

Family Medicine Residency of Idaho, Inc.

Strategic Plan
2017 – 2021

Vision: To improve the health care for Idaho and beyond by producing outstanding family medicine physician leaders for their communities.

Mission: Train outstanding broad spectrum family medicine physicians to work in underserved and rural areas. Serve the vulnerable populations of Idaho with high quality, affordable care provided in a collaborative work environment.

1. **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 retain as many of these residents in Idaho as possible post-graduation from residency.
 - 1.1. Core Program – Boise
 - 1.1.1. Maintain resident class size of 11-11-11
 - 1.1.1.1. Raymond (11-5-5)
 - 1.1.1.2. Fort (0-2-2)
 - 1.1.1.3. Emerald (0-2-2)
 - 1.1.1.4. Meridian (0-2-2)
 - 1.2. Rural Training Tracks
 - 1.2.1. Caldwell (3-3-3)
 - 1.2.2. Magic Valley (2-2-2)
 - 1.3. Fellowships
 - 1.3.1. Sports Medicine (1)
 - 1.3.2. HIV Primary Care (1)
 - 1.3.3. Geriatrics (1)
 - 1.3.4. OB (1)
 - 1.3.5. Exploring Rural (1-2)

Objective:

1. To recruit outstanding medical school students to FMRI for family medicine residency education, this includes recruitment to the rural training tracks and fellowships. The FMRI maintains an outstanding national reputation for training family physicians, participates in national recruitment of medical students, participates in training of medical students in Idaho and participates actively in the recruitment, interview and selection process to match outstanding candidates for its programs.

Performance Measure: FMRI will track how many students match annually for residency training in family medicine at FMRI.

Benchmark: One hundred percent of all resident positions and over 50 percent of all fellow positions matched per year. This measure reflects the national standard for excellence in residency accreditation and capacity within the fellowships.

2. To graduate fully competent family physicians ready to practice independently the full scope of family medicine. This is achieved through curriculum and experiential training which reflects the practice of family medicine in Idaho, including training in rural Idaho communities.

Performance Measure: FMRI will track the ABFM board certification rates of the number of graduates per year from FMRI.

Benchmark: FMRI will attain a 95 percent ABFM board certification rate of all family physicians and fellows per year from the program. This is a measure commensurate with the accreditation standard for family medicine residency programs.

3. To keep as many family physicians as possible in Idaho after residency and fellowship graduation. This is done through the recruitment process for residents and fellows, the intentional curriculum design to meet the needs of Idaho, programming and education reflective of the needs and opportunities in Idaho, and additional dedicated role models in guiding graduates in making practice location decisions.

Performance Measure: FMRI will encourage all graduates (residents and fellows) to practice in Idaho and track how many remain in Idaho.

Benchmark: 50 percent retention rate of graduates to practice in Idaho. This measure reflects an outstanding benchmark well above the state median for retention of physicians retained from GME.

4. To produce as many family physicians as possible to practice in rural or underserved Idaho. This is done through the recruitment process for residents and fellows, the intentional curriculum design to meet the needs of both rural and underserved Idaho, programming and education reflective of the needs and opportunities in for rural and underserved practices in Idaho, and dedicated role models in guiding graduates in making practice location decisions to care for rural and underserved populations of patients. The curriculum intentionally involves direct care of rural and underserved populations throughout the course of residency training.

Performance Measure: Of those graduates staying in Idaho, FMRI will track how many stay in rural or underserved Idaho.

Benchmark: 40 percent of graduates staying in Idaho will be practicing in rural or underserved Idaho. This measure demonstrates an exceptional commitment of the program and its graduates to serving rural and underserved populations in particular.

2. **Patient Care | Delivery | Service** – Serve the citizens of Ada County and surrounding areas in a high-quality Patient Centered Medical Home.

- 2.1. All FMRI clinics where resident education is centered will attain and maintain National Committee on Quality Assurance (NCQA), Level III Patient Centered Medical Home (PCMH) recognition.
- 2.2. All FMRI clinics will utilize Meaningful Use criteria in using the Electronic Medical Records (EMR).
- 2.3. FMRI will maintain a 340b Pharmacy, with expanded access for our patients via expanded hours and the Walgreen's pharmacy collaboration.

Objective:

1. To maintain recognition NCQA Level III PCMH. Maintenance of NCQA recognition is on a 3 year cycle. We have rebuilt our PCMH team as we have had turnover in leadership, and have added 2 NCQA Certified Content Experts to our team. We have done a gap analysis of where we need to improve and are working to close our gaps in the recognition standards.

