



Strengthening Family Medicine & Pediatrics to Improve Hoosier Health



Indiana
Department
of
Health



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Acknowledgements

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Strengthening Family Medicine and Pediatrics to Improve Hoosier Health

The [Health Workforce Council \(Council\)](#) was established in 2024 based on a recommendation from the Governor's [Public Health Commission Report](#). The council's [mission](#) is "to create and lead an integrated and intentional framework for strengthening Indiana's health workforce capacity." Comprised of clinicians, educators, employers, and state leaders from various geographic locations across the state, the Council seeks to integrate a diverse range of perspectives, while remaining united in their mission of supporting the health workforce.

To further its work, the Council formed subcommittees that met throughout the 2024-2025 fiscal year, convening monthly or every other month depending on the intensity of the topic and the availability of members. Members of the subcommittees include experts in their respective fields who are dedicated to finding solutions for Indiana's healthcare workforce. The three subcommittees focused on the following areas:

- Behavioral and mental health
- Family medicine and pediatrics (FMP)
- Obstetrics/gynecology

The following report summarizes the actions completed by the FMP subcommittee and recommendations focused on expanding and improving Indiana's FMP workforce.

FMP Subcommittee

The mission of the FMP workforce subcommittee is to review the status of Indiana's family medicine and pediatric workforce and make recommendations to improve capacity, recruitment, and retention.

The Context

Family medicine physicians and pediatricians play fundamental roles in the current healthcare delivery system. [Research](#) shows that access to primary care increases life expectancy, and [regular pediatric care](#) provides opportunities to prevent or intervene early for costly and complex conditions.

Workforce Shortages

However, workforce shortages have been well documented. The Health Resources and Services Administration designates areas across the United States as experiencing primary care workforce shortages. Indiana has [federally designated primary care workforce shortage](#) areas across the entire state, particularly in rural areas.



[Indiana's licensing data](#) shows 3,019 physicians actively practicing in the state who report a specialty of family medicine, with only one county (Benton County) reporting no full-time equivalent (FTE) (Figure 1). The landscape is starker for pediatricians. There are only 762 actively practicing general pediatricians in the state, resulting in 26 counties without any pediatrician FTE (Figure 2).

Figure 1: Population to Family Medicine Physician FTE Ratio

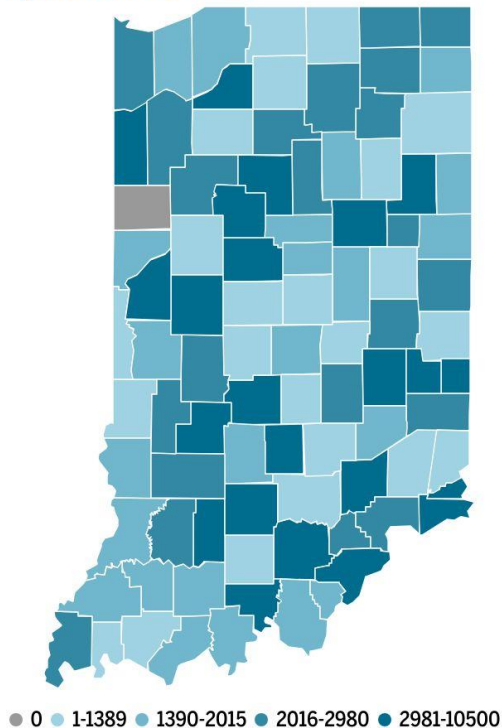
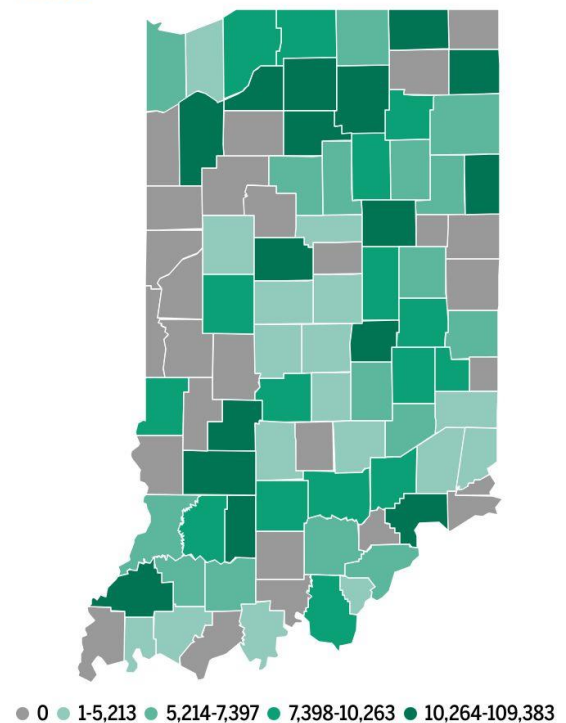


