Teaching Health Centers

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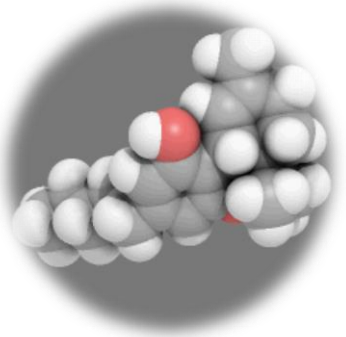
FAMILY HEALTH CENTERS AT NYU LANGONE

NEMS NORTH EAST MEDICAL SERVICES 東北醫療中心
a california health center

EL RIO HEALTH

THCGME



- The National Center for Health Workforce Analysis projects the total demand for primary care physicians will grow by 38,320 full-time equivalents (FTEs) between 2013 and 2025, estimating a shortage of 23,640 primary care physician FTEs by 2025[1].

- The THCGME Program was established in 2011 to support the expansion of primary care medical and dental residency training in community-based ambulatory settings.

- The initial 5-year, $230 million THCGME appropriation ended on September 30, 2015, and the Medicare Access and CHIP Reauthorization Act of 2015 provided $60 million in THCGME program funding for each of fiscal years (FYs) 2016 and 2017.

- The Bipartisan Budget Act of 2018 appropriated $126.5 million for the THCGME program for each of FYs 2018 and 2019.

- Teaching Health Centers are located predominantly (80 percent) in community based health centers, such as Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, Rural Health Clinics, and Tribal Health Centers that provide primary care services in underserved areas.

1. U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2016. National and Regional Projections of Supply and Demand for Primary Care Practitioners: 2013-2025. Rockville, Maryland.

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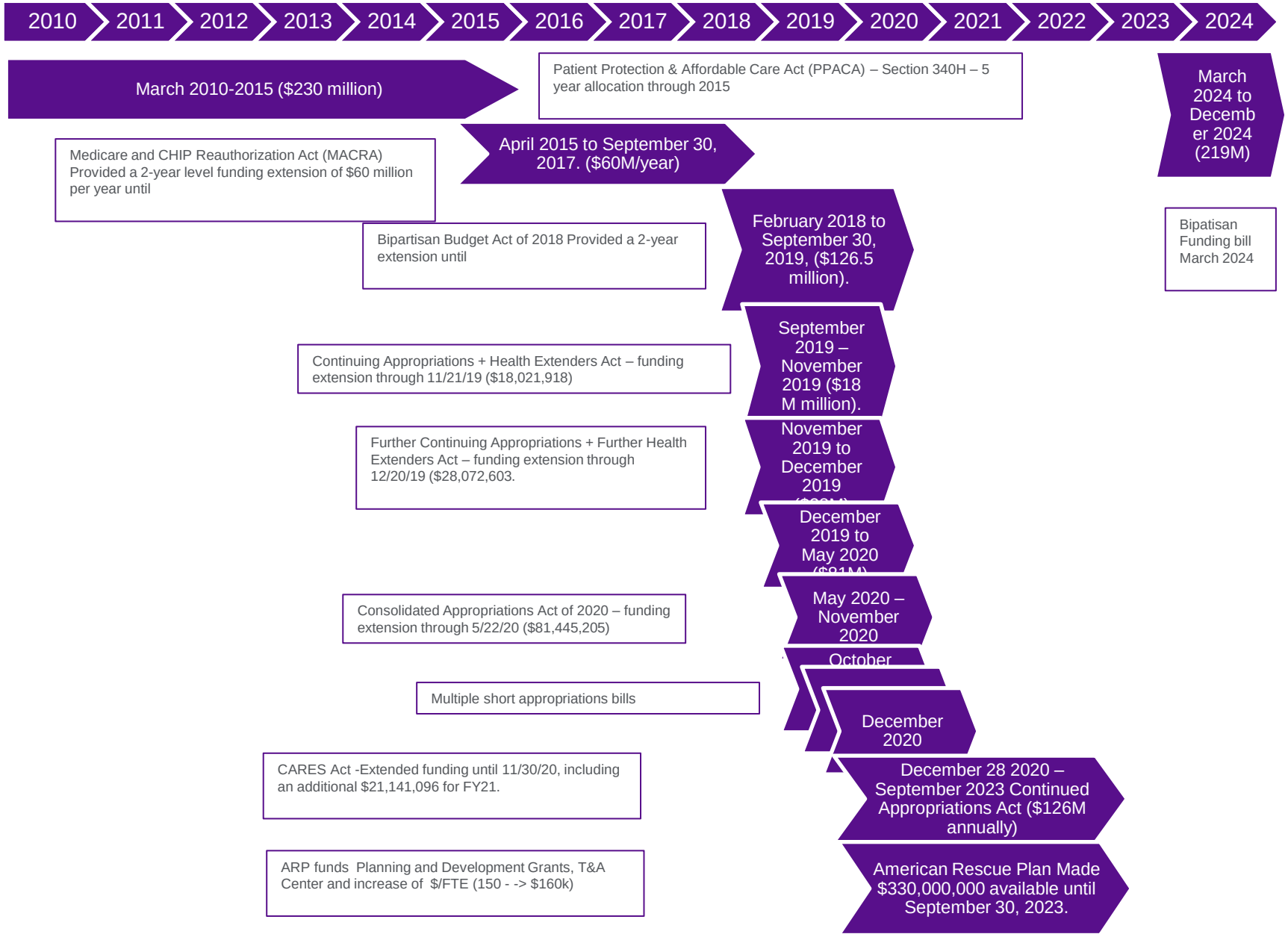
Teaching Health Centers: Federal Funding Timeline and Background



