

# **Expanding the primary care workforce for Indian country: The Seattle Indian Health Board Family Medicine Residency experience**



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# Nia:wen kowa



# Snapshot of Indigenous primary care training

- Association of American Medical Colleges (AAMC) predicts a primary care doctor shortage of 20,200 to 40,400 by 2036
- Family medicine is needed in today's health systems
- Resident physicians tend to stay near their residency training location
- The Indian health care system has high vacancy rates
- Indian Health Service has no national GME structure
- Enrollment of American Indian/Alaska Natives in medical school has been stagnant for decades

# Current American Indian focused residencies

- Urban Indian
  - Seattle Indian Health Board, Seattle WA
- Tribally administered: All HRSA funded , Teaching Health Centers
  - Choctaw Nation (OK)
  - Chickasaw Nation (OK)
  - Cherokee Nation (OK)
  - Puyallup Tribe (WA)
- Federally administered
  - University of New Mexico and Northern Navajo Medical Center (Shiprock, NM)

# GME training slots in IHS and VA system, 2024

## Indian Health Service

- GME slots 72
- User population 2,600,000
- GME slots per 10,000 people 0.3

## Veteran's Administration

- GME slots 11,000
- User population 9,000,000
- GME slots per 10,000 people 12.2

2025

Tobey et al,



# Seattle Indian Health Board

- Founded in 1970
- AAAHC accredited non-profit Urban Indian clinic/ Federally Qualified Health Center
  - 70% are Indigenous
  - 74% at or below 100% poverty level
- Medical, dental, mental health, pharmacy, lab, nutrition, outreach
- Community board governance
- Funded through 3<sup>rd</sup> party payors & public, private grants & contracts



# What was our “why” to start a residency?

- The dream of health workforce equity by self determination
  - “Growing our own”
- To improve patient trust & continuity
- To provide quality care using a Native cultural lens with Western science



# 5 core steps in residency program creation

1. Exploration
2. Design
3. Development
4. Start up
5. Maintenance

<https://ruralgme.org/getting-started>

Rural Residency Planning and Development guide



# 1. Exploration

- Clinton administration's national health reform created opportunity
  - 1992: SIHB began planning
  - 1994: First 2 interns arrive



# 1. Exploration

- Vision & Mission
  - Future focus
- Strategic partnerships
- Community support
- Seed money for start up
- How will we define success?





# Initial partnerships

- **Providence Hospital (now Swedish):** Inpatient & administrative hub
  - Underserved population mission with an established residency
  - Had vacant GME funded slots: \$225K per resident in 1994
  - Program director expertise & faculty with regional health system connections
- **SeaMar Community Health Center (Seattle)** as FQHC mentor
  - First Providence training satellite, Latinx health focus
- **University of Washington School of Medicine**
  - Indian Health Pathway curriculum students
  - 5 state Family Medicine residency network resources
  - Well-connected allies in Native research and clinical care
- **Indian Health Service**
  - NW Portland Area Director and Finance Director

## 2. Design

- Choose advisors
- Know your clinic demographics, revenue stream, future growth
- Resident class size (SIHB is 2-2-2)
- Anticipate clinic changes
- Academic leadership
  - Organization clinic structure
- Non-physician team involvement



# 3. Development

- Financing
  - Foundation support?
  - State support?
- Curriculum
  - 2 required away rotations at ITU sites
  - Exposure to traditional Indian medicine
- Staff and faculty hires
  - 50% of MDs were American Indian
- Expanding your student visibility

<https://familymedicine.uw.edu/network>





# Program funding at inception

- **Site director:** Indian Health Service MOU funded 0.5 FTE
- **Clinic faculty:** All were staff doctors at SIHB
  - Clinic billables & small grants
  - Includes faculty development time off and inpatient rounding
- **Residents:** SIHB paid first 2 years, then sponsor hospital GME
- **Clinic team support:** Clinic small grants/contracts
  - Residency coordinator, RN, other support staff (\$80-100K per resident)
  - Malpractice insurance tail for OB
  - HRSA grant for curriculum improvements and faculty development



# Program funding today

- SIHB site director & inpatient faculty rounder: ½ covered by hospital sponsor
- All residents 100% funded by hospital GME
- SIHB Administrative funding from indirect costs on contracts
  - Faculty precepting time
  - Professional development
  - Coordinator position
- No federal IHS funding

# Start up

- ACGME accreditation cost
- Faculty training
  - Scholarly activity
- On-boarding & scheduling protocols
- Resident recruitment (“the Match”)
  - American Academy of Family Physicians annual student congress (FOFM)
  - Within University of Washington network
  - Association of Native American Medical Students
  - Clinic faculty visibility with students
  - Know your unique program strengths & needs
    - Family medicine values, mission aligned with lived experience among AI/AN

# Maintenance

- Patient panel data
  - Graduate tracking
- Team adjustments
- Accreditation changes
- Budget
- Addressing trainee needs
  - Expansion/ departure
- Curriculum change



# 1997: Our First Graduates Dr. Shannon Wiegand and Dr. Arne Vainio





# Our graduates in 2024

- Total of 54 graduates
- 77% choose underserved/rural/ITU sites for their first job
  - 50% are still there
- 20%+ are medical school or residency faculty
  - 1 is a full professor, 1 med school admissions dean
- Leaders in regional & national organizations



