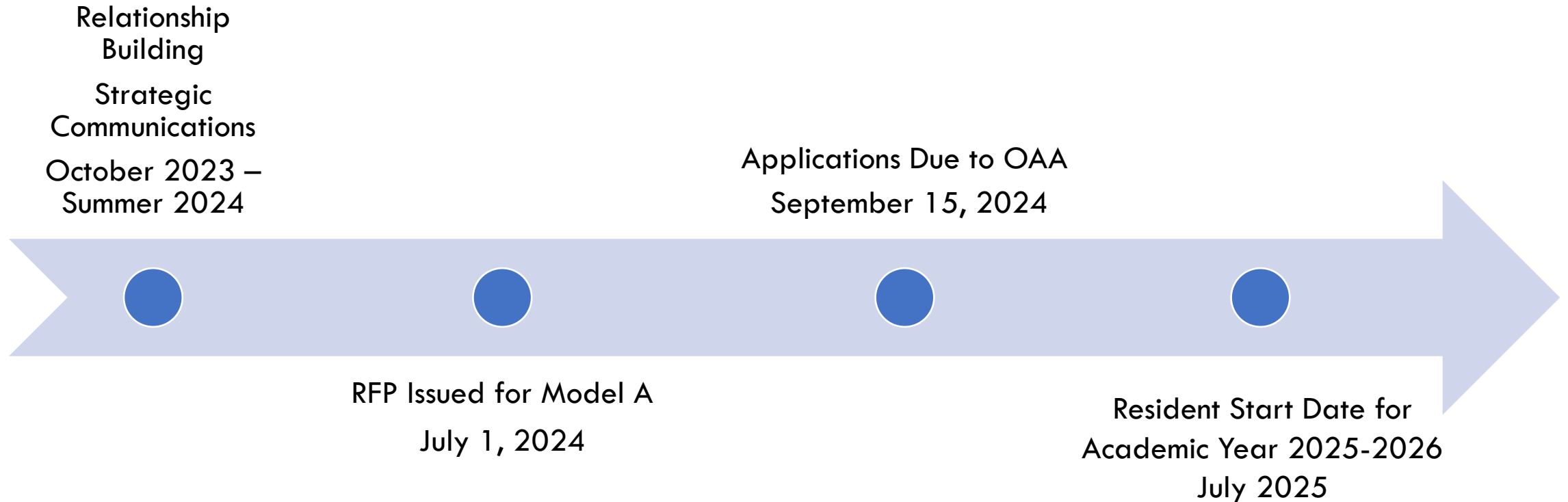


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# MISSION 403 Request for Proposals (RFP)





# Request for Proposals

Release July 1, 2024

Academic Year  
2025-2026

Model A only

Sponsoring institutions  
apply to OAA

Rotations at covered  
facilities

Indian Health Service

Tribe and tribal  
organizations

Federally Qualified  
Health Centers

Department of  
Defense



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# Covered Facility Selection Criteria

- County with low ratio of veterans to VA providers
- County with low range of specialists
- HHS health professional shortage area
- Community designated as rural by US Census Bureau
- Zip code designated as frontier or remote by the Economic Research Service
- Located in a community of underserved VA health facility



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# MISSION 403 Required Data Reporting

- Number of Veterans receiving care from residents
- Number of clinical appointments for Veterans
- Number of resident positions at each covered facility
- Medical specialties pursued by the residents
- Resident time
- Program costs
- Number of residents hired by VA



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# Future MISSION 403 RFPs & Considerations

- Potential additional RFPs for Model A
- Potential Model B RFP
  - Timeline depends on response to Model A
  - Program must be self-sustaining when program expires
- Legislative authority ends August 2031



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# Additional VA Graduate Medical and Dental Expansion Initiatives



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# Disbursement Process



ACGME or CODA Accredited Sponsoring Institution



Hires and pays residents

VA pays for resident rotations at VA through disbursement



Residents rotate at VA



VA Medical Facility



# Reimbursable Activity

Care for **Veterans**,  
on **VA ground**,  
with **VA funds!**

On-site clinical and  
educational activities



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# GME/GDE Expansion Requests for Proposals (RFPs)