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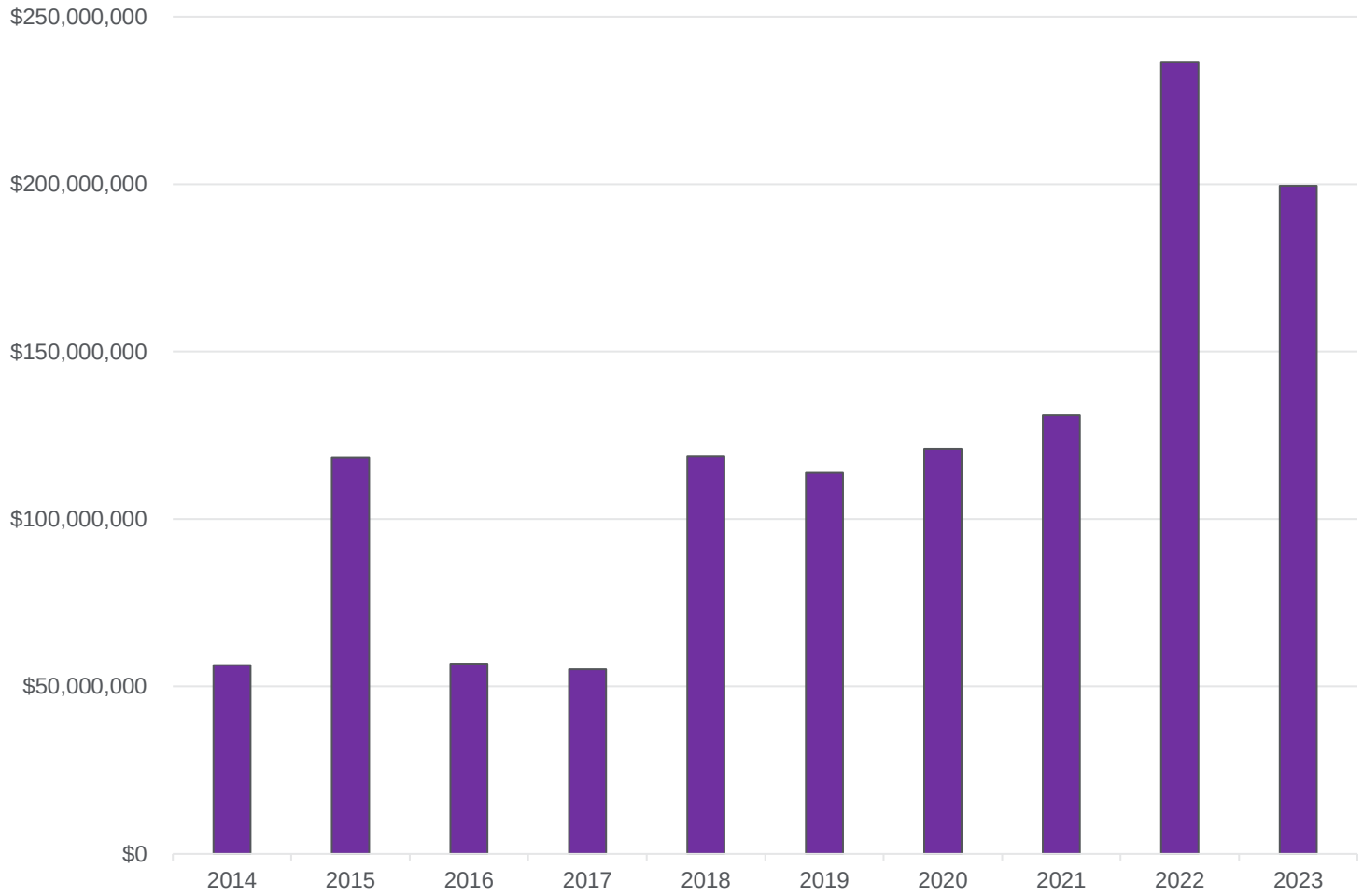
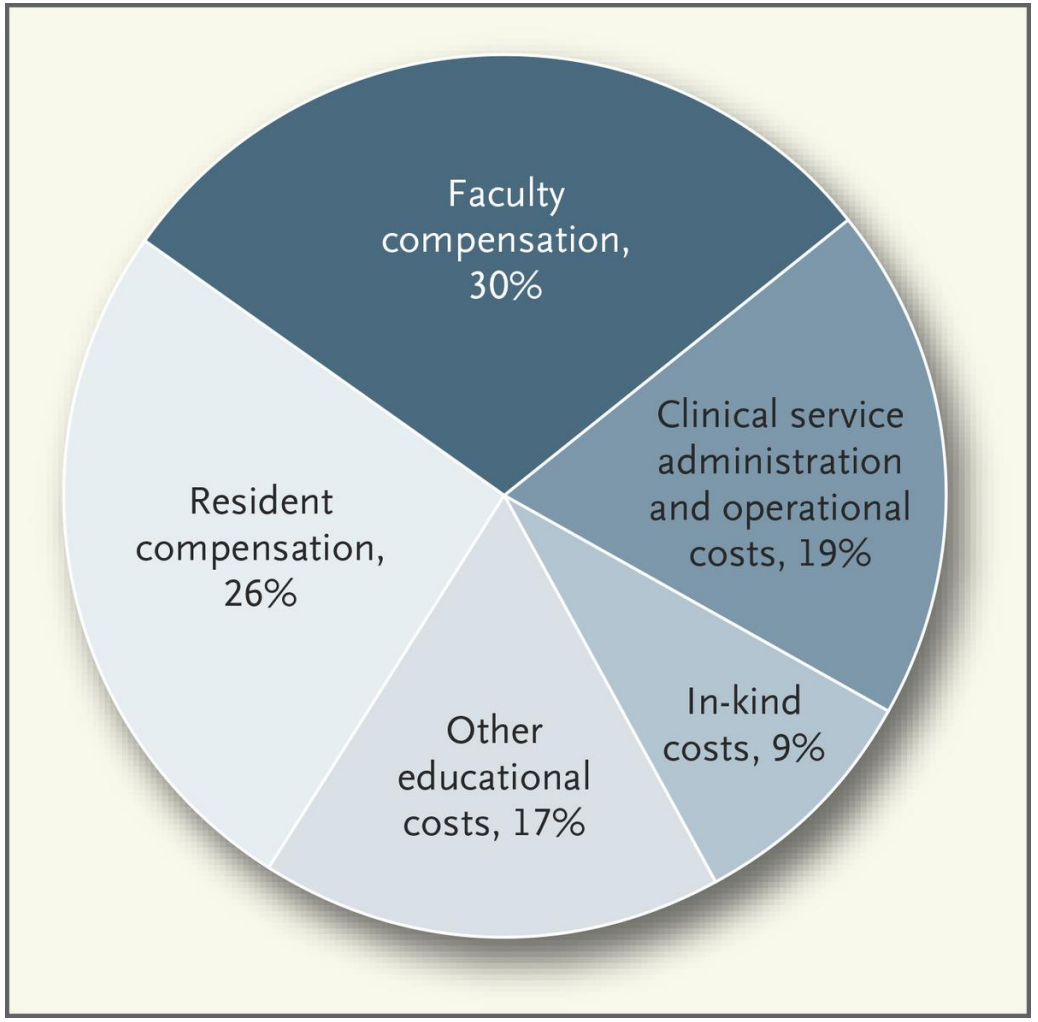
Teaching Health Centers: HRSA Spent Dollars Timeline



