



Arizona Area Health
Education Centers

Training in Place: Building a Consortium-Based GME Model to Strengthen Rural Primary Care Workforce in Arizona



Partnership. Innovation. Community. Impact.



PRESENTERS:

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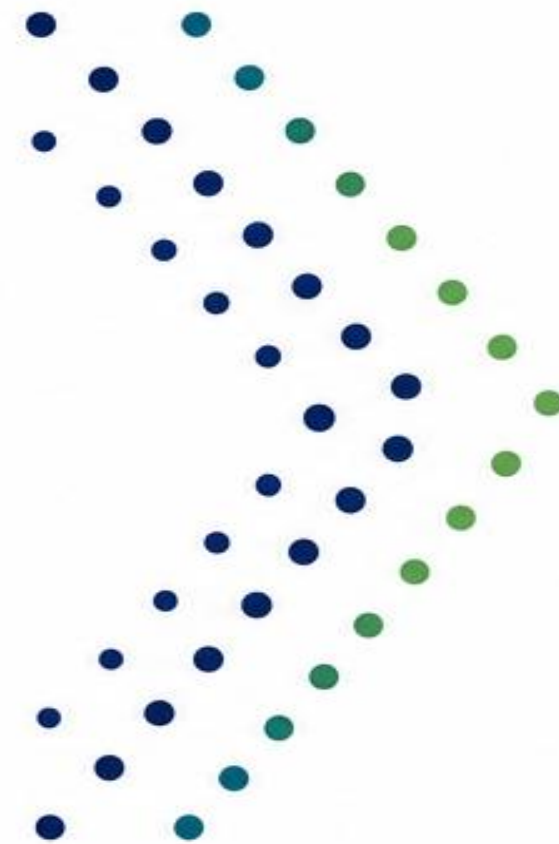
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OVERVIEW

Building a Consortium-Based GME Model to Strengthen Rural Primary Care Workforce in Arizona

