Community Health Center, Inc. (CHCI)

Locations and Service Sites in Connecticut

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
The Weitzman Institute is the first and only 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.

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

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

Visit: www.chc1.com/nca  |  Contact: nca@chc1.com
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
  - Independent visits
  - Clinical tool review
  - Triage
  - CCM process
  - Population management

Outcomes:
- 111 students have been trained to this model since 2015.
Health Profession Students and Trainees

CHCI 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

Visit: www.chc1.com/nca  |  Contact: nca@chc1.com
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

Visit: www.chc1.com/nca  |  Contact: nca@chc1.com
Using Project ECHO to tackle “Hot Spots”
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

Weitzman ECHO Pain
Weitzman ECHO Hepatitis-C/HIV
Weitzman ECHO MAT
Weitzman ECHO Pediatric and Adolescent Behavioral Health
Weitzman ECHO Complex Care Management
Weitzman ECHO LGB Health
Weitzman ECHO Complex Integrated Pediatrics
Weitzman ECHO Community Health Workers
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.
The GME Initiative

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

2010
Discussion Began
A handful of Colorado family medicine program directors are frustrated with chronic funding shortages for residencies. GME Initiative is formed.

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

2012
Problem Statement
Materials being developed: policy briefs, problem statements, researching the “haves” and “have nots” to highlight disparities. Article in family medicine (Voorhees, 2013).

2013
GME Initiative

2013
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.”

2014
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.

2015
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-to-action video.

2016
GME Initiative

2016

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

2017

Traction/Visibility
Fourth summit held in 2017 in Albuquerque, focus on “States’ Initiatives” and the Finance, Governance, and Accountability of GME system. 120 attendees.

2018

Position/Credibility
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
mannat.singh@gmail.com
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!

“This is a teaching hospital.”
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!
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): https://bhw.hrsa.gov/grants/medicine/thcgme

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

Community Health Center, Inc’s Clinical Workforce Development: https://www.weitzmaninstitute.org/NCA


GME Initiative: https://www.gmeinitiative.org/
Montana GME Council:  
http://healthinfo.montana.edu/workforce-development/gmecouncil/index.html

Oregon GME Consortium:  http://oregongmec.org/

ATStill University:  https://www.atsu.edu/about-atsu

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/Workforce/CHC_Residency_Road_Map.aspx

Washington Association of Community Health In-Reach MA Apprenticeship Program: https://www.wacommunityhealth.org/capacity-building-1

Project ECHO: https://www.weitzmaninstitute.org/project-echo
National Medical Fellowships: https://nmfonline.org/

Puyallup Tribal Health Authority Residency Program: https://www.eptha.com/residency-program/about-pthas-residency-program/

Accreditation Council for Graduate Medical Education (ACGME): https://www.eptha.com/residency-program/about-pthas-residency-program/

NYU Langone: https://nyulangone.org/
Commision on Dental Accreditation (CODA): https://www.ada.org/en/coda