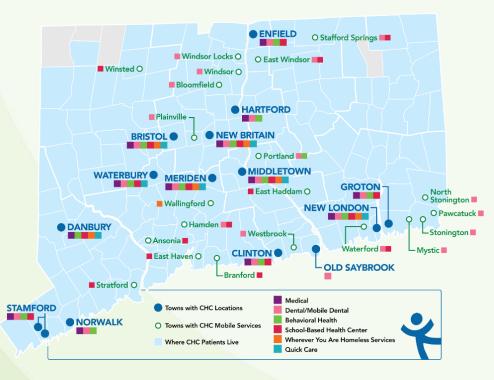




### Community Health Center, Inc. (CHCI)

#### Locations and Service Sites in Connecticut



#### THREE FOUNDATIONAL PILLARS

Clinical **Excellence** 

Research and **Development** 

3 **Training** the Next Generation

#### **CHCI Profile:**

Founding year: 1972

Primary care hubs: 16; 204 sites

Staff: 1.000

Patients/year: 100,000 visits/year: 550,000

Specialties: onsite psychiatry, podiatry, chiropractic

Specialty access by eConsult to 41 specialties

#### **Elements of Model:**

- Fully integrated teams and data
- Integration of key populations
- Data driven performance
- "Wherever You Are" approach

#### Weitzman Institute:

- Formal Research
- Quality Improvement
- Practice Redesign
- Implementation Science
- © Clinical Workforce Development







#### **What**

- The Weitzman Institute is the <u>first</u> <u>and only</u> community-based research center established by a Federally Qualified Health Center
- Its mission is to inspire innovation through research, education, and quality improvement to ensure that effective, efficient and equitable primary care is available to all

#### How

Weitzman Institute utilizes <u>cross-</u> <u>functional teams</u> working with <u>national partners</u> in three priority areas:

- 1) Transforming care delivery
- 2) Conducting research
- Training the next generation of healthcare leaders





## weitzman institute

**IICALWORKFORCE** 

NATIONAL COOPERATIVE AGREEMENT

The Weitzman Institute works to improve primary care and its delivery to medically underserved and special populations through **research**, **innovation**, and the **education** and **training** of health professionals.









## Postgraduate NP Residency Training Programs

#### **Mission**

Our mission is to provide new Nurse Practitioners with the depth, breadth, and intensity of training to clinical complexity and high performance integrated primary care in community health centers, leading to competence, confidence and mastery as primary care providers, and improved health outcomes for the patients they care for and the health system as a whole.

Family NP Residency

Psychiatric MH NP Residency

Adult-Gerontology NP Residency

Pediatric NP Residency

Center for Key Populations Fellowship









## CHC Postdoctoral Psychology Residency Program

The Postdoctoral Psychology Residency program is a one-year program that provides comprehensive training in the provision of psychological care to uninsured and underserved populations under the CHC patient-centered medical home model, with a focus on positive client outcomes and building healthy communities.









#### **Dedicated Education Units (DEUs)**

#### **Drivers:**

- Academic training programs for registered nurses include little to no content in primary care and complex care management
- Jobs for RNs are projected to grow in the next decade; most jobs will be in primary care with a focus on chronic disease management
- RNs onboarding to primary care often is quite long to compensate for missing content/experience during academic education/training

#### Structure:

- 16 QU senior-level nursing students; 7 to 13 week rotations
- Master's prepared Nurse Managers overseeing the DEU at their sites
- Daily didactics and participation in Project ECHO® session
- Clinical time with preceptors/nurses:
  - Provider visit support— Triage
  - Independent visits
     CCM process
  - Clinical tool review
     Population management

Outcomes:

111 students have been trained to this model since 2015





#### **Health Profession Students and Trainees**

CHCl is a major center of education and training for the next generation of the healthcare workforce, both clinical and non-clinical. In 2018, we welcomed 343 students/trainees from the following disciplines:

- Medical Assistants
- Dental Assistants
- BSN/RN
- Dental Hygiene
- Dental Residency

- Medical Students
- Child Psychiatrist Fellow
- APRN
- Medical Residents
- MSW

- LMFT
- Chiropractic
- Master's Level Administrative Fellowship
- AmeriCorps

- High School Volunteers
- Work-Study
- Capstone Research Projects

In 2014, CHCI formed a "Students and Trainees Committee" devoted to the organization and management of successfully hosting health professions students and trainees. A comprehensive program manual "Playbook" was developed to encapsulate all tracking, monitoring, training, and educating our students and trainees who are granted the opportunity to learn at CHCI.

