Webinar Speakers

Paula Gumbs
Senior project officer/management analyst
Division of National Health Service Corps, Bureau of Health Workforce, HRSA

Matthew Probst
Medical director, Chief quality officer, El Centro Family Health, New Mexico

Matthew Roman
Chief innovation and behavioral health officer, Thundermist Health Center, Rhode Island
Health Professions Education & Training

52 state and regional primary care associations

Provide training/technical assistance on:
• Readiness to Train Assessment Tool
• Strategic Workforce Plans

$5.8 million supplement
Readiness to Train Assessment Tool (RTAT)

- Readiness to Engage
- Evidence, Strength and Quality of the HPT Program
- Relative Advantage of the HPT Program
- Financial Resources
- Additional Resources
- Implementation Team
- Implementation Plan
Role of the PCAs

**Year One**
- Assign a program manager for workforce development
- Provide T/TA re: Readiness to Train Assessment Tool (RTAT)
- Monitor RTAT completion rate

**Year Two**
- Analyze RTAT results
- Develop workforce action plans
- Foster partnerships

**Year Three**
- Implement workforce action plans
- Disseminate evidence-based models and promising practices
- Demonstrate sustainability and return on investment
Expected Impact

- Permanent PCA staff responsible for working with health centers to implement individual workforce plans.
- Determine the level of readiness of health centers to engage in HP-ET.
- Increase in the number of health centers who have implemented a HP-ET program.
- Identify potential barriers that prevent health centers from advancing HP-ET.
A Decade of Cultivating Healthier Communities

Semillas de Salud
a program of El Centro Family Health
Youth - Our Rural Hope!
Combatting Trauma
Four Fruits:

1. **Health Career Clubs** in collaboration with local schools STEM programs provide youth mentoring.
2. Expanded access to **Clinical Rotations** for health professional students improves clinic staffing.
3. **Peer Health Education** for our local schools improves health outcomes.
4. Financial hardship **Scholarships** for rural youth pursuing higher education supports underprivileged local students to reach health career goals.
1 - Health Career Clubs

Primary Prevention and Protection from ACEs
## Clinical Rotations

<table>
<thead>
<tr>
<th>Clinical Rotations:</th>
<th>40 Hires:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shadowing</td>
<td>13 NP</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>7 PA</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>9 LPCC/LISW/LADAC/LSAA</td>
</tr>
<tr>
<td>MD/DO</td>
<td>7 RN</td>
</tr>
<tr>
<td>Nursing</td>
<td>1 Dental Hygienist, 1 Dental Assistant</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>2 MDs - 17 from Las Vegas, NM currently in the pipeline (population 13K)</td>
</tr>
<tr>
<td>Dental</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
</tr>
<tr>
<td>EMT</td>
<td></td>
</tr>
<tr>
<td>HIT</td>
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</tbody>
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EL Centro is **WELL-STAFFED** in the rural health professional shortage crisis.
The Health Professional Funnel:

Elementary
Middle School
High School
Undergraduate/Pre-Health Professional Student
Graduate/Health Professional Student
Licensed Health Professional

Sowing many seeds produces the best HARVEST
Health Care Workforce Multipliers

Providers

Health Professional Students

High School Peer Health Educators

Middle and Elementary School Students

Pyramiding “We”llness!
Youth in Action!
3 - Peer Health Education Topics:

- *Teen Pregnancy Prevention - 50% reduction since 2010*
- Suicide Prevention
- Substance Misuse Prevention
- Heart Health
- Healthy Relationships/Bullying
- Diabetes
- Asthma
- Smoking, Vaping, and Energy Drinks
- Oral Health
- Nutrition (Obesity, Eating Disorders, Sports Nutrition)
- Hep C and STI Prevention
- Physical Activity and Exercise
- COVID Safety
Investing in Health Center-Based Workforce Development

Matthew Roman, LICSW, MBA
Chief Innovation and Behavioral Health Officer
June 24, 2021
Federally Qualified Community Health Center established in 1969
with sites in three Rhode Island communities:

All sites are recognized by the National Committee for Quality Assurance (NCQA)
As Patient-Centered Medical Homes.
Thundermist’s mission is to improve the health of our patients and communities by delivering exceptional health care, removing barriers to that care and advancing healthy lifestyles.
Core Services