Performance Measure: All FMRI clinics where resident continuity clinics reside will maintain Level III PCMH's and we will apply for NCQA recognition for our other two clinics.

Benchmark: Maintain NCOA designation as a Level III PCMH at all FMRI clinics where resident continuity clinics reside. NCOA recognition is the national standard for PCMH recognition.

2. All FMRI clinics using Meaningful Use Electronic Medical Records. We are tracking the meaningful use objectives and measures and are assuring that all the providers at FMRI are meeting these.

Performance Measure: All FMRI clinics meeting Meaningful Use EMR criteria.

Benchmark: Implement Meaningful Use EMR at all clinics. Meaningful Use EMR is necessary for coordinated and integrated care as part of NCOA recognition and good patient care. Medicaid Provider Meaningful Use Incentive program is necessary for compliance. This benchmark is based on compliance standards

3. Maintenance and expansion of FMRI 340b pharmacy services. We have expanded our pharmacy hours to help patient access as well as the Walgreens pharmacy collaboration.

Performance Measure: Maintain 340b pharmacy services, with expanded access for our patients via extended pharmacy hours and the Walgreen's pharmacy collaboration.

Benchmark: 340b pharmacy available for all FMRI patients, with expanded access for our patients via extended hours and the Walgreen's pharmacy collaboration. This benchmark is based on need for extended hours to accommodate a larger group of patients.

3. **Education** – To provide an outstanding family medicine training program to prepare future family medicine physicians.

- 3.1. All FMRI programs maintain Accreditation Council for Graduate Medical Education (ACGME) accreditation where appropriate.
- 3.2. All FMRI programs maintain integrated patient care curriculum and didactics.
- 3.3. All FMRI programs maintain enhanced focus on research and scholarly activities.
- 3.4. FMRI programs have a quality and patient safety curriculum for clinical learning environments.
- 3.5. FMRI demonstrates mastery of the New Accreditation System (NAS) of the ACMGE.

Objective:

1. To create an exceptionally high quality medical education environment to train future family physicians. All FMRI residents and fellows serve Idaho patients as a integral part of the educational process. Educational milestones and national standard measures are used to demonstrate competencies and excellence. All FMRI programs are in a process of continual improvement and measured for markers of success as a part of local oversight and national accreditation.

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 percent of all program graduates become ABFM Board certified. This is a measure commensurate with the accreditation standard for family medicine residency programs.

- b. FMRI program performance above the national average (>50 percent) on an annual National In-Training Exam. This is a national standard and interval measure of trainee success in mastery in Family Medicine.
2. FMRI will maintain full accreditation with Accreditation Council of Graduate Medical Education (ACGME) and its Residency Review Committee for Family Medicine (RRC-FM). This is a marker of certification and excellence for accredited programs.

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

Benchmark: Maintain 100 percent full and unrestricted ACGME program for all programs as appropriate. This measure meets the ideal goal for the FMRI programs.

3. FMRI will maintain all ACGME accreditation requirements in the New Accreditation System (NAS) including a Clinical Competency Committee (CCC), Annual Program Evaluations (APE), Annual Institutional Review (AIR), and Clinical Learning Environment Review (CLER). This set of goals is met through oversight of each FMRI program by the FMRI Graduate Medical Education Committee on an ongoing basis.
4. **Faculty** – FMRI has a diverse team of faculty that provides rich training environments, who are tremendously dedicated and committed to family medicine education, and enjoy working with family medicine residents and caring for our patients.
 - 4.1. Continued expansion of faculty. Seven of ten new family medicine faculty in place.
 - 4.2. Continue to provide a dynamic faculty development curriculum for all faculty.

Objective:

1. Continue expansion of dedicated and committed family medicine faculty. Targeted recruiting of full spectrum family medicine faculty through local, alumni resource, regional and national recruiting efforts.

Performance Measure: Hire 1-2 family medicine faculty.

Benchmark: 1-2 family medicine faculty hired. This measure is based on projected need in consideration of availability of future resources.

5. **Rural Outreach** – The three pillars of FMRI’s rural outreach are to provide education to students, residents and rural providers, to provide service and advocacy for rural communities and foster relationships that will help create and maintain the workforce for rural Idaho.
 - 5.1. Increase to 35 rural site training locations.
 - 5.2. Develop distributed rural fellowship (1-2 fellows) per year.
 - 5.3. Continue to work towards a rural workforce and policy center (FMRI-BSU-UW).

