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

Nevada Governor’s Task Force on Graduate Medical Education
Friday, June 6, 2014
Role of CHCs in Nevada’s Safety Net

- 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

- 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

- 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

- **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)

- **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

- 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
- 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

- 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
Questions?
References


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