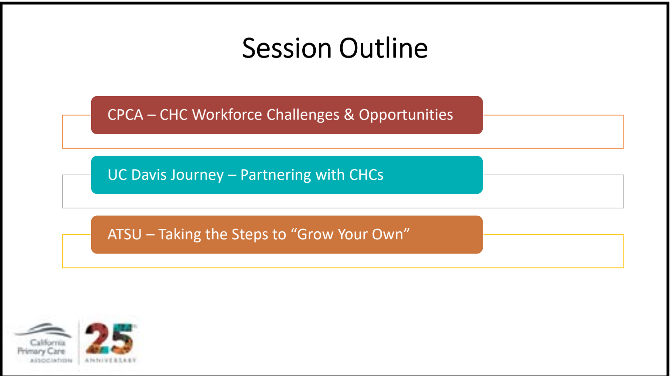
QUESTION

Does your CHC currently partner with an academic institution to train primary care clinicians?

- Yes
- No
- Maybe

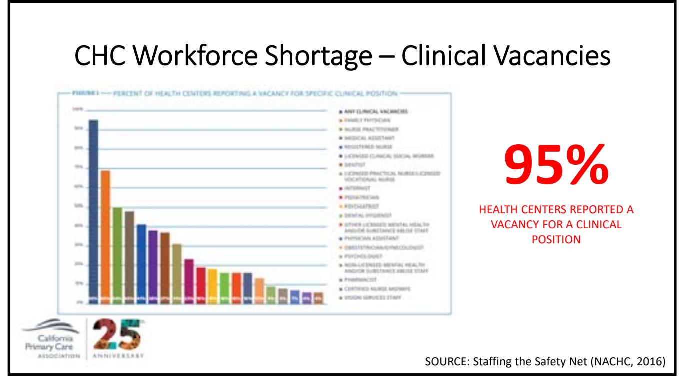
Creating Innovative Academic Partnerships to Train our Next Generation of Primary Care Clinicians

