

# ROLE OF COMMUNITY HEALTH CENTERS (CHCs) AND GRADUATE MEDICAL EDUCATION

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Presented by Charles Duarte, C.O.O., Community  
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# Role of CHCs in Nevada's Safety Net

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- Nevada has 4 CHCs with 23 sites located in 11 counties
- Services include:
  - Primary medical care, including 8 NCQA recognized Patient-Centered Medical Homes
  - Dental care including mobile dental
  - Integrated behavioral health services
  - Homeless outreach medical services
- Who we serve (2013):
  - 72,100 patients served
  - 67% racial/ethnic minorities
  - 97% below poverty level
  - 46% uninsured/29% Medicaid
- Economic Impact
  - \$84 million annual health care cost savings
  - Over 700 jobs

# CHCs and Post-graduate Training: Current Status in Nevada

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- UNSOM Department of Psychiatry
  - ▣ Child/Adolescent Psychiatry Fellows - Community Health Alliance
- UNR Department of Psychology
  - ▣ Clinical Psychology Doctoral Externs – Northern Nevada Hopes, Community Health Alliance
- Advanced practice nursing students
- Physician assistant students
- Social work interns

# Teaching Health Centers

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- ACA established the Teaching Health Center Graduate Medical Education (THC GME) program
  - ▣ \$230 million over 5 years (2011-2015)
- Significant change from Medicare GME:
  - ▣ Provides health centers with both DME and IME payments
  - ▣ Tied to specific health care workforce goals
- Initial THC GME experience
  - ▣ 11 health centers
  - ▣ 34 family medicine; 6 internal medicine; 4 general dentistry

# The GME Challenge for CHCs and Residency Programs

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- **MISSION** - Serving the underserved vs. Training
- **MONEY**
  - ▣ Medicare – Hospital Focus
    - Direct Medical Expense (DME) and Indirect Medical Expense (IME) tied to hospital-based training settings.
    - Non-hospital settings can receive DME payments, but not IME.
  - ▣ Medicaid – Strategic Focus
    - Medicaid GME financing “soup” (IGT, DSH and UPL)
    - Medicaid support for CHCs and medical schools

# The GME Challenge for CHCs and Residency Programs (continued)

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- **GOVERNANCE AND ADMINISTRATION**
  - ▣ Different rules of governance
  - ▣ Accreditation and affiliation complexities
  - ▣ Operational issues
    - Continuity, supervision, space and productivity

# The GME Opportunities for CHCs and Residency Programs

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- Unique training opportunity in primary care
  - Patient-Centered Medical Homes
  - Team-based care
  - Electronic Medical Record systems/Meaningful Use
  - QI Focus
- Cost Effective Training Opportunity
  - Medicare & Medicaid reimbursement
  - Primary care and psychiatric resident exception
  - Federal Tort Claims Act

# The GME Opportunities for CHCs and Residency Programs (continued)

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- Physician Retention
  - ▣ CHC trained physicians were almost 3X more likely to work in underserved communities after residency.
  - ▣ 80% of CHC trained residents continued to work in underserved areas one year after graduation.



# Recommendation – Pilot Projects

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- CHC-GME Family Medicine Pilot Projects
  - Develop several pilot projects for CHC-based family medicine residency programs, similar to the federal THC GME models.
- Funding
  - Special Medicaid reimbursement to teaching health centers needs to be considered.
    - Training costs
    - Loss of productivity
  - Start-up funding
    - Faculty and staff
    - Training facilities
    - Curriculum development
    - Accreditation
- Accountability
  - Focus on Quality: Training and Service
  - Physician satisfaction and retention

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# Questions?

# References

1. Chen, Chen, Mullan, Teaching Health Centers: A New Paradigm in Graduate Medical Education, *Academic Medicine*, Vol. 87, No. 12, December 2012, 1752-1756.
2. Capital Link (2014), *The Economic Impact of Nevada's Community Health Centers*.
3. Mathis and Chen, Training Residents in Community Health Centers: Facilitators and Barriers, *Annals of Family Medicine*, Vol. 7, No. 6, Nov/Dec 2009, 488-492.
4. Morris, Johnson, Kim, Chen, Training Family Medicine Residents in Community Health Centers: A Health Workforce Solution, *Family Medicine*, 2008;40(4):271-276.

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