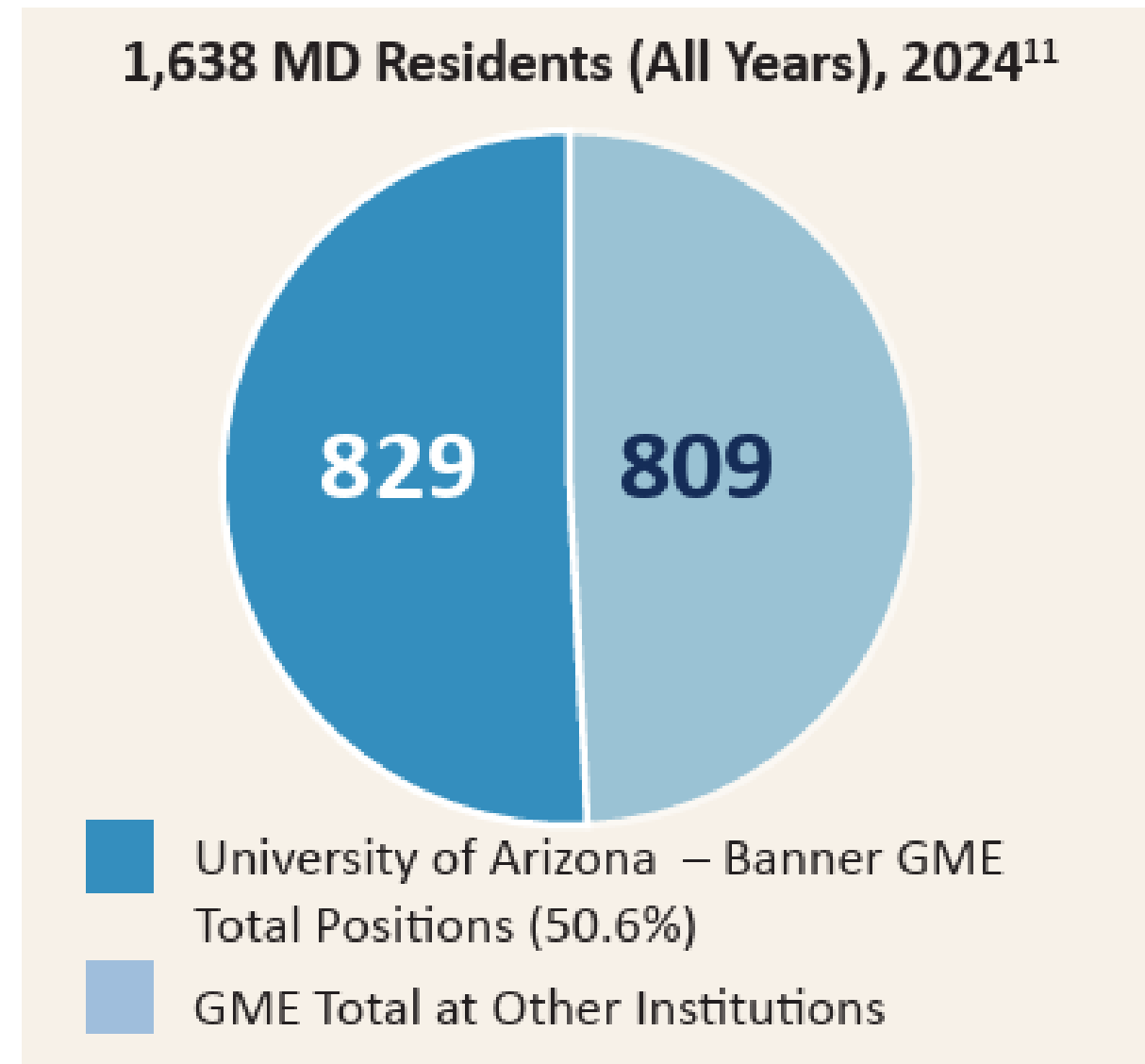


Our goal: Strengthen rural physician workforce pipelines *through training in place*. Together, we build healthier communities across Arizona.



WHAT IF...

RESIDENCY TRAINING DIDN'T REQUIRE A HOSPITAL SYSTEM TO ANCHOR IT?



- AZ faces persistent workforce shortages across the state
- Training pathways (e.g., GME) are critical—but maldistributed with most programs concentrated in urban areas, limiting opportunities for training in place (GAO, 2025)
- Programs are expanding, but many lack the implementation infrastructure needed to ensure sustainability and scale

How do we create sustainable physician training pathways in rural and underserved communities?





THE CHALLENGE

Arizona meets just 35.4% of its primary care physician needs

(Arizona Center for Rural Health, 2025)

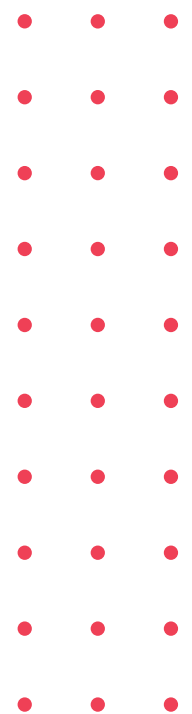
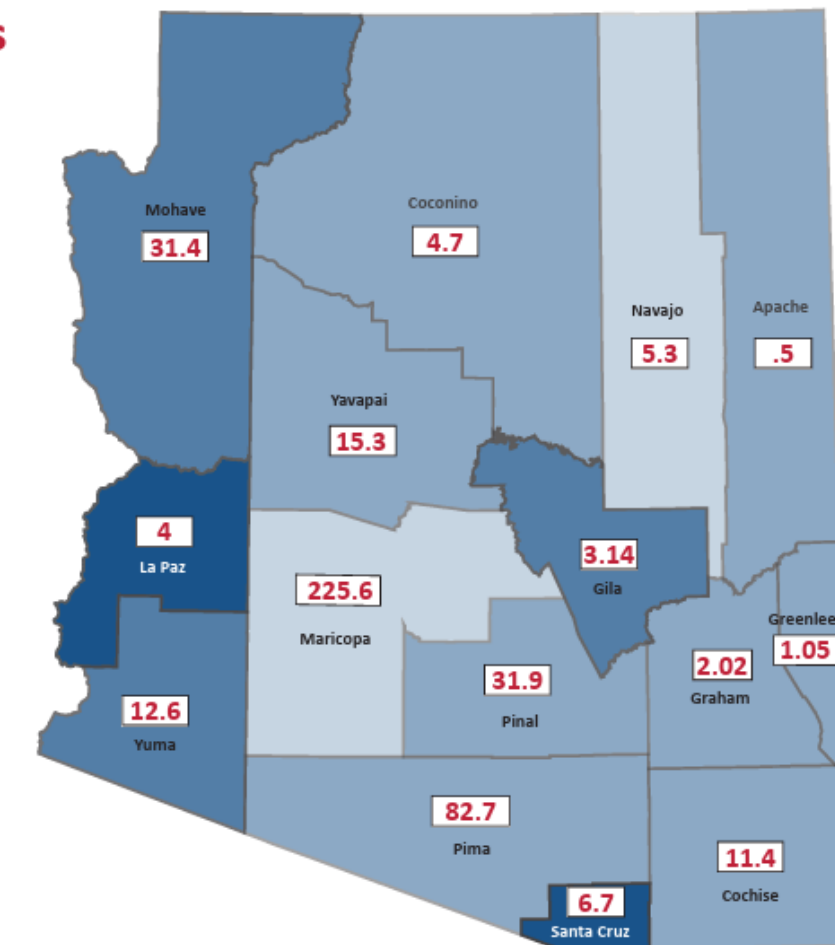
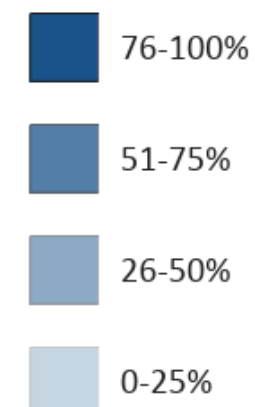
- Rural and tribal communities face disproportionate shortages
- Workforce shortages affect:
 - Access to care
 - Preventive services
 - Chronic disease management
 - Maternal and behavioral health outcomes
- Training location strongly predicts future practice location.