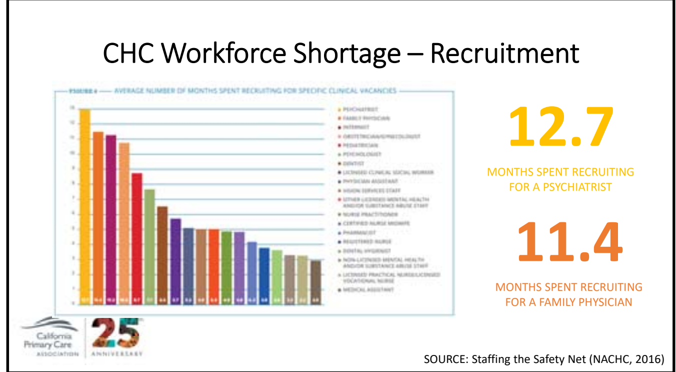
October 17, 2019

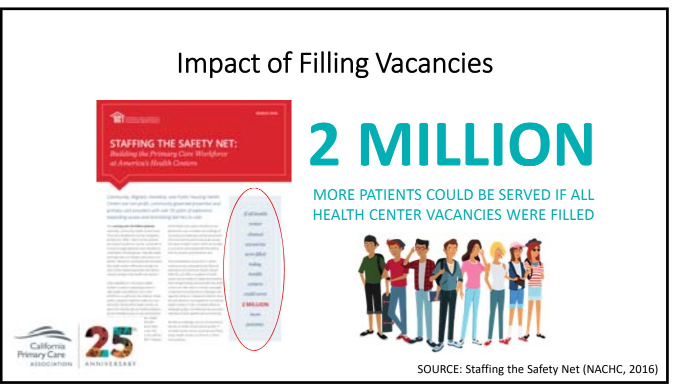


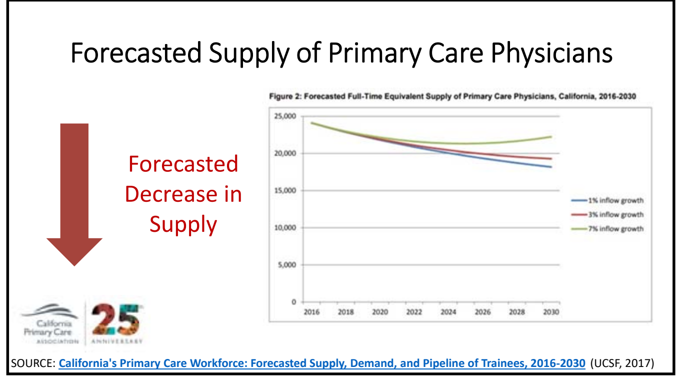
CHC WORKFORCE CHALLENGES

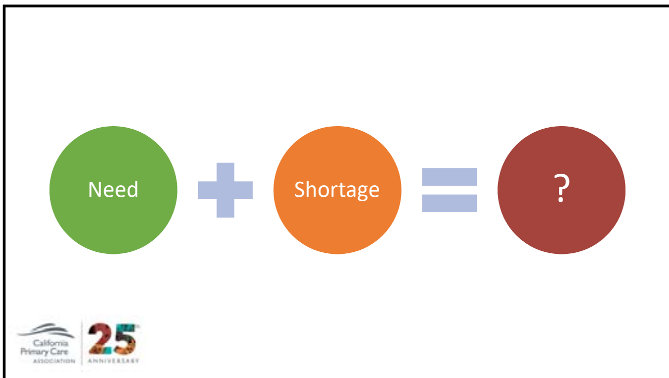
Why Academic Partnerships are Critical


CHC Workforce Shortage – Clinical Vacancies
95%
HEALTH CENTERS REPORTED A VACANCY FOR A CLINICAL POSITION
SOURCE: Staffing the Safety Net (NACHC, 2016)


CHC Workforce Shortage – Recruitment
12.7
MONTHS SPENT RECRUITING FOR A PSYCHIATRIST
11.4
MONTHS SPENT RECRUITING FOR A FAMILY PHYSICIAN
SOURCE: Staffing the Safety Net (NACHC, 2016)

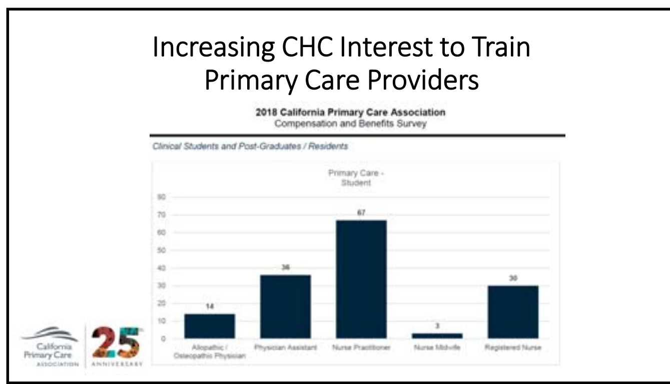

Impact of Filling Vacancies
STAFFING THE SAFETY NET:
2 MILLION
MORE PATIENTS COULD BE SERVED IF ALL HEALTH CENTER VACANCIES WERE FILLED
SOURCE: Staffing the Safety Net (NACHC, 2016)

