



## Teaching Health Centers

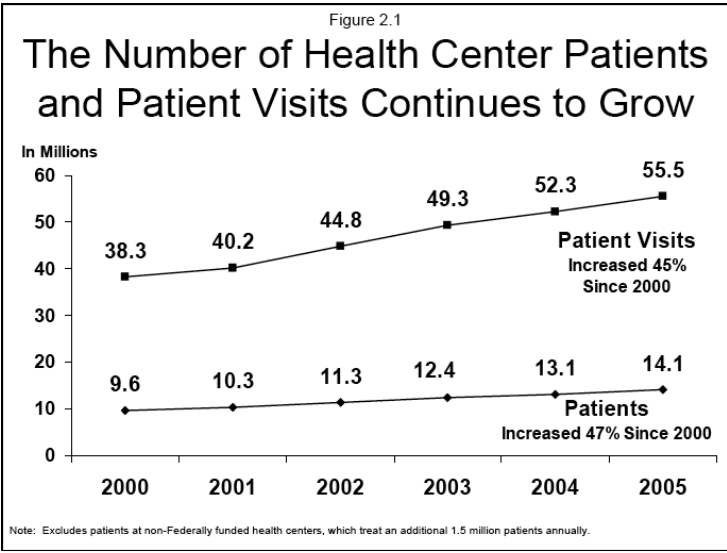
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University of Washington

## What is a Teaching Health Center?

- New training model for community and academic partnership
- Affiliation between Health Center and family medicine residency program
- Most important feature: shared mission of service and education.



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## Workforce shortage in HCs

### Shortages of Medical Personnel at Community Health Centers Implications for Planned Expansion

Roger A. Rosenblatt, MD, MPH

C. Holly A. Andrilla, MS

Thomas Curtin, MD

L. Gary Hart, PhD

**Context** The US government is expanding the capacity of community health centers (CHCs) to provide care to underserved populations.

**Objective** To examine the status of workforce shortages that may limit CHC expansion.

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JAMA March 8, 2006 • Vol 295 (No. 10): 1442-48



## Health Center physician vacancies

- Health center patient volume and visit growth
- Over 400 FP positions open in Health Centers and over 13 months to fill a position
- Majority of HC primary care physicians are family physicians

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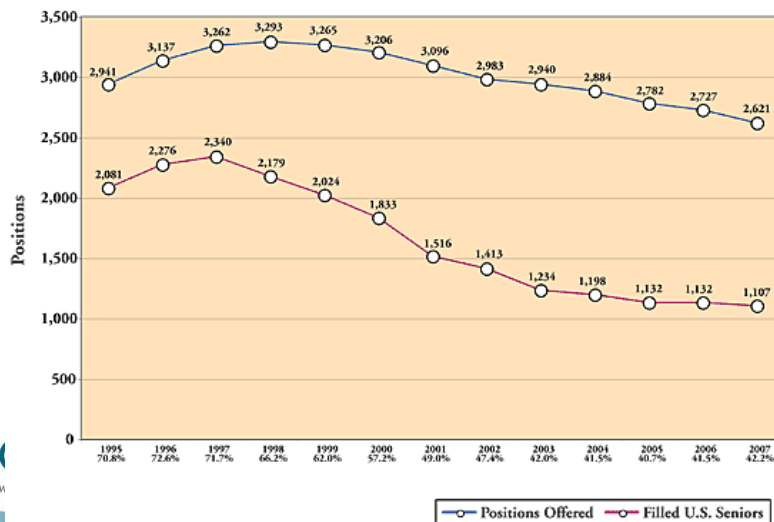
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## .. While family medicine residency training declines



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## Challenges facing family medicine residency programs

- By 2004, 10% of family medicine residency programs had closed
- Majority for economic reasons
- Many programs struggle for stability in economic support from sponsoring hospital and other sources (reimbursement, federal grants, etc.)
- Declining student interest

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## Initial efforts

- WWAMI FMR network
- UW Dept of Family Medicine
- Commissioned multi-method research, collaboration and outreach to promote linkages between residencies and HCs

