

**ISU Department of Family Medicine  
Family Medicine Residency Program  
Strategic Plan  
2017-2021**

*Vision:*

The Idaho State University Family Medicine Residency (ISU FMR) envisions a clinically rich residency program; graduating courteous, competent, rural physicians.

*Mission:*

ISU FMR is committed to interdisciplinary, evidence-based care and service to our patients and community; university-based education of residents and students; and recruitment of physicians for the State of Idaho.

*Values:*

**PROFESSIONALISM** – We adhere to the highest level of professionalism in our relationships with our patients, staff and colleagues

**COMMUNICATION** – We aspire to clear, open communications with each other and our patients; and to precise, well-formatted presentation of medical information to other physicians

**QUALITY** – We continually seek ways to analyze and improve the quality of care provided to our patients, and to fulfill the published criteria of excellence in residency education.

**COLLEGIALITY** – As medical educators and learners we coordinate education and care with colleagues from a wide range specialties and health professions.

**INNOVATION** – We espouse current innovations in primary health care including electronic record keeping and communication, and the Patient Centered Medical Home Model.

**ACCOUNTABILITY** – We are accountable to ourselves and to our sponsors for the financial viability of the residency and the efficiency of the department.

**RESPONSIBILITY** – We take responsibility for our actions and work to improve patient care through excellence in medical education.

**RESPECT** – We demonstrate respect for each other and those with whom we interact. We remain courteous in our interactions and in respecting diversity. Even if we disagree, we do so with both civility and a desire to reach mutually beneficial solutions.

**JUSTICE** – We believe all patients have a fundamental right of access to appropriate health care. We advocate for our patients and assist them in navigating through the health care system.

**BENEFICENCE** – Primum non nocere. Patients will not be harmed by our care. Resident education will not be abusive or excessive in work hours or disrespectful of personal needs.

**AUTONOMY** – We respect a patient's right to decide their health care, and to information to assist in the decision making process.

### **GOAL 1: Access – Recruitment of physicians for Idaho**

Objectives for access:

- a. Ensure national reputation and online national exposure to maintain a high number of high caliber applicants to the ISU FMR.
  - *Performance measure:*
    - *High application rate and interview rate.*
  - *Benchmark:*
    - *Applicant rate should be above 200 and interview rate should be 10 times the number of resident positions, or above 70 per year. <sup>1</sup>*
- b. Match successfully each year through the Electronic Residency Application System.
  - *Performance measure:*
    - *Successful match each March for the ISU FMR.*
  - *Benchmark:*
    - *Initial fill rate for seven positions: 100%. Supplemental match rate (SOAP): 0%<sup>2</sup>*
- c. Structure the program so that graduates open their practices in Idaho
  - *Performance Measure*
    - *Number of graduates practicing in Idaho*
  - *Benchmark:*
    - *50% of graduates practicing in Idaho<sup>3</sup>*
- d. Train and encourage residents to settle and serve rural and underserved (CHC, IHS, HPSA, MUA) locations.
  - *Performance measure:*
    - *Number of graduates practicing in rural and underserved areas.*
  - *Benchmark:*
    - *75% of graduates practice in rural and underserved areas. <sup>4</sup>*

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<sup>1</sup> Based on national standards

<sup>2</sup> Necessary to maintain quality of the program

<sup>3</sup> Based on national standards for similar programs

<sup>4</sup> Based on state needs and national standards

## **GOAL 2: Quality – Sustain and continuously improve medical care for Idaho citizens through education, quality improvement, and clinical research**

Objectives for quality:

- a. Prepare and ensure that residents are educated to become board certified in family medicine.
  - *Performance measure:*
    - Number of residents who take the American Board of Family Medicine exam within one year of training.
  - *Benchmark:*
    - 100% of resident graduates take the ABFM exam within one year. <sup>5</sup>
  
- b. Achieve a high board examination pass rate.
  - *Performance measure:*
    - *Board examinations passed.*
  - *Benchmark:*
    - *90% of graduates passed the ABFM exam in the last five years.* <sup>6</sup>
  
- c. Achieve high resident quality improvement rate.
  - *Performance measure:*
    - *Number of quality improvement projects.*
  - *Benchmark:*
    - *100% of residents will complete QI project by the end of PGY3.* <sup>6</sup>
  
- d. Achieve a high scholarly activity rate.
  - *Performance measure:*
    - *Scholarly department output.*
  - *Benchmark:*
    - *Number of scholarly activities by faculty and residents– publications & presentations.*<sup>7</sup>