## Chiropractic Residents

https://www.acatoday.org/News-Publications/ACA-News Archive/ArtMID/5721/ArticleID/14/Health-Care-Reform





## National Cooperative Agreement

## Clinical Workforce Development

Provides free training and technical assistance to health centers across the nation through national webinars, learning collaboratives, activity sessions, trainings, research, publications, etc.

#### Advancing a Model of Team-Based Care



#### Training the Next Generation



Postgraduate Residency and Fellowship Training Health Professions Training









- One-of-a-kind, Innovative Medical Assistant Training
- Created by two expert primary care organizations to address community needs
- Unique online teaching model combined with externship experience







## Outcomes

#### **Students:**

#### **Success in Numbers!**

- 82% Graduation Rate
- 83% Passing Rate (National Credentialing Exam)
- 76% Job Placement

## Externship Organizations:

- Recruitment of MAs from the communities they serve
- NIMAA students quickly become contributing members of the medical team
- Students are "job ready" at the end of the program





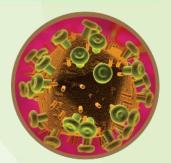












HIV



## Using Project ECHO to tackle "Hot Spots"



**Community Health Workers** 



**MAT** 



CLINICALWORKFORCE

NATIONAL COOPERATIVE AGREEMENT

**Complex Integrated Pediatrics** 



Hepatitis C



ConferMED-ECHO





## Weitzman Institute National ECHO Learning Network

• 385 practices

948 ECHO sessions

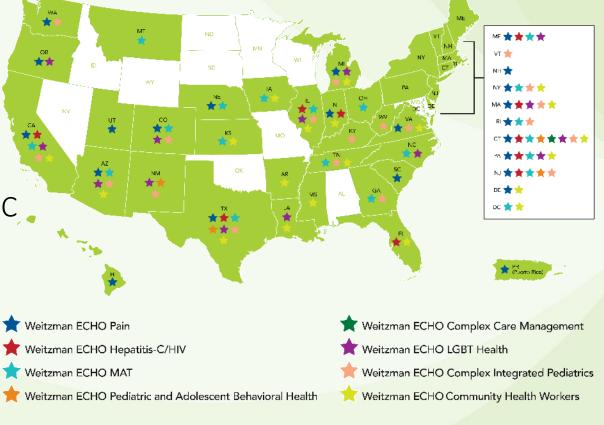
3,076 case presentations

 Primary care providers from 38 states, PR, and DC

→ 991 Medical Providers

→ 334 Behavioral Health Providers

◆ 569 Care Team Members







## Next Up! **Dental Residency**

## Colorado & The GMEI

MANNAT SINGH, MPA, DIRECTOR OF GME COMMISSION ON FAMILY MEDICINE THE GME INITIATIVE

## Colorado

Family Medicine network model to foster collaborative financing, training, development, recruitment, and retention

- Commission on Family Medicine, Colorado Association of Family Medicine Residencies, Colorado Institute of Family Medicine
- Family Medicine training sites: family medicine residencies, rural training tracks, rural rotations

Primary care in Colorado: baseline measurement

- Regional comparison of Primary Care Physician workforce
- Designated Primary Care Health Professional Shortage Areas

Primary Care: demand

## Colorado

Commission on Family Medicine: oversight for family medicine residencies; legislative advocacy and strategy