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## Critical element: Partnerships

- Region VIII/X Health Centers
  - Lil Anderson, Billings, MT
- WWAMI FMR Directors
  - Kevin Murray/Ardis Davis
- NWRPCA (Region X)
  - Bruce Gray
- University of Washington Dept. Fam. Med.
  - Carl Morris/Freddy Chen

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## Residency/HC Partnerships

### What's in it for the residency?

- Excellent community-based training site
- Potential partner for other community activities (community-based research CTSA, medical homes, clinical faculty, sustainable route to vulnerable/minority populations, fund development)
- Financial stability, enhanced reimbursement
- Support efforts to increase supply of primary care physicians who are vocationally committed to the underserved – rural, urban and global (varies by school)

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## Residency/HC Partnerships

### What's in it for the health center?

- Academic environment encourages evidence-based, exemplary practice (good fit with quality focus at HC's)
- Teaching often improves job satisfaction, encourages retention
  - Positive relationships with med school faculty boosts morale
- Academic affiliation enhances image with patients, employees and funders
- Ultimately, perhaps the best solution to workforce issues
  - Those who teach in HCs tend to stay there
  - Those who train in HCs tend to choose underserved settings

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## Residency/HC Partnerships

### Risks and Concerns

- Loss of efficiency (revenue) due to teaching
- Loss of “control”
- Physicians may not feel prepared to teach
  - “I’m not a teacher”, adds to work load

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## Methods 2003-2008

- Survey of WWAMI graduates who trained in HCs
- National survey of FMRs
- Qualitative interviews with HC and FMR key informants
- Series of regional focus groups
- Convened a regional working group
- Developed policy strategy with constituents and advocacy groups

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## Review the evidence

- Do physicians who train in Health Centers go on to work in HCs?
- How many programs currently train physicians in HCs?
- What are the characteristics of existing HC-FMR partnerships?
- What are the barriers and strengths of existing HC-FMR partnerships?

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## Survey Methods

- Cross-sectional survey of family physicians who trained in WAMI residency programs 1986-2002
- 70% response rate (919/1312)
- 72 CHC-Trained grads at 6 HC-FMR sites
- 9 Non-HC affiliated residencies
- Morris et al., Fam Med 2008; 40(4)

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## Results

- 64% of CHC-trained graduates currently working in underserved setting
- Vs.
- 37% of non-CHC-trained graduates working in underserved setting
  - $P < .001$

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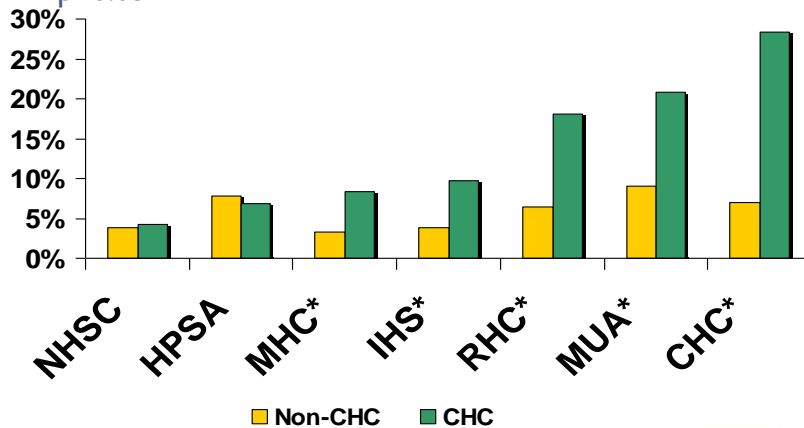
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## % Working in Underserved Settings

\*  $p < 0.05$



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## Summary

- HC-trained physicians 3.4 times more likely to work in a HC (controlling for years from training, gender, FTE)
- 2.7 times more likely to work in underserved setting
- No difference in training preparation for practice, spectrum of practice, and practice satisfaction

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## HC-FMR Training Survey: How common are they?

