

Family Medicine Residency of Idaho, Inc.



FAMILY MEDICINE RESIDENCY
OF IDAHO

FY 2022 – 2026 Strategic Plan

MISSION STATEMENT

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

VISION STATEMENT

A vibrant, nationally recognized teaching health center providing exceptional, comprehensive, person-centered care.

GOAL 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. Grow resident class size to 12-12-12

- 1.1.1.1. Raymond Street Location (12-6-6)
- 1.1.1.2. Idaho Street Location (0-2-2)
- 1.1.1.3. Emerald Street Location (0-2-2)
- 1.1.1.4. Meridian Location (0-2-2)

1.2. Rural Training Programs/Tracks

- 1.2.1.1. Caldwell (3-3-3)
- 1.2.1.2. Magic Valley (2-2-2)

1.3. Fellowships

- 1.3.1.1. Sports Medicine (1)
- 1.3.1.2. HIV Primary Care (1)
- 1.3.1.3. Geriatrics (1)
- 1.3.1.4. OB (2)
- 1.3.1.5. Addiction Medicine (1)

1.4 Core Program – Nampa

- 1.4.1 Nampa (6-6-6)
- 1.4.1.1. Nampa South Location (3-3-3)
- 1.4.1.2. Nampa North Location (3-3-3)

Objective A: 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 Measures:

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

FY16 (2015-2016)	FY17 (2016-2017)	FY18 (2017-2018)	FY19 (2018-2019)	FY20 (2019 – 2020)	Benchmark
16/16= 100%	16/16= 100%	16/16= 100%	23/23 = 100%	23/23 = 100%	100%

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 of excellence in residency accreditation and capacity within the fellowships.

Objective B: 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 Measures:

II. FMRI will track the ABFM board certification rates of the number of graduates per year from FMRI.

FY16 (2015-2016)	FY17 (2016-2017)	FY18 (2017-2018)	FY19 (2018-2019)	FY20 (2019 – 2020)	Benchmark
100%	100%	100%	100%	100%	>95%

Benchmark: FMRI will attain a 95 percent ABFM board certification pass 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.

Objective C: 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 graduates in making practice location decisions.

Performance Measures:

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

FY16 (2015-2016)	FY17 (2016-2017)	FY18 (2017-2018)	FY19 (2018-2019)	FY20 (2019 – 2020)	Benchmark
47%	56%	50%	73%	56%	>50%

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.

Objective D: 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, education reflective of the needs and opportunities in rural and underserved practices in Idaho, and dedicated role models in guiding graduates in making practice locations 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 Measures:

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

FY16 (2015-2016)	FY17 (2016-2017)	FY18 (2017-2018)	FY19 (2018-2019)	FY20 (2019 – 2020)	Benchmark
75%	100%	51%	27%	56%	40%

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.

Objective E: To begin a new family medicine residency program in Nampa, Idaho with 6 family medicine residents per class.

Performance Measures:

V. To have the first class of 6 family medicine residents start on July 1, 2019.

FY16 (2015-2016)	FY17 (2016-2017)	FY18 (2017-2018)	FY19 (2018-2019)	FY20 (2019 – 2020)	Benchmark
N/A	N/A	N/A	100%	100%	100%

Benchmark: To fill the first class of 6 family medicine residents on July 1, 2019.

GOAL 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), Patient Centered Medical Home (PCMH) certification.
- 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 utilize Walgreen’s and other local pharmacy collaborations.

Objective A: To maintain certification by NCQA as a PCMH. Maintenance of NCQA certification is on a 3 year cycle.

Performance Measures:

I. All FMRI clinics where resident continuity clinics reside will maintain Level IV PCMH’s and we will apply for NCQA recognition for our other two clinics.

FY16 (2015-2016)	FY17 (2016-2017)	FY18 (2017-2018)	FY19 (2018-2019)	FY20 (2019 – 2020)	Benchmark
100%	100%	100%	100%	100%	100%

Benchmark: Maintain 100% NCQA designation as a I PCMH at all FMRI clinics where resident continuity clinics reside. NCQA certification is the national standard for PCMH recognition.

Objective B: 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 Measures:

II. All FMRI clinics using Meaningful Use EMR criteria.

FY16 (2015-2016)	FY17 (2016-2017)	FY18 (2017-2018)	FY19 (2018-2019)	FY20 (2019 – 2020)	Benchmark
100%	100%	100%	100%	0%	100%

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

Objective C: Maintenance and expansion of FMRI 340b pharmacy services. We have expanded our pharmacy hours to help patient access as well as opened a new pharmacy in Meridian as well as the Walgreens, Albertsons, Fred Meyer, and other pharmacy collaboration.

GOAL 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

Objective A: 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 Measures:

I. FMRI will track its accreditation status and potential citations.

FY16 (2015-2016)	FY17 (2016-2017)	FY18 (2017-2018)	FY19 (2018-2019)	FY20 (2019 – 2020)	Benchmark
100%	100%	100%	100%	100%	100%

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

Objective B: 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.

Performance Measures:

II. FMRI will track its NAS CCC, APE, AIR and CLER goals.

FY16 (2015-2016)	FY17 (2016-2017)	FY18 (2017-2018)	FY19 (2018-2019)	FY20 (2019 – 2020)	Benchmark
100%	100%	100%	100% APR/AIR	100%	100%

Benchmark: Maintain 100 percent monitoring for all programs as appropriate. This measure meets the ideal goal for the FMRI programs.

GOAL 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 Continue to provide faculty development fellowship opportunities at the University of Washington.

Objective A: 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 Measures:

I. One faculty member per year at the UW Faculty Development Fellowship.

FY16 (2015-2016)	FY17 (2016-2017)	FY18 (2017-2018)	FY19 (2018-2019)	FY20 (2019 – 2020)	Benchmark
One	One	One did the certificate program	One Two did the certificate program	Two Two did the certificate program	One Faculty Fellow per year

Benchmark: One per year. This measure meets the ideal goal for the FMRI programs.

GOAL 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.

Objective A: To maintain 35 rural site training locations in Idaho. This goal is met though growing partnerships with communities resulting in development of additional rotations in rural Idaho.

Performance Measures:

II. Maintain 35 rural site training locations

FY16 (2015-2016)	FY17 (2016-2017)	FY18 (2017-2018)	FY19 (2018-2019)	FY20 (2019 – 2020)	Benchmark
34	34 With active PLA’s; In process	39	42	40	35

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Benchmark: Maintain 35 sites. This measurement is based upon standing agreements with resident rotation sites.

Key External Factors

1. Funding: The Family Medicine Residency of Idaho (FMRI) and its operations are contingent upon adequate funding. For fiscal 2020, approximately 59% of revenues were generated through patient services (including pharmacy), 18% were derived from grants and other sources, and 23% 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, 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 2022.
3. 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. The Hospitals have become progressively strapped financially and have not increased payment for the last 6 years.
4. 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.
5. Federally Qualified Health Center (FQHC) and Teaching Health Center (THC) 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 nine of FMRI’s outpatient clinics received the FQHC designation. FQHC grant funding represented approximately 5% of fiscal 2021 funding.
6. 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 2020 was reduced by 5% to \$2,850,000.

7. Governor's Support: Governor Brad Little continued strong support for FMRI and graduate medical education training by recommending an increase in funding for graduate medical education training in general.

Evaluation Process

A clear, specific and measurable methodology of setting goals around workforce education, patient care, faculty and rural outreach will be used. This will help both the FMRI and SBOE stay on a clear path for success with the FMRI program.