#### Strategies:

- Target state funds to train family physicians in rural training tracks
- Target state funding for loan repayment for medical students and family medicine residency graduates
- Strengthening primary care pipeline
- Maximize exposure of medical students and resident physicians to rural/urban underserved settings during training

Outcomes: continued financial support for existing family medicine residencies; development, accreditation, and maintenance of three rural training tracks; loan repayment for medical students and family medicine faculty; strengthening primary care pipeline programs; creation of robust, varied rural rotations

## Colorado

For the full report, contact:

Mannat Singh, MPA

Director of GME | The Colorado Commission on Family Medicine

mannat.singh@cofmr.org

480.313.2305

## The GME Initiative

A grassroots initiative comprised of leaders committed to growing the primary care workforce.

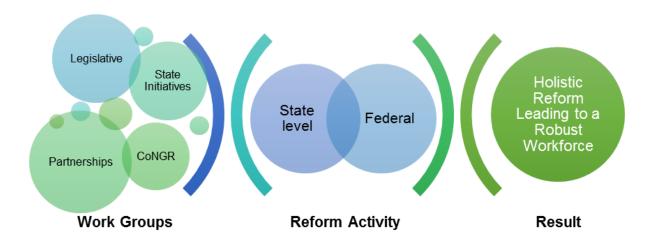


HOME YOUNGERE THE INITIATIVE YOUNG GROUPS YOUNGES YOUNGES YOUNGER OF CONTACT US



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A grassroots initiative comprised of leaders committed to growing the primary care workforce.





#### PROTECTING GRADUATE MEDICAL EDUCATION

THE GME INITIATIVE FOR AMERICA'S HEALTH

Mannat Singh, Director of GME The GME Initiative 480.313.2305 mannat.singh@gmail.com

#### A ROADMAP FROM IDEA TO A GRASSROOTS MOVEMENT

Mannat Singh, MPA | Director of GME

Comprehensive Reform Chair Dan Burke | dan.burke@ucdenver.edu The GME Initiative Legislative Chair Lou Sanner | lou.sanner@fammed.wisc.edu States Initiatives Chair Ardis Davis | ardisd2@uw.edu 2019 **Problem Statement** Catalyst Nat'l Action Policy Recc's Traction/Visibility Position/Credibility Discussion Began **Growing Interest** Gathering Steam Accelerated Growth A handful of Colorado family First summit is held in 2011 in Materials being developed: policy Planning next summit in 2014 in "Forty five and flow" education Third summit held in 2015 in Denver Hired consultant to facilitate group Fourth summit held in 2017 in Fifth summit held (2018) in Atlanta medicine program directors are Denver, with 30 attendees spanning briefs, problem statements, Washington DC to coincide with continues, more research on the "GME Summit West," with 96 activity, activate work groups, launch Albuquerque, focus on "States' "Working Meeting, Comprehensive frustrated with chronic funding 10 states. Outcomes: letter to the researching the "haves" and "have release of IOM report on GME. financing of GME and how the website, branding materials, shared Initiatives" and the Finance, attendees. Outcomes: three working Reform." Planning 2019 Convening shortages for residencies. GME IOM (7 US Senators), article in nots" to highlight disparities. Recommendation and education on system came to be, IOM report groups, a policy brief, and a call-toresources, increase outreach/ Governance, and Accountability of in Washington DC. "Building Initiative is formed. Family Medicine. "forty, five, and flow." recommendations analyzed. action video. partners. GME system. 120 attendees. Community Responsive GME." Q11 STATES (O) 1 STATE 9 STATES Q22 STATES 26 STATES 33 STATES 35 STATES MEMBERS 2 2 10 MEMBERS 2 2 23 MEMBERS 2 2 50 MEMBERS 2 2 76 MEMBERS 2 2 120 MEMBERS 2 2 152 MEMBERS First hire GME reform education, curriculum Grassroots organizing/advocacy Stakeholder engagement Resource commitment Facilitation Organizing Coalition building Policy analysis Stakeholder analysis Collaborative agreements Supportive leadership Outreach and expansion Resource allocation Technical experts Active engagement Resource acquisition Consensus/alignment activity Resource audit/assessment National relationshins Management/logistics Communication strategies Literature review Legislative strategies National presentations Collection of state GME reform work. Research paper on state GME finance, Website, shared resources, branding Position paper, comprehensive platform GMEI workplan: education, outreach, 2015: GMEI second summit Work groups: legislation, state Continued research/assessment of IOM GME report analysis. Identification of key workforce issues Creation of legislative report card. Letters to Congress. governance, accountability. State level best practices. initiatives, comprehensive reform advocacy, convening, catalyst. Investigation on funding issues for family medicine GME. GME issues.
Refinement of problem statement Opportunity to educate legislative aides and policy makers on GME. Formation of the GME Initiative related to GME system summits and GMEI activity. Workforce goal identified Educational video Increased partnership and participation Fed legislation introduced to Congress 2014: GMEI first summit Creation and adoption of work groups Report card analysis of relevan Funding from partners to support summits and GMEI activity. Invitations to advise and partner on national, federal projects. Program: Expedition CoNGR: Comprehensive National GME Reform to address physician specialty and geographic maldistribution Percentage of Physician Workford in Primary Care Category Two - The Workforce Not prepared for 21 practice Goal: A National GME system that produces the physician workforce needed for the health of Americans and has features of transparency, accountability and the ability to respond to an evolving healthcare system. Also known as \*RAP-GME\* WIT COME case should be lifted as needed to permit training an adequate number of eographic Maldistribution of The GME Initiative Geographic Maldistribution of Inputs
- The GNE initiative 20% Role of Governance and Finance



