Growing Your Own Care Team – Looking at Models for Community-Based Residencies

New Mexico’s & California’s GME Efforts
Growing Your Own Care Team, Our New Mexico Experience

Darrick P. Nelson, MD
Who I am

• Board Certified Family Medicine Physician since 2003
• Founding Program Director Hidalgo Medical Services (HMS) Family Medicine Residency Program, 2013-present
• Designated Institutional Official HMS Residency Program Sponsoring Institution, 2013- present
• Chief Medical Officer and Medical Director for HMS, an FQHC with more than 80,000 encounters annually, 2010 - present
• Clinically active about .3 FTE with a special interest in addiction medicine
Hidalgo Medical Services – At A Glance

- HMS was created in 1995 in Lordsburg, New Mexico
- Federally Qualified Health Center (FQHC) serving Hidalgo and Grant counties
- Nineteen service sites including Medical, Dental Mental Health, Family Support Services and Senior Services.
- Proud National Health Service Corps (NHSC) approved site member
  - (overall HPSA score of 19)
- Progressive healthcare organization providing comprehensive primary care, mental health, dental and family support services to over 16,000 people each year
FORWARD NM enhances access to quality health care in medically underserved communities, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals through community and academic educational partnerships.

FORWARD NM programs include:
• Area Health Education Center (AHEC)
• Health Career school clubs
• SMASH Academy (Summer Math and Science Health Career Academy)
• Summer Health Career Academy (HCA)
• Summer MCAT+ preparation academy
• Rural clinical internships and rotations
• College application & scholarship support
• Mental Health First Aid training

Our Rural Approach To Primary Care

Stage 1: Encourage Frontier & Rural students to enter health careers

Stage 2: Follow Frontier & Rural students through undergraduate education

Stage 3: Host a Primary Care, Rural Training Hub for many health career disciplines

Stage 4: Host the HMS Family Medicine Residency Program to support the supply of primary care in rural communities

Stage 5: Help develop State & Federal policies that support demand of primary care

Grow Your Own!
## SNAPSHOT of LEARNERS

October 2012 - June 2019

<table>
<thead>
<tr>
<th>Medical Health</th>
<th>Dental Health</th>
<th>Mental Health</th>
<th>Other Disciplines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine Residents</td>
<td>26</td>
<td>Dental Residents</td>
<td>18</td>
</tr>
<tr>
<td>Pediatric Residents</td>
<td>2</td>
<td>Dental Students</td>
<td>44</td>
</tr>
<tr>
<td>PA’s Students</td>
<td>48</td>
<td>Community Dental Health Coordinator</td>
<td>1</td>
</tr>
<tr>
<td>CNM/FNP</td>
<td>17</td>
<td></td>
<td>Clinical MSW</td>
</tr>
<tr>
<td>Physicians</td>
<td>20</td>
<td></td>
<td>Prescriptive Psychology Student</td>
</tr>
<tr>
<td>Medical Student</td>
<td>64</td>
<td></td>
<td>Counseling</td>
</tr>
<tr>
<td>MA’s</td>
<td>2</td>
<td></td>
<td>Social Work Interns</td>
</tr>
<tr>
<td>Nursing Students</td>
<td>88</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Students</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PreMed/Undergrads</td>
<td>44</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Medical</strong></td>
<td><strong>313</strong></td>
<td><strong>Total Dental</strong></td>
<td><strong>63</strong></td>
</tr>
</tbody>
</table>

Total: 406 Rotations!
Our Family Medicine Residency Program

• First Teaching Health Center model in New Mexico
• HMS is the sponsoring institution
• Provide full-spectrum family medicine training focusing on the unique aspects of the practice of medicine in frontier and rural communities.
• Provide educational experiences that are sensitive to the unique multicultural environment of New Mexico, while meeting or exceeding the standards of quality care and professionalism.
• Founding members of the New Mexico Primary Care Training Consortium
In 2010, under a workforce grant awarded by the Office of Rural Health Policy, HMS began the journey of developing a 1+2 family medicine residency program as a rural, 2/2/2 model to address the primary care shortages in southwest New Mexico.