2024:
$219M in the CR ($160M, $59M previous dollars)
Plus the $60-90M unspent from prior years and ARP

Teaching Health Centers: Breakdown of Funds Use



Teaching Health Centers: 2017 Expense/Revenue Evaluation

Expenses and Revenues per THC Resident.*		
Variable	**No. of THCs**	**Median ($)**
Expenses for academic year 2013–2014		
All programs	26	244,730
New programs	18	244,730
Expansion programs	8	246,358
Revenues for academic year 2013–2014		
All programs	26	46,535
New programs	18	31,503
Expansion programs	8	111,267
Estimated resident cost in fiscal year 2017		
All programs	26	157,602
New programs	18	169,339
Expansion programs	8	144,999

* Expense and revenue estimates reflect academic year 2013–2014 data unadjusted for cost of living. Estimated resident cost was adjusted by a cost-of-living factor to reflect fiscal year 2017 expenses of gross costs less revenues. Other adjustments were made for the complement of residents and program size.

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Grant Requirements (Program funding and the relation to ACGME)

- Continued grant funding is based on submission of required annual data and narrative request to Bureau of Health Workforce (BHW)

- This involves **EHB submission** of an **Annual Report** and **Reconciliation** which is due by *August/September*.

- The **Annual Report** is a structured performance narrative limited to 15 pages. This includes a biography for residents (incoming and graduating), changes in the program, sustainability plan, and supporting documentation.

- Examples of supporting documents include: latest **ACGME accreditation document**, individual block schedule, policy documents (usually centered on leave/vacation), **PLA** and documentation *detailing the fiduciary responsibility that residents in the program are **not** accounted into hospital based GME funding requests* (this has been provided by the NYU SoM GMEC office).

- The **Reconciliation** data requested varies, but these past three years have been consistency within certain data fields.
  - Aside from demographic data, questions asked were: “how many patient encounters in the clinic and inpatient setting”, time spent in rural/urban/academic setting, training methods, participation with the community (e.g. hours spent in non clinical settings), and opioid training.