Figure 2: Population to Pediatrician FTE Ratio



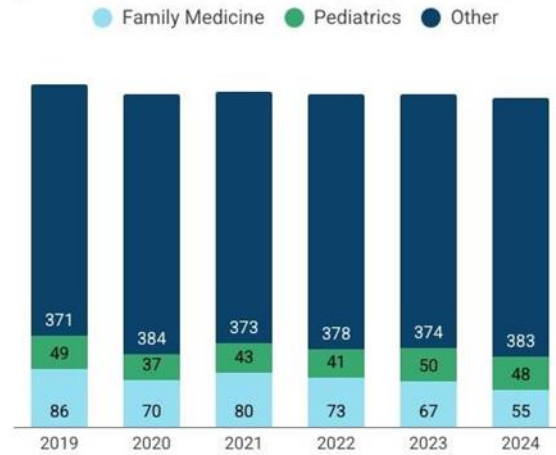
These persistent geographic gaps highlight the need for targeted community-level incentives to attract physicians to areas with the greatest need.

Medical Education Pipeline

The medical education pipeline includes several steps that must be completed to obtain full medical licensure, including undergraduate medical education and graduate medical education (GME). Examining and strengthening each aspect of this pipeline is critical to physician workforce development. A [recent evaluation](#) found that in 2024, 11% of all Indiana medical graduates matched to family medicine, down from 17% in 2019. For pediatrics, the percentage remained stable at 10% across the same time. See Figure 3 for more details.



Figure 3: Indiana Medical Graduates and Specialty to Which They Matched



Graduate Medical Education Capacity and Retention

A key question is whether Indiana has adequate capacity to train medical graduates in-state. For family medicine, there are 18 residencies across the state, located in both urban and rural areas (see Figure 4). Across these 18 programs, there are 408 positions. A different story emerges for pediatrics. There are only two pediatric residencies, both located in Indianapolis, offering 113 positions overall (Figure 5). A full listing of residencies from the [Accreditation Council for Graduate Medical Education](#) is included in the [appendix](#).

Figure 4: Family Medicine Residency Programs



Figure 5: Pediatric Residency Programs



Where medical graduates train for residency significantly impacts where they ultimately practice. About 50% of Indiana medical school graduates who match into family medicine complete their residency within the state (Figure 6). Figures are much lower for pediatrics: only 25% of Indiana medical school graduates who matched to pediatric residencies stayed in-state for this training (Figure 7).

Indiana invests in various physician workforce initiatives through the [IN State Loan Repayment Program](#), [Graduate Medical Education Board grants](#), and [Indiana Area Health Education Centers Network](#). These programs assist in producing, recruiting, and retaining more physicians in the state. Through these programs, an opportunity exists to further incentivize and coordinate activities to encourage participation in specialties of need, such as family medicine, and areas of need, such as rural communities, to ensure the physician workforce needs of our state are met.

Addressing these challenges in the family medicine and pediatric physician pipeline requires significant engagement and coordination across systems, which this subcommittee has worked to facilitate. Since its launch in October 2024, the subcommittee has convened eight times to advance this work.