ID: \$64,248

MT: \$108.859

NH: \$146,299

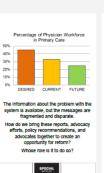
NM: 543 532

NY: \$128,707

WA: \$88,765



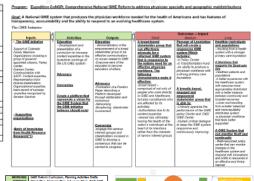




A Proposal for Reform of the Structure and Financing of Primary Care Graduate Medical Education









Also known as YAR-POARE\*
The Quernel Challenge, Rural America is experiencing a physician workforce crisis. Research shows the greatest indicator of where a physician will practice is the location or their residency parings. Most family medicine residency programs are located in utan areas. we need to train most physicians in meal areas. Current of programs are considered and physicians in meal areas. Current of the programs are seen to be a second of the programs and the programs are considered to the program a development of rural residencies, preventing the expansion of a successful training mode

The Concert A direct per resident navmen The Concept. A direct per resident payment (PRP) to an accredited residency program's sponsoring institution for weeks spent training in a rural location, unadjusted for Medicare or Medicald patient ratios, inclusive of all training time (not just patient

#### Key Features

- Pays for rural time with two different thresholds (8 weeks, or >50%)
- Will be built into Medicare GME system
- Broad rural definition, stable over time
- Budget allocations/limits. Maximum national expected financial impact is likely small relative to current system

Political Context. Senator interest in rural Political Context. Senator interest in rural GME funding legislation, approached GMEI to develop a proposal to increase rural workforce production. Bill was introduced in 2018 as 8. 3014, and has been reintroduced in 2019 as 8. 289. 2010

2011

2012

2013

2014

2015

2016

2017

2018

2019

#### **Discussion Began**

A handful of Colorado family medicine program directors are frustrated with chronic funding shortages for residencies. GME Initiative is formed.

**Growing Interest** 

First summit is held in 2011 in Denver, with 30 attendees spanning 10 states. Outcomes: letter to the IOM (7 US Senators), article in Family Medicine.

#### **Problem Statement**

Materials being developed: policy briefs, problem statements, researching the "haves" and "have nots" to highlight disparities.

#### **Catalyst Nat'l Action**

Planning next summit in 2014 in Washington DC to coincide with release of IOM report on GME. Recommendation and education on "forty, five, and flow."