There are Primary Care Physician FTE shortages in all 15 counties

**Percent Living in Primary Care Shortage Areas (HPSAs) and
Number of Providers Needed to Eliminate Shortage (2024)**

**Number of providers
needed to eliminate
the PCP shortage**

Percent population
living in a HPSA



THE TRADITIONAL GME CHALLENGE:

How it is (mostly) currently done



TRADITIONAL HOSPITAL-CENTERED MODEL



Large hospital systems

Built on existing hospital infrastructure



Urban patient volumes

Relies on high patient density and specialty services



Extensive administrative resources

Requires significant staffing, expertise, and time



Established specialty networks

Access to subspecialty care and teaching infrastructure

VS.

RURAL COMMUNITIES MAY LACK



Teaching hospitals

Many communities do not have a teaching hospital



Existing GME infrastructure

Limited or no GME programs or support systems



Financial and operational capacity

Insufficient resources to build and sustain standalone programs



COMMUNITIES WITH THE GREATEST WORKFORCE NEED

ARE OFTEN LEAST POSITIONED TO BUILD TRADITIONAL RESIDENCY PROGRAMS.



TRAIN IN PLACE TO BUILD WORKFORCE IN PLACE

Consortium-based GME creates a different pathway.

Instead of centering traditional systems and structures, we center community, partnership, and purpose.

HOW IT WORKS



COMMUNITY CENTERED

Training occurs in the communities where patients live and providers are most needed.



PARTNERSHIP DRIVEN

The SI brings together institutions to share infrastructure, expertise, and resources.



TRAINING DISTRIBUTED ACROSS SETTINGS

Residents learn in a variety of high-impact, community-based clinical environments.



WORKFORCE STRENGTHENED

Physicians are more likely to stay and practice in the communities where they train.

KEY TRAINING SITES MAY INCLUDE:



FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

Accessible, patient-centered sites serving vulnerable populations.



CRITICAL ACCESS HOSPITALS

Essential providers of inpatient and outpatient care in rural areas.



RURAL HEALTH CLINICS

Community-embedded clinics providing comprehensive primary care.



COMMUNITY-BASED AMBULATORY SITES

Diverse practice settings that reflect real-world rural care delivery.



TRIBAL & NATIVE AMERICAN HEALTH PROGRAMS

Culturally grounded training in partnership with Tribal communities.



THE RESULT:

Sustainable physician training pathways that build a **stronger, more resilient rural Arizona.**



TRAINING IN PLACE.
BUILDING WORKFORCE IN PLACE.

When we train in our communities, we invest in our future.
Our communities. Our clinicians. Our Arizona.



THE SI ROLE IN A CONSORTIUM APPROACH

From Workforce Insight to Implementation in Arizona

The Sponsoring Institution (SI) provides the structure, oversight, and support that empowers community partners to train the future physician workforce.

WHAT THE SI PROVIDES



INSTITUTIONAL OVERSIGHT

Academic and organizational accountability for quality, safety, and compliance.



ACCREDITATION INFRASTRUCTURE

Designated institutional authority, policies, and systems to meet ACGME requirements.



ACADEMIC GOVERNANCE

Curriculum standards, resident evaluation, and academic integrity across programs.



PROGRAM COORDINATION

Startup and ongoing operational support for program development and performance.



FACULTY DEVELOPMENT SUPPORT

Training, resources, and recognition for clinical educators and faculty.



COMPLIANCE & QUALITY OVERSIGHT

Monitoring, reporting, and continuous quality improvement across the consortium.



THE SI
AS THE
FOUNDATION

WHAT THE CONSORTIUM ENABLES



TRAINING IN COMMUNITY SETTINGS

Residents train where patients live and where providers are needed most.



