

GME in CHC's

Family Medicine Residency –
Health Center Training

**Creating Effective Administrative
and Operational Structures**

A case-based approach:
Scott Early, MD
Roxanne Fahrenwald, MD
Mike Maples, MD

Game plan

- 20': Introductions and preliminaries
- 75' (25' x 3): Case Presentations
- 25': Q&A

The Cases

- Late contemplative:
 - Valley Wide Health System
 - Alamosa, CO
 - Southern Colorado Family Medicine Program
 - Pueblo, CO
- Early planning:
 - Health West
 - Idaho State University Family Medicine Residency
 - Pocatello, ID
- Advanced planning:
 - Sunrise Community Health
 - North Colorado Family Medicine
 - Greeley, CO

The Presenters

- Roxanne Fahrenwald, MD, MS
 - Senior Vice President, Clinical and Educational Services , Riverstone Health
 - Program Director, Montana Family Medicine Residency Program
 - Roxanne.fah@riverstonehealth.org
 - (406) 247-3306
- Scott Early, MD
 - Program Director, Greater Lawrence Family Health Center Program
 - searly@qlfhc.org
 - (978) 725-7410
- Mike Maples, MD
 - CEO, Community Health of Central Washington
 - Mike.maples@commhealthcw.org
 - (509) 574-6117



Collaboration

- Five elements of successful collaborations
 - Outcomes-based advocacy
 - Vision-focus balance
 - Systems orientation
 - Infrastructure development
 - Community linkages

- (Alexander, et al. Sustainability of Collaborative Capacity in Community Health Partnerships; *Medical Care Research and Review*, Vol. 60 No. 4, 130S-160S)

Outcomes-based advocacy

- Communicate the value (\$ and non\$) of the educational collaboration (internal & external)
 - Recruitment savings
 - Retention
 - New \$\$ to community healthcare
- Identify unique contributions
 - Academic atmosphere
- Leverage early successes
 - Increase credibility/legitimacy/enthusiasm
 - New resources
 - Expanded efforts

Vision-focus balance

- Partners share a compelling vision
- Oriented to action
 - Big picture perspective
- & avoiding distraction
 - Funding “opportunities”
 - Service “opportunities”
 - Educational “opportunities”

Even if you don't know where you are going, be sure that you know who you are.

Systems orientation

- Partners assist one another to understand the broad determinants and multiple facets of health in the community
- Educational program is uniquely positioned to serve as a catalyst and broker collaborations

Infrastructure development

- Partners must appreciate the need to properly capitalize the collaboration
 - Breadth and depth of leadership
 - Dedicated staff
 - Sources of capital
- Employment, roles, responsibilities, and powers

Community linkages

- Integration into the local ecology of health and human services
- Institutional ownership
- Broad based participation in the community

Case #1



- Valley Wide Health System
 - "Complete Affordable Health Care--Close to Home"
 - Alamosa, CO
- Southern Colorado Family Medicine Program
 - Pueblo, CO

Valley Wide Health System

- Serving southern Colorado for over 30 years
- Now with 14 sites & a large voucher program
- Approx. 40k users and 100k encounters
- GME focus: the San Luis Valley Region
 - 8 clinics: esp. Alamosa FMC
 - OB (300 deliveries), women's health, Fam Med
 - Sierra Blanca Med Ctr
 - Large Family Medicine center, opened 3 y ago

VWHS cont'd

- Community
 - Pop. ~11000 (includes ~4000 students of Adams State College)
- Service area: ~150k (SLV region 50k)
- Hospital: San Luis Valley Reg. Med. Ctr.
 - 50 beds
 - Rural/Disproportionate share/Non-Profit
 - Major employer of specialty physicians

Southern Colorado Family Medicine Program (Pueblo)

- Over 30 years training FP's to meet the needs of rural Colorado
- Accredited MD residency and DO internship

Envisioned Future

- New training initiative
- 2 residents per year
- First year: Pueblo
- Year 2 & 3: Alamosa (1:2 program)
- Start: 2010

SWOT Analysis

- Strengths
- Weaknesses
- Opportunities
 - Threats

Strengths

- Both organization have a long history in the same region
- Both share a mission devoted to rural and underserved populations
- The organizations have a long history of collaboration in medical education
- Valley Wide has had significant success in recruitment related to existing student and resident participation

Strengths cont'd

- Historical relationship of VW and SCFM
- Good patient volumes and case mix
 - 300 deliveries/yr (of 600 in community)
- Strong interest amongst medical staff
 - And willingness of Hospital/Employer to have them participate
- VW is financially independent
- Teaching hospital is non-profit

Strengths cont'd

- Innovation
 - Possible housing for residents
 - Participation in PharmD program enhances FMR education