## **GOAL 3: Efficiency – improve long-term financial viability of the department/residency program**

Objectives for efficiency:

- a. Maintain the best operational and financial structure to maximize funding streams and clinical revenues
  - *Performance measure:*
    - Maintain the New Access Point for Health West Pocatello Family Medicine.
  - *Benchmark:*
    - Completed and maintained affiliation agreement.<sup>8</sup>

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<sup>5</sup> Based on accreditation standards

<sup>6</sup> Based on national standards for receiving Level 3 Recognition from the National Committee for Quality Assurance

<sup>7</sup> Based on internal standards set for maintaining high quality activity rates

<sup>8</sup> Based on analysis of operation needs

- b. Transition residency program through change in ownership and administration of Portneuf Medical Center (PMC)
  - *Performance measure:*
    - Level of support from PMC for ISU Family Medicine
  - *Benchmark:*
    - Completed affiliation agreement with negotiated and maintained financial and programmatic support.<sup>9</sup>
- c. Maintained GME reimbursement
  - *Performance measure:*
    - GME dollars reimbursed through cost reports.
  - *Benchmark:*
    - Maximize GME reimbursement per FTE.<sup>10</sup>
- d. Additional funding streams.
  - *Performance measure:*
    - Identify and maintain additional funding streams.
  - *Benchmark:*
    - Increased number of grants funded, donations foundation giving, maximized patient revenue, HRSA funds, and contractual funding.<sup>10</sup>

## **External Factors (beyond control of the ISU Department of Family Medicine)**

- 1. Access – Recruitment of physicians for Idaho.**
  - a. Number of applicants depends upon the pool of medical students choosing family medicine.
  - b. Number of applicants who match in the program is dependent on multiple factors including geographic ties and choice.
  - c. Number of residents settling in rural locations and in Idaho is dependent on freedom from other commitments such as loan repayment, military service, and service obligations to other states.
- 2. Quality – Sustain and continuously improve medical care for Idaho citizens through education, quality improvement, and clinical research.**
  - a. Board examination pass rates are set nationally.
  - b. For quality projects, we are dependent on the efficiency of data base retrieval systems.
  - c. For medical research projects, we are dependent on external funding opportunities that vary nationally over time.
- 3. Efficiency- Improve the Long-term financial viability of the department/residency program.**

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<sup>9</sup> Based on operational needs for maintaining quality of program

<sup>10</sup> Based on operation and funding requirements to maintain quality of program

- a. Health West Board decisions.
- b. Parent Legacy corporate decisions regarding PMC.
- c. National decisions regarding payment for graduate medical education.

### **Strategic Planning – Mid-term (3-5 years)**

The ISU Department of Family Medicine has defined mid-term (3-5 years) and long-term (6-10 years) strategic planning components some of which are outlined below.

### **GOAL 1: Access – Recruitment of physicians for Idaho**

Objectives for access

1. Maintain core residency program at 7-7-7.
  - *Performance measure:*
    - Number of residents.
    - Benchmark: 21 residents in training.<sup>11</sup>
2. Explore and develop opportunities for expansion of residency training:<sup>12</sup>
  - Fill existing faculty vacancies and add additional new faculty and other infrastructure to support expansion.
  - Relocate the residency administrative offices and main clinical site to a larger location:
    - To better match the current heavy clinical demands
    - To expand opportunities for inter-professional clinical training in pharmacy, behavioral health, radiation technology, nutrition and other health professions disciplines
    - Will allow the opportunity to expand class size at the base program.
  - Identify and develop Rural Training Track sites
  - Establish satellite Family Practice Center clinical training sites in collaboration with Health West and other partners.

### **GOAL 2: Efficiency – Improve long-term financial viability of the department/residency program**

Objectives for access

1. Develop collaborative and supportive affiliation with Health West.
  - *Performance measure:*
    - Completion of joint budgeting process
  - *Benchmark:*
    - Consensus on budget amounts<sup>13</sup>
2. Develop collaborative and supportive affiliation with PMC.
  - *Performance measure:*
    - Completion of affiliation agreement with agreed ongoing support.
  - *Benchmark:*
    - Consensus on dollar amount of financial support<sup>13</sup>

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<sup>11</sup> Necessary to maintain core residency program, limited by available resources

<sup>12</sup> While not benchmarkable critical to future expansion of the program and ability to meet state medical residency needs.

<sup>13</sup> Required to move forward with affiliation agreement