STRONG COMMUNITY PARTNERSHIPS

Local organizations are active partners, not passive training sites.



SHARED INFRASTRUCTURE

Pooling expertise and resources reduces burden and supports program sustainability.



EXPANDED ACCESS & SCALABILITY

New sites and programs can launch more efficiently and grow over time.



STRONGER WORKFORCE PIPELINES

Training in place increases the likelihood that physicians stay in rural Arizona communities.



ONE INSTITUTIONAL STRUCTURE.
MANY COMMUNITY PARTNERS.



Together, we build the infrastructure that empowers communities to educate, train, and retain the physicians Arizona needs.



WHY BUILD A CONSORTIUM-BASED SI?

Shared infrastructure removes barriers and creates opportunities.

BENEFITS INCLUDE:



DISTRIBUTED ADMINISTRATIVE BURDEN

The SI handles accreditation, compliance, and administrative requirements—reducing workload for rural partners.



SHARED EXPERTISE AND RESOURCES

Centralized access to academic, faculty development, curriculum, quality improvement, and operational expertise.



GREATER SCALABILITY

A consortium model allows new training sites and programs to join more efficiently and sustainably.



COMMUNITY-CENTERED PROGRAM DESIGN

Programs are built around community priorities, local needs, and the realities of rural practice.



INCREASED FLEXIBILITY

The consortium structure allows us to be more responsive to local needs and adapt more quickly than larger SIs.



STRONGER PARTNERSHIPS

Shared governance and decision-making builds trust, alignment, and long-term commitment.



OUR GOAL

Expand training capacity *without requiring every community* to independently build full GME infrastructure.



AZAHEC SI/GME CONSORTIUM STRUCTURE

Collaborative, Applied, and Implementation-Focused

CORE PARTNERS

- AzaHEC
- Community health centers
- Rural hospitals
- Academic medicine partners
- Clinical faculty/preceptors
- Community stakeholders

SHARED FOCUS

Building sustainable, community-based primary care training pathways.



One shared infrastructure. Many community partners. A unified commitment to training physicians where Arizona needs them most.

COMMUNITY-BASED TRAINING CREATES DIFFERENT LEARNING ENVIRONMENTS

Training reflects the populations and systems physicians will ultimately serve.



 This ecosystem prepares residents to practice, lead, and stay in the communities that need them most.

TRAINING DESIGN INFORMED BY COMMUNITY NEED

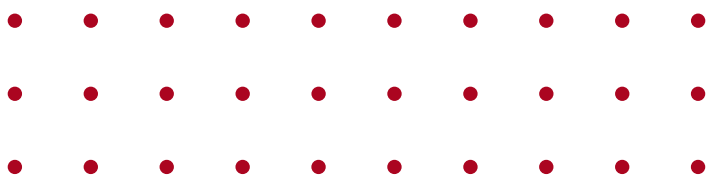
Nothing About Us Without Us



Community engagement is not an add-on -- it is foundational to program design.



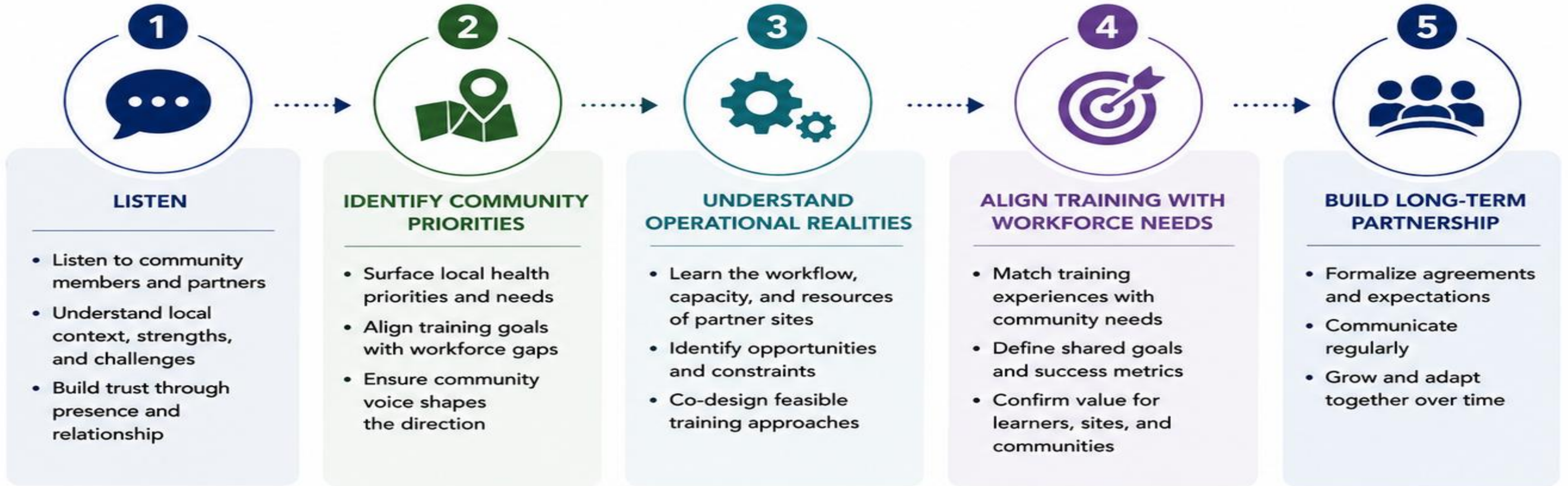
Designed **WITH** the community, for the community—
creating a training program that is **relevant, responsive, and sustainable.**