- Accredited by the ACGME in May of 2013
- Program launched on July 1, 2013
A 3-year Rural 1+2 Family Medicine Residency Training Program

- 2 Residents per year, total of 6 residents in training
- First year (intern year) is spent in Las Cruces, NM with the Southern New Mexico Family Medicine Residency Program
- Years 2 and 3 are spent in HMS clinics and rotating in our community
- 100% funded through HRSA THC Grant, No Medicare GME $ of State Medicaid GME $
- Residents spend 3-4 half days per week in HMS-CHC seeing a panel of continuity patients
- Nationally recognized for rural practice placement post-graduation
- 100% American Board of Family Medicine Certification Examination pass rate for residents who sit for their exam during residency.
Collaborations
Creating Solutions
NMPCTC CONSORTIUM
MEMBERS

ALBUQUERQUE: UNM Office of Community Health
LAS CRUCES: Burrell College of Osteopathic Medicine (BCOM)
ROSWELL: Former – Eastern NM Family Medicine Program
Current Family Medicine Residencies

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuquerque</td>
<td>13 Residents</td>
</tr>
<tr>
<td>Santa Fe</td>
<td>4 Residents</td>
</tr>
<tr>
<td>Las Cruces</td>
<td>6 Residents</td>
</tr>
<tr>
<td>Silver City</td>
<td>2 Residents</td>
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</tbody>
</table>

Family Medicine Residency Development
Per Year Number of Residents

Current Annual Family Medicine Resident Graduates = 25

Psychiatric Residency Program—under development with Doña Ana County
Pipelines and Pathways- Preparing Our Own Rural Workforce

STAGE 1: Encourage students to enter health careers – Engage

STAGE 2: Support those students through undergraduate education

STAGE 3: Expand Graduate & Resident experiences for many health care disciplines in rural and underserved areas

STAGE 4: Recruit and retain healthcare professionals in high-needs areas – Develop local faculty

STAGE 5: Support improvements in Health Professional policy and programs – increase supply and access

FORWARD NM AHEC
Southern NM AHEC
Health Careers Support

Internships – Rotations Residencies
**Family Medicine Residency Development**

**Annual Number of Residents**

**Current Residents:** 25

**Phase II (Short Term 2-4 Yrs.):** +20-25

**Additional Medicaid Costs**

**Phase II (2018 – 2022):** <$937,500

**Phase III (2021 – 2022):** 11 Residents

**Total:** $1,350,000

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**Potential Shorter-term Family Medicine Development**
Hot Off the Press!

Two rural New Mexico hospitals were awarded HRSA Rural Residency Planning and Development funds

New Mexico
New Mexico received two awards totaling $1,499,933 in funding.

<table>
<thead>
<tr>
<th>Grantee Organization</th>
<th>City</th>
<th>State</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Otero County Hospital Association</td>
<td>Alamogordo</td>
<td>NM</td>
<td>$749,933.00</td>
</tr>
<tr>
<td>Rehoboth McKinley Christian Health Care Services, Inc.</td>
<td>Gallup</td>
<td>NM</td>
<td>$750,000.00</td>
</tr>
</tbody>
</table>
Problems in GME payments for Rural Areas

Urban Hospitals get paid on a DRG basis which can accommodate GME payments as additions to Revenue.

In this model the more revenue you generate, the more GME $ you make. This encourages expensive care so +/- 80% of physicians being trained in the US are not trained to serve rural or frontier areas due to the cost of care and the lack of volume to support it.

Medicare rules often exclude rural hospital participation or even GME growth in small urban areas proximate to rural places.

Rural Hospitals and FQHCs are paid on a PPS basis which complicates them benefitting from GME provision as they may be eligible for only a portion of the GME payment.

Medicaid has more flexibility than Medicare in GME payment models. There has to be the will to do it.
Summary of Recommended Medicaid GME Changes in New Mexico

IME - Make all PPS/DRG hospitals with approved residencies eligible for IME, not just those with more than 125 residents. – Done

Direct GME - Combine Rural and Primary Care residencies into one rate

Add expanded Medicaid Population to the GME Calculation - Done

Set Payment rate at $75,000 for PC / FQHC and Rural and $50,000 for “Other” subspecialties. Recommending that the NM Human Services Dept set the ratio of DGME to 40.4% for “other” and 59.6% for rural and primary care training to limit Medicaid growth in Subspecialties.

Create an administrative fee of $75,000 DGME fixed rate for rural and primary care residencies as a contract between state and rural / PC providers to support the full cost of care.