- ACGME-accredited programs in all GME specialties may apply
  - Psychiatry and associated subspecialties, internal medicine, family medicine, geriatric medicine and gastroenterology
- CODA-accredited programs in all GDE specialties may apply
- RFP opens this month through September 30, 2024
- Positions will be awarded in December 2024 for AY 25-26 start
- RFPs must be submitted by DEOs
- RFPs will be offered on a continually recurring basis with two cycles of applications and awards annually



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# RFP Timeline

AY 2023-2024	AY 2024-2025			AY 2025-2026				AY 2026-2027	
Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep
AY 25-26 Round 1 Application Window		AY 25-26 Round 1 Review & Award			AY 25-26 Position Start Date				
		AY 26-27 Round 1 Application Window		AY 26-27 Round 1 Review & Award					AY 26-27 Position Start Date
				AY 26-27 Round 2 Application Window		AY 26-27 Round 2 Review & Award			AY 26-27 Position Start Date
						AY 27-28 Round 1 Application Window		AY 27-28 Round 1 Review & Award	
								AY 27-28 Round 2 Application Window	

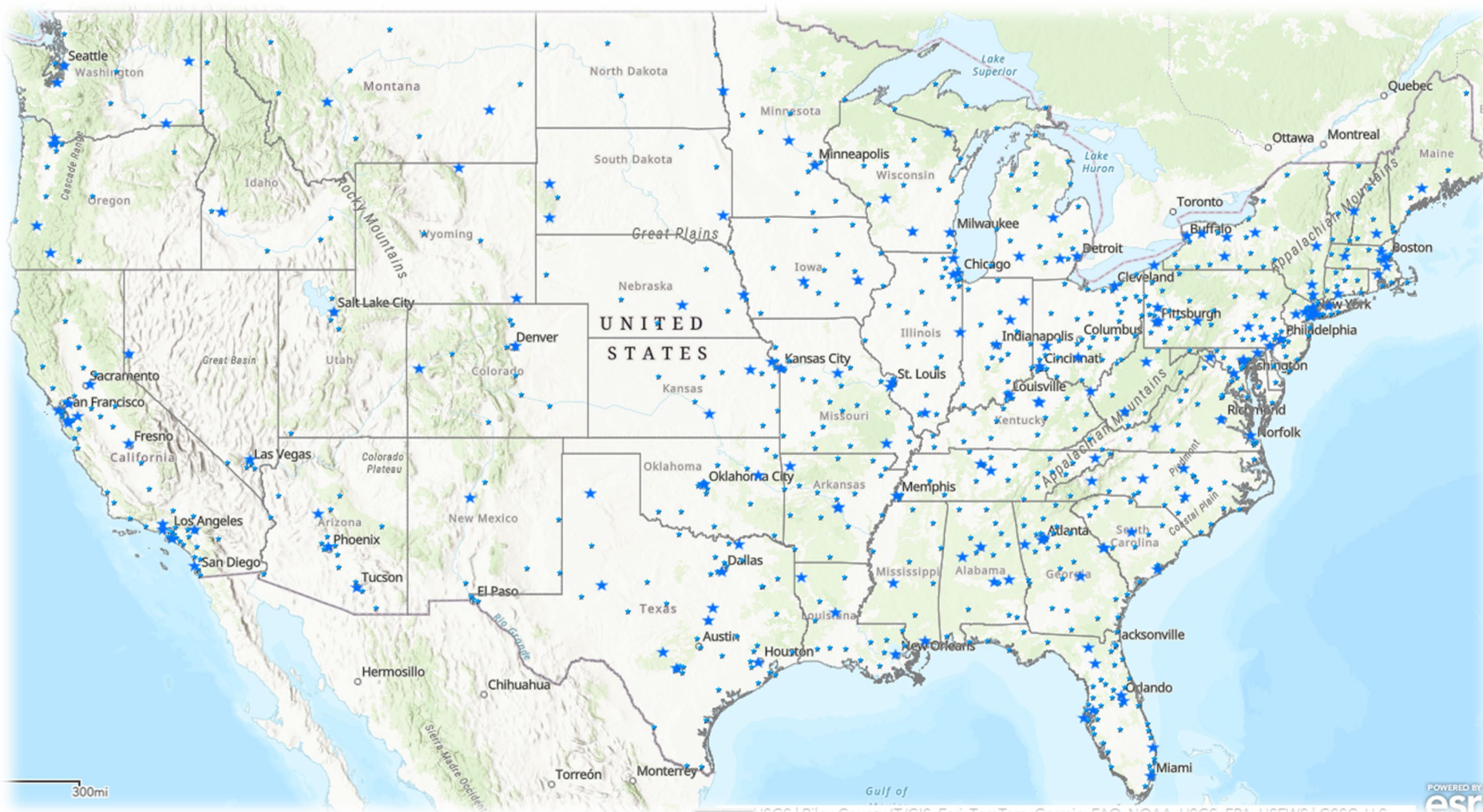
## Legend

- Application Windows
- Reviews & Awards
- Position Start Dates



# Map of VA Medical Facilities & Clinics

- ★ VA Medical Facility
- ★ VA Community Based Outpatient Clinic



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# Designated Education Officers (DEOs)

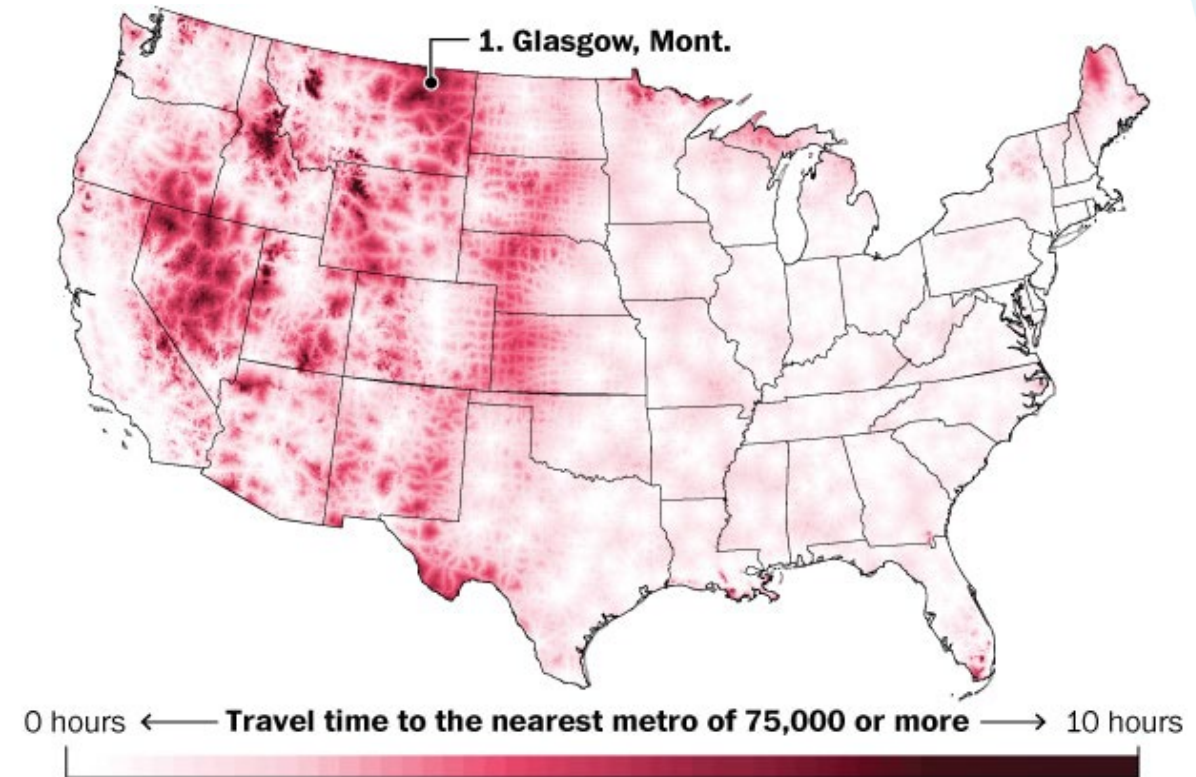
- Also known as Associate Chief of Staff for Education (ACOS/E)
- Single designated VA employee who oversees all clinical training at each VA medical facility that either sponsors or participates in accredited training programs
- Your local subject matter expert and partner for VA GME and HPE





