

Full Circle Health, Inc.



FY 2023 – 2027
Strategic Plan

MISSION STATEMENT

Train outstanding broad spectrum family medicine and pediatric physicians, clinical pharmacists and clinical psychologists to work in Idaho with emphasis on underserved and rural areas while serving the vulnerable populations in Idaho with high quality, affordable care provided in a collaborative work environment.

VISION STATEMENT

Our vision is that every Idaho community is healthy and thriving through our commitment to outstanding care and the education of tomorrow's healthcare leaders.

GOAL 1: Family Medicine and Pediatric Workforce

To produce Idaho's future family medicine and Pediatric workforce by attracting, recruiting, and employing outstanding medical students to become family medicine and pediatric 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. Resident class size 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

- 1.2.1.1. Caldwell- Grow to (4-4-4)
- 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)
- 1.3.1.6. Rural 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)
 - 1.4.1.3. Primary Care Psychiatry Fellowship (1) (1st Fellow starts 2023)
- 1.5 Core Program – Pediatrics (first class to start 2023)
 - 1.5.1 Boise (4-4-4)

Objective A: To recruit outstanding medical school students to FCH for family medicine and pediatric residency education, this includes recruitment to the rural training programs and fellowships. The FCH maintains an outstanding national reputation for training family physicians and pediatricians, 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. FCH will track how many students match annually for residency training in family medicine and Pediatrics at FCH.

FY19 (2018-2019)	FY20 (2019 – 2020)	FY21 (2020-2021)	FY22 (2021-2022)	FY22 (2022-2023)	Benchmark
23/23 = 100%	23/23 = 100%	23/23 = 100% Fellows 7/7 = 100%	24/24 = 100% Fellows 7/7 = 100%	28/28 = 100% Fellows 8/8 = 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. FCH will track the ABFM board certification rates of the number of graduates per year from FCH.

FY19 (2018-2019)	FY20 (2019 – 2020)	FY21 (2020-2021)	FY22 (2021-2022)	FY22 (2022-2023)	Benchmark
100%	100%	100%	100%	100%	>95%

Benchmark: FCH 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. FCH will encourage all graduates (residents and fellows) to practice in Idaho and track how many remain in Idaho.

FY19 (2018-2019)	FY20 (2019 – 2020)	FY21 (2020-2021)	FY22 (2021-2022)	FY22 (2022-2023)	Benchmark
73%	56%	37%	61%	63%	>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, FCH will track how many stay in rural or underserved Idaho.

FY19 (2018-2019)	FY20 (2019 – 2020)	FY21 (2020-2021)	FY22 (2021-2022)	FY22 (2022-2023)	Benchmark
27%	56%	57%	46%	37%	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 and complete a new pediatrics residency program in Boise, Idaho with 4 family medicine residents per class.

Performance Measures:

V. To fill all three classes of 4 pediatric residents with first class in July 2023.

FY19 (2018-2019)	FY20 (2019 – 2020)	FY21 (2020-2021)	FY22 (2021-2022)	FY22 (2022-2023)	Benchmark
N/A	N/A	N/A	N/A	100%	100%

Benchmark: To fill the first class of 4 pediatric residents on July 1, 2023.

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 FCH clinics where resident education is centered will attain and maintain National Committee on Quality Assurance (NCQA), Patient Centered Medical Home (PCMH) certification.
- 2.2 FCH 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 FCH clinics where resident continuity clinics reside will maintain Level IV PCMH’s and we will apply for NCQA recognition for our other two clinics.

FY19 (2018-2019)	FY20 (2019 – 2020)	FY21 (2020-2021)	FY22 (2021-2022)	FY22 (2022-2023)	Benchmark
100%	100%	100%	100%	100%	100%

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

Objective B: Maintenance, expansion and increased patient capture of prescriptions at our FCH 340b pharmacy services.

Performance Measures:

II. Increase our patients using our pharmacies by 5% each year

FY19 (2018-2019)	FY20 (2019 – 2020)	FY21 (2020-2021)	FY22 (2021-2022)	FY22 (2022-2023)	Benchmark
n/a	n/a	n/a	100%	100%	100%

GOAL 3: Education

To provide an outstanding family medicine and pediatric training program to prepare future family medicine and pediatric physicians.

- 3.1 All FCH programs maintain Accreditation Council for Graduate Medical Education (ACGME) accreditation where appropriate.
- 3.2 All FCH programs maintain integrated patient care curriculum and didactics.
- 3.3 All FCH programs maintain enhanced focus on research and scholarly activities.
- 3.4 FCH programs have a quality and patient safety curriculum for clinical learning environments.