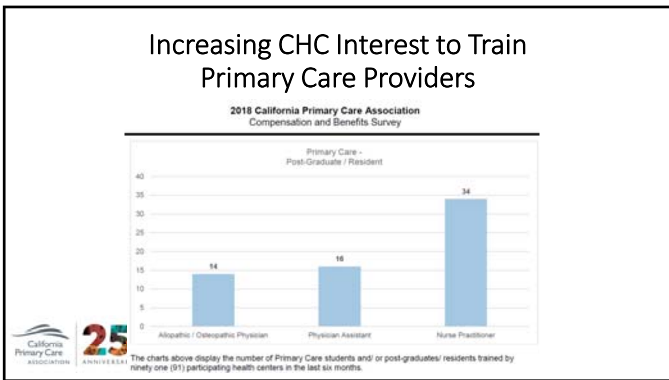


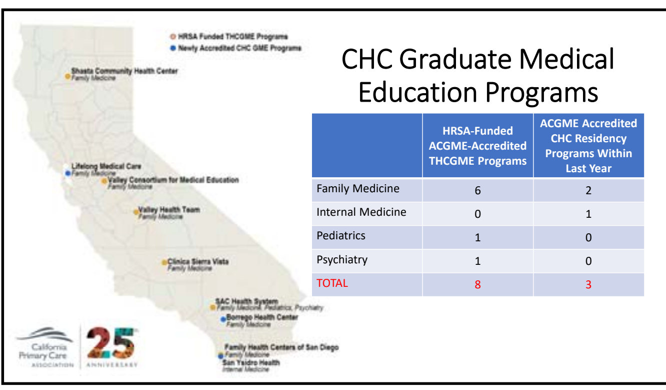


DEVELOPING THE WORKFORCE

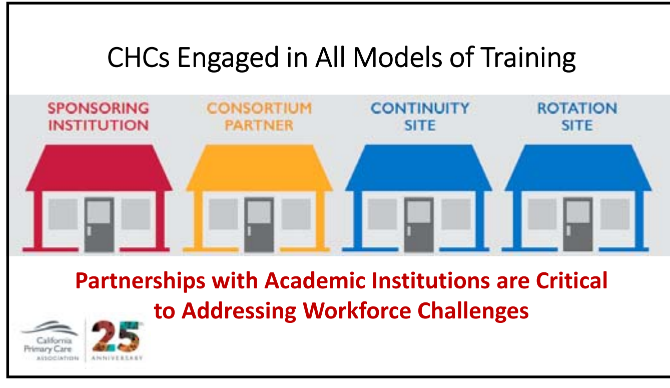
In Community Health Centers







	HRSA-Funded ACGME-Accredited THCGME Programs	ACGME Accredited CHC Residency Programs Within Last Year
Family Medicine	6	2
Internal Medicine	0	1
Pediatrics	1	0
Psychiatry	1	0
TOTAL	8	3


CHCs Engaged in All Models of Training
SPONSORING INSTITUTION
CONSORTIUM PARTNER
CONTINUITY SITE
ROTATION SITE
Partnerships with Academic Institutions are Critical to Addressing Workforce Challenges
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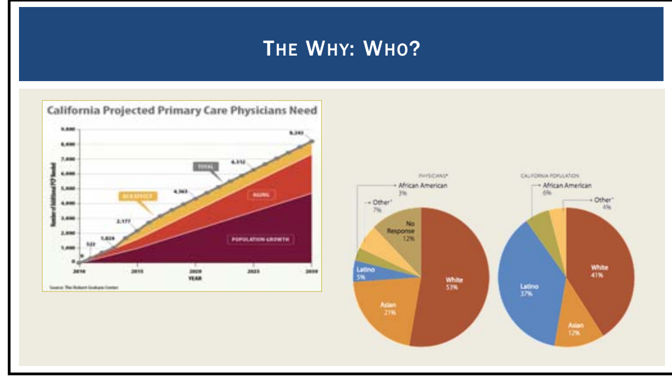
UCDAVIS HEALTH
Partnering with Community Health Centers --the UC Davis Journey
SCHOOL OF MEDICINE
Mark C. Henderson, MD
Associate Dean for Admissions and Outreach
Researcher, Center for a Diverse Healthcare Workforce
October 17, 2019

UCDAVIS HEALTH
US News and World Report ranks UC Davis School of Medicine #9 in US for Primary Care
SCHOOL OF MEDICINE
• Established in 1972
• Vast service area (65K m²)
• 9 student-run clinics
• Nursing, Law, Vet schools
• Social justice and health equity focus
> 50% graduates choose PC (top decile nationally)



Some brutal facts – our admissions imperative

Underrepresented Groups in Medical School, 1997 and 2017.*

Variable	1997	2017	Percent Change
No. of first-year medical school slots	18,857	29,118	54
No. of matriculants from underrepresented groups	2850	3713	30
Percent of matriculants from underrepresented groups	15	13	−16
No. of people from underrepresented groups in U.S. population	65,497,000	106,835,890	63
No. of matriculants from underrepresented groups per 100,000 population	4.3	3.5	−20

* Underrepresented groups are defined as American Indians or Alaska Natives, blacks, and Hispanics or Latinos. Data are from the Association of American Medical Colleges, the American Association of Colleges of Osteopathic Medicine, and the U.S. Census Bureau.