#### Policy Recc's

"Forty, five, and flow" education continues, more research on the financing of GME and how the system came to be. IOM report recommendations analyzed.

#### **Gathering Steam**

Third summit held in 2015 in Denver, "GME Summit West," with 96 attendees. Outcomes: three working groups, a policy brief, and a call-toaction video.

#### **Accelerated Growth**

Hired consultant to facilitate group activity, activate work groups, launch website, branding materials, shared resources, increase outreach/ partners.

#### Traction/Visibility

Fourth summit held in 2017 in Albuquerque, focus on "States' Initiatives" and the Finance, Governance, and Accountability of GME system. 120 attendees.

#### Position/Credibility

Fifth summit held (2018) in Atlanta "Working Meeting, Comprehensive Reform." Planning 2019 Convening in Washington DC, "Building Community Responsive GME."



MEMBERS





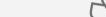


23 MEMBERS













26 STATES



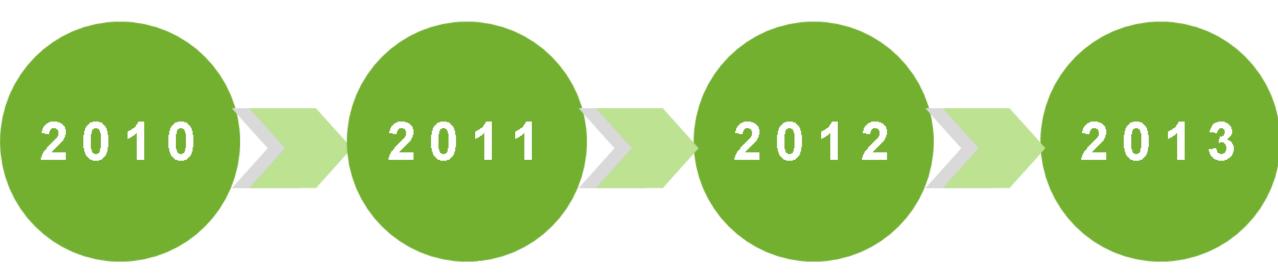


35 STATES





## **GME** Initiative



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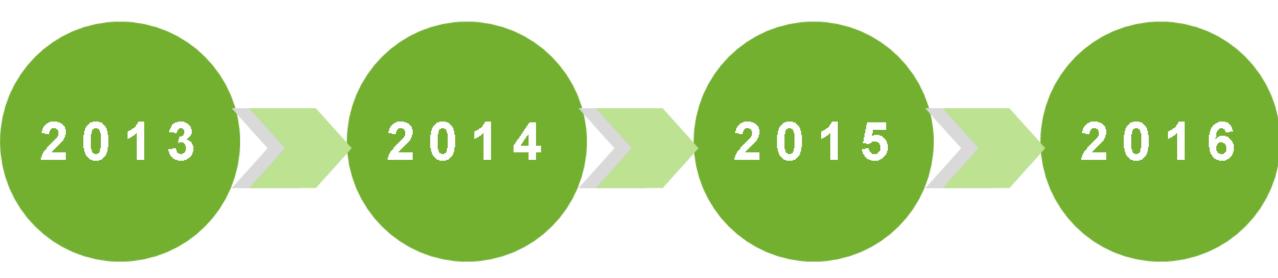
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## **GME** Initiative



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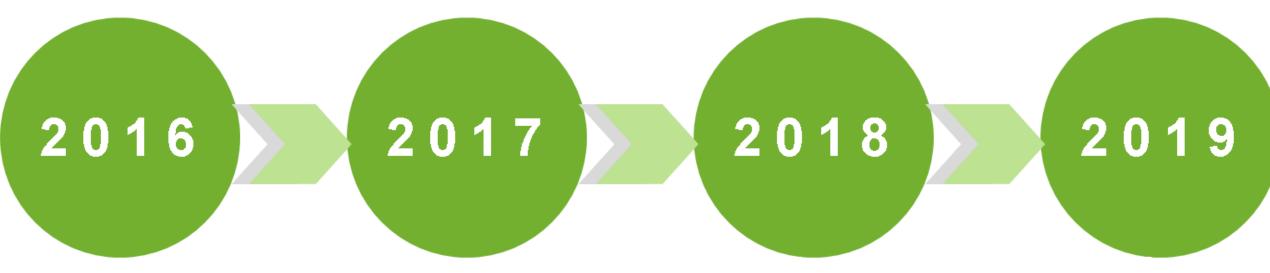
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Community Responsive GME."