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Program funding and the relation to ACGME

- Budget spending is internal and has only been requested from THCGME for the competitive application funding round
- Funding is designated through NOAs in block installments
- Funding is based on FTE formulation from total number of FTEs within all programs and divided by allocated congressional funding and spent down through HRSA
  - Each FTE is $160,000 of allocated funds
  - If programs drop out or unable to fill FTEs funding that was allocated for a block round will be redistributed to the funded programs
- **All budget items must meet approved Federal Government spending standards**
- If a resident is unable to train for a prolonged absence, BHW will request remittance for funds not used during the absence (resident FTE time is documented within the annual Reconciliation report)

In order to remain eligible for funding the THCGME grantee **must have** ACGME accreditation

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Skeletal Requirements for Residency Administration

ACGME reporting

1. Annual ADS data update (narrative) (August)
2. Bi annual Milestone submission into ADS (December and July) based on a **C**linical **C**ompetency **C**ommittee [CCC]
3. ACGME Program Survey (February –April) (Resident and Faculty Survey)
4. 10 year self study which as an accumulation of the **A**nnual **P**rogram **E**valuation [APE] and **P**erformance **I**mprovement **P**lan [PIP] for the past years
5. The APE is based on a mandated annual meeting called the Annual Program Review Committee

ABIM

1. ABIM-Fast track –ABIM portal to allow resident to become board eligible (July/August)

Recruitment (aside from interviews)

1. AAMC-ERAS- to select candidates (opens in September/October)
2. NRMP- to match candidates (match day in April results due in by February-March)

Program

1. ACP-ITE- American College of Physicians In service Training Exam (September)

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Steps towards GME Consortium

1. PLA should be backbone of agreement to use not only hospital facility and faculty but to have some commit clause regarding providing education services to residents
2. Consider Business Agreement or MOU depending on how payment for services rendered to be imagined
3. Must have a stipulation regarding insuring the THCGME residents are not submitted towards GME-CMS funding request vis a vis IRIS
4. Personal Investigator should be considered Program Director but not necessary
5. Hospital CMS Physician time study and subsequent cost report should be wary of contracted faculty and grant supported faculty regarding double dipping for time spent

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Family Health Centers at NYU Langone

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Graduate Medical Education

- **HRSA Teaching Health Center Psychiatry Residency Grant (12 FTE)**
- **HRSA Teaching Health Center Internal Medicine Expansion Grant (36 FTE)**
- **Largest CODA Accredited Dental Residency Program in the US (483 FTE)***

*Dental GME is not THC Dollars

FAMILY HEALTH CENTERS AT NYU LANGONE

Our Mission

Create a provider workforce of population health minded primary care providers who are well equipped to practice Internal Medicine in diverse, challenging, disparate environments within the framework of patient centered, high value quality healthcare.

Academically supported by the NYU School of Medicine, the FHCNYU program shares the common virtues of ***service***, ***teaching*** and ***discovery***.

Service to the community- through educational and experiential programming, residents will learn about community needs, services and social determinants of health impact on providing care to patients who they treat.

The mission to teach- resident curriculum focuses on the resident as a teacher, whether to their peers, or to patients within the community.

Lastly the voyage of discovery- resident physicians within their matriculation are given numerous experiences and opportunities to work with complex chronically ill patients in nontraditional clinical settings. By having clinical rotations in homeless shelters, working with Ambulatory ICU teams or in HIV and addiction medicine clinics, residents will have the opportunity to heuristically learn the mercurial challenges of working within low socioeconomic neighborhoods.

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What makes the programs unique?

- As opposed to traditional residency program which rely on CMS GME calculations for program payment of Direct and Indirect costs, the THCGME program is grant funded based on FTE of resident provider
- The Grant is sponsored by Bureau of Healthcare Workforce (BHW) under the Health Resource Services Administration (HRSA)
- The grant has annual reporting requirements for continued funding and relies on the grantee to be a Federally Qualified Health Center or a HRSA designated Rural Health Center
- Given funding is directly related to FTEs for the program, revenue stream is independent of Medicare patient population (and does not require cost reports to determine annual prospective funding)
- Grant eligibility requires ACGME accreditation for the institution to sponsor a residency program in the given specialty. Thus the current table of organization post NYU-Lutheran Merger.

