

# Teaching Health Centers: Reviewing the Evidence



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# What is a Teaching Health Center?

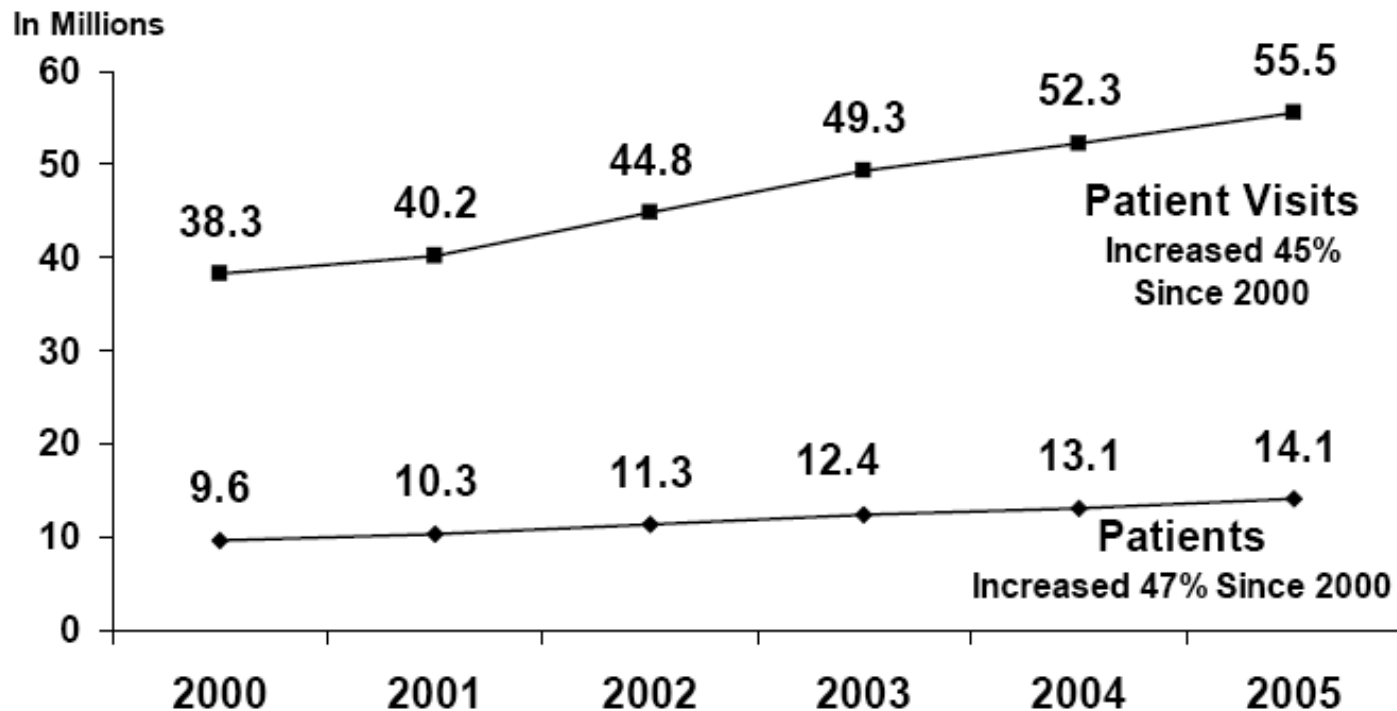
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- New training model for community and academic partnership
- Affiliation between Health Center and family medicine residency program
- Most important feature: shared mission of service and education.

# HC Expansion leading to...

Figure 2.1

## The Number of Health Center Patients and Patient Visits Continues to Grow



Note: Excludes patients at non-Federally funded health centers, which treat an additional 1.5 million patients annually.

