

Part I – Agency Profile

Agency Overview

There are two family medicine residencies in Idaho – the Family Medicine Residency of Idaho (FMRI) in Boise and the Idaho State University Family Medicine Residency (ISU FMR) in Pocatello. Both programs are funded from State allocations, grants, local hospitals, Medicaid, Medicare, and other patient revenues. Family Medicine Residency of Idaho (FMRI) was founded in 1975 as a non-profit, independent corporate entity. FMRI is Federally Qualified Health Center Look-Alike and a federally designated Teaching Health Center and is governed by a consumer-based independent board and has a Graduate Medical Education Committee that oversees all residency education functions. The Chief Executive Officer of FMRI is Ted Epperly, MD. FMRI is affiliated with the University of Washington WWAMI Residency Network.

Core Functions/Idaho Code

There are two core functions of FMRI:

1. Training family physicians to provide care to populations throughout Idaho, to include rural, urban, and suburban. Idaho ranks 50th out of 50 in primary care physicians per capita in the USA and has a special problem recruiting physicians to settle in isolated rural Idaho. Ninety-five percent of all Idaho counties are Health Professional Shortage Areas for primary care. FMRI has an excellent track record of recruiting family physicians that settle and stay in Idaho. FMRI, including its Caldwell Rural Training Track and Magic Valley Rural Training Track is expanding and is growing to 48 residents in training at any one time and will be graduating 16 new family physicians each June. Currently, the residency programs are exceeding their recruitment target of 50% of their graduates staying within Idaho. Of the 278 FMRI graduates, 151 (54%) family medicine physicians have been recruited and settled in Idaho since the beginning of our program.
2. Provision of services to underserved populations in Boise. Over the last three decades, FMRI has become the leading medical provider to the underserved population of Ada County. Reimbursement of medical services has been declining, while program costs have been climbing. FMRI provides over three million dollars in medical services to Medicaid, Medicare and the indigent and absorbs approximately one million dollars of uncompensated care annually. Residents who settle in Idaho communities have an excellent track record of continuing outreach services to Medicare, Medicaid and indigent patients and supporting free clinics in their communities.

Revenue and Expenditures

Revenue	FY 2010	FY 2011	FY 2012	FY 2013
General Fund	\$ 1,106,000	\$ 1,106,000	\$ 1,080,900	\$ 1,080,900
Total	\$ 1,106,000	\$ 1,106,000	\$ 1,080,900	\$ 1,080,900
Expenditure	FY 2010	FY 2011	FY 2012	FY 2013
Personnel Costs	\$ 995,400	\$ 995,400	\$ 972,810	\$ 972,810
Operating Expenditures	110,600	110,600	108,090	108,090
Capital Outlay	0	0	0	0
Trustee/Benefit Payments	0	0	0	0
Total	\$ 1,106,000	\$ 1,106,000	\$ 1,080,900	\$ 1,080,900

Profile of Cases Managed and/or Key Services Provided

Cases Managed and/or Key Services Provided	FY 2010	FY 2011	FY 2012	FY 2013
Number of Residents in Training	36	38	42	42
Average Total State Funded Dollar Cost per Resident as a Percent of Total Residency Training	\$30,722	\$29,105	\$25,736	\$25,736
Number of Health Profession Students (non-physician) Receiving Clinical Training at FMR	23	27	41	46

Performance Highlights:

1. Federally Qualified Health Center Look-Alike Re-Certification – FMRI submitted its renewal of designation report to continue to be a Federally Qualified Health Center Look-Alike. This certification enhances FMRI’s ability to continue to act as a safety net provider for uninsured and underinsured individual through enhanced Medicare and Medicaid payments.
2. Teaching Health Center (THC) – FMRI was one of the first of 11 in the nation to receive designation as a Teaching Health Center by the federal government in 2010. This innovative program of training community-based, primary-care physicians in community health centers to meet the health care needs of local communities is in peril. Simply put, the funding for this outstanding program is scheduled to end in 2015. This means that our program will run out of financing for the expanded number of residents we have in good faith taken into our program starting with the class we will recruit in July 2013. Unless funding is extended beyond the 2015 funding limit, our program and these residents will be caught in a funding nightmare that will affect their training and our program’s ongoing care of our community and our citizens.
3. Primary Care Residency Expansion (PCRE) Program Grants – FMRI was awarded two primary care expansion grants that enabled an increase the class size in the Caldwell Rural Training Track by one resident per year from a 2-2-2 program to a 3-3-3 program. In the Magic Valley Rural Training Track, it would increase the class size by one resident per year from 1-1-1 to a 2-2-2 program.
4. National Committee for Quality Assurance (NCQA) Recognized Patient Centered Medical Homes (PCMH) – FMRI’s four clinics is NCQA Recognized as PCMH’s. The PCMH is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

Part II – Performance Measures

Performance Measure	2010	2011	2012	2013	Benchmark
Percentage of Physician Residents Graduating	100%	100%	100%	100%	95%
Percentage of Graduates Successfully Completing Board Examination	100%	100%	100%	100%	95%
Percentage of Resident Training Graduates Practicing in Idaho	36%	50%	54%	54%	50%
Number of Residents Matched Annually	100%	100%	100%	100%	100%
Percentage of Qualified Idaho Residents Offered an Interview for Residency Training	100%	100%	100%	100%	100%
Retention of Full Continued Accreditation Status with a Five-Year Revisit Cycle	Full/5 Years	Full/5 Years	Full/5 Years	Full/5 Years	Full/4 Years

1. Recruitment – One hundred percent successful recruitment of top notch medical students every year since programs inception.
2. ABFM Board Certification – One hundred percent of all graduates have become ABFM Board Certified.

For More Information Contact

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