



Project Summary Report

January 2025



INDIANA UNIVERSITY
SCHOOL OF MEDICINE

Acknowledgments

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- Indiana Graduate Medical Education Board

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Authors

Sierra Vaughn, MPH

Madison Bott, MPA

Yan Ge, MPP

Hannah Maxey, PhD, MPH

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Table of Contents

Acknowledgments	1
Executive Summary	3
Introduction	4
Data Collection and Analysis	5
Limitations	6
Section 1	7
Key Takeaways	7
Total Indiana Medical Graduates	7
Trends in In-State Retention for Residency	8
Section 2	11
Focus Group Findings	13
Section 3	14
Section 4	16



Executive Summary

The medical education pipeline has many steps and many opportunities to address retention. This report provides a summary of results from a longitudinal evaluation of in-state retention of medical students and medical residents. This evaluation also examined existing challenges and barriers which may impact retention within Indiana's medical education pipeline.

The activities for this evaluation were divided into four parts, and the key takeaways from three of these sections have been outlined below. For more details on each activity, please see the Sections 1 -4.

Retention of Medical Graduates into Residency

- Marian University Wood College of Osteopathic Medicine (MUWCOM) produces almost half as many graduates than Indiana University School of Medicine (IUSM), yet total number of graduates who match to a family medicine residency program is comparable between both schools.
- Very few of the graduates who match to an Obstetrics/Gynecology (OB/GYN), or pediatrics residency remain in Indiana.
- The total number of slots offered for family medicine in Indiana is more than the number of graduates from Indiana who choose to go into this residency.
- Since 2019, there were four separate years in which not all Family Medicine residency slots were filled on Match Day.

Retention of Medical Residents into Medical Practice

- A data exploration matching Indiana medical training permits to Indiana physician licenses revealed that 21% of previous medical trainees were actively practicing licensed physicians in Indiana as of 2023. Just over half (57%) work in primary care, including family medicine, OB/GYN, and pediatrics.
- The number of family medicine residency slots offered each year in Indiana exceeds the total number of Indiana's medical graduates who choose a residency in this specialty. This compels residency program directors to recruit from out-of-state.
- The culture of medical education, competitive incentives (loan repayment) from other states are impacting in-state retention.

Current Initiatives that Support Medical Education

- Indiana supports recruitment of medical students interested in Primary Care through the use of state appropriations for scholarships and development of residency programs.
- Indiana has invested 32% of its graduate medical education funds to support Family Medicine, OB/GYN, and/or Pediatric residents.
- Since 2015 the Graduate Medical Education Board has contracted 265 resident slots, 31% of those were for Family Medicine, OBGYN, and/or Pediatrics.



Introduction

Medical education in the United States is a multi-year didactic and academic training experience that prepares future physicians to treat patients through diagnoses, medical procedures, and medications. The medical education pipeline includes several steps that must be accomplished between post-secondary education to obtaining full medical licensure. The figure below provides a summary of the medical education pipeline.



Indiana contributes greatly to the medical education pipeline, hosting two medical colleges and numerous residency programs. Indiana University School of Medicine (IUSM) stands as the largest allopathic medical school in the United States, having nine campuses that provide comprehensive training in allopathic medicine. Medical training in Indiana expanded with the establishment of Marian University Wood College of Osteopathic Medicine (MUWCOM) in 2010, which is also located in Indianapolis. In addition to two medical schools, there are 166 residency training programs in Indiana that provide advanced training in a variety of clinical specialties.

Physicians are foundational to health services, providing diagnosis, treatment, and preventive care. Sustainability of the physician workforce is crucial to ensuring high-quality medical care and positive health outcomes. Recent research has explored the factors that impact physicians' decisions for where they practice and why they may leave a practice.¹ Likewise, examining the medical education and training pipeline has become pivotal to informing state-level initiatives and policies. Indiana, a key player in medical education, also prioritizes a sustainable physician workforce.

The Bowen Center for Health Workforce Research and Policy (Bowen Center), in collaboration with the Indiana Department of Health, developed a four-pronged project that explored and evaluated various aspects of the medical education pipeline in Indiana for the purpose of informing related policy and decision making. This project examined the medical education pipeline between 2019 and 2024 and focuses on family medicine, pediatrics, and OB/GYN, in alignment with state priorities.

¹ Chen Y, Olas C, Kim T, Chang DC, Kelleher CM. Workforce Attrition Among Male and Female Physicians Working in US Academic Hospitals, 2014-2019. *JAMA Netw Open*. 2023;6(7):e2323872. doi:10.1001/jamanetworkopen.2023.23872

This report synthesizes the project, with each section focusing on a major activity, as described below.

- **Section 1: Measuring Retention of Medical Graduates**

This section examines the proportion of IUSM and MUWCOM graduates remaining in Indiana for residency, the number of residency positions by specialty, and those filled by Indiana graduates.

- **Section 2: Measuring Retention of Medical Residents into Medical Practice**

This section explores the proportion of Indiana medical residents who have obtained full medical licenses and practice in Indiana and includes feedback from residency program directors on experiences and challenges in recruitment.

- **Section 3: Measuring Physician Turnover Through Engagement of Hospital Administrators**

The section examines challenges in physician recruitment, retention, and turnover, using data reported by Indiana hospitals.

- **Section 4: Policy Context**

This section provides a review of existing Indiana state policies and initiatives supporting medical education and physician workforce sustainability.

Data Collection and Analysis

Measuring Retention of Medical Graduates

Retention of medical graduates was calculated using the reported total number of graduates who matched to a residency in each specialty and the total number of those who matched to a residency in Indiana. Data regarding where medical graduates matched were obtained from IUSM and the MUWCOM. Data on the total number of residency positions ordered in Indiana by specialty and year were obtained from the National Residency Match Program (NRMP).²

Measuring Retention of Medical Residents into Medical Practice

Data that provide information on the medical training permits that were issued between 2014 and 2024 were obtained from the Indiana Professional Licensing Agency (IPLA). An additional data file included a linkage between medical training permits and medical licenses, identifying medical residents who obtained licensure in Indiana. Some residents were found to have duplicate entries if they had completed a fellowship or had to rotate to another location during their residency training. The retention analysis only included data that represented the main residency training location and time frame.

Directors of residency training programs for family medicine, OB/GYN, and pediatrics were invited to attend a focus group discussion in which they could provide insight into their experiences in

² It should be noted that the residency match data presented in this report only account for matches that occur on Match Day. Further matches occur as a part the Supplemental Offer and Acceptances Program (SOAP) after Match Day, but SOAP data are not publicly available.



recruiting medical graduates into their programs and other resources they may find necessary for in-state retention of medical residents.

Measuring Physician Turnover Through Engagement of Hospital Administrators

Data regarding physician workforce capacity and turnover were collected from Indiana hospitals through a survey administered in September 2024 through Qualtrics. The survey asked hospital administrators to provide the annual capacity of physicians between 2019 and 2024.