## The GME Initiative

Encouraging, learning from, and promoting "grow your own" strategies

- Leveraging Medicaid expansion
- Rural training tracks
- VA training programs
- Rural/underserved focus
- New medical schools
- State based GME advisory councils
- Pipeline strength promotion
- THC funding

Highlighting stories, featuring at annual summits, connecting partners, asking/answering questions, sharing best practices and strategies, writing and advocating for policy on a state and national level that foster growing your own

## The GME Initiative

#### What we use

- Data
- Fact sheets
- Policy analyses
- Case studies
- Regional and national meetings
- Partnerships

Join us!

Mannat Singh, MPA | Director of GME, The GME Initiative

www.gmeinitiative.org

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480.313.2305



# Best Practices for Growing Your Own What's right for you?

Kiki C. Nocella, PhD, MHA October 6, 2019



## Growing your own: What's right for you?





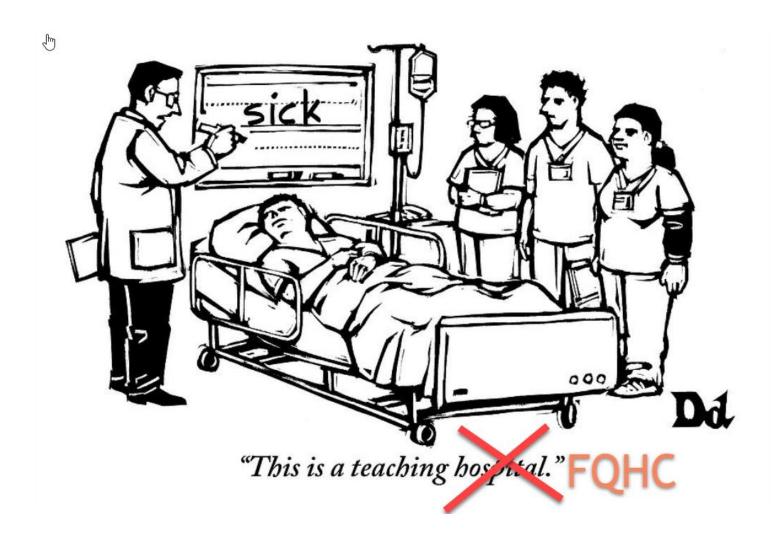


## So far we've heard about:

- Different clinical specialties
- Different models
- Policy initiatives
- Research initiatives



## Now we'll discuss how you get HERE!





## For PCAs and government leadership

- State Initiatives State Plan Amendments, General Fund \$, creation of infrastructure, state wide planning, foundation support
  - Colorado
  - California
  - Georgia
  - Oregon
  - Indiana
  - New Mexico
  - And more
- PCA initiatives GME summits, GME webinars, GME conferences
  - Creating a space for empowering conversations



## For our FQHCs...



## Start with your vision and value proposition

- What is your niche?
- Are these compatible with your "partners"
- What is the value proposition?
  - Monetarily
  - Strategic business objectives
  - Marketing/PR
  - Community Health

Do you want to be a teaching organization and take on all that this entails?



## Are you "just" starting a training program?

### Or are you intending to address:

- Economic impact
- Community needs
- Social Determinants of Health
- Population Health
- Long term sustainability
- A marriage
- Retention, retention, retention



## Decide what model works for you

Who will Sponsor (hold ultimate responsibility for the financial and academic integrity of the program)?