# Training in a Rural & Frontier State

- **Everywhere in Montana is rural!**
- **Very High Veteran population**
- **65,000 Native Americans**
  - 12 recognized tribes
  - 8 Reservations





# Montana Family Medicine Residency

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- First residency program in Montana
  - Model FQHC for and one of first 11 Teaching Health Centers
  - University of Washington Family Medicine Residency Network
- Consortium sponsored by Billings Clinic, Intermountain Health, and RiverStone Health
- 60% of our graduates **STAY IN MONTANA!**





# RiverStone Health



## *Mission:*

Improve Life, Health, & Safety

## Four Mission Essential Functions:

- City-County Public Health Department
- Community Health Center (FQHC)
- Home Health & Community Hospice
- Education & Training
  - Montana Family Medicine Residency
  - Eastern Montana AHEC
  - Montana AETC





# VA Montana Health Care System

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- Fort Harrison Medical Center-Helena
- Eleven Community Based Outpatient Clinics (CBOCs)
- Billings CBOC
  - Family Medicine
  - Neurology
  - Podiatry
  - GYN
  - Ophthalmology
  - Mental Health
  - Audiology
  - Specialty Clinics
  - GI, Ortho, Gen Surg, Cards







# Partnership With VA Montana HCS



- Prior resident experiences at Billings CBOC
- 2018 -VA Mission Act Passed



# Family Med Rotation within VA



- Started outpatient rotation in AY 22-23
- One month experience
- Work with primary care and specialists
- Experience scope of veteran care



# The Dialogue

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- Outreach over three years
- Grew connections locally, state level and federal
- Encouragement from legislators
- Engaged VA leadership

## Initial Challenges

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Getting residents credentialed



Schedules that meet provider and resident goals



Lots of paperwork for rotations and per-resident



Long wait time for approval



# What's working well?



Rotation has become a staple of 3<sup>rd</sup> year curriculum



Emphasis on outpatient procedures



Local VA Faculty are highly engaged / great mentors for residents



VA Leadership now engaged in GME and looking for ways to grow





# Next Steps

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- Develop additional resident experiences at VA locations across the state, including VA Medical Center - Fort Harrison
  - Dermatology, Anesthesia, Surgery, Intensive Care
- Create a VA Residency Track to enhance recruitment and retention
- Expand electives at the MTVA Healthcare Center
- Explore possible R3 role in CBOC Walk-in/Urgent Care Clinics
- Expand Veteran-Centered instruction during weekly resident didactics
- Faculty development for local VA providers



# Future opportunities

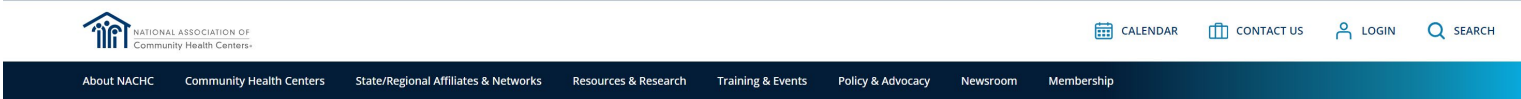
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- Addiction Medicine Fellowship
- Filling gaps in traditional GME funding
- Expand the model to IHS sites
- Partner for inpatient hospital care/coverage