Limitations

There are limitations to this evaluation that should be taken into consideration when examining the results in this report. First, this evaluation focuses on the specialties of family medicine, OB/GYN, and pediatrics. Because of this, the results summarized in this report cannot be generalized to other medical specialties. Second, the examination of data related to the proportion of medical trainees that obtain licensure in Indiana does not consider medical trainees that may continue into fellowships or other advanced residency training programs. Therefore, the results should only be considered estimates. Finally, a small number of hospitals responded to the disseminated survey, and the data provided by these hospitals varied in detail. Therefore, no statistical analysis could be conducted.



Section 1

MEASURING RETENTION OF MEDICAL GRADUATES

This section examines trends in in-state retention of Indiana’s medical graduates from its medical schools to Indiana-based medical residencies between 2019 and 2024. Matching to a residency program starts with fourth-year medical students going through an application and interview process at the programs of their choice. Next, they register for matching in the NRMP system, where they rank programs based on their preference. Match results are revealed in March, and most medical students match during this time. However, unmatched medical students and programs receive additional opportunity through the Supplemental Offer and Acceptance Program (SOAP).

Key Takeaways

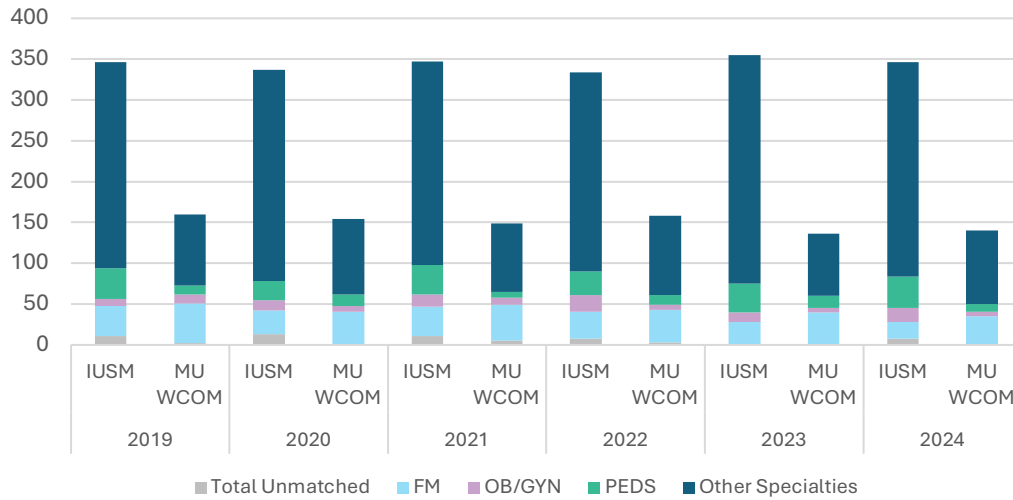
- MUWCOM produces almost half as many graduates than IUSM, yet total number of graduates who match to a family medicine residency program is comparable between both schools.
- Very few of the graduates who match to an OB/GYN or pediatrics residency remain in Indiana.
- The total number of slots offered for family medicine in Indiana is more than the number of graduates from Indiana who choose to go into this residency.
- Since 2019, there were four separate years in which not all family medicine residency slots were filled on Match Day.

Total Indiana Medical Graduates

Figure 1.1 provides a summary of the total medical graduates from IUSM and MUWCOM between 2019 and 2024, broken down by the specialty to which medical graduates matched. Data show that IUSM has produced between 334 and 355 graduates with a Doctor of Medicine (MD), with around one-fourth of these graduates matching to a residency in family medicine, OB/GYN, or pediatrics. At the same time, MUWCOM produced between 136 and 160 Doctor of Osteopathic Medicine (DO) graduates, with between 30% - 40% matching to programs in these specialties. Though MUWCOM produces a smaller number of graduates than IUSM, the total number of graduates who match to a family medicine residency program is comparable.



Figure 1.1 Medical Graduates from IUSM and MUWCOM Based on the Specialty to Which They Matched, 2019 - 2024

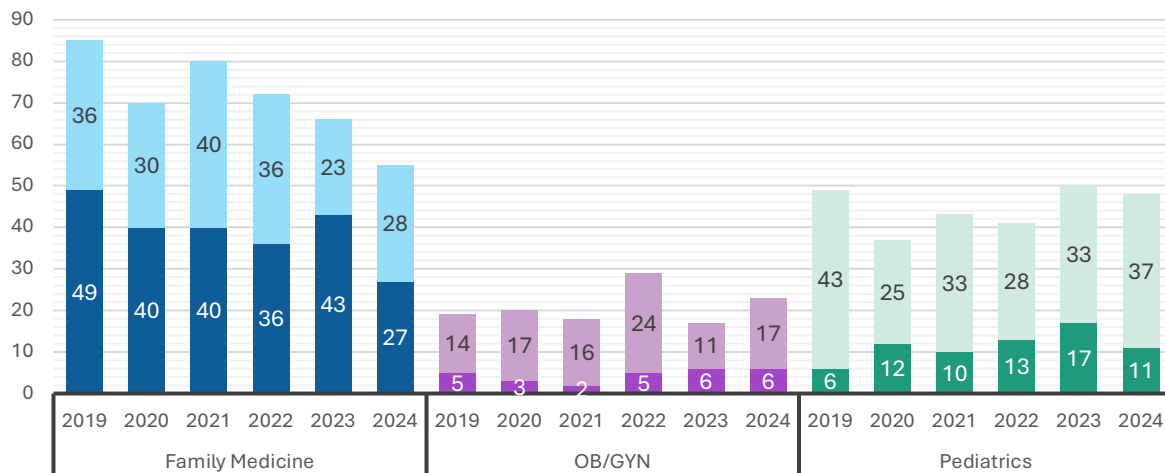


The number of graduates who matched to family medicine are comparable between the schools despite the significant difference in overall number of students.

Trends in In-State Retention for Residency

Looking further into the graduates from Indiana medical schools, there was variability in the number who remain in Indiana for their residency (Figure 1.2). Of the three specialties included in this analysis, a high percentage of graduates who matched to a family medicine residency remained in Indiana. Nearly half of these graduates matched to residency programs in Indiana in each year. On the other hand, very few of the graduates who matched to an OB/GYN or pediatrics residency remained in state.