To effectively address the workforce challenges in family medicine and pediatrics, the subcommittee organized its efforts into two focus areas:

1. **Family Medicine and Pediatric Residencies:** Indiana's family medicine physicians are required to complete medical residencies; thus, in-state residency positions are an important aspect of developing this workforce. This focus area explored the expansion of GME programs in family medicine and pediatrics.
2. **Recruitment and Retention:** Targeted strategies are often needed to attract and retain physicians within the state. This focus area examined incentive strategies to increase recruitment and retention of family medicine and pediatric providers in Indiana.

Figure 6: Location of Medical Residency, Family Medicine

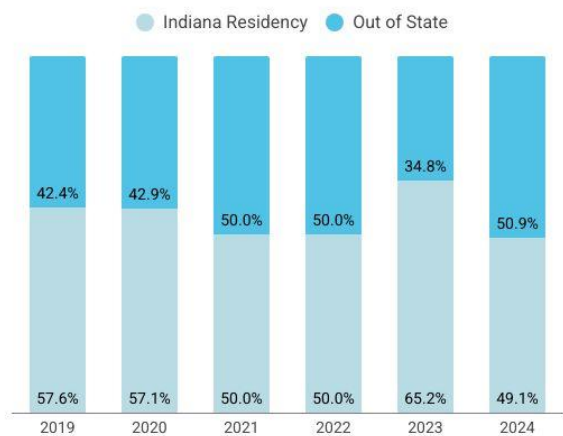
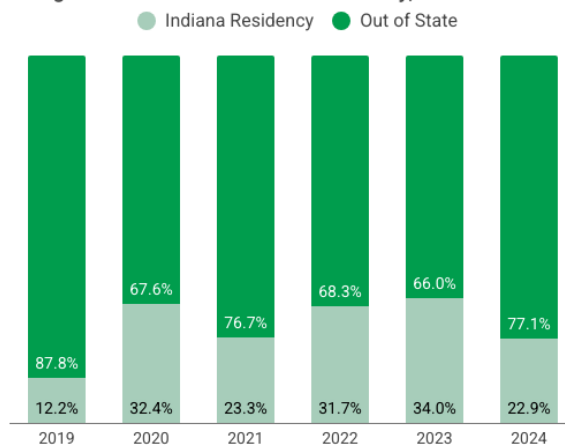


Figure 7: Location of Medical Residency, Pediatrics



FMP Residencies

Over the past year, the residency subgroup has concentrated its efforts on expanding graduate medical education opportunities across Indiana, with an emphasis on expanding rural opportunities for the state. Recognizing the critical role residency programs play in shaping the physician workforce, this subgroup examined how Indiana can grow its capacity to train and retain physicians.

Actions of the FMP Residency Focus Area

Actions completed by the residency subgroup are highlighted below:

- **Review of Data on Indiana's Physician Pipeline.** In alignment with the Health Workforce Council's strategic priorities, the Bowen Center for Health Workforce Research and Policy conducted [the Indiana Medical Education Pipeline-to-Practice Study](#). The report contains an evaluation of the medical education pipeline in Indiana over several years, with a focus on family medicine, pediatrics, and obstetrics/gynecology. The study was meant to inform state-level policy and workforce development efforts by examining retention trends of Indiana medical school graduates and residents, identifying barriers to in-state practice, and assessing the impact of current initiatives on the pipeline to practice. Key findings from this report are described in detail above. To summarize, there are significant differences between pediatrics and family medicine, with pediatrics struggling more with low GME capacity and in-state retention and family medicine struggling with filling open positions. This signals a greater need for expansion of pediatrics GME and innovative strategies for family medicine. Upon reviewing findings from this report, it became clear that different approaches would be necessary for pediatrics workforce shortages when compared to family medicine challenges.