PATIENTS SERVED

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients</td>
<td>51,405</td>
</tr>
</tbody>
</table>

VISITS BY SERVICE

<table>
<thead>
<tr>
<th>Service</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical &amp; Enabling</td>
<td>169,627</td>
</tr>
<tr>
<td>Dental</td>
<td>46,343</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>40,186</td>
</tr>
<tr>
<td>Total Visits</td>
<td>256,156</td>
</tr>
</tbody>
</table>

PATIENTS SERVED BY SITE

<table>
<thead>
<tr>
<th>Site</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>South County</td>
<td>8,932</td>
</tr>
<tr>
<td>Woonsocket</td>
<td>22,697</td>
</tr>
<tr>
<td>West Warwick</td>
<td>15,786</td>
</tr>
<tr>
<td>Providence Dental</td>
<td>193</td>
</tr>
</tbody>
</table>

PATIENT DIVERSITY

19% of Thundermist patients are Hispanic.

PATIENT INSURANCE STATUS

- Uninsured 12%
- Medicaid 51%
- Medicare 13%
- Private 24%

Core Services
Distinction in Behavioral Health Integration
Growth and Spread of Post-Graduate NP Training Programs

- Primary care NP Residency and Fellowship programs:
  - 50 currently operational postgraduate NP primary care programs
  - 20 programs scheduled to launch in 2018
  - Sponsoring organizational settings
    - 33 in FQHCs
    - 7 in VA system; expansion planned
    - 6 in large health/hospital systems
    - 4 in private medical group or non-FQHC clinics

Nationally - There are over 450 NP Residency graduates
## Clinical Education Programs at Thundermist

<table>
<thead>
<tr>
<th>Program</th>
<th>Learners</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Residencies (3)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Physician Residency</td>
<td>9</td>
<td>3 +</td>
</tr>
<tr>
<td>Family Nurse Practitioner Residency</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Psychiatric Nurse Practitioner Post Graduate Residency</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>Fellowships (3)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global Health Fellowship</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Global Maternal Child Health Fellowship</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>URI Family Nurse Practitioner Home Visiting Fellowship</td>
<td>30+</td>
<td>2</td>
</tr>
<tr>
<td><strong>Clinical Training (1)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse Care Manager Training Program</td>
<td>10</td>
<td>1</td>
</tr>
</tbody>
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## Family Nurse Practitioner Fellowship

### Benefits
- Fellowship-trained nurse practitioners generate $53K more than untrained in 1st year of practice
- Tailor training to specific needs of health center population (e.g. Suboxone, trans* health)
- Recruiting/retention tool
- Create culture change
- Foster leadership development
- Creates steady flow of Nurse Practitioners into Primary Care.
- Allows organization to continue to grow Unique Patients.
- Fellows serve as 1st call for Preceptors.

### Costs
- Fellows employed by health center
- Preceptors employed by health center
- Minimal costs related to specialty rotations
- Operates at annual loss of $68,000

### Patients/Visits
- **Fiscal/Fellowship Year**
  - Unique Patients 1095
  - Patient Visits 2500-3000+

### Structure
- Health center employs fellows and preceptors
- Fellows make two-year commitment
- Weekly structure:
  - 24 hours precepted clinic
  - 8 hours of specialty rotations
  - 8 hours didactic/Project ECHO

Funding comes from Visit Revenue generated from the Fellows (approximately 3000 visits per year), 340B access dollars from fellows, avoidance of recruitment costs.
# Psychiatric Nurse Practitioner Fellowship

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Costs</th>
<th>Structure</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Tailor training to specific needs of health center population (e.g. Suboxone, trans* health)</td>
<td>▪ Fellows employed by health center</td>
<td>▪ Health center employs fellows and preceptors</td>
</tr>
<tr>
<td>▪ Recruiting/retention tool</td>
<td>▪ Preceptors employed by health center</td>
<td>▪ Fellows make two-year commitment</td>
</tr>
<tr>
<td>▪ Fellows enter practice in an intermediate level of proficiency as compared to novice (improved critical thinking)</td>
<td>▪ No costs related to specialty rotations</td>
<td>▪ Weekly structure:</td>
</tr>
<tr>
<td>▪ Creates leadership opportunities</td>
<td>▪ Operates at annual loss of $80,000</td>
<td>– 24 hours precepted clinic</td>
</tr>
<tr>
<td>▪ Improved connections to community (community tours and specialty rotations)</td>
<td></td>
<td>– 8 hours didactic/Project ECHO</td>
</tr>
<tr>
<td>▪ Fellows serve as 1st call for Preceptors</td>
<td></td>
<td>– 8 hours of specialty rotations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patients/Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal/Fellowship Year 2020</td>
</tr>
<tr>
<td>▪ Unique patients 581</td>
</tr>
<tr>
<td>▪ Patient Visits 2064</td>
</tr>
</tbody>
</table>