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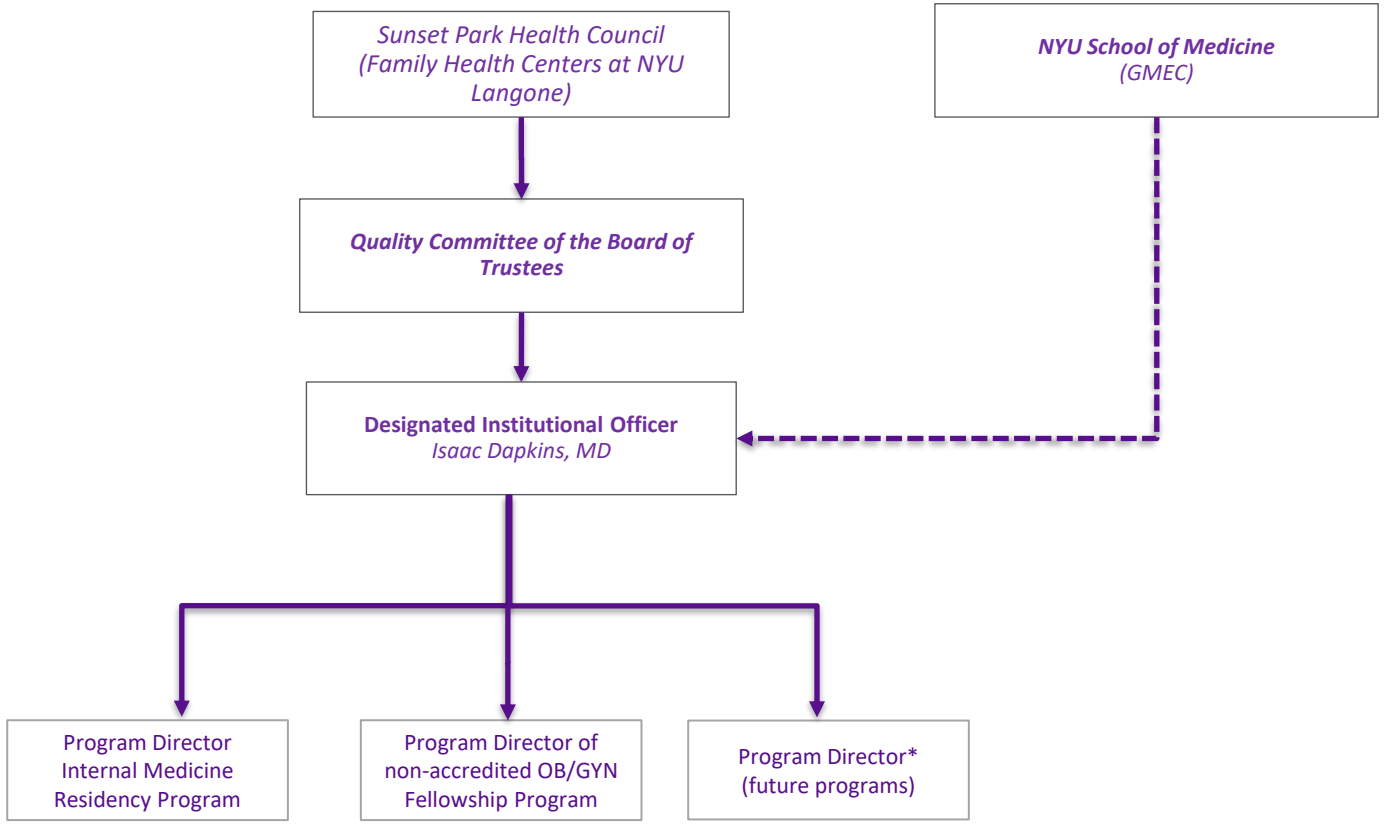
FHC GMEC
Org Structure



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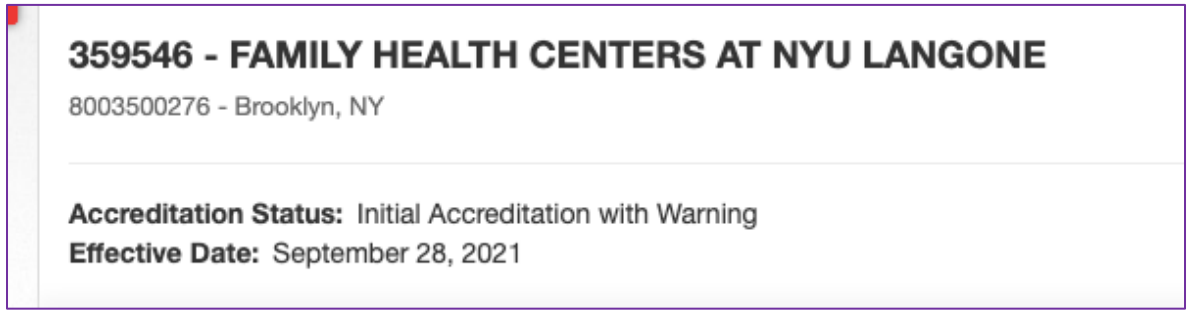
ACGME Institutional Overview



Initial Accreditation with Warning 11/2021.

- **Citations (6)**
  - **Structure for Educational Oversight**
    - **Sponsoring Institution**
  - **Structure for Educational Oversight**
    - **GMEC**
  - **Support Services and Systems**
    - **Non Teaching Obligations**
  - **Support Services and Systems**
    - **Transport**
  - **Learning and Work Environment**
    - **Ability to Raise Concerns**
  - **Learning and Work Environment**
    - **Duty hours**

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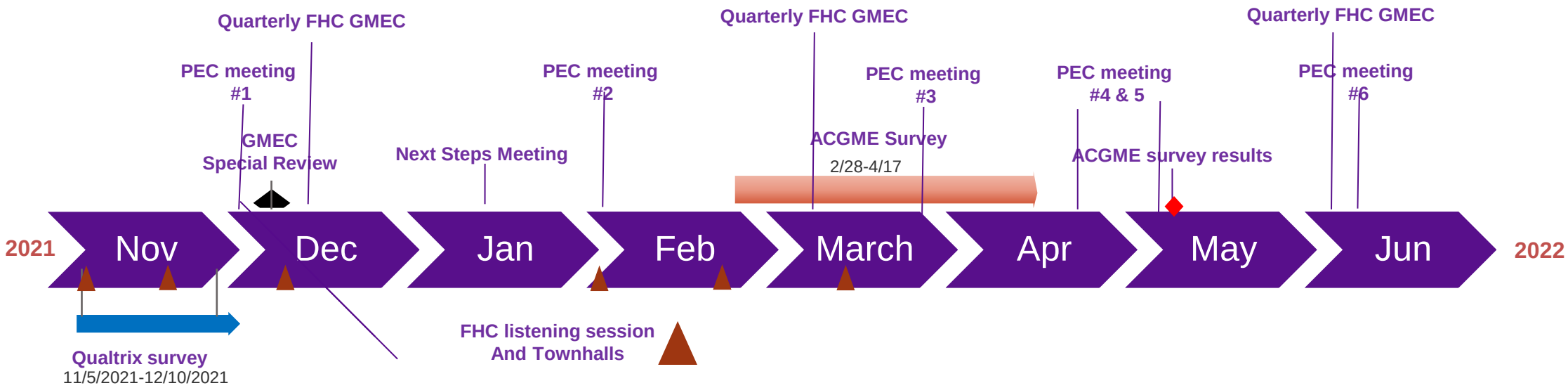
FHC IM Program improvement