Table 1: Summary of different challenges for family medicine vs pediatrics

Issue	Family Medicine	Pediatrics
Residency slots	Numerous, various locations	Very few, all in Indianapolis
Interest from medical students	Declining	Stable
In-state residency retention	~50%	~25%
Main barrier	Interest + preceptors	GME capacity

- **Engagement With State-Level Governance Structures.** Given the various state-level initiatives focused on strengthening the physician workforce, a review of the roles and functions of Indiana's GME Board and the Medical Education Board was prioritized. The subgroup examined how these entities allocate funding and support the development of residency programs, with particular attention to family medicine and pediatrics, reporting



and outcomes measures, and board composition and placement within state government. Through this exploration, opportunities emerged to potentially streamline and leverage existing governance structures and funding mechanisms to expand residency capacity statewide.

- **Residency Program Director Survey Development.** To better understand barriers to residency expansion from the perspective of program directors, a survey was developed and disseminated to family medicine and pediatric residency program directors across Indiana. This survey gathered insights into the operational, structural, and workforce-related challenges that limit program growth. Both pediatric and family medicine program directors cited a lack of preceptors, outpatient sites for residents, and funding as limiting program expansion. Family medicine program directors supported data previously reviewed by this focus group and cited a lack of interested candidates as another limiter to expansion. About 80% of respondents felt a monetary incentive might support the recruitment of more preceptors. When asked about how the state could support program expansion, respondents highlighted the need for increased funding, incentives, rural rotations and emphasis on primary care in medical school. The findings from this survey helped inform the proposed solution.

The Solution

As a culmination of the research, stakeholder engagement, and strategic planning completed over the last year, the following solution is presented for consideration by the Council to advance pediatric residencies. As noted earlier, the subcommittee recommends a different strategy to support the family medicine workforce, which is described [below](#).

- **Strengthen Pediatric Workforce Development Through Rural Training and GME Funding.** To align GME funding decisions with statewide workforce needs, the GME Board should prioritize pediatric residencies for targeted support, particularly at community-based and rural sites. Research suggests that rural rotations provide critical exposure to rural communities and influence practice outcomes. Indiana policymakers, informed by this research, have already worked to advance parts of this recommendation. [House Enrolled Act 1358](#) was signed into law in 2026 and requires all Indiana medical schools to ensure medical students complete a rural health rotation, a key step toward cultivating a workforce equipped to serve rural Hoosiers. Policymakers have also [implemented incentives](#) through Indiana's Rural Health Transformation program for clinical preceptors to bring students to rural communities for training. This expanded funding is critical to ensuring adequate training to support the pediatric medicine pipeline.

Incentives to Support Recruitment and Retention

Given the unique challenges with family medicine, special consideration and focus were placed on how Indiana can ensure an adequate supply of physicians in rural communities across the state through targeted incentives and programs focused on recruitment and retention.



Actions of the Recruitment and Retention Focus Area

Below are the highlights of the research conducted to date by the Recruitment and Retention subgroup:

- **Comparative Analysis of Loan Repayment Incentives.** State loan repayment programs, whether state sovereign or requiring a federal match, are a common incentive used to support physician recruitment and retention. [A review of state loan repayment programs](#) in Indiana, Illinois, Kentucky, Michigan, and Ohio was conducted to better understand the current environment and opportunities for Indiana. This review found that all of Indiana's neighboring states offer larger student loan repayment maximum amounts than Indiana. For example, Kentucky and Michigan provide a maximum of \$300,000 in loan repayment while Indiana offers only up to \$80,000. This represents a significant difference that might incentivize Indiana-trained physicians to leave the state to practice. Some states, like Illinois and Kentucky, also operate additional state-sovereign (no federal match component) loan repayment programs, while Indiana does not. This represents another source of funding that physicians in these states can tap into. These findings highlight a clear opportunity for Indiana to enhance its physician pipeline by expanding financial support and aligning more closely with the incentive structures used in neighboring states.
- **Exploration of NRMP Exemption Pathways.** Another innovative strategy used to support physician recruitment and retention is the [National Resident Matching Program \(NRMP\) exemption](#). Research was conducted to understand the requirements and potential benefits and challenges associated with the exemption process, including reviewing a presentation from the Medical College of Wisconsin, which operates a program under exemption. The NRMP exemption allows residency programs to bypass the standard process through which programs and medical students are matched together ("the Match"). If a residency program meets certain conditions and is approved, this exemption enables direct placement of medical students into residency positions. By allowing programs to fill selected residency positions outside of the Match, the exemption facilitates recruitment of physicians who are already interested in practicing in rural areas long term. This strategy has been used in other states to support rural and underserved communities by creating opportunities to keep individuals connected to the communities they care about throughout their physician training. The exemption presents a promising opportunity to create targeted pipelines into high-need rural areas.