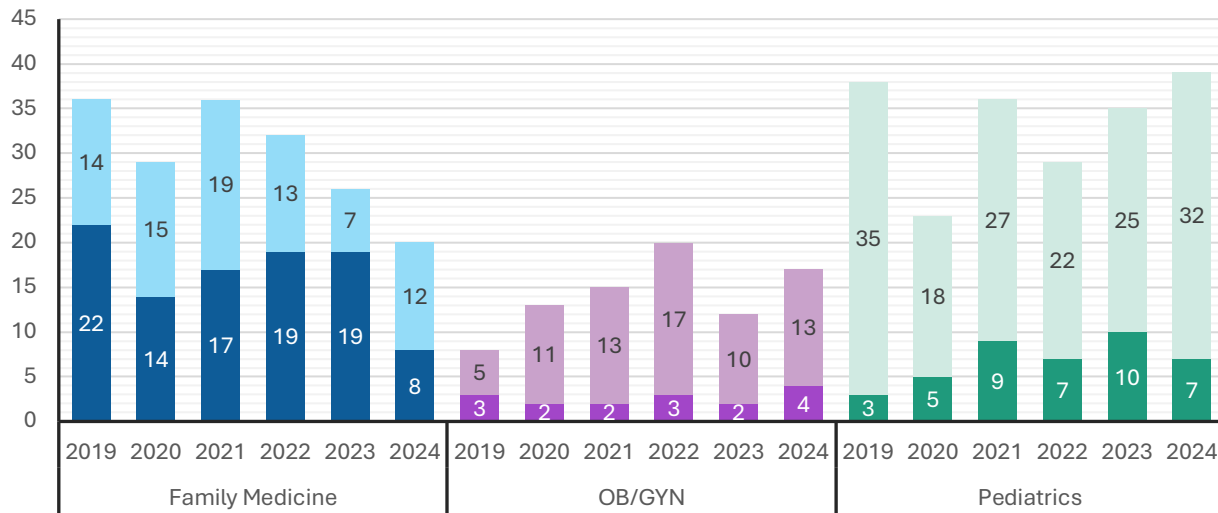
Figure 1.2 Location of Medical Residency by Specialty, 2019 - 2024
(Darker Colors = Matched to an Indiana Residency)



Retention by Medical School

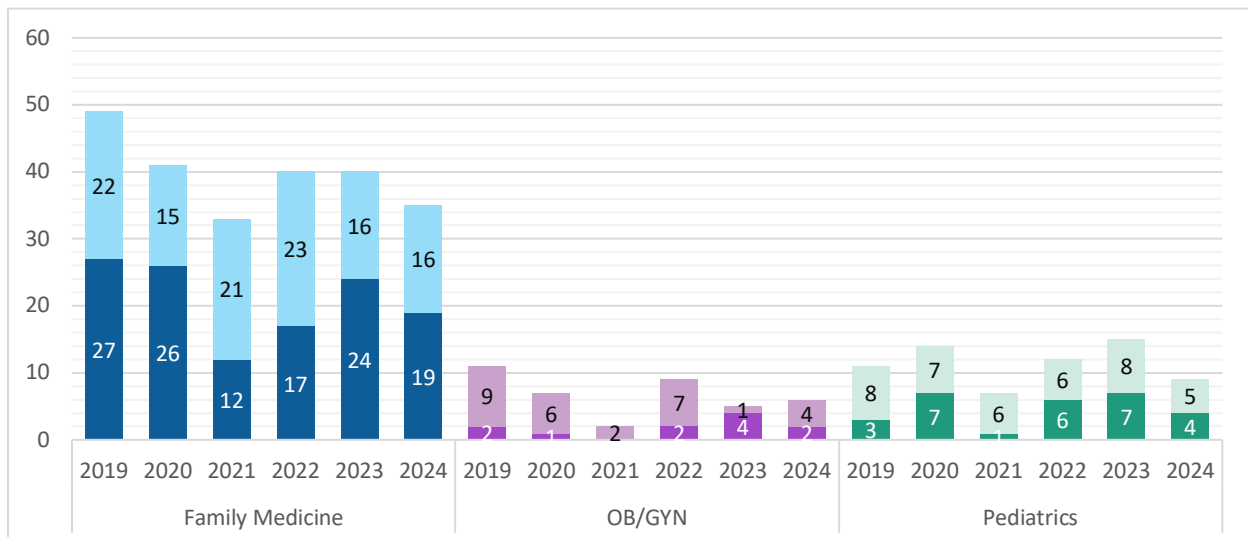
Figure 1.3 provides a more in-depth examination of the retention of IUSM medical graduates into residency. The highest retention rates among IUSM graduates were recorded among those who matched to a residency in family medicine. Though IUSM has produced around 10 – 20 medical graduates who matched to a residency in OB/GYN, very few stay in Indiana. A similar trend is seen among graduates who matched to a pediatrics residency.

Figure 1.3 Location of Medical Residency by Specialty for Graduates from IUSM, 2019 - 2024
(Darker Colors = Matched to an Indiana Residency)



As with IUSM, strong retention was found among graduates from MUWCOM who matched to a family medicine residency (Figure 1.4). However, retention varied for MUWCOM graduates who matched to an OB/GYN or pediatrics residency.

Figure 1.4 Location Medical Residency by Specialty for Graduates From MUWCOM, 2019 - 2024
(Darker Colors = Matched to an Indiana Residency)



Trends in Open Residency Positions

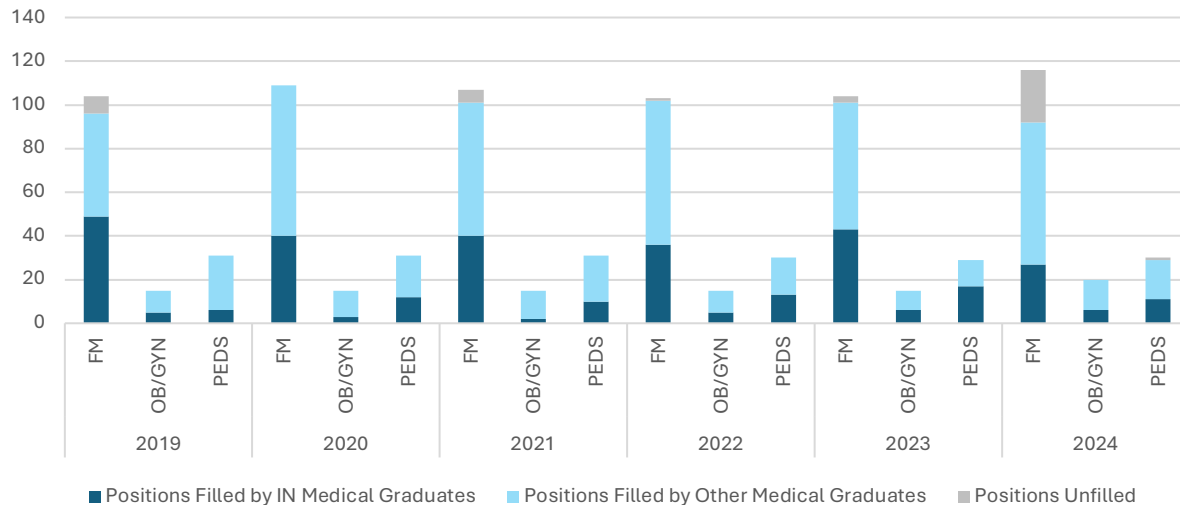
The number of residency positions available in Indiana in each year and the total number of positions matched to Indiana medical graduates each year are summarized in Figures 1.5.

The highest number of residency positions ordered was for family medicine residencies, starting at 104 in 2019 and increasing to 116 in 2024. However, the proportion of these positions that matched to Indiana medical graduates decreased from 46.1% in 2019 to 32.1% in 2024. Additionally, a small percentage of positions were left unmatched during the first round (also known as Match Day).

Between 2019 and 2023, a total of 15 positions have been ordered annually for OB/GYN residencies. In 2024, a new program added five residencies. Indiana medical graduates matched to between two and six positions annually. No positions are left unmatched in any year. Residency programs in pediatrics have provided around 30 positions annually, with the number filled by Indiana medical graduates ranging from 6 to 17. Only one position was unfilled in 2024.

