

The Education Health Center Initiative

Education Health Center Initiative Survey: **Executive Summary**

Background

The Education Health Center Initiative (EHCI) is a partnership between the Northwest Regional Primary Care Association and the University of Washington Family Medicine Residency (FMR) Network/UW Department of Family Medicine, with the Community Health Association of Mountain/Plains States also participating as an advisory partner. EHCI's mission is two-fold: to facilitate the recruitment of family physicians to health centers and to offer increased stability to residency programs, through the formation of Education or Teaching Health Centers (EHCs or THC). EHCs/THCs are Community Health Centers (CHCs) that have committed to training residents at their centers, either through a collaboration with an existing residency program or through establishing one of their own. EHCI project research has shown that physicians 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 residency. EHCI gives CHCs and FMRs the opportunity to understand the issues and find needed resources around the complexities involved in partnering.

In the winter of 2010, EHCI conducted a survey of CHCs and FMRs in federal Regions VIII and X to document both existing partnerships that form an Education or Teaching Health Center (EHC) and the potential interest for new programs. This included determining what resources current programs have available and what legal, financial, administrative, and other resources would be needed by programs that aren't yet established.

What is The Education Health Center Initiative?

The Education Health Center Initiative provides materials and information for partnerships between Family Medicine Residencies and Community Health Centers, which educate physicians while contributing to the stability of the primary care safety net.

Visit www.teachinghealthcenter.org for more information

Survey response and EHC interest

The survey was received by 62 organizations (CHCs and FMRs) in Region VIII, 78 groups in Region X, and 16 FMRs from the WWAMI (WA/WY/AK/MT/ID) residencies. Of those who received the survey, the overall response rate was 64.10%. Responses were highest among the WWAMI residencies, at 93.75%, and at 73.08% and 45.16% in Regions X and VIII, respectively.

Of those who responded, 17 were FMRs, 15 of which were from WWAMI and 2 of which were University of Colorado FMRs. A third of these FMRs currently have an existing continuity clinic at a CHC, and another almost quarter (23.53%) are affiliated with a CHC or are in-process of affiliating. The same number of FMRs are interest-

ed in affiliating or uncertain about their interest (17.65%), while only 2 (11.76%) were entirely uninterested in affiliating with a CHC to become an EHC.

The remainder of the responses were from CHCs. Interestingly, the number who considered themselves "an EHC/in-process of becoming an EHC" (N=31 or 37.35%) or were interested in establishing a residency or a relationship with an FMR (N=33 or 39.76%) far surpassed the number who were uncertain (N=18 or 21.69%) or uninterested (N = 1 1.21%) in establishing such a relationship.

Target Group	Replies	Adjusted Population	Response Rate
Region VIII	28	62*	45.16%
Region X	61	88**	69.32%
WWAMI Residencies	15	16	93.75%
Total	104	166	62.65%

* Original Region VIII mail list was 58. Added 2 from UCFMR, 1 extra reply from Custer County CHC and 1 extra reply from Valley CHC.

** Original Region X mail list was 84. Added 1 extra reply for ICHS, 1 duplicate reply for Grace Wang (ICHS), 1 duplicate reply for Desmond Skubi (ICHC), and 1 duplicate reply for Peg Crowley (CHC, Inc.).

Family Medicine Residencies: 17 responses***

Existing Continuity Clinic at CHC	Affiliated with CHC or In-Process	Interested in Af-filiating	Uncertain	Uninterested
5 (29.41%)	4 (23.53%)	3 (17.65%)	3 (17.65%)	2 (11.76%)

***(15 WWAMI, 2 UCFMR)

Community Health Centers: 87 responses

EHC or In-Process	Interested in Establishing Residency or Relationship	Uncertain	Uninterested
32 (36.78%)	35 (40.23%)	19 (21.84%)	1 (1.15%)

Organizations with existing or in-process programs or affiliations

Organizations with existing or in-process programs or affiliations were asked about tools that they have used or produced in the process of becoming an EHC. Multiple FMRs reported that NACHC consultants and institutional collegiality were some such tools. In-house tools, such as curricula, orientations, resources, policies and agreements were mentioned both by an FMR and by several of the CHCs that fit into this existing/in-process category. General experience and self-published posters and presentations also came up multiple times among the CHCs, while the UWFM Network Faculty Development Fellowship, practitioner data, SWOT analysis, and workforce needs were each noted once.

These organizations were also asked about what assistance they feel that they need as part of an EHC. Both FMRs and CHCs noted that funding/resources, models (e.g. business models, knowledge base) and clarification of rules and policies were needed to enhance the working relationship. FMRs also cited that communication and trust, consulting groups, and support for an associate director position were necessary. CHCs, on the other hand, were very interested in balancing teaching and productivity, defining and enforcing affiliation agreements/contracts, and finding residency partners. One CHC also mentioned that access to online journals was needed.