Funding Comes from Visit revenue generated from fellows (approximately 1700 per year), 340B access dollars from fellows, avoidance of recruitment costs.
## Family Physician Residency

### Benefits
- Recruitment/retention tool
- Exposure to high-performing community health center
- Opportunity to work with vulnerable, underserved populations
- Partnership with local community hospital/health care system

### Costs
- Residents employed by hospital partner
- Hospital employs residency director
- Hospital provides partial salary support for precepting staff
- Thundermist employees support staff and allied health professionals
- Operates at an annual loss of $60,000

### Patients/Visits

<table>
<thead>
<tr>
<th>Calendar Year 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unique patients:</strong> 3189</td>
</tr>
<tr>
<td><strong>Patient visits:</strong> 7828</td>
</tr>
</tbody>
</table>

### Structure
- 4-16 hours per week in precepted clinics
- Four-week blocks of rotations that occur in the hospital and community
- 5-10 hours per week of didactics
- Call duties include coverage for clinic, newborn inpatient service and OB service

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Funding: Residents employed by and paid for by hospital, Hospital provides financial support to Thundermist for faculty, Visit revenue generated by residents, 340B access dollars from residents.
## Strong Educational Partnerships

<table>
<thead>
<tr>
<th>Academic</th>
<th>Hospital</th>
<th>Community</th>
<th>Clinical Academic Partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown Alpert Medical School</td>
<td>Kent Hospital</td>
<td>Community Health Center, Inc.</td>
<td>University of Rhode Island</td>
</tr>
<tr>
<td>Care New England</td>
<td>Landmark Medical Center</td>
<td>Community Health Care</td>
<td></td>
</tr>
<tr>
<td>M+ Memorial Hospital of Rhode Island</td>
<td></td>
<td>weitzman Institute</td>
<td></td>
</tr>
</tbody>
</table>
Educational & Training Programs at Thundermist

- Create a predictable flow of providers to fill vacancies
- Eliminate the need for recruiting services for hardest to fill positions
- Build provider capacity to meet health center growth needs
- Enhance the ability to recruit and retain providers
- Train providers to meet specific needs of communities served
- Improve patient care by developing skills of new providers
- Increase awareness of Thundermist as a leader in community-based, patient-centered care
- Strengthen relationships with academic and clinical partners
## Lessons Learned

- Communication/communication + residency coordinator
- Nurse practitioner residents trained to needs of population
- Nurse practitioner residency return on investment comes in second year
- Avoidance of recruitment costs part of return on investment
- Providers want to teach
- Expect the unexpected
- Education programs allow recruitment of top talent
- Concepts learned in teaching programs are generalizable:
  - Community tours
  - Supervision
Lessons Learned

- Provider retention
- Non-replicable positions
- Leadership development opportunities
- Allows for vital connections/partnerships with academic institutions
- Structure retention in nurse practitioner residency: two-year commitment + loan repayment guarantee
- Transparency in contracting
- Charitable grants or teaching health center dollars needed!!! & Be Careful how you contract with Hospital Systems (Particularly if they are Struggling Financially!)
Testimonials

“Having the opportunity to get to know the patient population, and the providers, and our health care system, in such a supportive environment - it’s what’s made such a difference for me.”

“I would definitely encourage graduates to participate in the Residency Program. You can learn from textbooks, but I can’t imagine going out into the world and starting a job with a full patient panel with only the experience gained from one-day-a-week clinical rotations.”

“The preceptors are invested in our learning. The preceptors are devoted to your education. Their time isn’t split between their patient panel and you.”

“Transitioning gradually into the role of a psychiatric nurse practitioner with a residency program that provides lots of support is so important. It better prepares you for the future and reduces provider burn-out in the long run.”
Future Directions

What’s Next?
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