

**Educational Health Centers**

Health Centers and Residency  
Training Programs  
Current and future collaboration

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**Presenters**

- Lil Anderson,  
President & CEO, RiverStone  
Health; Chairman of the  
Board of Directors, NACHC
- Kevin Murray, MD  
Program Director,  
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Residency Training Program

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**Audience Characteristics**

- How many of you work in Health Centers?
- How many of you are in residencies?
- How many of you are with Primary Care Associations?
- How many work in an existing CHC/residency affiliation?
- How many of you find it easy as pie?
- Would any of you like it to be structured differently?

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### What Is It?

- An Education Health Center is a combined Family Medicine Residency and a Community Health Center
- Designed to create models of community-academic affiliations that promote a shared mission of service and education.

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### Why Do This? Residency Closure and Sponsorship Challenges

- At the inception of project, 10% FM programs had closed.
- AAFP indicates most closed for economic reasons
- Many programs struggle for stability in economic support from sponsor and other sources (reimbursement, federal grants, etc.)

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### Initial Questions; An FP Residency Director's Point of View

- Can we find mutual benefit in our respective challenges?
- Don't most of our FMRs see very similar patient populations as Health Centers?
- Don't most of FP residency program directors consider graduates going into Health Center practices as a successful outcome of the training?
- Don't FQHCs get paid lots more money than residencies do for doing the same work? **NO!!**

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### Additional Questions; Initial Steering Committee's Point of View

- Aren't HCs wary of residency programs trying to take them over and "steal" their funding?
- What makes the existing FMR/HC collaborations work?
- What prevents more of these collaborations from working or getting established?
- How can we engage in exploration of this idea with HCs in a truly cooperative and collaborative fashion?

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### Qualitative Research Efforts

- Found common themes around mission, money, and leadership
- Barriers primarily in Governing institutional barriers and Administrative challenges
- Advantages of collaboration in recruitment, improved quality of care, enhanced teaching environment
- Existing FMR in Health Centers have found ways to overcome the barriers and focus on the advantages

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### Research Results on Type of Training Site

- Based on UW graduate survey there was similar satisfaction with residency preparation, spectrum of post graduate practice, and practice satisfaction.
- 2.7 X as likely to work with underserved if CHC site of training
- 3.7X more likely to work in a CHC
- Retention was also higher if the CHC-based training site had openings
- Anecdotal reports of increased provider stability in CHC site that train residents

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## WWAMI Network Ideal / Ideas

- Based on this sought to collaborate on joint vision to reduce the barriers of collaboration without losing the service mission of the HCs or the educational mission of the FMRs
- Hope to result in increased numbers of FPs entering Health Center practices to address their needs
- Hope to stabilize economics of FMRs to address residency needs
- If successful, hope we can jointly advocate for health workforce changes with greater credibility and force

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## Why Do this? Health Center Physician Challenges

- Community Health Centers – 40 year history of primary care to under-served
- Local non-profit, community owned, federally supported
- President Bush's Health Center Expansion Initiative
  - Largest in history
  - Increased patient volume and visit growth
  - Current – 1,100 community health centers serve 18 million patients in 6,600 clinical sites nation-wide
  - Between 2000 and 2006, number of primary care physicians increased by 57%
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## Access for All America – NACHC's Plan Launched Before Health Care Reform

- Bold Plan For the Future
- Imagine a health care system in which every person in America has access to a health care home—no matter who they are, where they live or their insurance status.
- Now imagine that the nation has the opportunity to turn this dream into reality by—preserving, strengthening and expanding America's Health Centers.
- Goal – 30 million by 2015; ultimately all disenfranchise
- 4 pillars – Revenue Enhancement, Workforce Development, Capital Financing, Technical Assistance, and Support Services

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## Health Care Reform

- Presidential Candidates/Party Platforms contain healthcare reform plans
- Congress in agreement – our system is not sustainable
- New system based on primary care/prevention/and cost containment
- Insurance – not Access
- Increased primary care providers need

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## Dwindling Provider Interest in Primary Care

- 51% decline in choice of family practice by medical students
- Between 2000 & 2008 net loss 44 residency programs; 780 fewer filled positions
- Over 700 FP positions open in Health Centers and average over 13 months to fill a position
- Family physicians are the most needed personnel nationally in Health Centers. See Rosenblatt, et. al. JAMA March 1, 2006
- Decline critical to Community Health Center current and future

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## Education Health Centers as Solution

- Strengthen, stabilize, expand workforce development programs
- Foster opportunities for primary care education and training experiences
- Increase exposure to primary care
- Offer opportunities in underserved areas
- Training as interdisciplinary team member

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## Ongoing Working Group

- Created a working group of interested HCs and FMRs in Regions VIII and X
- Abate FMR closures for economic reasons
- Allow Program Directors to focus on training and quality of care rather than economic justification and survival
- Expand the network of clinical sites for care of the underserved and uninsured
- Reduce the shortage of FPs in health centers
- Stabilize the physician staff at existing HCs that adopt this new model
- Develop organizational trust and collaboration to influence future healthcare workforce policy

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## Essential Model Elements

- 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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## List of Desirables/Requests

- 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, if desired
- 7) Regulatory changes that complement the Education Health Center Model

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### NACHC Engagement/Co-creator of Model

- Actively engaged at Portland workshop and multiple meetings since
- NACHC political and clinical leadership enthused about the potential benefits of this model
- Seeking funds support, political support

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### Organized Family Medicine

- Informed
- Supportive, but not yet advocating politically
- Not at the high end of political agenda...yet

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### Demonstration Project?

- Ideally 15 programs as follows:
  - 5 FMR become or sponsor EHCs
  - 5 HCs become or sponsor EHCs
  - 5 existing FMR in CHCs become EHCs
- Measure whether or not the enhanced future HC physician placement occurs and whether or not the service to underserved populations occurs
- Measure the impact on economic and training program stability

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## Current Political Advocacy Efforts

- NACHC actively supporting this request for a demonstration project
- Recently agreed to seek the addition of an Expanded Health Center category under Section 330. This gives the idea of a regulatory "home"
- Some Senators and Representatives seeking input on legislative bills
- The Steering Committee is considering seeking grant of philanthropic funding of non-profit working group to further advance the ideas, educate and advocate for adoption
  - Funding administered through NWRPCA

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## Medical Home in an Education Health Center

- A buzz word topic developed after this project commenced
- FP residencies are expected to train residents in this concept and in practice improvement as well as systems based practice
- Health Centers are REQUIRED to report on quality of many aspects considered part of a "health care home"
- HCs represent the only nationally distributed network with requirements to do this
- This new area of alignment between actual practice and "new" required teaching has emerged since the EHC idea was created. Reinforcing concepts!
- FM residencies sponsored by hospitals frequently need to convince sponsors of this need in order to get funding and redesign of office practices to accomplish it. This is often a challenge.

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## Summary

- Existing collaborations result in markedly higher post graduation entry of FM residents into HC practices.
- Current rules of both organizations make this collaboration difficult.
- GME rules of Federal government favor hospital sponsorship despite greater educational alignment with predominantly ambulatory practices.
- The EHC concept seeks to better align education with service and future practice needs while assisting with the service mission of HCs and adding to financial stability of both organizations.

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