Objective:

1. To maintain 35 rural site training locations in Idaho. This goal is met through growing partnerships with communities resulting in development of additional rotations in rural Idaho.

Performance Measure: Increase rural site training locations.

Benchmark: Additional seven rural site training locations in Idaho. Now stands at 35 sites. This measurement is based upon standing agreements with resident rotation sites.

2. Develop distributed rural fellowship. Will be accomplished at time best suited to partnering with interested communities and interested eligible fellowship applicants.

Performance Measure: Develop distributed rural fellowship with 1-2 fellows per year by 2018.

Benchmark: Distributed rural fellowship of 1-2 fellows developed per year by 2018. This measure is a reasonable expectation of interest and the subsequent program development timeline.

3. Development of rural workforce and policy center. This goal will be accomplished at time best suited for expansion upon the existing work and relationships between the parties.

Performance Measure: Development of rural workforce and policy center with BSU and UW.

Benchmark: Rural workforce and policy center developed with BSU and UW by 2020. This measure is a reasonable expectation of interest and subsequent program development necessary.

Key External Factors

1. Funding: The Family Medicine Residency of Idaho (FMRI) and its operations are contingent upon adequate funding. For fiscal 2016, approximately 55% of revenues were generated through patient services (including pharmacy), 25% were derived from grants and other sources, and 20% came from contributions (excluding in-kind contributions for facility usage and donated supplies). Contributions include Medicare GME dollars and other amounts passed through from the area hospitals, as well as funding from the State Board of Education. Grant revenue is comprised primarily of federal or state-administered grants, notably a Consolidated Health Center grant, Teaching Health Center grant, Primary Care Residency Expansion grant, and grants specific to HIV, TB and refugee programs administered by the FMRI.
2. Teaching Health Center (THC) Grant Funding: The FMRI received grant funding through the THC-GME program of the Affordable Care Act (ACA) in fiscal 2012 to fund six residents annually in family medicine training. This expansion increased the overall FMRI class size by two residents per class (total of six in the program representing the three classes). At this time, it is believed this funding will continue through fiscal 2017 due to the passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). Award amounts will be dependent on the unused funds from the previous program years but are expected to be similar to fiscal 2016 awards.
3. Primary Care Residency Expansion Grant (PCRE): Similarly, in fiscal 2012 the FMRI received the PCRE grant to expand the FMRI program size by an additional two residents per class per year. This grant was for separate resident expansion than the THC grant mentioned above. This grant funded \$80K per resident per year for a total of \$480K per year to the FMRI. This was a five year grant program which concluded in fiscal 2016. Because the residents funded were part of the Rural Training Track program, much of the loss in grant funding is expected to be offset by increased hospital contributions from West Valley Medical Center and Magic Valley Medical Center for fiscal 2017.
4. Hospital Support: FMRI requires contributions from both Saint Alphonsus and St. Luke's Health Systems 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.

5. Medicaid/Medicare: FMRI requires continued cost-based reimbursement through our Federally Qualified Health Center (FQHC) designation model for Medicaid and Medicare patients. This increased reimbursement funding is critical to the financial bottom line of the Residency. Medicaid and Medicare should continue its enhanced reimbursement for Community Health Centers and Federally Qualified Health Centers into the future.
6. Federally Qualified Health Center (FQHC) and Teaching Health Center Designations: FMRI must maintain its FQHC and Teaching Health Center designations and advocate for continued medical cost reimbursement. In late October 2013, FMRI became a Section 330 New Access Point grantee with the addition of the Kuna clinic and Meridian Schools clinic and the expansion of the Meridian clinic. Currently, all six of FMRI's outpatient clinics received the FQHC designation. FQHC grant funding represented approximately 5% of fiscal 2016 funding.
7. Legislation/Rules: The Idaho State Legislature's support of FMRI's request for state funding is critical to the ongoing success of FMRI as it provides essential financial resources for the FMRI's continued residency training program. The total funding FMRI received from the state in FY 2016 was \$1,529,700. (The last funding increase occurred in 2015 when FMRI received an increase in state funding of \$411,000 to replace the loss of a \$450,000 hospital grant program for the uninsured.)
8. Governor's Support: Governor C.L. "Butch" Otter continued his strong support for FMRI and graduate medical education training by recommending an increase in funding for graduate medical education training in general and FMRI funding in particular.