HSD is requiring identification of funding for FQHC-based training but not hospitals. This is a disincentive for residency development financially and creates a less secure financing environment for FHQCs and hospitals.
New Mexico 2019 Legislative Wins

- HB 480 created a Statewide Medicaid Primary Care GME oversight and planning group
- $300,000 for developmental costs at developing residencies
- $200,000 awarded to NMPCTC for TA to communities
Growing Your Own Care Team: California’s GME Strategy
Presentation Overview

Federal: Teaching Health Center GME Program
State: Song-Brown Program
State: CalMedForce Program
State: CA SPA 18-0032 – PPS Reimbursement
State: Community Health Center Residency Road Map
State: CPCA Residency Peer Network
Regional: Academic Partnerships

FUNDING

PROGRAMMING
CPCA’s Mission

The mission of CPCA is to lead and position community clinics, health centers, and networks through advocacy, education and services as key players in the health care delivery system to improve the health status of our communities.
COMMUNITY HEALTH CENTERS
2018/2019 PROFILE

Clinic Types
- 877 Federally Qualified Health Center SITES (FQHCs)
- 50 FQHC Look-Alike Sites
- 407 Community Clinics & Free Sites
- 27 Rural Health Centers

Clinical Services
- 62% Medical
- 14% Dental
- 11% Mental Health
- 13% Other
California Community Health Center Impact

Patients
- California: 1 out of 6 Californians served by community health centers
- Encounters: 22.5 million
- Patients: 6.9 million

Special Populations
- Non-English Speaking: 35%
- Encounters: 2,209,019
- Patients: 634,668
- Migratory Workers
GME Policy
Federal GME Funding

HRSA Funded THCGME Programs
- Shasta Community Health Center
- Valley Health Team
- Clinica Sierra Vista
- SAC Health System
- Family Health Centers of San Diego
- Valley Consortium for Medical Education

Newly Accredited CHC GME Programs
- Lifelong Medical Care
- Valley Consortium for Medical Education
- Borrego Health Center
- San Ysidro Health

California Teaching Health Center Graduate Medical Education Program Grantees
State GME Funding

Governor Newsom committed to an ongoing state GME investment!

FY 18-19 Funding Breakdown

- Existing Slots ($18.7M)
- THC Existing Slots ($5.7M)
- Expansion Slots ($3.3M)
- New Programs ($3.3M)

- FM - $9.5M
- IM - $7.6M
- OB/GYN - $5.7M
- PEDS - $7.6M
- EM - $7.6M

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Governor Newsom committed to an ongoing state GME investment!
State GME Funding

2016-2018 PCR Funding to CHCs

FY 18-19 Funding to CHCs

100% of CHC Applicants Awarded

$3,825,000; 100%

CHCs Applicants Funded
State GME Funding
CA State Plan Amendment 18-0032

- Authorizes reimbursement under the Prospective Payment System (PPS) methodology for services performed by qualifying Teaching Health Center Graduate Medical Education primary care resident physicians at participating FQHCs and RHCs.

- Eligible FQHCs and RHCs may file a change in scope of service.

**CORE COMPONENTS**

- ACGME Accredited
- Federally or State-Sponsored
- Medical residents must have at least six months experience in a GME program
GME Programming
CHC Residency Road Map

In Partnership with:

Toolkits & More!

https://www.cpca.org/CPCA/CPCA/HEALTH_CENTER_RESOURCES/Workforce/CHC_Residency_Road_Map.aspx
CPCA Residency Peer Network

Provide a peer-to-peer learning environment where residency directors and health center leaders can:

- Share successes and challenges, tools and resources, to improve, expand, or launch a teaching health center or other residency models
- Disseminate and discuss key policy and regulatory changes that impact graduate medical education and residency models
- Gauge trends on issues and solutions to be used to enhance the technical assistance and programmatic offerings of CPCA
Academic Partnerships

COMPADRE:
California Oregon Medical Partnership to Address Disparities in Rural Education and Health

A robust GME collaborative from Sacramento to Portland to reduce health disparities by transforming the physician workforce – to be better prepared, more equitably distributed and more deeply connected to underserved communities.
Key Points

Partnerships are key

Address GME challenges from a variety of angles
California Primary Care Association

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