Objective A: FCH will maintain full accreditation with Accreditation Council of Graduate Medical Education (ACGME) and its Residency Review Committee for Family Medicine (RRC-FM) and Pediatrics (RRC-Pediatrics). This is a marker of certification and excellence for accredited programs.

Performance Measures:

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

FY19 (2018-2019)	FY20 (2019 – 2020)	FY21 (2020-2021)	FY22 (2021-2022)	FY22 (2022-2023)	Benchmark
100%	100%	100%	100%	87.5%	100%

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

Objective B: FCH 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 FCH program by the FCH Graduate Medical Education Committee on an ongoing basis.

Performance Measures:

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

FY19 (2018-2019)	FY20 (2019 – 2020)	FY21 (2020-2021)	FY22 (2021-2022)	FY22 (2022-2023)	Benchmark
100% APR/AIR	100%	100%	100%	100%	100%

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

GOAL 4: Faculty

FCH has a diverse team of faculty that provides rich training environments, who are tremendously dedicated and committed to family medicine and pediatric 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.

FY19 (2018-2019)	FY20 (2019 – 2020)	FY21 (2020-2021)	FY22 (2021-2022)	FY22 (2022-2023)	Benchmark
One Two did the certificate program	Two Two did the certificate program	One	One	Two	One Faculty Fellow per year

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

GOAL 5: Rural Outreach

The three pillars of FCH’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.

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

FY19 (2018-2019)	FY20 (2019 – 2020)	FY21 (2020-2021)	FY22 (2021-2022)	FY22 (2022-2023)	Benchmark
42	40	35	33	33	35

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

Key External Factors

1. **Funding:** Full Circle Health (FCH) and its operations are contingent upon adequate funding. For fiscal 2022, approximately 53% of revenues were generated through patient services (including pharmacy), 23% were derived from grants and other sources, and 24% 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 FCH.

2. Teaching Health Center (THC) Grant Funding: In fiscal 2012, FCH received grant funding through the THC-GME program of the Affordable Care Act (ACA) to fund six residents annually in family medicine training, increasing the overall FCH class size by two residents per class (total of six in the program representing the three classes). In fiscal 2023, the FCH received THC Expansion grant funding to support six additional positions, three in the Boise program and three in the Caldwell program. For fiscal 2024, FCH received THC funding to support the pediatric resident program for the future twelve resident positions. At this time, it is believed THC program funding will continue.
3. Hospital Support: FCH 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 FCH's operations. The Hospitals have become progressively strapped financially and have not increased payment for the last 7 years.
4. Medicaid/Medicare: FCH 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: FCH must maintain its FQHC and Teaching Health Center designations and advocate for continued medical cost reimbursement. In late October 2013, FCH became a Section 330 New Access Point grantee with the addition of the Kuna clinic and Meridian Schools clinic (MSC) and the expansion of the Meridian clinic (MSC closed its doors in spring of 2023). Currently, all nine of FCH's outpatient clinics received the FQHC designation. FQHC grant funding represented approximately 5% of fiscal 2022 funding.
6. Legislation/Rules: The Idaho State Legislature's support of FCH's request for state funding is critical to the ongoing success of FCH as it provides essential financial resources for the FCH's continued residency training program. The total funding FCH received from the state in FY 2022 was \$3,660,000
7. Governor's Support: Governor Brad Little continued strong support for FCH 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 FCH and SBOE stay on a clear path for success with the FCH program.

Full Circle Health Goals					
Institution/Agency Goals and Objectives	Goal 1: Family Medicine Workforce	Goal 2: Patient Care / Delivery / Service	Goal 3: Education	Goal 4: Faculty	Goal 5: Rural Outreach
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.					
Objective A: To recruit outstanding medical school students to FCH for family medicine residency education, this includes recruitment to the rural training tracks and fellowships. The FCH 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.	✓	✓	✓		
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.	✓		✓		✓
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.	✓	✓			✓
Objective D: To produce 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.	✓				✓
GOAL 2: Patient Care Delivery Service Serve the citizens of Ada County and surrounding areas in a high-quality Patient Centered Medical Home.					
Objective A: To maintain recognition NCQA Level III PCMH. Maintenance of NCQA recognition is on a 3 year cycle.		✓	✓		

<p>GOAL 3: Education To provide an outstanding family medicine training program to prepare future family medicine physicians.</p>					
<p>Objective A: FCH 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.</p>			✓		
<p>Objective B: FCH 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 FCH program by the FCH Graduate Medical Education Committee on an ongoing basis.</p>			✓		
<p>GOAL 4: Faculty FCH 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.</p>					
<p>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.</p>			✓	✓	
<p>GOAL 5: Rural Outreach The three pillars of FCH'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.</p>					
<p>Objective A: 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.</p>	✓		✓		✓