# Workforce shortage in HCs

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## Shortages of Medical Personnel at Community Health Centers Implications for Planned Expansion

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Roger A. Rosenblatt, MD, MPH

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C. Holly A. Andrilla, MS

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Thomas Curtin, MD

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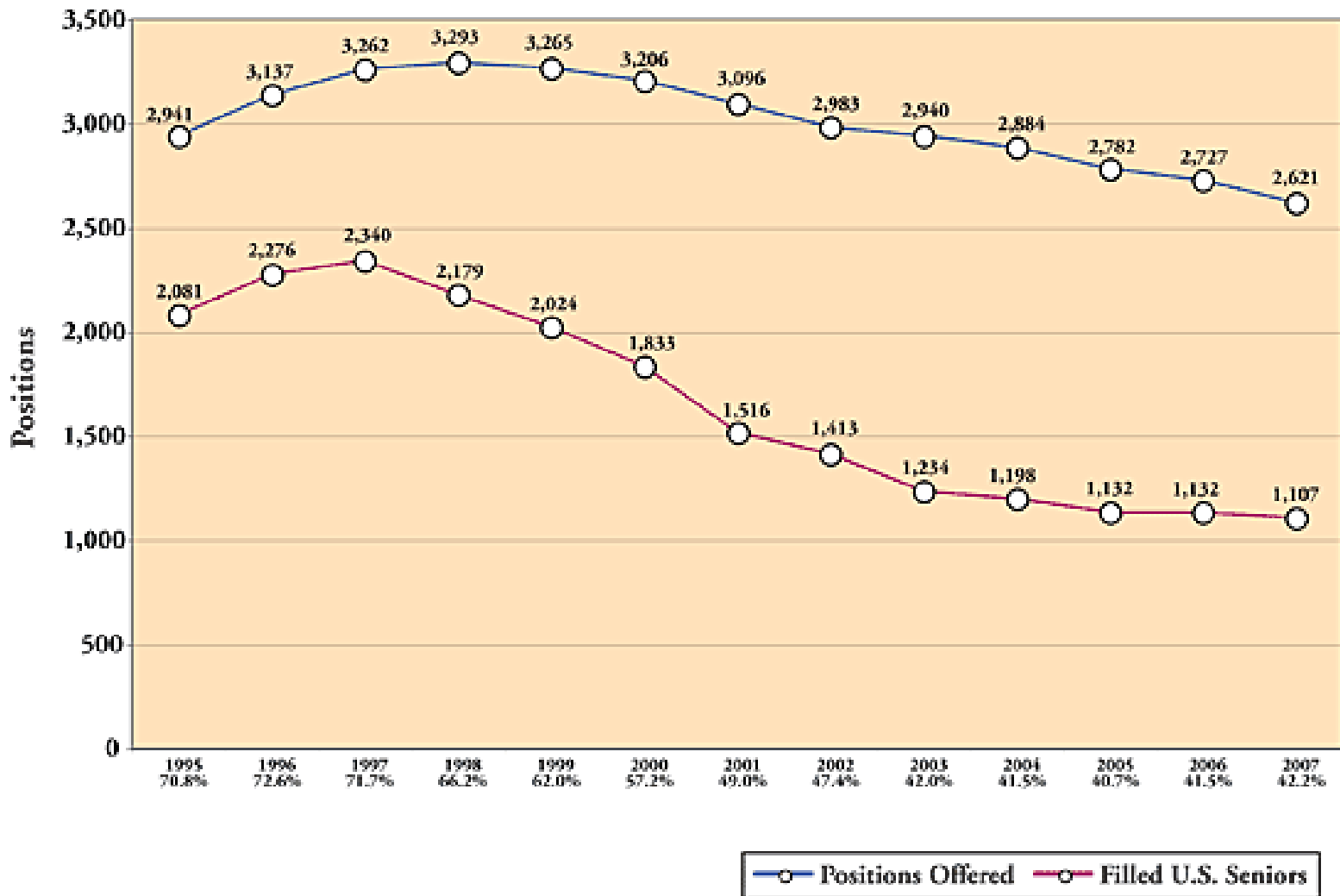
L. Gary Hart, PhD

**Context** The US government is expanding the capacity of community health centers (CHCs) to provide care to underserved populations.