BUILDING PARTNERSHIPS

A Partnership Development Pathway

Strong partnerships are the foundation of sustainable rural GME.



WHAT WE'VE LEARNED SO FAR



RELATIONSHIPS TAKE TIME

Investing early in trust creates stronger, more resilient partnerships.



FLEXIBILITY IS ESSENTIAL

Every community is different—we must adapt, listen, and respond to what works locally.



COMMUNITIES WANT PARTNERSHIP—NOT EXTRACTION

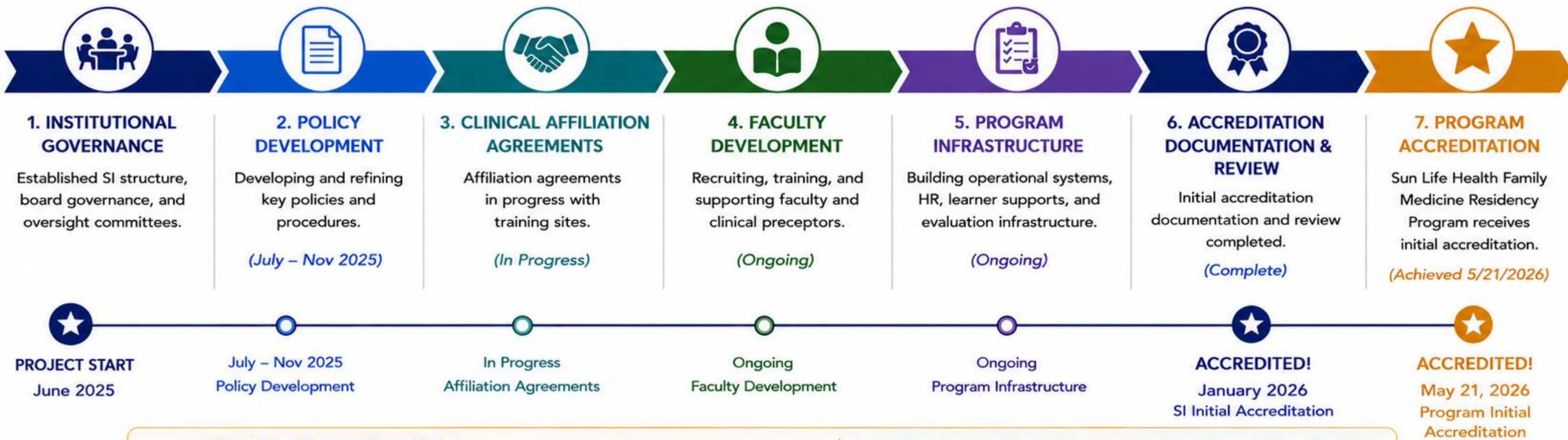
Shared decision-making builds ownership, sustainability, and lasting impact.



Strong partnerships create the conditions for meaningful training and lasting change.

NAVIGATING AN ACCELERATED ACCREDITATION TIMELINE

From Vision to Accredited: Building Our SI and Programs in Parallel



ACCELERATED ACHIEVEMENT: Both the Sponsoring Institution (SI) and the Program achieved initial accreditation in **1 year**.
Traditional pathway: SI accredited first, then program. Our pathway: Built in parallel—accredited together.