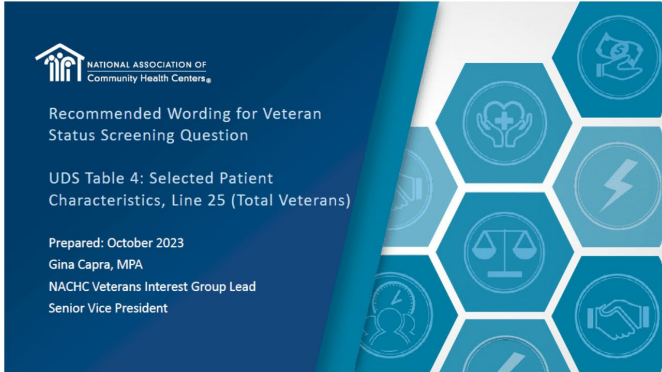
# NACHC TRAINING RESOURCE

## Recommended Language for Veteran Status Screening Question in Health Centers (Oct 2023) – download [here](#)



### Recommended Language for Veteran Status Screening Question in Health Centers (Oct 2023)

NOV 08, 2023



 **DOWNLOAD**  
Recommended Language for Veteran Status Screening Question in Health Centers

Does your health center ask "Have you Served" to identify Military Veteran status? Evidence shows that the way you ask the question matters. Read more in this short NACHC presentation. Consider...



# In Case You Missed It...

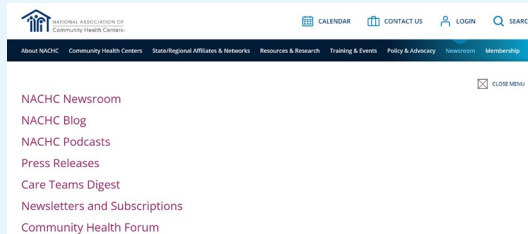
The first webinar in this series, “Health Centers Serving Veterans: Improving Identification of Military Veteran Patient Characteristics” was held on April 10, 2024.

You can access the recording and presentation [here](#).

# Resources for Health Centers Serving Veterans

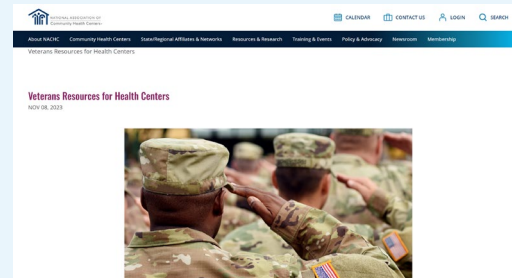
## Veterans Interest Group Mailing List

Sign up for quarterly updates and opportunities related to serving Veterans! Sign up [here](#), or click “Newsroom” then “Newsletters and Subscriptions” on [NACHC’s webpage](#)



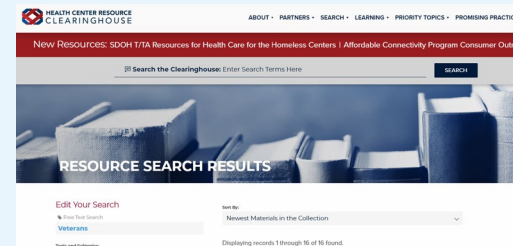
## NACHC Veterans Webpage

Visit [NACHC’s webpage](#) for publications, policy updates, and more!



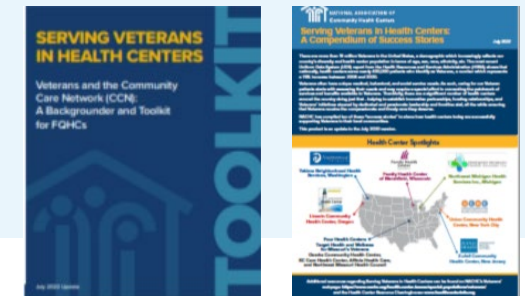
## Health Center Resource Clearinghouse

[Search 'veterans'](#) to access toolkits, archived webinars, fact sheets and other resources!



## Technical Assistance Resources

- [Serving Veterans in Health Centers: A Compendium of Success Stories](#)
- [Veterans and the Community Care Network \(CCN\): A Fact Sheet and Toolkit for FQHCs](#)



NACHC has tons of great resources! Check out a few above and email [trainings@nachc.org](mailto:trainings@nachc.org) with questions!

# THANK YOU!

This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$6,625,000 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).