Talamantes E, Henderson MC, Fancher TL, Mullan FH. Closing the Gap - Making Medical School Admissions More Equitable. *N Engl J Med. 2019 Feb 28.*

UC DAVIS HEALTH | Center for a Diverse Healthcare Workforce

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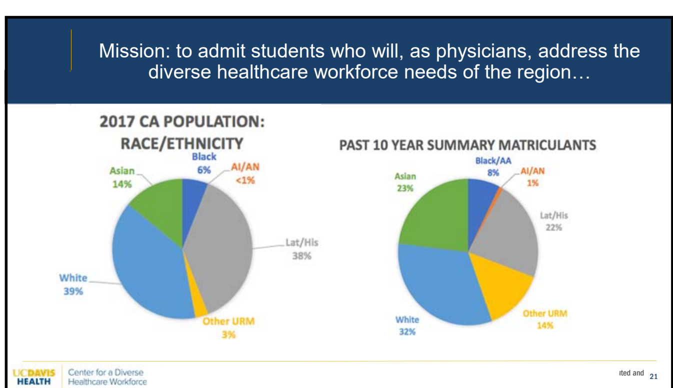
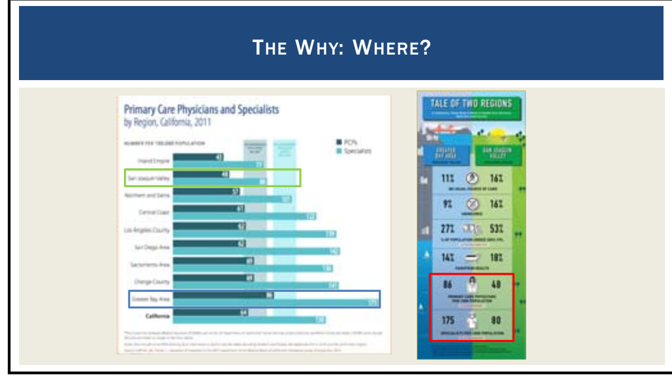
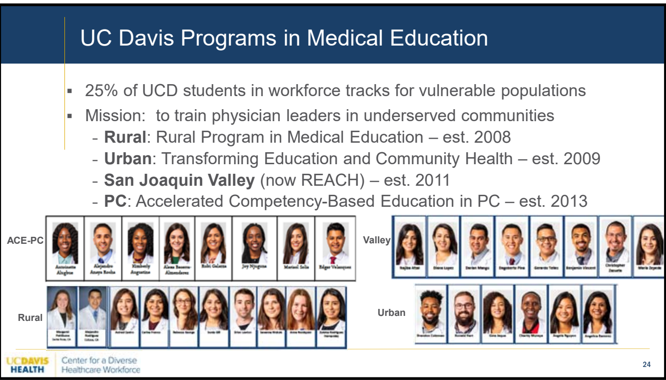
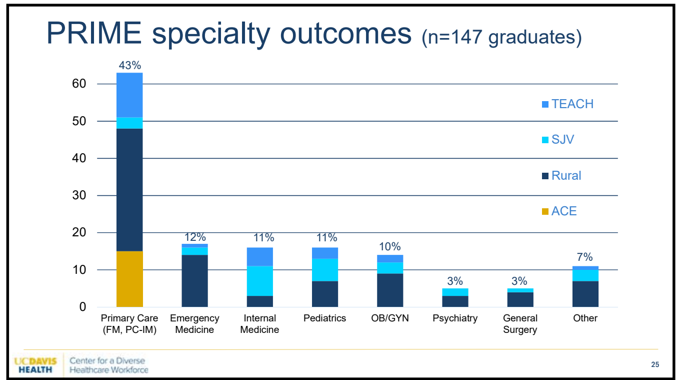




UC DAVIS PROGRAMS IN MEDICAL EDUCATION (PRIME)

- Provides students with unique opportunities to acquire the knowledge and skills necessary to become competent physician leaders in their communities.
- Four programs, each with a unique focus:
  - **ACE-PC:** Accelerated Competency-Based Education in Primary Care
  - **Rural-PRIME:** Rural Program in Medical Education
  - **SJV-PRIME:** San Joaquin Valley Program in Medical Education
    - REACH: Reimagining Education to Advance central CA Health
  - **TEACH:** Transforming Education and Community Health