Institutional Changes to Support Residency

Structure for Educational Oversight, Sponsoring Institution

- Program director change
- Special Review of IM program,
- FHC Housestaff committee,
- Approval of Psychiatry Residency Program, IM Complement Increase

Structure for Educational Oversight, GMEC

- Increase oversight through a special review of the IM Program

Support Services and Systems – Non Teaching Obligations

- Elimination of nonteaching admissions overnight eff 2021
- Expansion of hospital nonteaching service eff 2/22
- Removal of private attendings from inpatient service
- Cap on admissions 20→16, eff 2021
- daytime NP to admit low acuity admissions eff 10/22

Support Services and Systems – Transport

- Patient transport services by residents never event
- CPAP/BiPAP managed by new RT FTE hired by NYULB,
- Facilities issues (cleanliness)

Learning and Work Environment – Ability to raise concerns

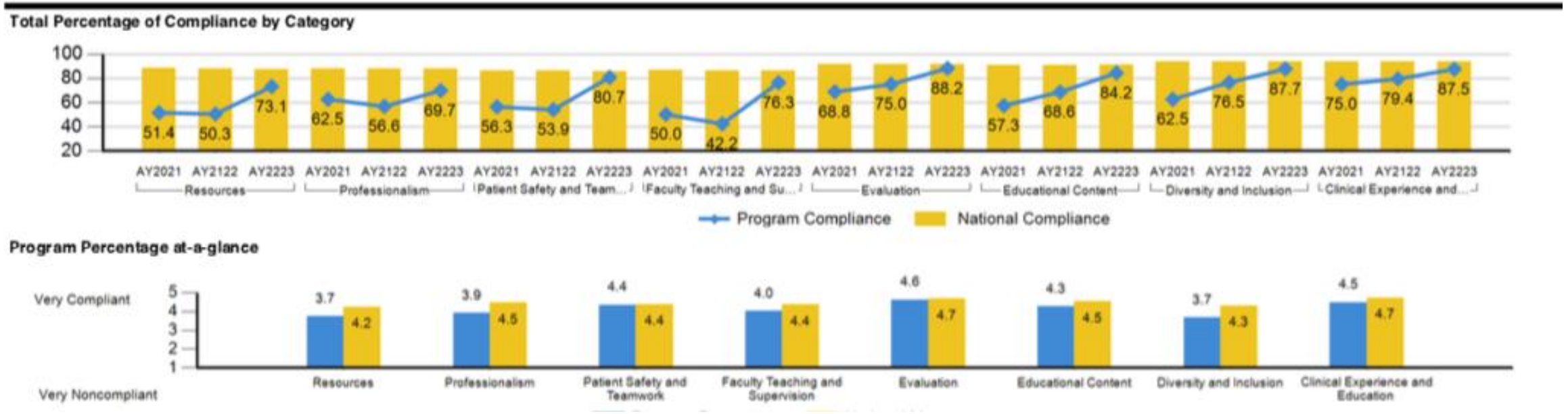
- GMEC meeting expansion
- FHC IM town halls and ad hoc DIO/PD mettings
- Policy Circulation,

Learning and Work Environment - Duty hours

- Policy review,
- Townhall
- spot checks by chief residents,
- actual work hour reporting weekly – NO VIOLATIONS FOUND

FAMILY HEALTH CENTERS AT NYU LANGONE

ACGME Survey Results 2023



Impact on Visits

Provider	Attending			Precepting			Total		
	Visits	Sessions	EPS	Visits	Sessions	EPS	Visits	Sessions	EPS
ACCURSO, ANTHONY J [18077]	892	90	9.9	194	17	11.4	1,086	107	10.1
BHAT, SANDEEP [854706]	1,117	149	7.5	10	2	5.0	1,127	151	7.5
CHU, XI KATHY [56351]	864	104	8.3	716	64	11.2	1,580	168	9.4
DAPKINS, ISAAC PEER [859300]	278	25	11.1	2	1	2.0	280	26	10.8
FILIPOVA, OLGA [856514]	1,271	145	8.8	720	71	10.1	1,991	216	9.2
GENZER, OKSANA [9027]	1,558	143	10.9	292	26	11.2	1,850	169	11.0
HAYES, RACHAEL [203002]	206	28	7.4	1,111	115	9.7	1,317	143	9.2
JERVIS, RAMIRO [854859]	315	31	10.3	705	66	10.7	1,020	97	10.6
KAYNE, SARAH [37655]	189	26	7.3	333	33	10.1	522	59	8.8
LEE, YI SHAN [17709]	206	44	4.7	51	7	7.3	257	51	5.0
OLKHINA, EKATERINA [895267]	1,333	150	8.9	271	26	10.4	1,604	176	9.1
PRESCOTT, RASHEDA VERNIQUE [857101]	1,082	146	7.4	85	9	9.4	1,167	155	7.5
SINOKROT, ODAI [13564]	1,731	136	12.7	312	31	10.1	2,043	167	12.2
TAVROVSKAYA, POLINA [859766]	1,918	183	10.5	36	4	9.0	1,954	187	10.4
WAGLEY, BHUPENDRA [802528]	1,766	178	9.9	29	3	9.7	1,795	181	9.9
Total	**14,726**	**1,577**	**9.3**	**4,867**	**475**	**10.2**	**19,593**	**2,052**	**9.6**