**Objective** To examine the status of workforce shortages that may limit CHC expansion.

JAMA March 1, 2006-Vol 295(9):1042-48

# .. While family medicine residency training declines



# Challenges facing family medicine residency programs

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- By 2004, 10% of family medicine residency programs had closed
- Majority for economic reasons
- Many programs struggle for stability in economic support from sponsoring hospital and other sources (reimbursement, federal grants, etc.)
- malpractice insurance crisis
- Declining student interest

# Into the breach

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- WWAMI FMR network
- UW Dept of Family Medicine
  
- Commissioned multi-method research, collaboration and outreach to promote linkages between residencies and HCs

# Critical element: Partnerships

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- Region VIII/X Health Centers
  - Lil Anderson, Billings, MT
- WWAMI FMR Directors
  - Kevin Murray/Ardis Davis
- Northwest Regional Primary Care Assoc. (Region X)
  - Bruce Gray
- University of Washington Dept. Fam. Med.
  - Carl Morris/Freddy Chen

# Residency/HC Partnerships

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## What's in it for the residency?

- Excellent community-based training site
- Potential partner for other community activities (community-based research CTSA, medical homes, clinical faculty, sustainable route to vulnerable/minority populations, fund development)
- Financial stability, enhanced reimbursement
- Support efforts to increase supply of primary care physicians who are vocationally committed to the underserved – rural, urban and global (varies by school)

# Residency/HC Partnerships

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## What's in it for the health center?

- Academic environment encourages evidence-based, exemplary practice (good fit with quality focus at HC's)
- Teaching often improves job satisfaction, encourages retention
  - Positive relationships with med school faculty boosts morale
- Academic affiliation enhances image with patients, employees and funders
- Ultimately, perhaps the best solution to workforce issues
  - Those who teach in HCs tend to stay there
  - Those who train in HCs tend to choose underserved settings

# Methods 2003-2008

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- Survey of WWAMI graduates who trained in HCs
- National survey of FMRs
- Qualitative interviews with HC and FMR key informants
- Series of regional focus groups
- Convened a regional working group
- Developed policy strategy with constituents and advocacy groups

# Review the evidence

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- Do physicians who train in Health Centers go on to work in HCs?
- How many programs currently train physicians in HCs?
- What are the characteristics of existing HC-FMR partnerships?
- What are the barriers and strengths of existing HC-FMR partnerships?

# Survey Methods

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- Cross-sectional survey of family physicians who trained in WAMI residency programs 1986-2002
  - 70% response rate (919/1312)
  - 72 CHC-Trained grads at 6 HC-FMR sites
  - 9 Non-HC affiliated residencies
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- Morris et al., Fam Med 2008; 40(4)