- National survey of Family Medicine Residencies (FMRs)
  - 80% response rate (354/439)
- 23% (83) report some HC training
- 9% (32) with main continuity clinic in HC
- 5% (17) with satellite continuity clinic

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Morris and Chen, Acad Med 2010

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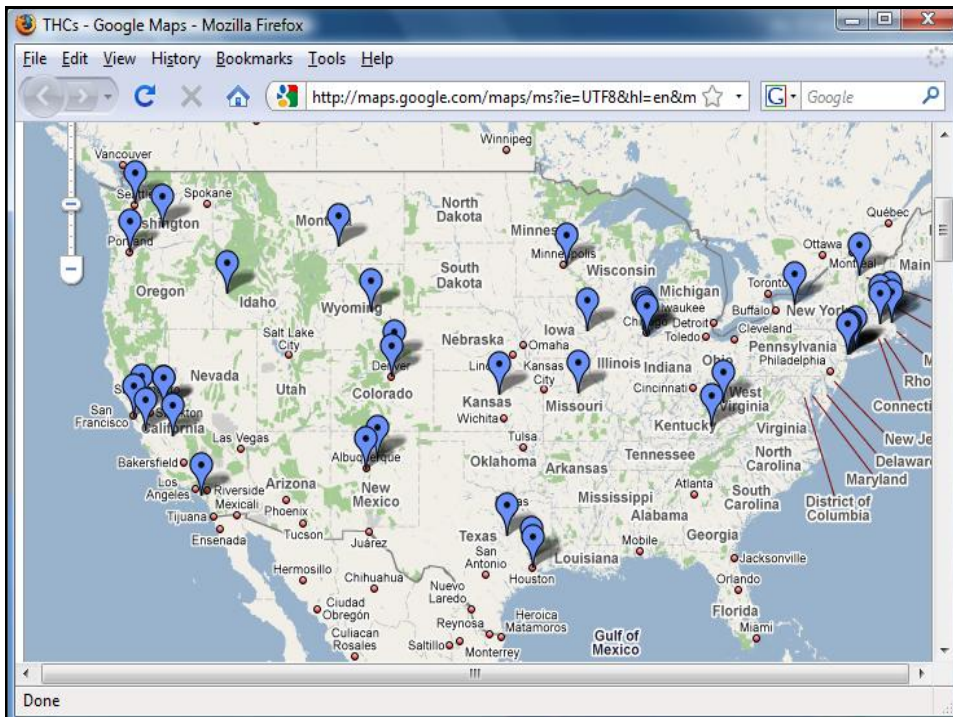


# Characteristics of HC-FMR clinics

- Among HC-FMRs
  - 6% Rural location
  - 39% University-based
  - Average relationship 10.2 years

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# Training residents in HCs: Themes

- Mission
  - Service AND Training
- Money
  - Underfunded to start with
  - Increased administrative costs
  - Decreased productivity
  - Enhanced reimbursement
  - Decreased recruiting costs

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# Training residents in HCs: Themes

- Administrative/Governance complexity
  - ACGME, RRC, AAAHC, JCAHO, HRSA, CMS, etc.
  - HC board vs residency regulation
- Quality
  - Patient care AND residency education
  - Medical home AND evidence-based medicine
- Morris and Chen, Ann Fam Med 2009

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## Summary: HC-FMR affiliations

- Improved HC recruitment
- High Quality Training
- Less than 10% of FMRs
- No growth in 15 years
- Must overcome barriers

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## Guiding principles of model

- A single governance structure to support the mission of service and education
- A 51% community user board
- One CEO responsible for the education AND service mission
- Board responsibility for the entity to meet requirements for underserved community service AND family medicine residency training.