9.3 to 10.2 Encounters per Session

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North East Medical Services

Kenneth Tai, MD
Program Director and DIO
VP and Chief Health Officer
33rd Best Practice Forum – April 10th

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NEMS Internal Medicine Residency Program – At A Glimpse

ACGME Accredited Sponsoring Institution and Program in 2022

Program inception in July 2023 with 5 residents with additional 5 residents to start in July 2024

5-5-5 program focusing on community medicine in underserved population

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NEMS Internal Medicine Residency Program – At A Glimpse

Focused on primary care track with 50% of training in outpatient clinic and 50% in inpatient setting

Goal is to build future pipeline for our community with at least half of the graduating residents employed by NEMS

Focused on residents with interest in primary care, underserved community and language competency in Chinese, Spanish, Tagalog, and Vietnamese

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THC Planning and Development Program

One time funding of $500K supported by HRSA

Meeting with HRSA advisors for technical assistance

Using consultants to draft policies and set up committees for accreditation

Annual grantee meeting for networking and education

Network with other similar programs

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Challenges As A New Program

1. Hospital partner with financial instability
2. Accreditation challenges, especially in scholarly activities
3. Recruitment of Program Director and teaching faculty
4. Recruiting residents who want to practice in our community as PCP after training
5. Getting teaching faculty for all 11 required subspecialties
6. Incorporating residents into current workflow
7. Fundings not guaranteed and need to apply annually

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Residency Funding Landscape

NEMS plans to fund the program with a combination of state, federal, and community grants, and internal funds

STATE

Song-Brown Healthcare Workforce Training Program

$1 million one time funding; $625K per year subsequently

Additional $225K per year from CalMedForce for residency training support

FEDERAL

HRSA Teaching Health Center Funding

$160K per resident per year; $800K for 5 residents in the first year; 1.6 Million for 10 residents in the second year

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ROI

$2.025 Million in Grant Funding for 2023 – 2024 Academic Year

Expenses= 1.4 million

Program Coordinator	$120K
Program Director	$420K
Monthly Stipend for Teaching Faculty Member	$60K per Year
Dedicated Time for Teaching Faculty Members	Reduce 25 – 33% Productivity ($231,000)
Resident Salary and Benefits	$93K per Resident; **$468K** for 5 Residents
Educational Materials: online library, references	$10k
Administrative cost, nursing, facility, EMR	$100k

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Resident Housing

NEMS has brand new housing units located in Daly City for resident to rent at a discounted rate at $1000 per resident per month.