The residency positions depicted in this chart are matches that took place prior to the Supplemental Offer and Acceptable Program (SOAP).

Figure 1.5 Residency Positions Matched to Indiana Medical Graduates, 2019 - 2024



Section 2

RETENTION OF MEDICAL RESIDENTS INTO MEDICAL PRACTICE

This section examines the retention of medical residency into medical practice. Data on medical training permits were obtained from the IPLA and used to identify the Indiana medical residents who went on to actively practicing in Indiana. Additionally, directors of Indiana medical residencies were invited to participate in focus groups and provide insight on their experiences recruiting medical graduates to their programs.

Key Takeaways

- A data exploration matching Indiana medical training permits to Indiana physician licenses revealed that 21% of previous medical trainees were actively practicing licensed physicians in Indiana as of 2023. Just over half (57%) work in primary care, including family medicine, OBGYN, and pediatrics.
- Family medicine residency programs cannot fill entire slots if they are only relied on in-state graduates.
- The culture of medical education, competitive incentives (loan repayment) from other states are impacting instate retention.

Retention of Indiana Medical Residency in Medical Practice

A total of 5,718 unique residency training permits were issued between 2014 and 2024. Of the permits that were issued, 3,983 were linked to a full Indiana physician license in the IPLA system. Utilizing license and supplemental data collected from the 2023 physician renewal period, 2,452 of the permits linked to a license were identified as an active medical license. Finally, 1,236 of those with an active license reported actively practicing in Indiana. Figure 2.1 provides more information on findings from the analysis of the residency training permit data. When examining where these Indiana-licensed physicians reported completing their medical education before residency, over 40% indicated completing their education in Indiana (Figure 2.2).

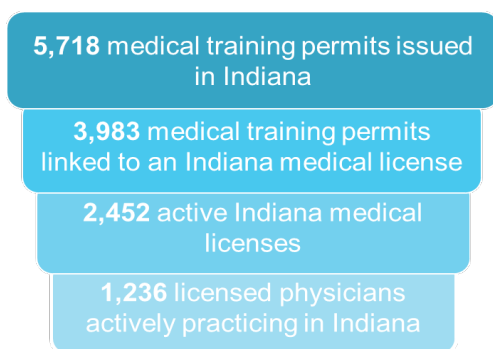
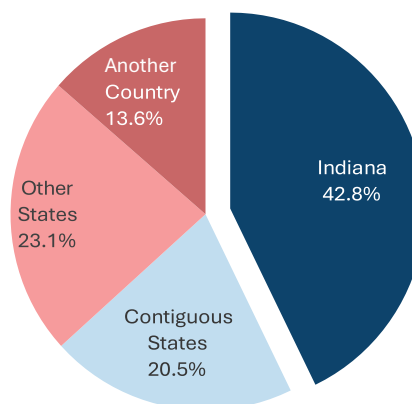


Figure 2.1 Findings from Matching of Residency Training permit data.

Figure 2.2 Reported Location of Medical School Among Physicians Who Completed an Indiana Medical Residency (n=1,236)

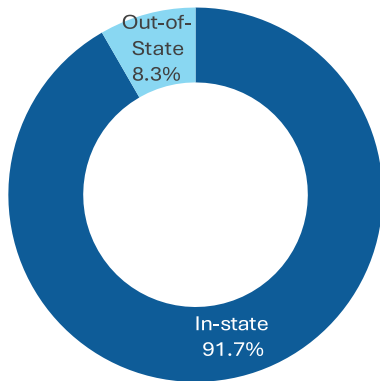


Characteristics of Physicians Who Completed an Indiana Residency

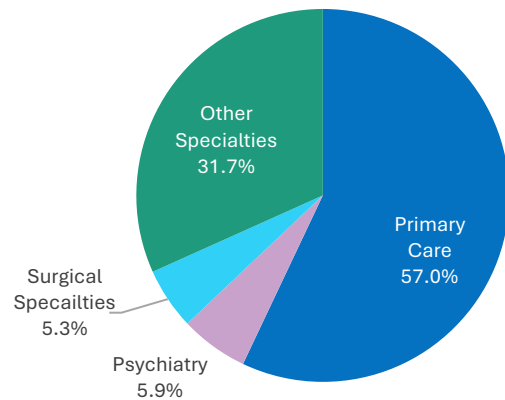
The graphics on the next page summarize the characteristics of licensed physicians who have completed their residency in Indiana. Over 90% of these licensed professionals reported practicing in Indiana, while just over 8% were located outside Indiana and providing telemedicine services to Indiana residents. Over half have a specialty in primary care (family medicine, general internal medicine, general pediatrics, and OB/GYN), and another 10% have a specialty that falls under surgery or psychiatry. Demographically, just over three-fourths of these licensed physicians identified as White/Caucasian, and another 11% identified as Asian. The distribution of gender was nearly even, as 51.1% were male, 47.7% were female, and 1.2% did not have information on gender.

Characteristics of Licensed Physicians Who Have Completed an Indiana Residency

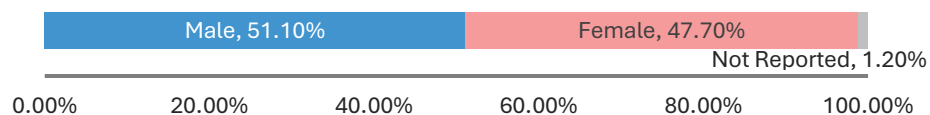
Where Do These Physicians Practice?



What Are These Physicians' Specialties?



Gender Distribution of Indiana-Licensed Physicians



Focus Group Findings

Between September and November 2024, focus group discussions were hosted to allow residency program directors to describe their experiences recruiting medical graduates to their programs and any potential solutions to address their identified issues. Emerging themes from these discussions are summarized below.

Challenges in Recruiting Medical Graduates

When asked about the challenges faced at their respective residency programs, directors were most likely to identify issues around the culture within medical education. For instance, multiple directors for family medicine described a negative perception of family medicine that discourages medical students from pursuing this specialty.

Reasons Medical Residents Leave Indiana for Practice

When asked to describe reasons why medical residents may leave Indiana for medical practice, the most reported reason was that residents may come from out of state and choose to return to their home state to be closer to family. Other reasons included competitive incentives from other states and concerns around increased patient responsibilities with limited resources.

