



FAMILY MEDICINE RESIDENCY
OF IDAHO

Teaching Health Center

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Program Director and CEO

Family Medicine Residency of Idaho

Clinical Professor of Family and Community Medicine

University of Washington School of Medicine

Board Chair and Immediate Past President

American Academy of Family Physicians



Mission

1. Train superb medical school graduates to become outstanding physicians;
2. Prepare broadly trained family physicians to practice in rural Idaho; and
3. Serve the underserved.



History

- ❑ Serving Idaho as a primary safety net provider since its inception in 1975.
- ❑ In 1975, the initial class of four residents entered the residency program. Currently 36 residents in training.
- ❑ Medical home to over 6,000 people whose income is equal to or less than 100% Federal Poverty Level.
- ❑ Serve the working poor and 1,885 of our patients' incomes are between 101% and 200% of Federal Poverty Level.
- ❑ Largest single primary care Medicaid provider in Idaho with over 6,100 Medicaid recipients using FMRI services.
- ❑ 46,000 outpatient visits per year.
- ❑ 20,000 inpatient visits per year.



Road to FQHC Look-Alike

- ❑ FMRI was experiencing:
 - Increasing number of uninsured patients.
 - Increased Medicaid and Medicare.
 - Decreased hospital support.
 - GME caps.
 - State request to expand family medicine medical education.
- ❑ Submitted Congressional Earmark (2003) – Hybrid Program (Family Medicine Residency and CHC)
- ❑ After two year process, FMRI was designated by HRSA/BPHC as a Federally Qualified Health Center Look-Alike in 2007.



2009 and Beyond

- ❑ FMRI desires to continue to expand residency education.
- ❑ No new FQHC funding.
- ❑ To meet emerging family medicine physician shortage, FMRI must find a funding method to continue to serve underserved and expand residency training with new methods.
- ❑ Toward a Teaching Health Center



Caught in the Chasm

- ❑ Before we were a defacto Community Health Center Residency without significant service reimbursement.
- ❑ Now we are a defacto Teaching Health Center with dwindling education reimbursement.
- ❑ Current 330 FQHC funding seems resistant to include residencies in their funding pool.
- ❑ Teaching Health Center funds allows FMRI to solidify education dollars AND continue service to the underserved.



Finances

- ❑ FMRI has the unique challenge of relying of 50% of it's revenues from direct patient care.
- ❑ Remaining 50% is comprised of:
 - GME (Graduate Medical Education)(13 FTE's of 36) (19%)
 - Hospital Contributions (6%)
 - Idaho State Board of Education (9%)
 - Grants (16%)



Governance and Structure

- ❑ 501(c)3 – Non-Profit FQHC Look-Alike
- ❑ Program Director and CEO
- ❑ Community – Patient Board (>50% patients)
- ❑ Four (4) Clinic Sites
- ❑ Two (2) Rural Training Tracks (Third in Development)
- ❑ Two (2) Fellowships