TRADITIONAL PATHWAY	OUR ACCELERATED PATHWAY
SI Accredited → Program Accredited <i>Typically 18–24+ months</i>	SI Accredited + Program Accredited <i>Achieved together in 1 year</i>

CHALLENGES

- Limited staffing capacity across partner organizations
- Competing operational priorities and day-to-day demands
- Coordinating processes and timelines across multiple organizations
- Resource constraints while building infrastructure concurrently

EARLY WINS

- SI governance structure established
- Key policies approved and implemented
- Faculty development plan launched
- Infrastructure systems and learner supports in place
- Positive pre-site visit feedback and readiness

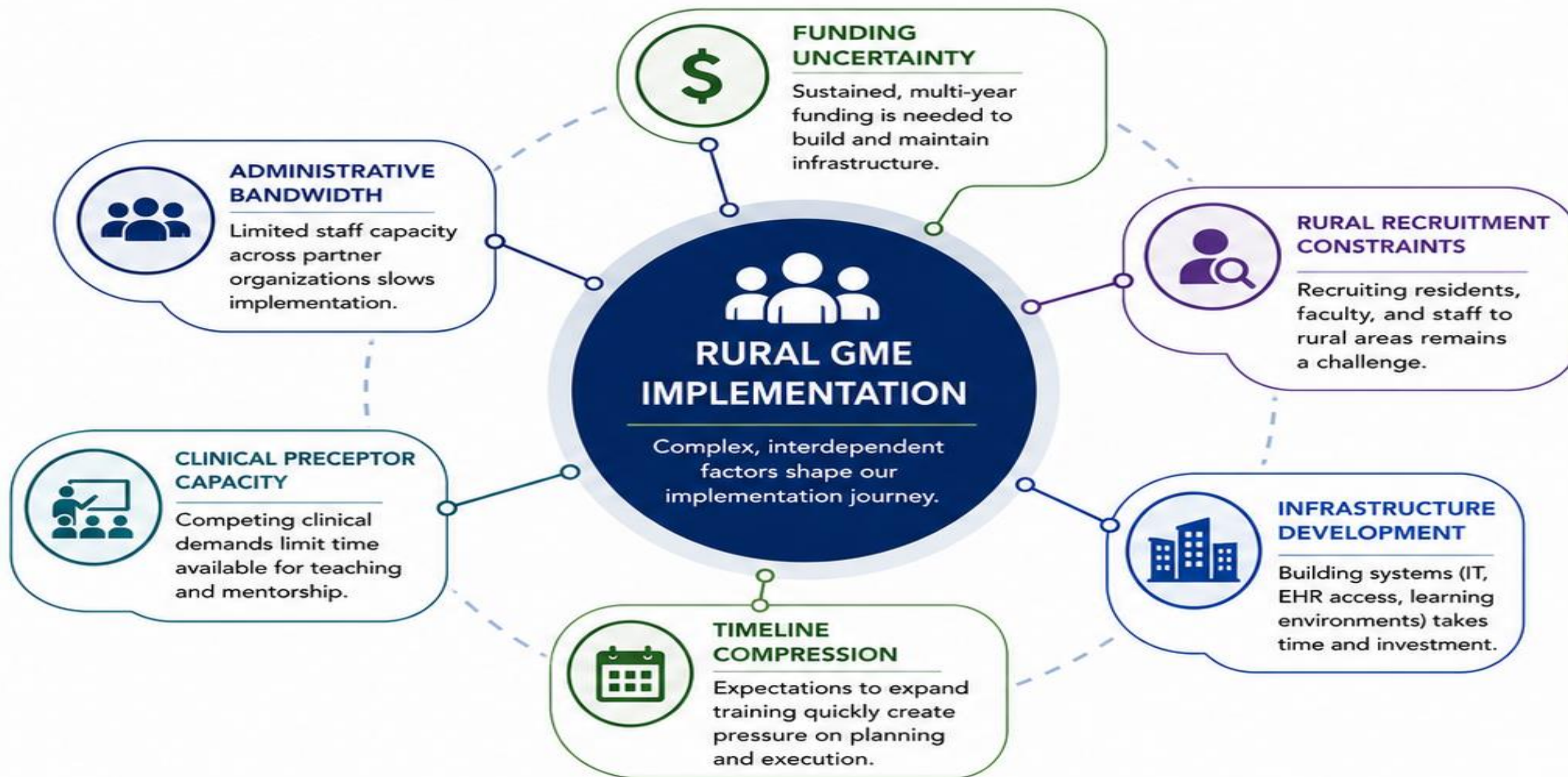
LOOKING AHEAD: SUPPORTING PROGRAM ACCREDITATION

We are now supporting programs as they prepare to apply for program accreditation under the SI. Our focus remains on strengthening infrastructure, expanding partnerships, and advancing rural workforce training in Arizona.

OPERATIONAL CHALLENGES

Operational Realities of Building Rural GME

Implementing a consortium-based SI requires navigating multiple, interconnected challenges.