The Solution

As a culmination of the research, stakeholder engagement, and strategic planning completed throughout the last year, the following solutions are presented for consideration by the Council to advance recruitment and retention of family medicine and pediatric physicians:

- **Leverage [Indiana Rural Health Transformation Program](#).** Communities with a need for family medicine physicians may apply for [rural physician incentives](#) to support the unique needs of rural Indiana. Incentives are available for physicians to serve in the rural community for a minimum of five years. This stipend can be used for housing, childcare, transportation, or any other purposes to address persistent workforce shortages while ensuring long-term stability in areas with the greatest need.
- **Develop the Physician Pipeline Through Strategic K-12 and Undergraduate Engagement.** Indiana Department of Education's [graduation requirements](#) have created new opportunities for health workforce career exposure for high school students, but health system employer concerns about liability have limited students' ability to engage in acute care settings. The Council should identify and disseminate employer-school partnership models that have effectively navigated these concerns and provide guidance that enables more health systems to offer meaningful and diverse clinical experiences for high school students. Additionally, to address undergraduate students' understanding of family medicine, the Council should develop strategic storytelling narratives and communication to show successful Indiana family medicine providers. Finally, state-funded pipeline programs should incorporate retention goals around participant matriculation into Indiana medical schools and entry into Indiana residency programs in state-prioritized specialties. By supporting early clinical exposure, improving understanding of primary care, and ensuring the translation of investment into outcomes, Indiana can strengthen the foundation of this critical physician workforce.



Appendix 1: ACGME Family Medicine and Pediatrics Residencies as of 01/2026.

Program Name	Location	County	Total Approved Positions	Specialty
Ascension St. Vincent Hospital Program	Indianapolis	Marion	18	Pediatrics
Indiana University School of Medicine Program	Indianapolis	Marion	95	Pediatrics
Health Education Services/Northwest Health (Porter) Program	Valparaiso	Porter	18	Family Medicine
Marion Health Program	Marion	Grant	18	Family Medicine
Kansas City University GME Consortium (KCU-GME Consortium)/Reid Health Program	Richmond	Wayne	18	Family Medicine
Indiana University School of Medicine Program	Merrillville	Lake	12	Family Medicine
Parkview Health Program	Fort Wayne	Allen	24	Family Medicine
Community Health Network, Inc. Program	Greenwood	Johnson	12	Family Medicine
Indiana University School of Medicine (Arnett) Program	Lafayette	Tippecanoe	15	Family Medicine
Indiana University School of Medicine (Jasper) Program	Jasper	Dubois	15	Family Medicine Family Medicine
Community Health Network Program	Indianapolis	Marion	30	Family Medicine
Franciscan Health Indianapolis Program	Indianapolis	Marion	27	Family Medicine
Indiana University School of Medicine Program	Indianapolis	Marion	39	Family Medicine



Program Name	Location	County	Total Approved Positions	Specialty
Ascension St. Vincent Hospital (Indianapolis) Program	Indianapolis	Marion	25	Family Medicine
Indiana University School of Medicine/Ball Memorial Program	Muncie	Delaware	24	Family Medicine
Memorial Hospital of South Bend Program	South Bend	St. Joseph	30	Family Medicine
Saint Joseph Health System Program	Mishawaka	St. Joseph	27	Family Medicine
Union Hospital Program	Terre Haute	Vigo	24	Family Medicine
Deaconess Hospital Program	Evansville	Vanderburgh	24	Family Medicine
Fort Wayne Medical Education Program	Fort Wayne	Allen	24	Family Medicine