El Rio Health

Teaching Health Center Model

Doug Spegman MD, MSPH, FACP

Chief Clinical Officer, El Rio Health

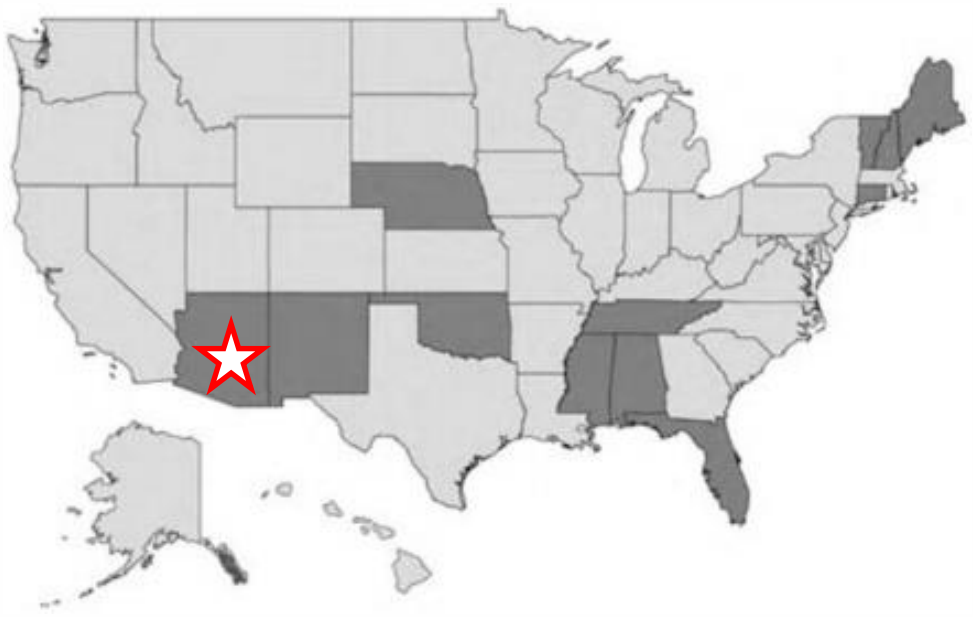
EL RIO HEALTH

NCQA Patient-Centered Medical Home Recognized Practice

HEALTHCARE EQUALITY INDEX 2018 LGBTQ HEALTHCARE EQUALITY LEADER

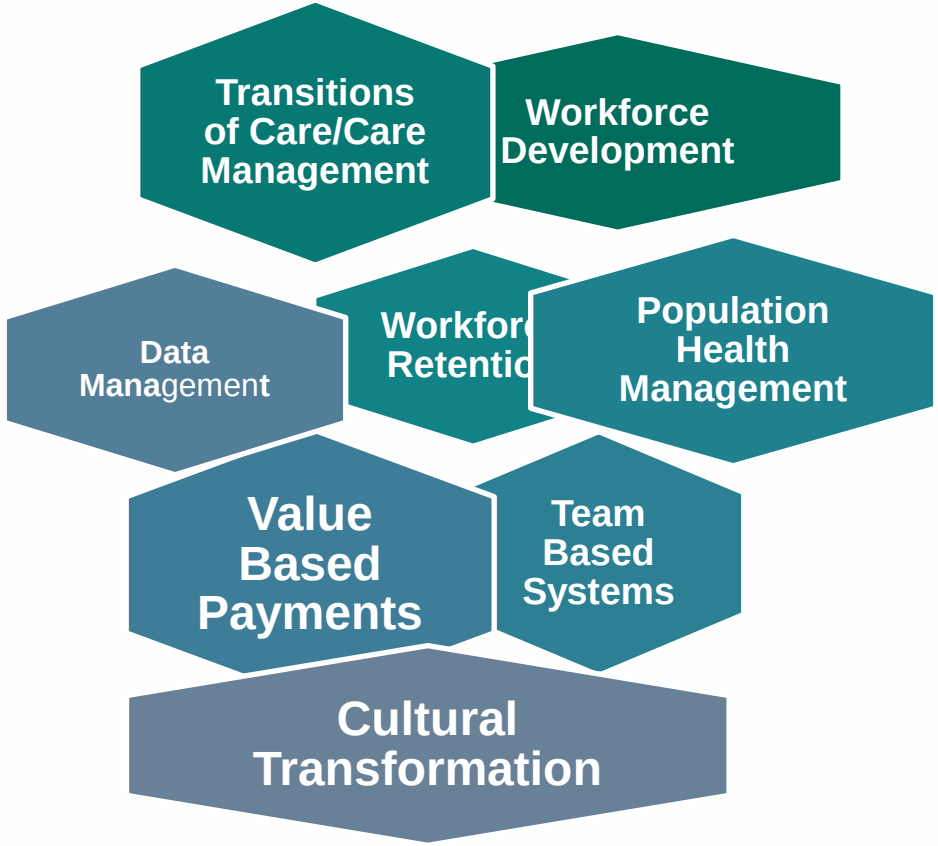
THE WHY?

40-40 States



- Family physicians make up 40% of the primary care physician workforce
- 40% of U.S. family physicians older than 55 years
- 40-40 states: a designation indicating that at least 40% of the state's primary care physician workforce is made up of family physicians and at least 40% of its family physicians are older than 55 years (includes only physicians in direct patient care).

Changing Paradigm of Healthcare Delivery



Were You Trained For This?

OUR REALITY: Mixed Models of Collaboration/Funding

National Consortium Model
ATSU-SOMA Medical School
NYU Langone Dental Residency Programs
National Family Medicine Residency Program - The Wright Center
Local Collaborative Model
Clinical Pharmacy Residency Program - University of Arizona
Pediatric Residency Program - Tucson Medical Center
Family Medicine Residency Embedded within El Rio Clinic – University of Arizona
Autonomous Collaborative Model
Family Medicine Nurse Practitioner Residency Program Community Health Center, Inc. NCA
Sponsoring Institution
General Psychiatry Residency to begin in July 2025
Family Medicine Residency Program Transfer in July 2025

ATSU School of Osteopathic Medicine in Arizona

NYU Langone Health

The Wright Center for Community Health | The Wright Center for Graduate Medical Education

The University of Arizona

Tucson Medical Center

EL RIO HEALTH

NCQA Patient-Centered Medical Home Recognized Practice

Healthcare Equality Index 2018 LGBTQ Healthcare Equality Leader

Owning More of the Pipeline:
Area Health Education Centers in FQHC's

Enhancing access to quality health care, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals through community & academic educational partnerships

- Arizona's AHEC model divided into 6 regions; 2 of those regions were awarded to FQHCs (El Rio & North Country); 1 region was awarded to AZ PCA (AZ Alliance of Community Health Centers)
- Alignment of mission and vision for service to underserved populations (rural & urban) & enhancing workforce development of individuals from the communities served (state-funded workforce pipeline activities)
- Partnering with sponsoring institutions, community partners & programs; Leveraging community health experience & expertise; Build expectations of community based faculty development, clinical training & healthcare advocacy
- Leveraging local AHECs & stakeholder map of community partners
- AHEC is the engine to understand clinical learning environments, collaborative training platform & how to expand educational capacity

AHEC SCHOLARS

A H E C

Area Health Education Centers

Strengthening the Nation's Healthcare Workforce

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NCQA

LGBTQ HEALTHCARE EQUALITY LEADER

Retention/Sustainability Considerations

- Workforce adequately trained in community medicine
- ROI of P4P population health training
- Teaching Programs as a Clinician Satisfier
- ROI of training in Continuous Quality Improvement during Residency
- Partnering with AHEC (Area Health Education Centers)
- Retaining Residents

Creating the Workforce of Tomorrow
Retaining the Workforce of Today

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