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## APPENDIX: FACULTY BIOS

## Gina Capra, MPA

leads a talented team responsible for the development, implementation and evaluation of professional education, training and technical assistance services for the workforce and governing boards of 1500+ community health centers in service to 31.5 million patients in medically underserved communities. Gina is also responsible for the strategic coordination of training services with partner organizations, including state/regional primary care associations, health center-controlled networks and 22 national training and technical assistance partners focused on improved health outcomes, operational effectiveness, and governing excellence. Training domains include financial management, practice operations, strategic planning and growth, community-based governance and leadership development. Prior to joining NACHC in 2016, Gina provided 20 years of federal service with the Health Resources and Services Administration (HRSA) and the Veterans Health Administration, administering and leading health care access programs.

Gina holds a Master's Degree in Public Administration (MPA) from American University, a Bachelor's Degree (BA) from The College of New Jersey and a Certificate in Maternal and Child Health (MCH) from the Boston University. She is Fellow of the Partnership for Public Service and has served on the Board of the Atlas Health Foundation.



# Donald L. Weaver, MD

Assistant Surgeon General USPHS (retired)  
Senior Partner | Martin, Blanck & Associates  
Advisor on Workforce and Service Integration

Dr. Weaver has a lifelong commitment to improving the health of underserved communities and vulnerable populations through the provision of community-responsive, culturally competent care by interprofessional teams. He had a distinguished career as a commissioned officer in the United States Public Health Service (USPHS), retiring as an Assistant Surgeon General in January 2011. Since January 2011, he has served as a health care consultant, as well as Chief Medical Officer and Associate Medical Officer at the National Association of Community Health Centers. A 1973 graduate of Harvard Medical School, Dr. Weaver completed a two-year pediatric residency at Boston's Children's Hospital Medical Center and is a member of the American Academy of Family Physicians.



# CAPT Curi Kim, MD, MPH

CAPT Curi Kim is a career medical officer in the U.S. Public Health Service Commissioned Corps, currently serving as Senior Advisor for the Division of Medicine and Dentistry, Bureau of Health Workforce, Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (HHS). She is also the Designated Federal Officer for the Council on Graduate Medical Education, which provides advice and recommendations to the HHS Secretary and Congress on medical education and the physician workforce. Prior to joining HRSA in 2022, she was the Director for the Division of Refugee Health, Office of Refugee Resettlement (ORR) within HHS' Administration for Children and Families. Her previous federal service includes many roles within HHS' Centers for Disease Control and Prevention's Division of Global Migration Health.

CAPT Kim received her BS and MPH degrees from the University of Michigan and her MD from Wayne State University. She completed residencies in both Family Medicine and Preventive Medicine at the University of Michigan and is board-certified in each specialty. She also cares for underserved patients at the Arlington Free Clinic in Virginia.



# Ryan Scilla, MD

Dr. Ryan Scilla serves as Director of Medical and Dental Education for the Office of Academic Affiliations (OAA), Department of Veterans Affairs, Veterans Health Administration. In this role, he oversees educational programs for over 49,000 resident physicians, 26,000 medical students and 1,000 dental students and residents.

Dr. Scilla is a board-certified internal medicine physician who holds a faculty appointment at the University of Maryland School of Medicine. Dr. Scilla previously served as Director of Quality, Safety and Improvement, High Reliability Physician Champion, and Associate Chief of Staff for Education (Designated Education Officer) at the VA Maryland Healthcare System.

Dr. Scilla received a B.S. from Pennsylvania State University and a M.D. from Lewis Katz School of Medicine at Temple University. He completed his internal medicine residency at the University of Maryland Medical Center, where he also served as Chief Resident in Medicine.





# James Guyer, MD

Clinical Professor, U Washington School Of Medicine,  
Dept of Family Medicine

A native of Montana, I grew up in a frontier environment, and experienced scarce access to physicians or healthcare in general. As a physician, I focused on clinical care in austere settings. In 2003 a faculty position opened at the Montana Family Medicine Residency-the first residency program in Montana with its mission to train family physicians the rural environs, I jumped at the opportunity. Since signing on, I've experienced both the CHC perspective as Medical Director of the CHC, and the GME aspects teaching students and residents, eventually becoming residency program director. After 38 years of clinical practice, 28 years in the military reserves, and 21 years as teaching faculty, I "retired" to help the Montana VA system develop GME opportunities under the MISSION ACT, to better serve the high proportion of the Montana population who have served.