KEY LESSON



Building rural GME requires both **vision** and **operational adaptability**.

Understanding these challenges helps us plan realistically, prioritize effectively, and support our partners well.



THE CONSORTIUM ADVANTAGE:



Allows us to be responsive and adapt quickly



Empowers local solutions tailored to community needs



Enables closer collaboration and stronger relationships



Builds resilience and sustainability over the long term

These challenges are real—but so is our commitment to work through them together.

FUNDING & SUSTAINABILITY

Sustainability Requires Shared Investment



A consortium approach leverages shared resources and aligned priorities to build a sustainable rural GME ecosystem.

RURAL GME EXPANSION REQUIRES:



INSTITUTIONAL COMMITMENT

Dedicated leadership, infrastructure, and administrative support.



COMMUNITY PARTNERSHIP

Engaged health centers, hospitals, and community organizations.



STATE & FEDERAL ALIGNMENT

Policy support, regulatory alignment, and sustainable funding pathways.



LONG-TERM SUSTAINABILITY PLANNING

Strategic planning, workforce forecasting, and continuous evaluation.

THE CONSORTIUM APPROACH

Shared Infrastructure. Shared Responsibility. Shared Impact.

SHARED INFRASTRUCTURE

Leverage accreditation, compliance, faculty development, and administrative systems.

RISK SHARING

Distribute financial and operational risks across partners.

COMMUNITY OWNERSHIP

Local priorities shape program design and sustainability.

SHARED INVESTMENT

Pooled resources reduce duplication and lower barriers for rural partners.

GREATER SCALABILITY

Expand training opportunities across more rural communities.

STRONGER WORKFORCE PIPELINE

Training in place leads to providers staying in place.



CONSORTIUM MODELS MAY HELP:



REDUCE DUPLICATION

Shared systems and expertise eliminate unnecessary overlap and costs.



SHARE COSTS

Pooling resources makes GME more feasible for organizations with limited capacity.



IMPROVE SCALABILITY

A strong consortium foundation allows us to grow and adapt over time.



No single organization can sustain rural workforce development alone.
Together, we build a stronger, more sustainable future for rural Arizona.



EARLY OUTCOMES & PROGRESS

Early Progress & Emerging Impact

Building the foundation for sustainable, community-centered graduate medical education in Arizona.



CURRENT PROGRESS INCLUDES



PARTNERSHIP DEVELOPMENT

Engaged health centers, hospitals, and community organizations across Arizona.



COMPLETE



SI ACCREDITATION

Achieved initial accreditation of the Sponsoring Institution in 8 months.



COMPLETE



PROGRAM DEVELOPMENT SUPPORT

Supporting partner sites as they develop programs and prepare for program accreditation.



IN PROGRESS



COMMUNITY ENGAGEMENT INFRASTRUCTURE

Established ongoing channels for listening, communication, and co-design.



IN PROGRESS



TRAINING CAPACITY PLANNING

Identifying and preparing future training sites and expanding clinical learning opportunities.



IN PROGRESS

EMERGING IMPACT



Strengthening relationships and trust across rural communities.



Increasing local capacity to train and retain future physicians.



Building a sustainable pipeline that connects training with community need.



Advancing a statewide model that can grow and adapt over time.

LONG-TERM GOAL



Strengthen rural physician workforce pipelines through training in place.



We are building momentum. Each step forward brings us closer to a future where more physicians **train in rural Arizona**—and **stay** to serve the communities that need them most.



WHAT WE'VE LEARNED BUILDING RURAL GME

Lessons from partnership development, implementation, and early system-building in Arizona.

our field notes



RELATIONSHIPS MATTER MORE THAN INFRASTRUCTURE EARLY ON

Strong partnerships and trust-building created momentum before formal systems were fully established.



RURAL COMMUNITIES NEED FLEXIBLE APPROACHES

Communities differ in readiness, priorities, and capacity. Consortium models allow us to be responsive in ways larger systems may not always be able to be.



COMMUNITY VOICE STRENGTHENS SUSTAINABILITY

Programs are more relevant and resilient when community partners help shape training design from the beginning.



SHARED INFRASTRUCTURE REDUCES BARRIERS

Many rural organizations want to participate in training but cannot independently build full GME infrastructure.



WORKFORCE DEVELOPMENT IS LONG-TERM WORK

Building sustainable rural physician pipelines requires patience, iteration, and continued investment over time.



Sustainable rural workforce development depends on shared responsibility.

Stronger together. Building the foundation for a sustainable rural physician workforce.

DISCUSSION: LET'S LEARN TOGETHER

Your experiences and insights help strengthen rural GME for all.

