

"Developing an Education Health Center"

A Conversation with Kiki Nocella, Ph. D., Consultant, [Education Health Center Initiative](#) (EHCI) and CEO, Believe Health, LLC

Why are more FQHCs working toward becoming education health centers?

With full implementation of the Affordable Care Act, community health centers are going to see their patient load increase significantly. And there's already a looming shortage of primary care physicians that will only get more severe unless CHCs help "grow their own." Research shows that family practice docs who are trained in health centers are **twice** as likely to work in underserved settings and **four times** more likely to work in health centers after completing their residencies.

What is the starting point for a CHC to determine whether or not to become an education health center?

The most fundamental question for a CHC is to decide whether or not it sees **teaching** as part of its mission and how that might fit within the scope of other current programs. Clearly, the CEO, Chief Medical Officer and an experienced residency Program Director are needed to steer the program through the process from conception to implementation, but buy-in from mid-level professionals at CHCs is critically important for success, as well.

What's the thought-process or sequence of decisions to consider along the way?

First, **talk with your own medical staff** about the value of moving in this direction and get their honest feedback, both pro and con.

Thoroughly familiarize yourself with the **accreditation requirements** of both ACGME and AOA for allopathic and osteopathic residencies.

Then look for someone who has **Program Director experience**. These people are "gold" and there aren't that many of them around. But someone with successful experience can save a CHC a lot of time and headaches "re-inventing the wheel."

Also, recognize that you're not alone. There's **expertise out there---through EHCI and other resources---** that can help you navigate through the process. There are some proven models that can be considered and adapted to your unique circumstances.

Meet with **hospital partners** and **academic affiliates** with whom you want to collaborate. Consider their self-interests and how their objectives can be served at the same time yours are being advanced. Look for the "win-win."

What are the funding possibilities for residency programs?

At this time, it's very unclear as to the future of HRSA's Teaching Health Center grant program that we've had for the last few years, so people need to look at other alternatives including Medicare and Medicaid for graduate medical education. Some CHCs have figured-out how to finance the programs through increased clinical revenues. Again, this is where some outside expertise can be invaluable. Dr. Peter Broderick and I have consulted with a number of organizations and consortia and helped piece-together different funding alternatives.

Once you've got a program established, how do you recruit residents?

Recruitment is done through a nationwide system, ERAS, which is sponsored by the AAMC. Once you have an approved residency program you can register with ERAS. Medical students also register through ERAS and select programs at which they would like to interview. Programs decide which of these students they wish to interview and then both programs and interviewees rank each other. This results in a "match list" that notifies the programs and the residents.

Any final words of advice?

Not to be trite, but "where there's a will, there's a way." Every CHC is unique, but there's also much to be learned from others who've "crossed bridges before us." Don't be paralyzed by the challenges, but choose a partner to help you forge through them.