

Part I – Agency Profile

Agency Overview

There are three family medicine residencies in Idaho – the Family Medicine Residency of Idaho (FMRI) in Boise, the Idaho State University Family Medicine Residency (ISU FMR) in Pocatello, and the Kootenai Family Medicine Residency in Coeur d’Alene. All three programs are funded from State allocations, grants, local hospitals, Medicaid, Medicare, and other patient revenues. The Family Medicine Residency of Idaho (FMRI) was founded in 1975 as a non-profit, independent, corporate entity. FMRI is a Federally Qualified Health Center and a federally designated Teaching Health Center. FMRI is governed by a consumer-based independent board and has a Graduate Medical Education Committee that oversees all residency education functions. The President, Chief Executive Officer, and Designated Institutional Official of FMRI is Ted Epperly, MD. The Boise Program Director is Justin Glass, MD and the Program Director of the RTTs is David Schmitz, 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 rural, urban and suburban populations throughout Idaho. FMRI, including its Caldwell and Magic Valley Rural Training Tracks, has up to 48 residents in training at any one time and now graduates 16 new family physicians each June. Idaho ranks 47th out of 50 for active primary care physicians per capita in the USA and 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 isolated rural Idaho. Currently, FMRI’s residency programs are exceeding their recruitment target of 50% of their graduates staying within Idaho. Of the 309 practicing FMRI graduates, 164 (53%) family medicine physicians have been recruited and settled in Idaho since the beginning of our program. This retention rate ranks us 7th best in the United States. Of those residents choosing to remain in Idaho, 54% have chosen to practice in rural, underserved or health professional shortage areas for primary care.
2. Provision of services to underserved populations in Boise. Over the last four decades, FMRI has become the leading medical provider to the underserved population of Ada County. The FMRI is the largest provider of care to the Medicaid population in the State of Idaho. FMRI provides over eight million dollars in medical services to Medicaid, Medicare and the indigent and absorbs approximately two million dollars of uncompensated care annually. FMRI 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.

Pursuant to Idaho Code **§33-3720** authorizes the State Board of Education to enter into contractual agreements to provide access for Idaho residents to qualified professional studies programs.

Revenue and Expenditures

Revenue	FY 2012	FY 2013	FY 2014	FY 2015
General Fund	\$ 1,080,900	\$ 1,080,900	\$ 1,118,700	\$ 1,118,700
Total	\$ 1,080,900	\$ 1,080,900	\$ 1,118,700	\$ 1,118,700
Expenditure	FY 2012	FY 2013	FY 2014	FY 2015
Personnel Costs	\$ 972,810	\$ 972,810	\$ 1,006,830	\$ 1,006,830
Operating Expenditures	108,090	108,090	111,870	111,870
Capital Outlay	0	0	0	0
Trustee/Benefit Payments	0	0	0	0
Total	\$ 1,080,900	\$ 1,080,900	\$ 1,118,700	\$ 1,118,700

Profile of Cases Managed and/or Key Services Provided

Cases Managed and/or Key Services Provided	FY 2012	FY 2013	FY 2014	FY 2015
Number of Residents in Training	42	42	46	47

Health Programs – Boise Family Medicine Residency Performance Measurement Report

Average Total State Funded Dollar Cost per Resident as a Percent of Total Residency Training Costs	\$25,736	\$25,736	\$24,320	\$23,802
Number of Health Profession Students (non-physician) Receiving Clinical Training at FMRI Facilities	41	46	62	65

Performance Highlights:

- Federally Qualified Health Center Look-Alike Conversion – FMRI’s six of seven clinic locations are now federally qualified health centers (full FQHC status) and receive grant funding under section 330 of the Public Health Service. 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 and will receive \$705K annually to help defer costs of providing care for uninsured patients of Ada County.
- 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 2011. 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. In June of 2015, the Bureau of Health Workforce, Health Resources and Services Administration extended the program’s funding through the end of FY 2017 at a reduced award of \$95K per resident FTE. 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 2015. Unless funding is extended beyond the 2017 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.
- 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 has increased the class size by one resident per year from 1-1-1 to a 2-2-2 program. This federal funding will cease in 2016.
- National Committee for Quality Assurance (NCQA) Recognized Patient Centered Medical Homes (PCMH) – FMRI’s four clinics are 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 integrated and coordinated 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. This is the delivery model of the future and we are proud to be training our residents in this primary care delivery model.

Part II – Performance Measures

Performance Measure	FY 2012	FY 2013	FY 2014	FY 2015	Benchmark
Percentage of Physician Residents Graduating <i>Goal 1 Objective 1</i>	100%	94%	94%	94%	95%
Percentage of Graduates Successfully Completing Board Examination <i>Goal 3 Objective 2</i>	100%	100%	100%	100%	100%
Percentage of Resident Training Graduates Practicing in Idaho <i>Goal 1 Objective 3</i>	54%	54%	54%	53%	50%
Number of Residents Matched Annually <i>Goal 1 Objective 1</i>	100%	100%	100%	100%	100%
Percentage of Qualified Idaho Residents Offered an Interview for Residency Training <i>Goal 1 Objective 1</i>	100%	100%	100%	100%	100%
Retention of Full Continued Accreditation Status with a Five-Year Revisit Cycle* <i>Goal 3 Objective 2</i>	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 Family Physicians.

*Accreditation cycles have recently changed. The FMRI receives an approximate timeline for the next self-study visits. All three of our programs have continued accreditation with the next self-study visits listed here: Boise Core Program – October 2018, Caldwell Rural Training Track – October 2023, Magic Valley Rural Training Track – November 2022

For More Information Contact

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