We've shared what we're building and what we've learned.
Now we'd love to hear from you.



1

WHAT RESONATES MOST WITH YOUR EXPERIENCE?

Which parts of the consortium approach reflect your work, challenges, or opportunities?



2

WHAT CHALLENGES ARE YOU NAVIGATING?

What barriers or gaps are most important to address in building rural GME in your community or region?



3

WHAT IDEAS OR STRATEGIES HAVE WORKED FOR YOU?

What partnerships, approaches, or innovations have helped strengthen training and workforce development in your settings?



4

HOW CAN WE WORK TOGETHER?

Where are opportunities to collaborate, share resources, or support each other moving forward?



Your perspective drives better solutions.
Let's build stronger, together.



SHARE. LEARN.
COLLABORATE. ADVANCE.
For our communities. For our future.

TOGETHER, WE STRENGTHEN RURAL HEALTH AND
BUILD WORKFORCE SOLUTIONS THAT LAST.

OUR COMMITMENT & THE ROAD AHEAD

Stronger together today. Sustainable for tomorrow.

We are committed to strengthening rural primary care in Arizona through collaboration, innovation, and shared investment.

OUR COMMITMENT



COMMUNITIES FIRST

We center the needs and priorities of rural and tribal communities in everything we do.



PARTNERSHIP DRIVEN

We build and strengthen partnerships that leverage trust, shared goals, and local expertise.



INVESTING IN PEOPLE

We support learners, faculty, and clinicians through pathways that develop and retain talent in rural Arizona.



EXCELLENCE IN TRAINING

We uphold high standards of quality, innovation, and continuous improvement.



COMMITTED TO SUSTAINABILITY

We use shared resources wisely to build a model that endures and grows over time.

WHERE WE ARE HEADED

OUR VISION

A thriving rural physician workforce in every community across Arizona.



EXPAND ACCESS

Grow training sites and programs to reach more rural and tribal communities.



DEVELOP TALENT

Inspire and prepare learners who are committed to serving rural Arizona.



STRENGTHEN SYSTEMS

Improve coordination, infrastructure, and operational efficiency across the consortium.



IMPROVE HEALTH OUTCOMES

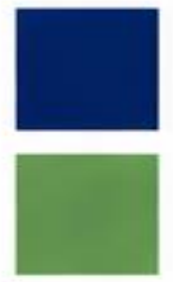
Build healthier communities through better access, stronger care, and long-term impact.



Together, we are building the foundation for a **stronger, more sustainable future** for rural health in Arizona.



Our commitment is our foundation. *Our collaboration is our strength.* Our future is rural.



NEXT STEPS: BUILDING ON OUR MOMENTUM

Together, we will continue strengthening rural physician training and keeping providers in the communities where they are needed most.



Our next steps focus on growing impact, deepening partnerships, and ensuring long-term sustainability across Arizona.



EXPAND TRAINING SITES ACROSS ARIZONA

Grow community-based training opportunities, with a focus on rural and tribal communities with the greatest need.

1



DEVELOP & SUPPORT OUR LEARNERS

Strengthen recruitment, mentorship, and career pathways to inspire and support the next generation of rural physicians.

2



STRENGTHEN PARTNERSHIPS & SHARED INFRASTRUCTURE

Build on our consortium model to expand shared resources, expertise, and operational support for sustainable growth.

3



EVALUATE, LEARN & IMPROVE

Use data and feedback to measure outcomes, adapt our approach, and continually improve the learner and community experience.

4



INVEST IN LONG-TERM SUSTAINABILITY

Pursue sustainable funding and policy support to ensure rural GME thrives for generations to come.

5



We are committed to this work for our communities, our learners, and the future of rural health in Arizona. *Every step forward brings us closer to healthier communities and a stronger rural workforce.*

THANK YOU *for partnering with us* to build a stronger, healthier Arizona.





THANK YOU

for partnering with us.

Together, we are strengthening rural physician workforce pipelines and building healthier, more resilient communities across Arizona.



STRONGER TOGETHER

Collaboration is our foundation.



PURPOSE DRIVEN

We are committed to rural communities.



COMMUNITY FOCUSED

Solutions are built with and for the communities we serve.



FUTURE FOCUSED

Investing today for a stronger rural workforce tomorrow.



We'd love to stay connected.

For questions, ideas, or partnership opportunities, reach out to us.

UAHS-AzAHECPC@arizona.edu



Learn more about our work.

Visit our website to explore our consortium, resources, and updates.

azahec.arizona.edu



Join our communications list.

Scan the QR code to sign up for updates and news about our work and events.