Weaknesses

- 1:2 model is a tough sell
- Distance and difficulty of travel from the satellite to the mother ship
- Rurality
- Resident isolation
- Participation in didactics
- Faculty recruitment – Pueblo & Alamosa

Weaknesses cont'd

- Hospital relationship
 - Trust and cooperation
 - Restricted service to VW patients (referrals & outpatient services)
 - Competition over issues such as hospitalist services
- Development of financial and administrative models

Opportunities

- Recruitment and retention
- U. Colorado program for early ID of rural primary care interest
- UNM/Albuquerque strong rural programs
- New osteopathic school (Rocky Vista) grads in 2012
- Other med school expansions and primary care initiatives

Opportunities cont'd

- Recruitment
 - VW has had remarkable recent success in FM recruitment – promise of future teaching program
- Hospital relationship
 - Working toward a common good
 - New money to community
 - Improved patient service and quality



Threats

- SCFM needs more FP faculty
 - Difficult recruiting
- Changes to GME funding mechanism
- Student interest
 - Family Medicine
 - Rural
- Hospital financial picture
 - Support to employed providers
 - Conflict with VW re: unfunded patient needs

Next Steps

- Financial pro formas for hospital GME
 - Requires projected curriculum development
- Hospital collaboration & buy in
- Define operational & admin structure
 - Authorities & reporting relationship for PD
- Define timeline
 - Communicate & adhere

Case #2 Health West & Idaho State Family Medicine Residency

Pocatello, ID

Health West

- Federally-funded CHC
- Established in 1975
- Mission: “dedicated to providing high quality health care for all, regardless of a patient’s ability to pay.”
- 6 primary care sites, many community outreach programs
- ~20,000 patients

Idaho State University Family Medicine Residency

- Community-based, university-affiliated, 6-6-6 program
- Established in 1992
- Residency clinic at Portneuf Medical Center
- ~18,000 patients cared for by faculty and residents

Idaho State University Family Medicine Residency

Mission: "...to provide a collegial learning environment in which residents become mature, competent and compassionate family physicians...The Residency will provide comprehensive training in a broad range of practice settings **with an emphasis on the care of under-served populations** in Idaho and the Intermountain West. The Residency is committed to clinical excellence through residency training, research, and patient services.

Other Stakeholders

- Current Residents
- Patients
- Residency Clinic Staff
- Portneuf Medical Center
- Legacy (for-profit hospital management company in merger negotiations with Portneuf Medical Center)

Current collaborative efforts

- Two Health West sites serve as OB training sites for Idaho FM residents
- Health West physicians share call with residency faculty
- Residents take after hours phone calls for Health West patients
- Residents cover many Health West patients in the hospital

The Proposal

- The current residency clinic will become a site of Health West
- Sponsorship of the residency will remain through Idaho State University Dept. of Family Medicine
- Financial support for residency training will flow in proportion to the time residents spend in clinic
- Start: 2010?

Individual and joint goals for an affiliation – what is each party hoping to accomplish?

- Health West:
 - Access to IT and quality expertise of Pocatello Family Medicine
 - Enhanced recruitment and retention of providers
 - Economies of scale
 - Aligned with mission
- Pocatello Family Medicine:
 - Mitigate operating loss of residency clinic
 - Expanded educational opportunities for residents
 - "Better model for access in South East Idaho"
 - Alternative to future under new, for-profit hospital management

Current Status

- CHC and Residency leadership, Idaho St. University, Hospital Administration broadly in agreement that affiliation will be beneficial
- Questions/issues not yet resolved (Selected)
 - Whether to seek a "change of scope" under current federal funding or to seek new site funding for Health West
 - Numerous issues related to transition of hospital employees to CHC employees
 - Financial issues in early stages of discussion

Questions/issues not yet resolved – cont'd

- This creates two Pocatello Sites. Whether and when to merge to single site to be decided
- Naming - What will the new clinical site be called?

Analysis

- Positive forces
- Challenges/negative forces
- Are the goals realistic?
- Who benefits the most? Who stands the most to lose?

Analysis - Positive forces

- Similar Missions
- Leaders of the CHC and the Residency have respect for each other and shared goals and vision
- History of positive, collaborative work together
- Some opportunity to save money

Analysis - Positive forces

- Possibly better reimbursement rates as a CHC compared to a hospital-based clinic
- Other benefits of CHC's
 - Access to 340B pharmacy program
 - Support for free-care via federal 330 expansion grant
- The Chairman of the Health West Board of Directors is a prior faculty member of the ISU residency

Analysis - challenges/negative forces

- Merging cultures never easy
- Fear of change
- Significant resistance/resentment possible among current residency clinic staff
- The Residency Health West site will be significantly different compared to other Health West sites.