PRIME specialty outcomes (n=147 graduates)
60
50
40
30
20
10
0
43%
12%
11%
11%
10%
3%
3%
7%
TEACH
SJV
Rural
ACE
Primary Care (FM, PC-IM)
Emergency Medicine
Internal Medicine
Pediatrics
OB/GYN
Psychiatry
General Surgery
Other
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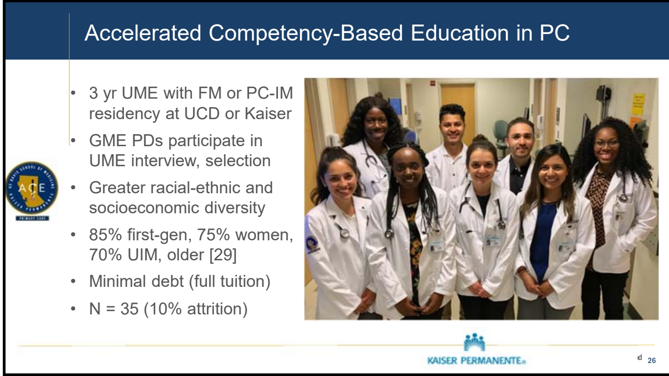
Accelerated Competency-Based Education in PC
• 3 yr UME with FM or PC-IM residency at UCD or Kaiser
• GME PDs participate in UME interview, selection
• Greater racial-ethnic and socioeconomic diversity
• 85% first-gen, 75% women, 70% UIM, older [29]
• Minimal debt (full tuition)
• N = 35 (10% attrition)
KAISER PERMANENTE
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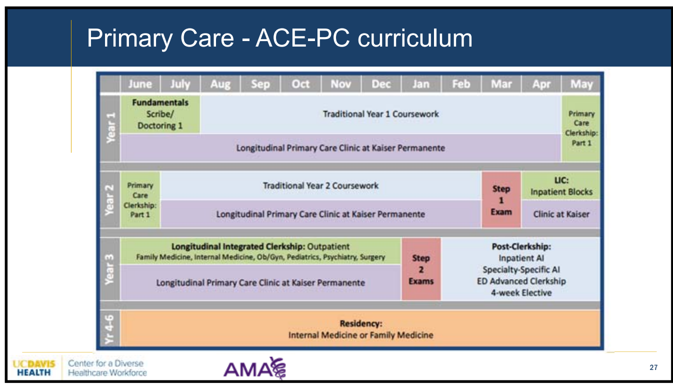
Primary Care - ACE-PC curriculum
June
July
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Year 1
Fundamentals Scribe/ Doctoring 1
Traditional Year 1 Coursework
Primary Care Clerkship: Part 1
Longitudinal Primary Care Clinic at Kaiser Permanente
Year 2
Primary Care Clerkship: Part 1
Traditional Year 2 Coursework
Longitudinal Primary Care Clinic at Kaiser Permanente
Step 1 Exam
LIC: Inpatient Blocks
Clinic at Kaiser
Year 3
Longitudinal Integrated Clerkship: Outpatient
Family Medicine, Internal Medicine, Ob/Gyn, Pediatrics, Psychiatry, Surgery
Longitudinal Primary Care Clinic at Kaiser Permanente
Step 2 Exams
Post-Clerkship:
Inpatient AI
Specialty-Specific AI
ED Advanced Clerkship
4-week Elective
Yr 4-6
Residency:
Internal Medicine or Family Medicine
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AMA
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RURAL • REACH • TEACH

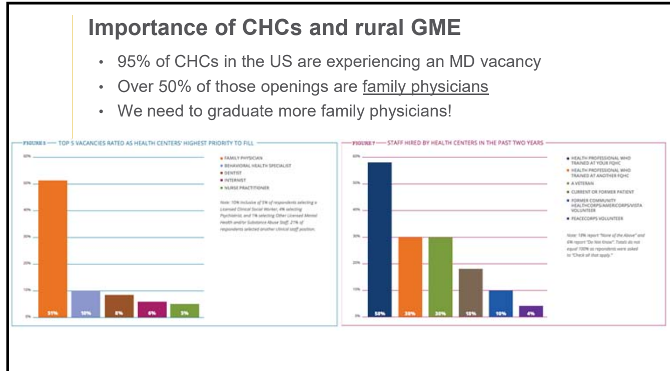
Curriculum Overview

- Orientation & Pre-Mat:
  - Program-specific orientations
  - Pre-Mat
- Years 1 & 2
  - Preceptorships in communities of interest
  - Tailored preclinical curriculum
  - Summer Electives
- Years 3 & 4
  - Clerkships and elective placements in underserved communities
- All years:
  - Faculty mentorship
  - Small cohort with like-minded peers

YOUR BIGGEST CHALLENGE??