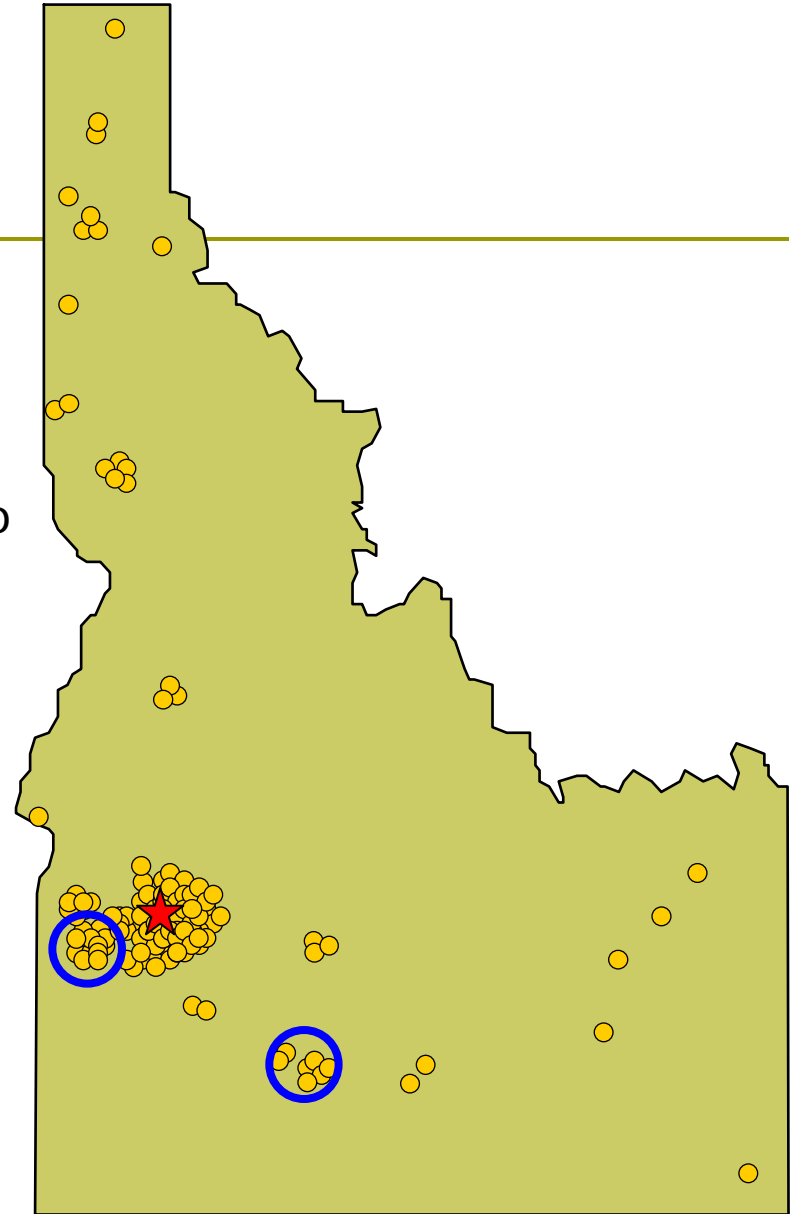


Since 1975

230 Graduates

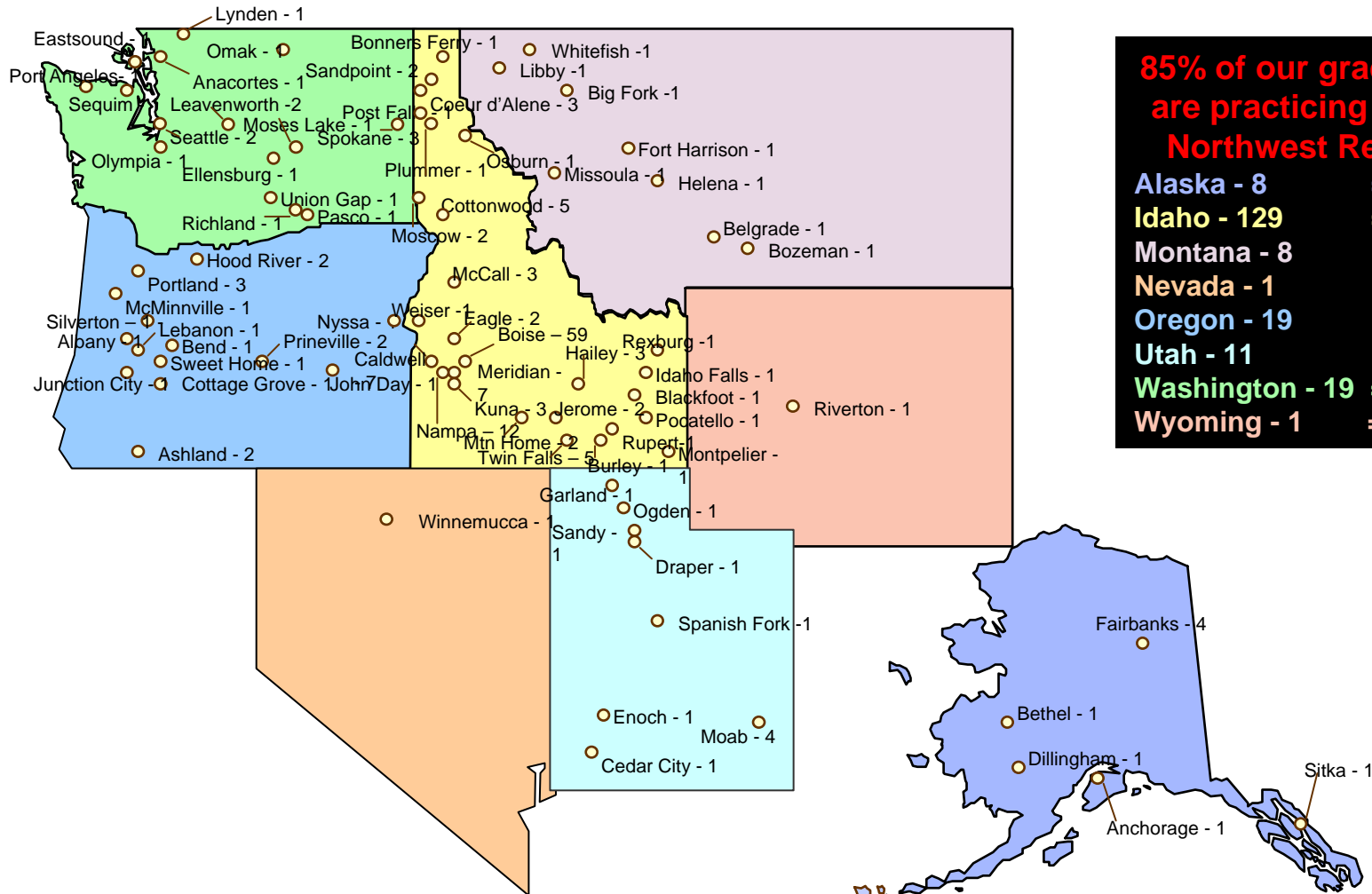
56% practicing in Idaho
42% serving underserved/rural Idaho

Caldwell Rural Training Track
Magic Valley Rural Training Track





Graduates Practicing in the WWAMI Network



85% of our graduates are practicing in the Northwest Region

Alaska - 8	=	4%
Idaho - 129	=	66%
Montana - 8	=	4%
Nevada - 1	=	1%
Oregon - 19	=	10%
Utah - 11	=	6%
Washington - 19	=	10%
Wyoming - 1	=	1%

Family Medicine Residency of Idaho



Strategic Priorities

1. Expand and Recruit Outstanding Family Medicine Residents
 - ❑ Idaho Ranks **47th out of 50th** in primary care physicians per capita
2. Become a National Center for Quality Assurance (**NCQA**) Patient Centered Medical Home
3. Become a **federally funded** Teaching Health Center or Education Health Center
4. Access Federal Tort Claims Act (**FTCA**) coverage



Fact and Figures: Financial

- ❑ National Allocation calls for a per resident federal funding of **\$270,000** including all expenditures (Teaching Health Center/Education Health Center).
- ❑ The State of Idaho currently provides **\$30,722** per resident.
- ❑ FMRI currently expends over **\$250,000** in medical liability insurance annually.
- ❑ Graduate Medical Education dollars are **capped at 13** residents and all dollars flow through hospitals. We currently have **36** residents in training.
- ❑ Current model places significant pressure on patient revenues (**50%**) and grant sources to meet financial bottom line.



- AAFP
 - THC
 - GME Pilots
- RRC
 - New Models – Innovation
 - Program Director must be in control of educational curriculum.
 - PCMH
 - Revisions – July 1, 2011