Needs for Increasing Recruitment and Retention

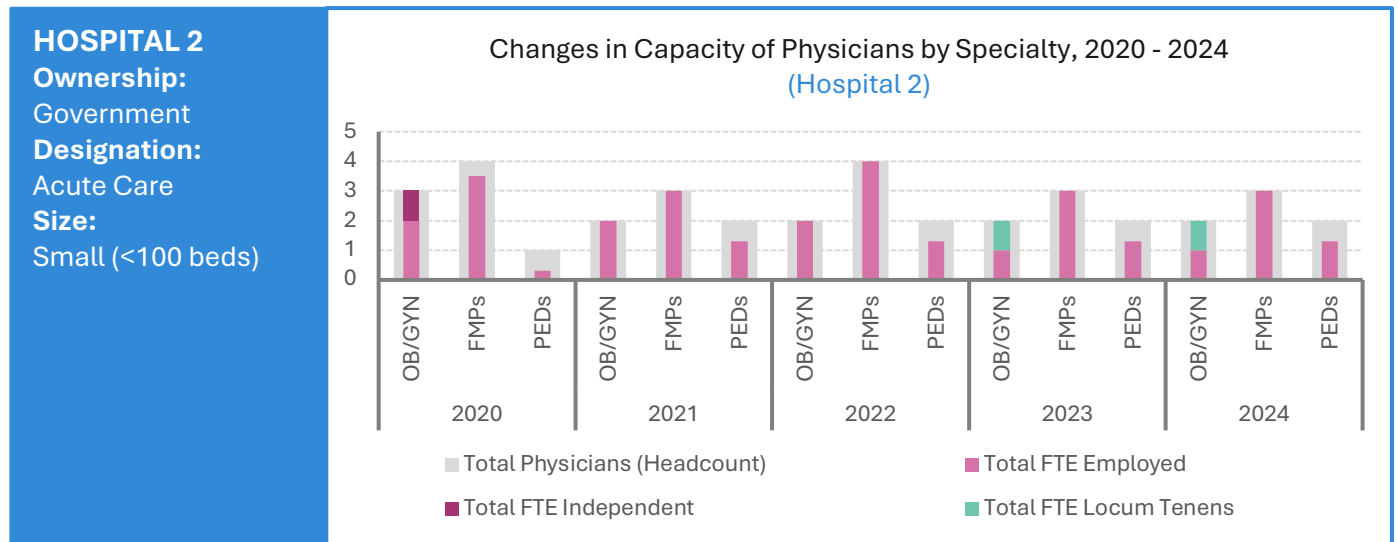
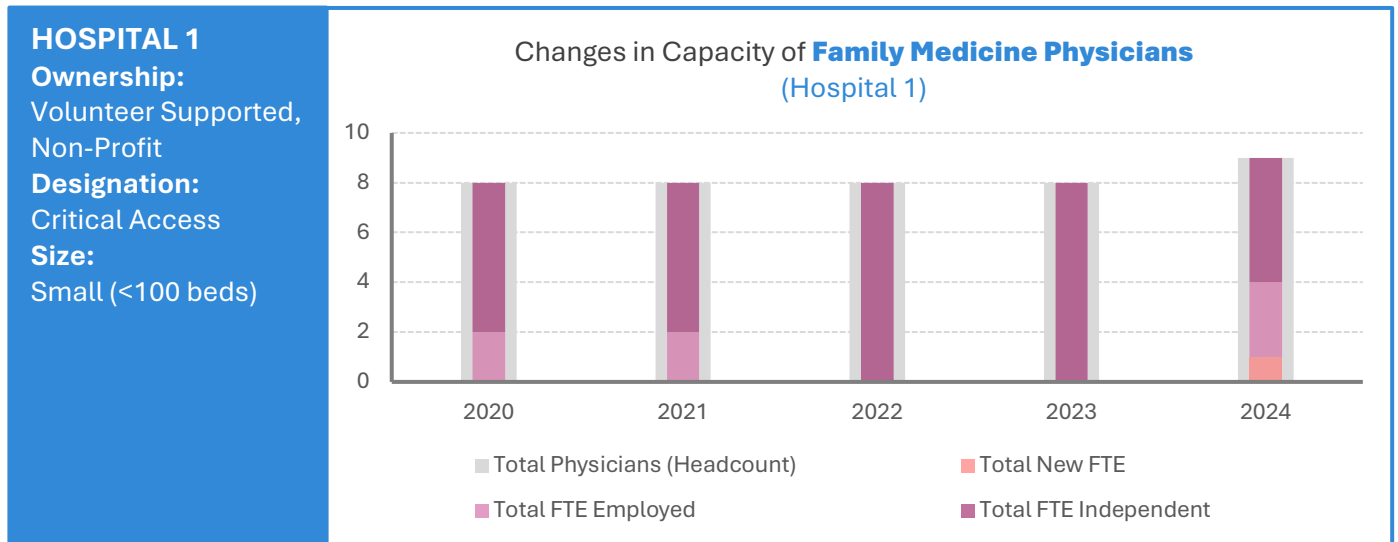
Finally, residency program directors were asked to identify the resources or other state-level solutions that could help address the challenges they identified, and several themes emerged from their answers. One notable theme included increased institutional collaboration. For instance, residency directors in family medicine believe that allowing medical students the opportunity to rotate to hospitals in a variety of community settings would provide a better experience in understanding what encompasses this specialty. Other themes included competitive state-level incentive programs that are comparable to contiguous states and transparency in funding for GME.