# Results

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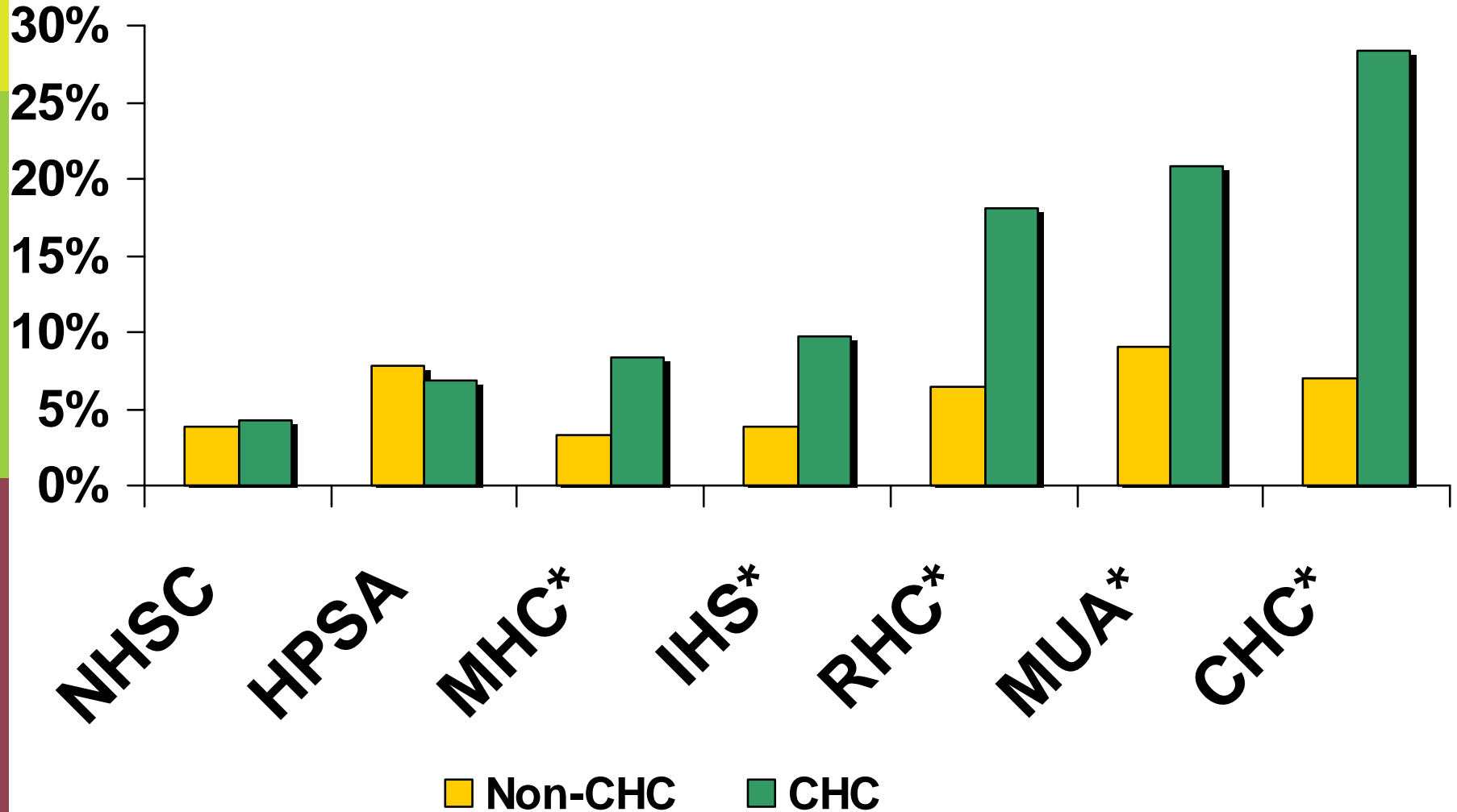
- 64% of CHC-trained graduates currently working in underserved setting

Vs.

- 37% of non-CHC-trained graduates working in underserved setting
- $P < .001$

# % Working in Underserved Settings

\* statistically significant,  $p < 0.05$



# Summary

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- HC-trained physicians 3.4 times more likely to work in a HC (controlling for years from training, gender, FTE)
- 2.7 times more likely to work in underserved setting
- No difference in training preparation for practice, spectrum of practice, and practice satisfaction



# Training residents in HCs: Themes

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## □ Mission

- Service AND Training

## □ Money

- Underfunded to start with
- Increased administrative costs
- Decreased productivity
- Enhanced reimbursement
- Decreased recruiting costs

# Training residents in HCs: Themes

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- Administrative/Governance complexity
  - ACGME, RRC, AAAHC, JCAHO, HRSA, CMS, etc.
  - HC board vs residency regulation
  
- Quality
  - Patient care AND residency education
  - Medical home AND evidence-based medicine
  
- Morris and Chen, Ann Fam Med, in press

# Summary: HC-FMR affiliations

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- Improved HC recruitment
- High Quality Training
- Less than 10% of FMRs
- No growth in 15 years
- Must overcome barriers

# Education Health Center Initiative

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- [www.nwrpca.org](http://www.nwrpca.org)
- Partnership of NWRPCA
- University of Washington Department of Family Medicine
- WWAMI Residency Network
- Podcasts, past presentations
- Legal information, GME funding, case studies

# Guiding principles of model

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- ❑ 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.

# Wish List

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- ❑ 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