# Challenges



- **Financial sustainability**

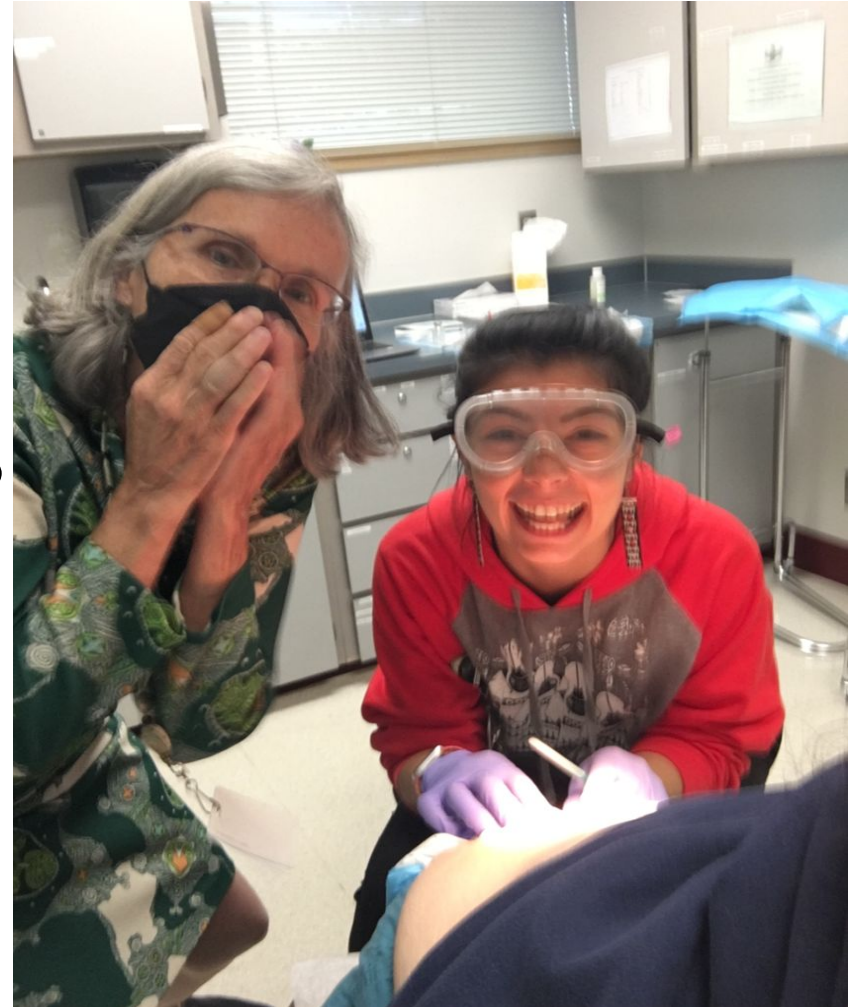
- Early budget deficits- only 46% support costs covered in year 2
- Funding resident salary as program grew to full capacity
- Away rotation time reduced clinic revenue

- **Clinic operations: “*Education is not always = service*”**

- Nursing team turnover & resident skill set
- Supervision time
- New processes for prescribing & referrals
- Patient distress with part-time resident availability

# Challenges

- Data collection for ACGME certification
- Intern selection process
- Patient volume variability, especially OB
- Curriculum change to meet community needs
  - Traditional Indian medicine & SUD training
- Hospital takeover with different priorities



# Positive outcomes

- New & expanded revenue sources
- Expanded clinical operations
  - Procedure clinic
- Improved staff physician recruitment & retention
- Quality of care improvements
  - Chronic disease care
  - Traditional Indian Medicine
  - Chemical Dependency training



# Positive outcomes

- We exceeded our expectations for workforce development
- We created a national reputation for integrating Indigenous culture and practices into clinical & educational settings





# Lessons learned

- Right team, right time: Bold experienced risk-taking leadership
  - SIHB Board vision of Native workforce development drove this
- Find strategic partners -political awareness helps
- Establish robust data systems for tracking
- Medical education financing understanding is essential
  - Expanding the HRSA workforce low indirect funding rate
  - Congressional directed funding earmark to training sites?
- Training programs benefit patient care quality
  - Medical staff retention/recruitment
  - Advances AI/AN policy advocacy
- Walking your talk creates unexpected benefits

# Resources

- Matthew L. Tobey et al. Landscape of physician residency training in Indian Health Service. (Manuscript submitted for publication *J of Poor and Underserved*, August 2025)
- Rural GME <https://ruralgme.org/getting-started>
- Rural Residency Program Development timeline in  
Hawes EM, Weidner A, Page C, et al. A Roadmap to Rural Residency Program Development. *J Grad Med Educ*. 2020;12(4):384-387.

# Resources

- M Barajaz and Turner T. Starting a new residency program: a step-by-step guide for institutions, hospitals, and program directors. *Med Educ Online*. 2016 Aug 8;21:32271.
- Stacy Potts, G Hoekzema, C Cagno, E Anthony. Shaping GME Through Scenario-Based Strategic Planning: The Future of Family Medicine Residency Training. *J of Graduate Medical Education*. August 2022: 499-504.

# Nia:wen- Thank You!

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Seattle Indian Health Board  
Family Medicine Residency

