

Family Medicine Residency of Idaho Strategic Plan 2011 - 2015

VISION STATEMENT:

To produce outstanding family physician leaders for their communities.

MISSION STATEMENT:

The mission of our program is three-fold:

- Train superb medical school graduates to become outstanding physicians;
- Prepare broadly trained family physicians to practice all across Idaho especially in rural and underserved Idaho; and
- Serve the underserved in a high-quality Teaching Health Center, Patient Centered Medical Home.

GOALS:

Education - To provide an outstanding family medicine training program to prepare future family medicine physicians.

Objective:

1. To create an exceptionally high quality medical education environment to train future family physicians.

Performance Measure:

- a. Track successful completion of American Board of Family Medicine (ABFM) Board certification examination scores for all program graduates.
- b. Track performance on American Board of Family Medicine (ABFM) Annual In-Service Training Examination.

Benchmark:

- a. At least 95% of all program graduates become ABFM Board certified.
- b. FMRI program performance above the national average (>50%) on an annual basis.

2. FMRI will obtain full accreditation with Accreditation Council of Graduate Medical Education (ACGME) and its Residency Review Committee for Family Medicine (RRC-FM).

Performance Measure: FMRI will track its accreditation status and potential citations.

Benchmark: Maintain 100% full and unrestricted ACGME program accreditation and correct all citations.

Family Medicine Workforce - To produce Idaho's future family medicine workforce by attracting, recruiting, and employing outstanding medical students to become family medicine residents and to keep as many of these residents in Idaho as possible post-graduation from residency.

Objective:

1. To recruit outstanding medical school students to FMRI for family medicine residency education, this includes recruitment to the two Rural Training Tracks in Caldwell and Magic Valley.
Performance Measure: FMRI will track how many students match annually for residency training in family medicine at FMRI.
Benchmark: At least 14 medical students matched per year at FMRI and its rural training tracks.
2. To graduate fully competent family physicians ready to practice independently the full scope of family medicine.
Performance Measure: FMRI will track the number of graduates per year from our residency program.
Benchmark: FMRI will graduate at least 14 family physicians per year from the program.
3. To keep as many family physicians as possible in Idaho after residency graduation.
Performance Measure: FMRI will encourage all graduates to practice in Idaho and track how many remain in Idaho.
Benchmark: 50% retention rate of graduates to practice in Idaho.
4. To produce as many family physicians as possible to practice in rural Idaho.
Performance Measure: Of those graduates staying in Idaho, FMRI will track how many stay in rural or underserved Idaho.
Benchmark: 40% of graduates staying in Idaho will stay in rural or underserved Idaho.

Patient Centered Medical Home - Serve the underserved in a high-quality Teaching Health Center, Patient Centered Medical Home.

Objective:

1. To create a National Committee on Quality Assurance (NCQA) Patient Centered Medical Home (PCMH).
 - a. *Performance Measure:* Become a NCQA designated PCMH in the 2011-2012 academic year.
Benchmark: Achieve NCQA designation as a PCMH.
 - b. *Performance Measure:* Work with Idaho Medicaid on a PCMH program for Idaho Medicaid patients.
Benchmark: Enroll new Idaho Medicaid patients into the FMRI NCQA designated PCMH in the 2011-2012 year.

Key External Factors

Funding:

The Family Medicine Residency of Idaho (FMRI) and its operations are contingent upon adequate funding. The major revenue drivers for FMRI are 50% from patient fees, 25% from the area hospitals and their pass through of Medicare GME dollars, 8% from the State Board of Education, 10% from grants, and 5% from research. Maintenance of the state funding is critical to the program's long-term success.

Legislation/Rules:

As noted above to the Idaho State Legislature's support of FMRI's request for state support is critical to the ongoing success of FMRI. The current economic environment could result in more difficulty in obtaining funding.

Governor's Support:

Governor C.L. "Butch" Otter in his January 2006 State of the State asked FMRI to expand rural family medicine training for Idaho. We are in great hopes that the Governor will continue his strong support in his budget for FMRI and graduate medical education training in family medicine and for the workforce production of future family physicians for Idaho.

Hospital Support:

FMRI requires contributions from both Saint Alphonsus Regional Medical Center and St. Luke's Regional Medical Center in regards to Medicare DME/IME pass through money. This is money given through the hospitals to the Residency by the federal government in the form of Medicare dollars to help with our training. In addition, the hospitals both have additional contributions that are essential to FMRI's operations. The current economic environment could result in more difficulty in obtaining hospital funding.

Medicaid/Medicare:

FMRI requires continued cost-based reimbursement through our Federally Qualified Health Center Look-Alike designation model for Medicaid and Medicare patients. This increased reimbursement funding is critical to the financial bottom line of the Residency. As of this writing, it is our understanding that that Medicaid and Medicare will continue its enhanced reimbursement for Community Health Centers and Federally Qualified Health Centers into the future. As mentioned before, the current economic environment could result in more difficulty in obtaining funding.