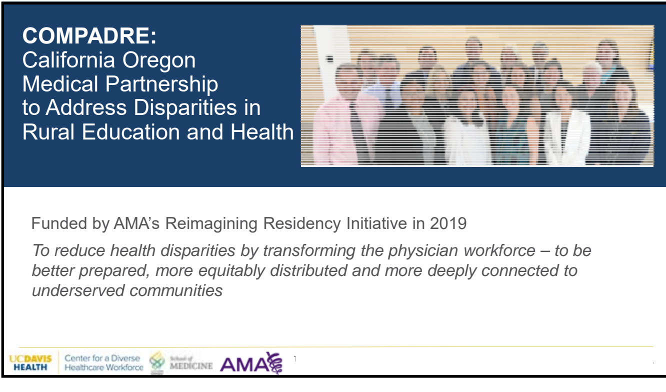
Challenges for CHCs

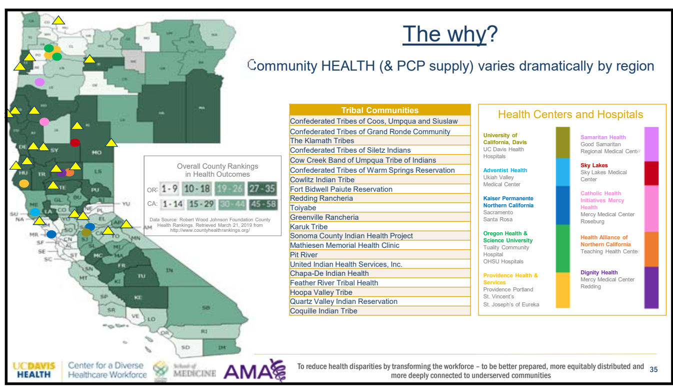
- Provider recruitment and retention (NACHC: 70% of CHCs down 1 FM doctor; 56% need behaviorist)
- Quadruple Aim (high-quality care and 'well' providers)
- Balancing clinical productivity with teaching mission (do you have a teaching mission?)
- Clinical learning environment (relevant to ACGME requirements)


Importance of CHCs and rural GME
95% of CHCs in the US are experiencing an MD vacancy
Over 50% of those openings are family physicians
We need to graduate more family physicians!

UCDAVIS HEALTH
Center for a Diverse Healthcare Workforce
UC Davis School of Medicine
UC San Diego School of Medicine
Betty Irene Moore School of Nursing
Health Resources & Services Admin
Tonya L. Fancher MD MPH
Director
Conducting research to enhance diversity in healthcare workforce and collaborating with communities to understand the impact of workforce diversity on patients, communities and populations.

Community of Practice
Strengthening Regional Health Careers Pathways
CAMARENA HEALTH
Livingston
Anderson Valley Health Center
GOLDEN VALLEY
Mountain Valleys
VALLEY HEALTH TEAM
FAMILY HEALTHCARE
CVHN
California Primary Care Association
hanc





OHSU and UC Davis assets

- Shared mission: meet healthcare needs of our respective states
- *MDs who train in a given community tend to remain in region for practice*
- Longitudinal pathway for students from underserved communities to stay connected; and return for GME and practice where they are most needed
- Eliminate the UME-GME transition (Match waiver)
- Focus on workforce needs: family medicine, internal medicine, psychiatry, general surgery, pediatrics, OB-GYN, emergency medicine

OHSU
- Flexible UME
- Rural UME and GME
- Primary Care
- Learning Portfolios
- Coaches and FD

UC DAVIS HEALTH
- 3 year MD and PC focus
- Rural, Urban, Underserved, regional pathways
- Community Based LICs
- Diversity, Equity and Inclusion

UC DAVIS HEALTH Center for a Diverse Healthcare Workforce School of Medicine AMA

To reduce health disparities by transforming the workforce – to be better prepared, more equitably distributed and more deeply connected to underserved communities 36

What are we doing exactly?