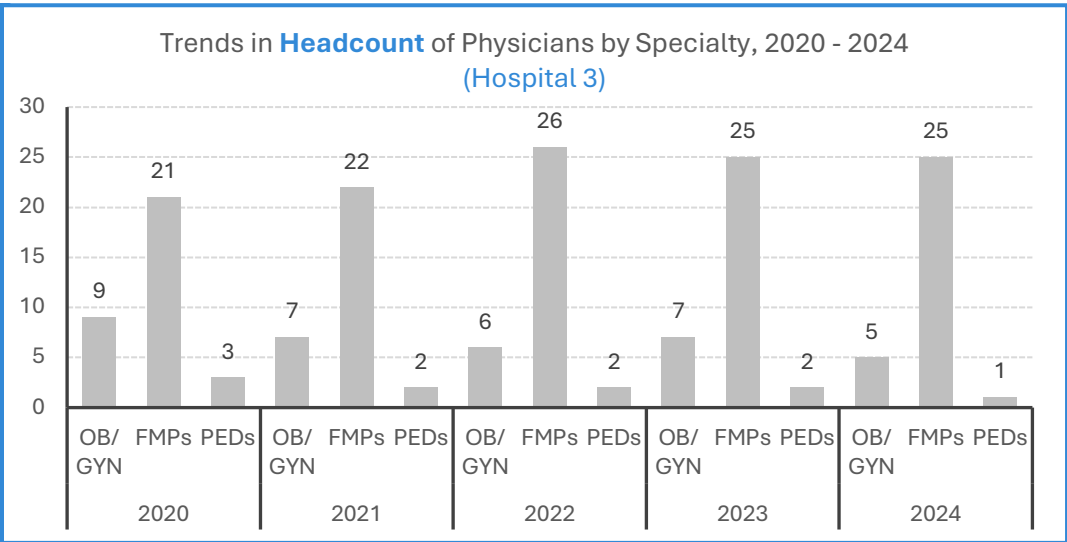
Section 3

PROFILES OF HOSPITALS REPORTING ON THE PHYSICIAN WORKFORCE

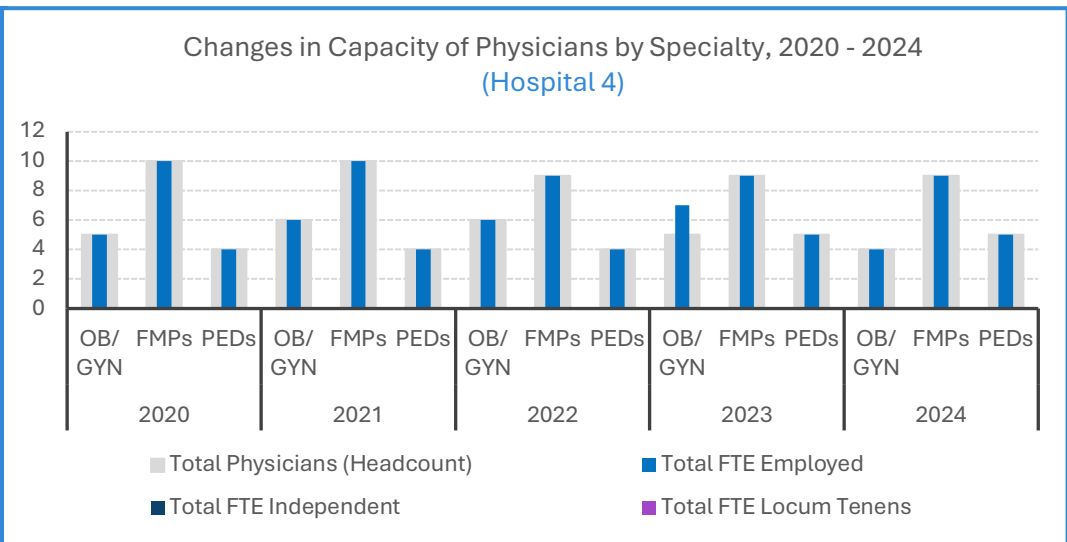
This section summarizes the data collected from hospital administrators on the changes in the physician workforce capacity at their facility between 2020 and 2024. This survey was administered through the Indiana Hospital Association between October 2, 2024, and October 21, 2024. Because only five hospitals responded to the survey, and the data provided by each hospital was not consistent, physician workforce profiles has been presented in this section; however, hospital names have not been provided. Further engagement with hospitals administrators is anticipated in March 2025 through the Indiana Rural Health Association.



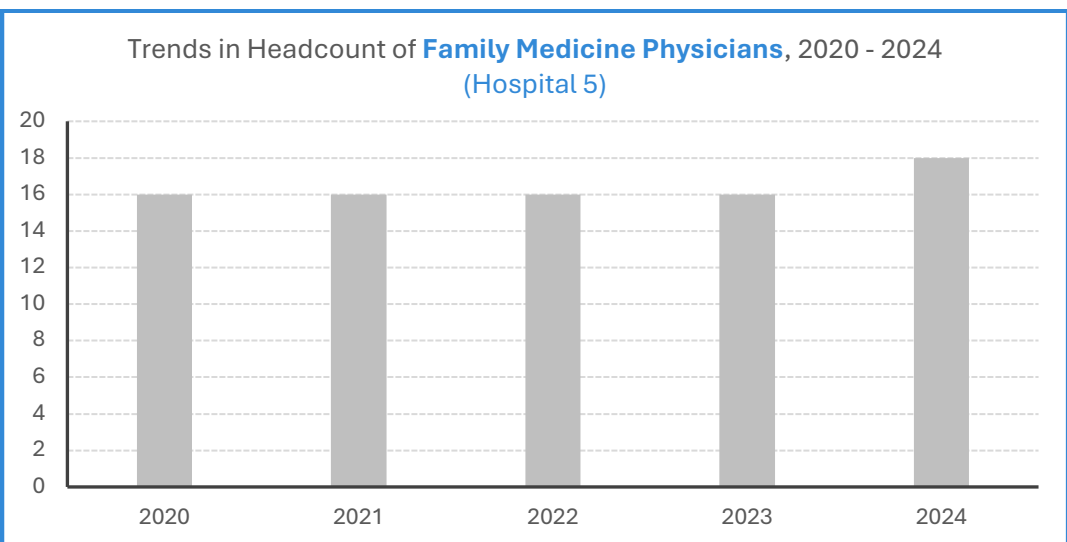
HOSPITAL 3
Ownership:
 Volunteer Supported,
 Non-Profit
Designation:
 Acute Care
Size:
 Medium
 (100 – 299 beds)



HOSPITAL 4
Ownership:
 Government
Designation:
 Short-Term Acute
 Care
Size:
 Small
 (<100 beds)



HOSPITAL 5
Ownership:
 Government
Designation:
 Short-Term Acute
 Care
Size:
 Small
 (<100 beds)



Section 4

INDIANA’S CURRENT INITIATIVES TO SUPPORT THE PHYSICIAN WORKFORCE

Prior to considering opportunities to enhance Indiana’s physician workforce pipeline, a baseline understanding of current state initiatives and investments is required. A summary of Indiana’s current policies and initiatives has been performed, which is organized by medical training level.

Key Takeaways

- Indiana supports recruitment of medical students interested in Primary Care through the use of state appropriations for scholarships and development of residency programs.
- Indiana has invested 32% of its graduate medical education funds to support Family Medicine, OBGYN, and/or Pediatric residents.
- Since 2015 the Graduate Medical Education Board has contracted 265 resident slots, 31% of those were for Family Medicine, OBGYN, and/or Pediatrics.
- The Medical Education Board’s Family Medicine Residency Project Grant assisted in funding 327 occupied residency positions in Family Medicine between 2023-2024.

Undergraduate Medical Education

State Appropriations to Support Undergraduate Medical Education Training

A mechanism regularly adopted by states to support the physician pipeline is providing appropriations to in-state medical schools. Indiana appropriates a total of \$151,538,083³ annually to support IUSM throughout its nine campuses. Part of this state appropriation goes to the creation of the Statewide Medical Education System (The System).⁴ The System was established by the Indiana General Assembly (General Assembly) in 2007 to develop and expand medical education programs throughout the state. The System must include centers for comprehensive medical education in Gary, Fort Wayne, West Lafayette, Evansville, South Bend, Terre Haute, and Muncie.

IUSM is responsible for the selection, admission, and assignment of students to each center location, curriculum development and evaluation of programs, and the accreditation of each program.

Scholarship for Medical Students Interested in Primary Care

Scholarships are an important state policy lever that can help offset the cost of medical school tuition and can be an important mechanism for medical student recruitment.

³ Indiana House Enrolled Act No. 1001, pg. 59. Available at: <https://www.in.gov/sba/files/HB1001.06.ENRS.pdf>

⁴ Indiana Code IC 21-44-4. Available at: <https://iga.in.gov/laws/2024/ic/titles/21#21-44-4>



The Indiana Commission for Higher Education established a scholarship for MUWCOM students who agree to stay in Indiana and provide primary care after graduating and becoming a licensed physician. For the purposes of this scholarship, “primary care” includes family practice, pediatrics, obstetrics and gynecology, internal medicine, and psychiatry. (IC 21-13-9) This scholarship has a maximum award of \$15,000 per year. To qualify, the student must be enrolled in a program that prepares them to provide primary care and in good academic standing at MUWCOM. Medical students who are Indiana residents are given preference during award selection.