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## Wish List

- 1) Medicaid and Medicare reimbursement based on 100% of allowable costs
- 2) Cost-based reimbursement for educational expenses
- 3) EHC is accredited for GME reimbursement
- 4) Loan repayment and increased salaries for residents and providers
- 5) Funding for EHC startup costs
- 6) FTCA coverage extends to all resident and faculty training locations

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## Financial considerations based on proposed changes for EHC model

- Reviewed costs associated with FMR training in existing HCs in our network
- Estimated cost per resident for training costs were \$250,000.
- Advocate for GME split to hospital and to HC site based on educational expenses incurred in each setting.
- Estimate a substantially higher outpatient clinical revenue than non CHC or EHC sites based on the enhanced clinical reimbursement

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# Advocacy and Politics

- NACHC
- Academic Family Medicine Advocacy Alliance, AAFP
- Medical Education Futures
- AHEC, SEIU, others

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# Traditional GME Model



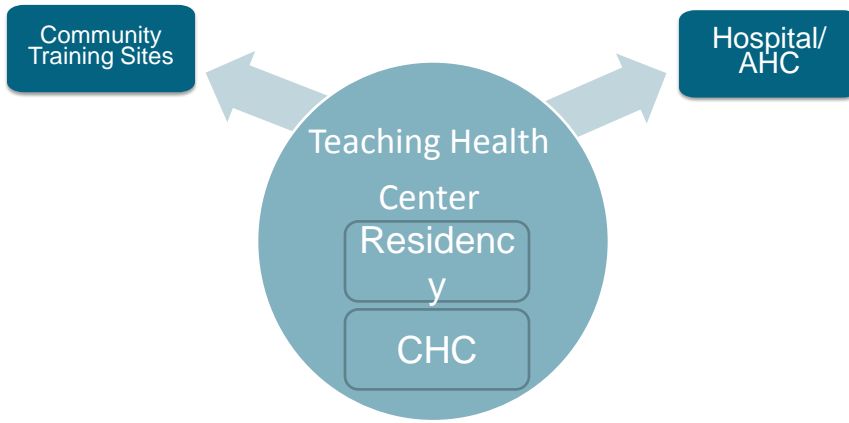
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Community  
Training Site

# THC Model



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# Review Affordable Care Act

- Sec. 5508 of Patient Protection and Affordable Care Act, “Increasing Teaching Capacity”
- Components
  - Section 749A (Title VII), “Teaching Health Centers Development Grants”
  - Section 338C(a), “National Health Service Corps Teaching Capacity”
  - Section 340H (Title III), “Payments to Qualified Teaching Health Centers”

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# What is a Teaching Health Center?

- “Community based, ambulatory patient care center”
- “Operates a primary care residency program”
- Specifically Includes
  - FQHC
  - Community mental health clinics
  - Rural health clinics
  - IHS or tribal health centers
  - Title X clinics

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# What is a Teaching Health Center?

- Primary care residency program includes
  - Family medicine
  - Internal medicine
  - Pediatrics
  - Medicine-pediatrics
  - Obstetrics-gynecology
  - Psychiatry
  - General and pediatric dentistry
  - Geriatrics

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## Development grants

- Authorized grants to cover costs of establishing or expanding residency
  - Curriculum development
  - Recruitment, training and retention of residents and faculty
  - Accreditation
  - Faculty salaries during development
  - Technical assistance

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## Development grants

- Grants up to 3 years, maximum of \$500,000
- Authorized up to \$50m per year
- Preference for AHEC linkage
- Technical assistance grants

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## NHSC Teaching

- Full-time clinical practice
- Up to 50 percent time spent teaching by a member of Corps can count toward service obligation

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## GME Payments to THC

- Part D of title III of Public Health Service Act
- Payments for direct and indirect expenses to qualified teaching health centers that are listed as sponsoring institutions by the relevant accrediting body for expansion of existing or establishment of new approved graduate medical residency training programs.

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## GME Payments to THC

- Appropriated up to \$230 million for FY 2011-2015
- Direct + Indirect expenses
- $DME = \text{Per Resident Amount} \times FTE$
- IME to be determined

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# GME Payments to THC

- In addition to existing Medicare GME
- Do not count against hospital caps
- Do not include hospital time

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# The Big Picture

- Primary care training in CHC's appears to be the most effective way to address the R&R challenge facing underserved communities
- The CHC training model may have implications for influencing physician distribution on a national level
- The impact can be enhanced through collaborative partnerships between CHC's, AMC's, AHEC's, PCA's and PCO's
- Success can and should be a "rising tide" for other health professions

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