	Objectives	Tactics and Strategies
1	Redesign the UME to GME transition so learners focus on skills development rather than GME selection	• Off-cycle entry to GME • Embedded in GME during UME • Articulation agreements pre-med to UME to GME
2	Design and deploy a curriculum for practice in under-resourced communities	• Rural and indigenous competencies • Coaches from the community • Centralized faculty development
3	Establish a thriving learning community to enhance wellness and joy in practice	• Regional Wellness and Local Wellness Champions • Longitudinal UME in GME • Learning Community across sites and across GME
4	Innovate admissions practices to transform the composition and distribution of the physician workforce	• Holistic selection and early differentiation • GME in UME selection • Linkages w FQHCs, Community Colleges, Post-Bacc
5	Measure long-term impact on workforce needs, e.g., practice location, specialty & community health outcomes	• NYU Data Coordinating Center • Quality, location and specialty • Population data linked to AMA Masterfile

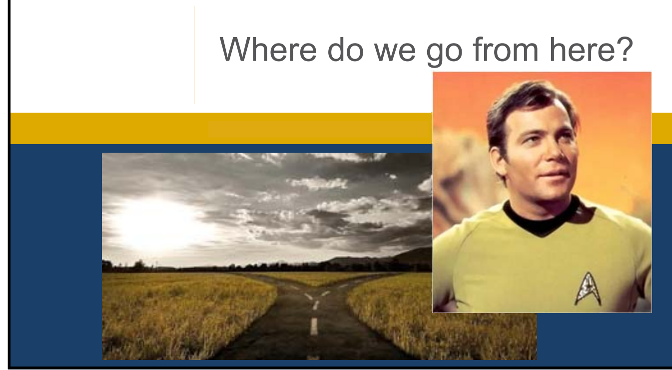
Community of Practice: Impacting State Workforce Policy

1. Expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers
2. Recruit and support college students, including community college students, from underrepresented regions and backgrounds to pursue health careers
3. Support scholarships for qualified students who pursue priority health professions and serve in underserved communities
4. Sustain and expand the Programs in Medical Education (PRIME) program across UC campuses
5. Expand the number of primary care physician and psychiatry residency positions

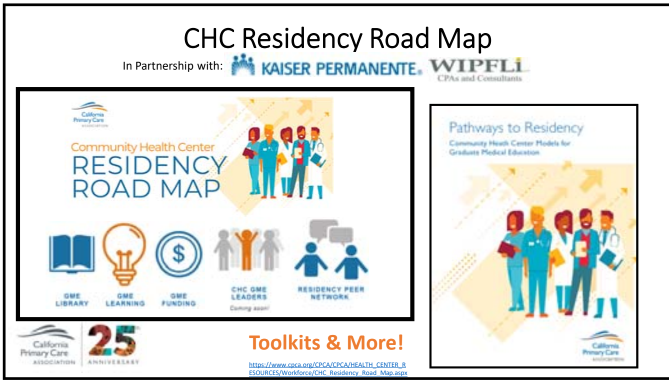
6. Recruit and train students from rural areas and other under-resourced communities to practice in community health centers in their home regions by providing these medical students with full-tuition scholarships for medical school in exchange for practice in underserved areas
7. Maximize the role of nurse practitioners as part of the care team to help fill gaps in primary care
8. Establish/scale a universal home care worker family of jobs with career ladders and associated training
9. Develop a psychiatric nurse practitioner program that recruits from and trains providers to serve in underserved rural and urban communities
10. Scale the engagement of community health workers, *promotores*, and peer providers through certification, training, and reimbursement

Lessons learned

- Academic-community partnerships can work e.g. Kaiser (30 y); Sac County HC (12 y); OHSU (6 y)
- Communication and trust essential e.g. on-site, frequent meetings, as with any (working) relationship
- Shared vision and mission is key
- …and leadership to execute the above
- Key resources: money (HRSA, AMA), partners (health systems, CPCA) and **people (CPCA!)**



Gary Cloud, Vice President of University Partnerships



Unique Strategies to Support Training

- Academic Institution Supports Faculty Time at CHC
- CHC Preceptors Gain Academic Appointment
- Incorporate Trainees in CHC Events
- Actively Reach Out to Students in Your Community