Analysis - challenges/negative forces

- Joint Venture between for-profit Legacy and Portneuf Health Care Foundation not complete and somewhat of a wildcard
- Finances are complicated
- Financial gains/losses not entirely clear

Are the goals realistic?

Yes!

(Depending)

Analysis - Who benefits the most?

- The Medical Center rids itself of a \$350,000 loss
- CHC
 - expands operations and achieves economies of scale
 - enhances reputation locally,
 - Gains IS expertise, enhanced recruitment and retention

Analysis - Who benefits the most?

- Community:
 - Strengthened Community Health Center
 - expanded (or at least protected) access to care for underserved
- ISU:
 - residency clinic run by known partner (compared to unknown Legacy)

Analysis - Who stands to lose the most ?

- Current non-faculty and non-resident staff members of the Residency Clinic
 - Will change employers (different salary structure, benefits, expectations, culture)
 - Some positions may be lost or consolidated
- Residents and faculty:
 - may also perceive a loss of control and loss of educational focus

Recommendations

- Continue current collaborative meetings and communication
- Continue to discuss and reinforce how this benefits each organization. Be explicit about it.
- Involve everyone – early and often
- Be clear about how success will be defined and how it will be measured.
- Identify and educate everyone involved about the practical and cultural differences between CHC's and residency programs.

Recommendations

- Be clear about the money issues –
 - realistic resident productivity
 - The precise formula for how much money flows between Hospital, the Dept of Family Medicine and Health West
 - How future changes in GME funding will be dealt with
 - time needed by faculty to do things other than see patients and supervise residents seeing patients
 - resident scheduling issues, overhead, etc
- Avoid the “opportunity cost trap”

Recommendations

- Have a clear agreement/understanding about resident recruitment, ranking, and what to do if the program doesn’t fill in a particular year.
- Look for synergy. Avoid the “Service versus education” trap.
- Assuming initial success, never forget to “dance with the one who brung you”

Case #3 North Colorado Family Medicine & Sunrise Community Health

Dr. Roxanne Fahrenwald
Mitzi Moran
Dr. Mark Wallace

Collaboration Themes

- Leadership
- History
- Ownership and control
- Organizations' missions
- Communication – official and unofficial
- Change
- Outcome focus vs process focus - timeline
- Outside view?

Collaboration Themes

- **Just Do It**
 - Identify Key Leadership
 - Identify constituents
 - Communicate desired outcome
 - Seek input from constituents
 - Set timeline
 - Communicate clearly, consistently and often
 - Teams to evaluate and direct processes
 - Involve everyone
 - Celebrate process and progress

The Collaborators in Greeley, CO



- Sunrise Community Health (Sunrise)

- North Colorado Family Medicine
Residency (NCFM)

- Banner Health / North Colorado Medical
Center (Banner)



- NCFM established in 1974
 - Full scope family medicine
 - Successful rural and underserved mission
 - Strong procedure training
 - Community Health and Rural tracks since 1992
 - 30k sq foot office building in 1997
 - 42k visits; 24 residents; 10 MD faculty; 3 NP faculty; 2 Behavioral Health faculty; 40 employees
 - Sponsoring hospital promoting residency scope meet local community needs
 - > 50% patients served are safety net patients

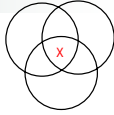


- Sunrise established in 1973
 - 7 sites; 110k visits; 25k patients; 200 employees
 - New 60k square foot clinic – 40k for patient care with 20k undeveloped
 - History of growth in service for large underserved community
 - Integrated Behavioral Health, Dental, Public and Primary Care Services and Electronic Health Record
 - Desire to expand scope of services to meet patients needs
 - History of affiliation with NCFM since 1992
 - Workforce development strategy



- Banner acquired management contract for NCMC in 2000
 - National hospital system -- specialty hospital service model
 - Envisions primary care as outpatient feeder to hospital specialty service lines
 - Wants NCFM scope to match Banner mission and the local community needs
 - New competition in region
 - Working with local hospital Board
 - \$2m contribution to safety net in 2007

Where the Venn Diagram Converges



- Growing patient population has many needs and limited resources
- NCFM desires to maintain scope of practice and training
- Sunrise desires to meet needs of underserved population and to expand scope of services, has space to grow, has workforce development strategy
- Banner values robust safety net capacity
- Community vision of health care excellence

Challenges



- Matching missions
- Responsive leadership with vision
- Complex decision making
- Administrative changes at hospital and residency
- Communication across multiple agencies
- Financial limitations
- Fear of change and the unknown

Tools



- Business plans
- Research
- New leadership
- Consultant
- Implementation Team
- Project Plan: governance, finance, education, operations, human resources, IT, communications
- Local patient data: GIS origin mapping, community needs assessments
- Blogging
- Decision deadline

Creating an
Educational Health Center
to meet our community's needs.



Education improving **service**
service improving Education