#### A function of:

- Control
- Funding sources
- Benefits (perceived or real)
- **Politics**



## Conduct a feasibility study

- By clinical discipline that meet your clinical needs and your community needs
- Develop financial models
  - Analyze and clearly show the economic impact to your organization for both start-up, capital, and long term operations
  - Identify revenue streams
- Meet with partners to determine their interest, capacity, ability, and willingness
- Develop timeline for implementation

This process will help inform you on clinical disciplines, models, and whether this will meet your strategic business objectives.



### Then....

- Accreditation applications
  - ACGME (Sponsoring Institution and Specialty)
  - CODA (Dentistry)
  - NNPRFTC (Nurse Practitioner)



## In order to apply

- Curriculum
- Scholarly Activity
- Clinical volumes (inpatient, outpatient, or both. And more!)
- Faculty
- Staff
- Space
- And, and, and



## Do not try this alone!

Less you end up with this!!!!





## A grow your own conversation is not complete

#### Without reference to A.T. Still

- Commitment to the Movement
- Pre-doctoral partnership
- To date, not Sponsoring residencies themselves, but will



# Thank you.

WIPFL1
CPAs and Consultants

HEALTH CARE PRACTICE



## Today's Presenter





Kiki C. Nocella, PhD, MHA, Director Wipfli Health Care Practice 323-605-9341 knocella@wipfli.com

HRSA Teaching Health Center Graduate Medical Education (THCGME): <a href="https://bhw.hrsa.gov/grants/medicine/thcgme">https://bhw.hrsa.gov/grants/medicine/thcgme</a>

NACHC National Health Service Corps: http://www.nachc.org/focus-areas/policy-matters/health-center-workforce/

Community Health Center, Inc's Clinical Workforce Development: <a href="https://www.weitzmaninstitute.org/NCA">https://www.weitzmaninstitute.org/NCA</a>

Project ECHO: <a href="https://www.rwjf.org/en/how-we-work/grants-explorer/featured-programs/project-echo.html">https://www.rwjf.org/en/how-we-work/grants-explorer/featured-programs/project-echo.html</a>

GME Initiative: <a href="https://www.gmeinitiative.org/">https://www.gmeinitiative.org/</a>

### Montana GME Council:

http://healthinfo.montana.edu/workforce-development/gmecouncil/index.html

Oregon GME Consortium: <a href="http://oregongmec.org/">http://oregongmec.org/</a>

ATStill University: <a href="https://www.atsu.edu/about-atsu">https://www.atsu.edu/about-atsu</a>

Colorado Family Medicine Residency:

https://www.cofmr.org/

#### Education Health Center Initiative (EHCI):

https://educationhealthcenter.org/

California Primary Care CHC Residency Roadmap:

https://www.cpca.org/CPCA/CPCA/HEALTH CENTER RESOURCES/Work

force/CHC Residency Road Map.aspx

Washington Association of Community Health In-Reach MA Apprenticeship Program:

https://www.wacommunityhealth.org/capacity-building-1

Project ECHO: <a href="https://www.weitzmaninstitute.org/project-echo">https://www.weitzmaninstitute.org/project-echo</a>

National Medical Fellowships: <a href="https://nmfonline.org/">https://nmfonline.org/</a>

Puyallup Tribal Health Authority Residency Program: <a href="https://www.eptha.com/residency-program/about-pthas-residency-program/">https://www.eptha.com/residency-program/about-pthas-residency-program/</a>

Accreditation Council for Graduate Medical Education (ACGME): <a href="https://www.eptha.com/residency-program/about-pthas-residency-program/">https://www.eptha.com/residency-program/about-pthas-residency-program/</a>

NYU Langone: <a href="https://nyulangone.org/">https://nyulangone.org/</a>

Commision on Dental Accreditation (CODA): <a href="https://www.ada.org/en/coda">https://www.ada.org/en/coda</a>

National Nurse Practitioner Residency and Fellowship Training (NNPRFTC): <a href="https://www.nppostgradtraining.com/">https://www.nppostgradtraining.com/</a>