State Investment in Clinical Rotation Administrative Support and Student Rotations in Underserved Communities

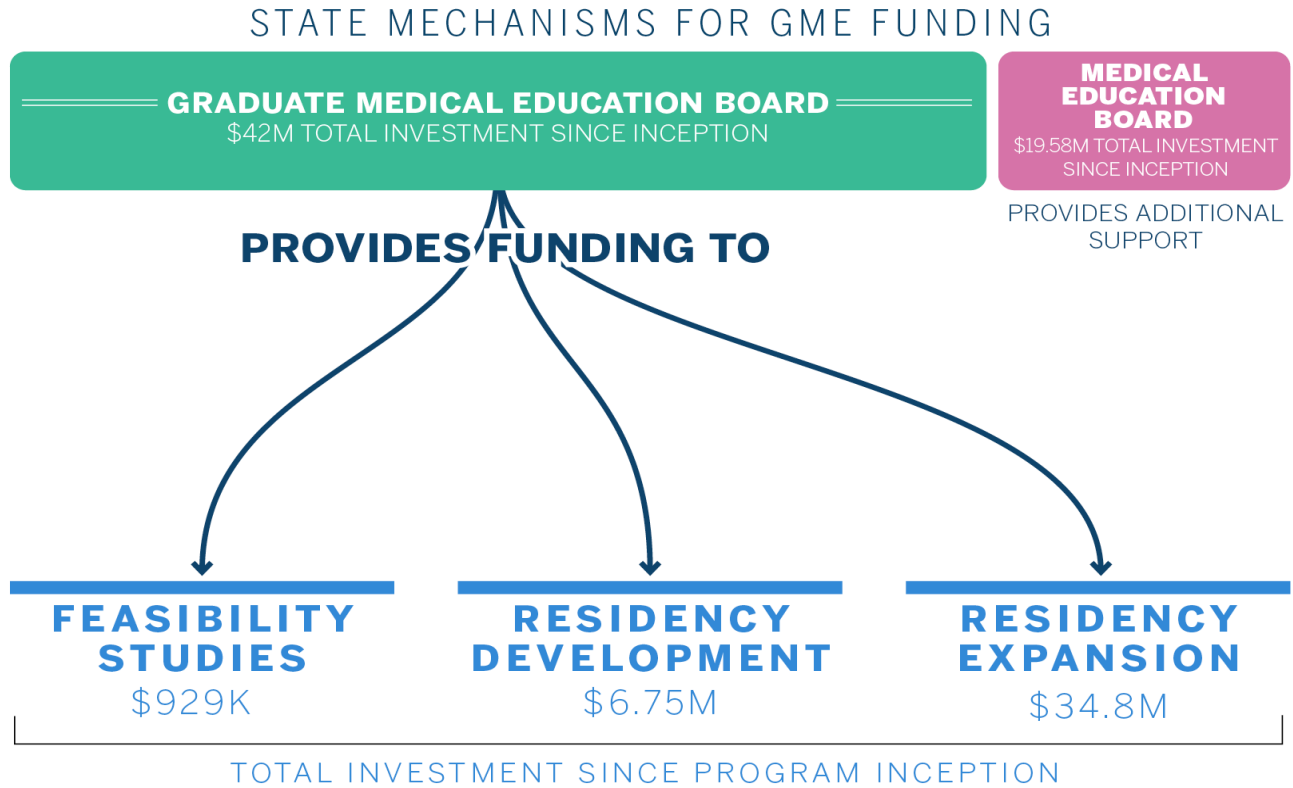
Area Health Education Centers (AHECs) are federally established programs that were developed and appropriated by Congress to recruit, train, and retain health professionals serving underserved populations.⁵ AHECs provide field placements and preceptorships, support community-based residencies and create agreements with community health centers to educate their students on community-based health care. AHECs have a mission to recruit health care professionals from underrepresented populations.⁶

The Indiana AHEC program has nine regional centers, with over 9,000 program alumni serving underserved Hoosiers. This program receives approximately \$1,450,000 in [federal funding](#) and \$2,630,676 annually in state funding. Indiana AHEC administers the Indiana AHEC Scholars program, a two-year program designed to support a health professions student’s practice readiness through online and community-based learning. The scholars receive a stipend of \$1,800 to offset travel-related expenses, distributed through the duration of the program.

⁵ National AHEC Organization: AHEC and NAO History and Mission. Available at: <https://www.nationalahec.org/page/CopyofMissionHistoryBoard>

⁶ 42 USC §294a. Area health education centers (January 2, 2001). Available at: <https://uscode.house.gov/view.xhtml?req=granuleid:USC-2000-title42-section294a&num=0&edition=2000#sourcecredit>





Graduate Medical Education

Indiana has implemented several strategies to support GME activities.

State Governance to Support Medical Education Board

The Medical Education Board was established in 2007 by the General Assembly with the intention of working in collaboration with IUSM to develop a statewide medical education plan for recruiting and retaining more physicians to Indiana. The General Assembly recommended that this plan outline strategies for 1) providing supplemental income for interns and residencies, 2) statewide communications for media outlets and library services, and 3) creation of partnerships between IUSM, community clinical training programs, hospitals, and clinics. The members of the board include the dean of IUSM, the commissioner of the Indiana Department of Health, five members appointed by the governor, and two members who are licensed physicians in the state of Indiana. Indiana. Medical Institutions in Indiana can apply for grants to the board, or for financial support of personnel or programs. The intent of this Board and the funds provided by the state is to assist in annually preparing, educating, and retaining more than 100 physicians for the practice of Family Medicine within the state of Indiana. The Medical Education Board has a \$2,382,197 per year budget, \$1,000,000 of which is used to fund Family Practice Residencies in medically underserved areas.⁷

⁷ Indiana House Enrolled Act No. 1001, pg. 67. Available at: <https://www.in.gov/sba/files/HB1001.06.ENRS.pdf>

State Governance Model to Support GME Appropriation Decisions

The GME Board and associated GME Fund were established by the legislature in 2015 for the purpose of expanding graduate medical education in Indiana through targeted funding opportunities. Recipients of awards from the fund must agree to provide matching funds up to 25% of the money granted to their program.⁸ The GME Board is made up of 10 governor-appointed members, as outlined statutorily in [IC 21-44-7-3](#), which represent Indiana’s medical community: IUSM and a regional medical school, MUWCOM, Indiana State Medical Association, Indiana Osteopathic Medical Association, Indiana Primary Health Care Association, a teaching hospital in the Indiana Hospital Association, and two medical directors of residency programs.

The GME Board and fund are housed within the Indiana Commission for Higher Education. The GME Board provides funding to support residency programs that do not receive funding from the federal Centers for Medicare and Medicaid Services. The board also provides technical assistance and financial support for the establishment of new residency program. During the 2023 – 2025 state fiscal years, the State of Indiana has funded the Graduate Medical Education Board Medical Residency Grant Program Fund at \$7,000,000 annually. This fund is to be used to cover per diem costs for administration of the funds by the GME board members and staff, in accordance with [IC 21-13-6.5](#). The GME Board distributes its appropriations through three grant categories: feasibility study, program development, and residency expansion. The specifics of these grants are explored below.