Tools Used or Produced

Family Medicine Residencies (9)	Community Health Centers (32)
NACHC consultants (2) Institutional collegiality (2) In-house tools, curricula, orientations, resources, policies, and agreements (1)	In-house tools, curricula, orientations, resources, policies, and agreements (6) General experience (4) Self-published posters and presentations (4) UWFM Network Faculty Development Fellowship (1) Practitioner data (1) SWOT analysis (1) Workforce needs (1)

Assistance Needed

Family Medicine Residencies (9)	Community Health Centers (32)
Communication and trust (1) Consulting groups (1) Funding (1) Models (1) Rules Clarification (1) Support for assoc. director position (1)	Models/business models/knowledge base (9) Funding/resources (8) Balancing teaching and productivity (6) Defining and enforcing affiliation agreements/contracts (3) Finding residency partners (3) Rules/policies clarification (3) Access to online journals (1)

Organizations interested in affiliating or creating programs

Goals for creating an EHC partnership were elicited from organizations who were interested in affiliating or creating programs. Each of the 3 FMRs in this category had different goals: use residency to serve CHC population; CHC attached to residency, under residency director governance; integrate residents into existing CHC. Many of the CHCs, however, had similar goals. A large number (12 of 35) were interested in having an occasional clinical rotation and a large number were interested in a jointly-managed continuity clinic (10 of 35). A handful of each were also interested in hosting and managing an independent program, having a single resident in an ongoing monthly rotation, and having multiple

residents in the same type of rotation.

Organizations who fell into the “interested” category were asked what assistance they needed to move to the next step of becoming part of an EHC. Funding/resources was mentioned by both FMRs and CHCs. One FMR mentioned autonomy as a need, and another requested general information. As was true for those who already were part of an existing EHC, there was a strong interest among CHCs for models/business models/knowledge, consulting, and finding residency partners.

Goals

Family Medicine Residencies (3)	Community Health Centers (35)
Use residency to serve CHC population (1)	Occasional clinical rotation (12)
CHC attached to residency, under residency director governance (1)	Jointly-managed continuity clinic (10)
Integrate residents into existing CHC (1)	Host and manage an independent program (5)
	Ongoing monthly rotation, single resident (5)
	Ongoing monthly rotation, multiple residents (3)

Assistance Needed

Family Medicine Residencies (3)	Community Health Centers (35)
Autonomy (1)	Models/business models/knowledge base (15)
Funding (1)	Consulting (8)
General Information (1)	Finding residency partners (5)
	Funding/resources (3)

Uncertain/uninterested organizations

Organizations who reported that they were uncertain about forming a partnership or uninterested entirely were asked for their reasoning behind this sentiment. The FMRs in these categories (5) commented mostly about such a partnership being a burden – either on resources, productivity or time – or made a comment about experience. One felt that their residents got sufficient experience, one cited a prior bad experience, and another cited a prior bad experience of a peer organization. Only one mentioned that they were uncertain about the interest of the residency sponsor.

The reasons for uncertainty and disinterest among CHCs were much more related to issues of resources. For example, many mentioned staff/provider shortages, burden on resources/productivity/time, remote location, financial distress and size. Conflicting mission or governance between the FMR and CHC was also mentioned more than once. One CHC mentioned that they had a prior bad experience in a relationship with an FMR.

Reasoning

Family Medicine Residencies (5)	Community Health Centers (20)
Burden on resources/productivity/time (2)	Staff/provider shortage (6)
Existing, sufficient resident experience (1)	Remote location (3)
Peer experience (1)	Burden on resources/productivity/time (3)
Prior experience (1)	Conflict with mission/governance (2)
Uncertainty about interest of residency sponsor (1)	Financial Distress (2)
	Size (2)
	Prior experience (1)

Thank you to all those who participated in the
Education Health Center Initiative Survey!

This work was supported in part with funding from the Washington
Academy of Family Physicians Foundation

For more information about Family Medicine Residencies:

Ardis Davis
Assistant Director, WWAMI Family Medicine Residency Network
425-423-0922
adavis@fammed.washington.edu

Kevin Murray
Director, Tacoma Family Medicine
253-403-2377
kevin.murray@multicare.org

For more information about Community Health Centers:

Steve Seely
Development Manager, Northwest Regional Primary Care Association
206-783-3004 ext. 15.
sseely@nwrpca.org

Visit our website:
www.teachinghealthcenter.org



The University of
Washington Family Medicine
Residency Network

Nancy Stevens
Director

Ardis Davis
Assistant Director



The University of
Washington Department
of Family Medicine

Jim Davis
Chair



The Northwest
Regional Primary Care
Association

Bruce Gray
CEO

Steve Seely
Development Manager



The Community Health
Association of Mountain/
Plains States

Julie Hulstein
Executive Director