State Appropriation to Support GME Feasibility Studies

A portion of the appropriation to the GME Board is used to support feasibility studies. A feasibility study is the use of state funding to support graduate medical institutions to complete feasibility studies related to the development of residency programs. Feasibility studies are funded up to \$75,000 for one year, with the maximum number of awards granted being dependent on the amount of appropriation available. Investments are focused on institutions developing new programs in family medicine, outpatient community-based pediatrics, OB/GYN, psychiatry, emergency medicine, general surgery, and outpatient community-based internal medicine. Additional focus is given to programs that explore the feasibility of rural track residency programs, collaborative consortium approach programs, and programs that include Federally Qualified Health Centers (FQHCs) or an AHEC organization.⁹

Since its creation in 2015, the GME Board has funded \$929,263 in feasibility study grants to 13 institutions, \$375,000 of which went to studies of family medicine, OB/GYN, or pediatrics. Of these, two residency programs went on to obtain continued GME Board funding in program development grants for emergency medicine residencies.

State Appropriation to Support New GME Residency Development

The GME Board also provides awards for residency program development. Program development is a form of funding from the state, made available to support the development of new residency

⁸ Indiana Code IC 21-44-7-8. Available at: <https://iga.in.gov/laws/2024/ic/titles/21#21-44-7-8>

⁹ Request for Proposals: Indiana Graduate Medical Education Feasibility Study Grant (6th RFP). RFP 24-004. Available at: https://www.in.gov/che/files/Feasibility-Grant-RFP_20240429.pdf



programs in primary care or select shortage specialties. The maximum grant award is \$500,000 per program, in two annual distributions of \$250,000. The maximum number of awards granted is contingent upon the amount of appropriations available. It is mandatory that awarded programs use the funding to increase the number of residents in programs specializing in family medicine, outpatient community-based pediatrics, OB/GYN, psychiatry, emergency medicine, general surgery, or outpatient community-based internal medicine. Investments are focused on residency programs that train residents in rural or underserved regions, programs that collaborate or run under a consortium model, or programs that include FQHC or AHEC programs. Applicants must have hired, or be committed to hiring, a program director at the time of application.¹⁰ Since its creation in 2015, the GME Board has funded \$6,750,000 in program development grants, \$2,500,000 of which went to fund programs in family medicine, OB/GYN, or pediatrics. The total investment in program development led to 14 awards (eight unique, awarded entities). Of these awardees, four were family medicine, three were internal medicine, and one was OB/GYN (the remainder were emergency medicine, psychiatry, and general surgery).

State Appropriation to Support GME Residency Expansion

The final category of state GME investments are residency program expansion grants. Program expansion awards are granted to programs to support the creation and maintenance of new residency training positions within existing and new GME programs. The grant is awarded at \$45,000 per training year for each new residency position or \$135,000 for a three-year residency program.

Awarded residency programs are required to use the funding to increase the number of residents trained in family medicine, community-based pediatrics, OB/GYN, psychiatry, emergency medicine, general surgery, or outpatient community-based internal medicine. Investments are focused on programs that expose residents to rural or underserved regions of the state, collaborative consortium approach programs, programs that include FQHCs or an AHEC organization as part of the program, and programs that produce graduates who practice in underserved or rural areas of Indiana.¹¹ Since its creation in 2015, the GME Board has funded \$34,876,056 in residency expansion grants, of which \$10,576,057 went to fund programs in family medicine, OB/GYN, or pediatrics. The total investment in residency expansion led to 41 awards (19 unique awardees).¹² Of these awardees, 26 were family medicine, 14 were internal medicine, 3 were OBGYN, and 1 was pediatrics (the remainder were psychiatry, emergency medicine, and general surgery).

Since 2019, the State of Indiana has annually invested an average of \$5.1 million in GME activities. Since its inception in 2015, the GME Board has received appropriations totaling \$42,055,319 represents 70 contracted residents in family medicine, five contracted residents in OB/GYN, and approximately

¹⁰ Request for Proposals: Indiana Graduate Medical Education Program Development Grants (6th RFP). RFP 24-005. Available at: https://www.in.gov/che/files/Program-Development-Grant-RFP_20240225.pdf

¹¹ Request for Proposals: Indiana Graduate Medical Education Residency Expansion Grant (6th RFP). RFP 24-006. Available at: https://www.in.gov/che/files/Expansion-Grant-RFP_20240613.pdf

¹² Residencies that reported more than one specialty focus were counted in the sum. Unable to attribute a specific amount of funding and/or residency positions specific to Family Medicine, OB/GYN, and Pediatrics



seven contracted residents in pediatrics.¹³

Table 1: State Funds Appropriated to Graduate Medical Education in Indiana

Funding			Residents	
GME Award Type	Total Amount	Amount for Family Medicine, OBGYN, and/or Peds	Total Number of Contracted Residents	Total Number of Contracted Residents for Family Medicine, OBGYN, and/or Peds
Feasibility Study	\$929,263	\$375,000	NA	NA
Program Development	\$6,750,000	\$2,500,000	NA	NA
Residency Expansion	\$34,876,056	\$10,576,057*	265	82*
Medical Education Board	\$2,382,197	\$1,000,000	327	327
Total	\$44,937,516	\$14,451,057 (32%)	592	409* (69%)

State Appropriation to Support Family Practice

In addition to the GME Fund, the Indiana legislature has established the Medical Residency Education Fund, which is used for medical education expansion and to encourage medical graduates to complete a residency program in Indiana. Appropriations made by the Graduate Medical Board to develop, grow, and continue graduate training programs in family practice must be placed in the Family Practice Residency Fund. The Family Practice Residency Fund is a separate line item in the state budget. This fund currently has an operating fund of \$1,000,000 for the budget years 2023-2025 and is housed within the Indiana Commission for Higher Education.¹⁴ This

¹³ Of note, Indiana University School of Medicine Indianapolis was awarded a \$1,126,057 residency expansion grant in OBGYN, Pediatrics, Psychiatry, Emergency Medicine, and Family Medicine. This grant was contracted to support seven residents, it is unclear from our data how many residents were allocated to each specialty.

¹⁴ Indiana House Enrolled Act No. 1001, pg. 67. Available at: <https://www.in.gov/sba/files/HB1001.06.ENRS.pdf>



\$1,00,000 shall be distributed as grants for the purpose of improving family practice residency programs serving medically underserved community.

Supporting Pipeline-to-Practice

State Funding to Support Physician Loan Repayment

The Indiana State Loan Repayment Program ([IN-SLRP](#)) is a workforce retention program that provides student loan repayment to health professionals to encourage delivery of primary care, mental, and dental health care services at federally designated Health Professional Shortage Areas (HPSA). The Indiana Department of Health provides \$20,000 in exchange for two years of service in an HPSA, with the option to receive an additional \$20,000 for an additional two-year service term, for a total of \$40,000 for four years of service. Physicians who practice family medicine and OB/GYN are eligible for this loan repayment. Indiana has invested in and developed its loan repayment program as a form of retention in the state.

