**Appendix I**

**DSRIP Statewide Investments**

**Investments in Community-based Training and Recruitment**

**Family Medicine and Nurse Practitioner Residency Training Program**

**FAMILY MEDICINE (FM) APPLICATION FORM AND INFORMATION**

***Application Guidance and Checklist***

\_\_\_\_1. **Section A**: **Completed Applicant Information including Letters of Commitment**

\_\_\_\_2. **Section B:** **Residency Slots Request**

\_\_\_\_3. **Section C: Response Narrative**

\_\_\_\_4. **Section D: Staffing Plan**

\_\_\_\_5. **Section E:** **Budget**

**Section A: Applicant Information**

**A.1 Family Medicine Residency Program**

Residency Program Name:

Residency Program Administrative Office Address:

Residency Program Director Name:

Email:

Phone:

Residency Program Coordinator Name:

Email:

Phone:

Sponsoring Institution Name:

Authorized Signatory Name and Title:

Email:

Phone:

[ ]  Documentation of ACGME accreditation attached

[ ]  Letter of Commitment signed by the Residency Program Director and Authorized Signatory attached

**A.2 Family Medicine Practice (FMP) Training Site (for which funding of slots is requested)**

Community Health Center Name:

Community Health Center Primary Address:

Family Medicine Practice Training Site Clinical Director Name:

Email:

Phone:

Community Health Center Chief Executive Officer (CEO) or Equivalent Name:

Email:

Phone:

[ ]  Letter of Commitment signed by the CEO attached

[ ]  If currently active, the existing Program Letter of Agreement (PLA) attached

**A.3 Application Lead:**

[ ]  Family Medicine Residency Program

[ ]  FMP Community Health Center Training Site

Contact for Application Name:

Title:

Email:

Phone:

**Section B: Residency Training Slot Request**

Please indicate the number of residency slots for which funding is requested:

*\*Residency slots to be funded are for the resident class that begins in July 2019, only, and residency programs must maintain at least two residents at the CHC site regardless of the number of slots requested through this program funding.*

Please indicate if funding will be used to create new CHC-based family medicine resident training opportunities or to preserve existing CHC-based family medicine resident training slots:

[ ]  Funding will be used for new CHC-based residency training slots

[ ]  Funding will be used for existing CHC-based residency training slots

If funding will be used to preserve existing CHC-based residency training slots, please provide a brief explanation of why these residency slots could not be maintained in the absence of MassHealth funding.

(350 words)

Please complete the following table, which requests information about the Family Medicine Residency Program’s training activities over the past three years:

|  |  |  |  |
| --- | --- | --- | --- |
| Residency class beginning in: | July 2018 | July 2017 | July 2016 |
| # Family medicine residency training slots approved by ACGME |  |  |  |
| # ACGME-approved family medicine residency training slots entered into the American Osteopathic Association (AOA) and National Residency Match Program (NRMP)  |  |  |  |
| # Family medicine residency slots entered into the AOA/NRMP that were subsequently filled  |  |  |  |
| # Active family medicine residency slots with a Family Medicine Practice site (continuity clinic) based in a community health center |  |  |  |

If not all ACGME-approved family medicine resident training slots were entered into the AOA/NRMP in any of the past three years, please provide a brief explanation as to why not:

(350 words)

If all family medicine resident training slots that were entered into the AOA/NRMP match were not filled in any of the past three years, please provide a brief explanation as to why not and whether the positions were filled in the post-match period:

(350 words)

Has ACGME-approval been obtained for the residency training slots for which funding is requested?

[ ]  Yes

[ ]  No

If yes, please attach a copy of the ACGME email with the accreditation notification

If no, please provide a brief plan, including a timeline, for obtaining ACGME-approval prior to the start of the new residency class in July 2019.

(350 words)

Over the past three years have any residents voluntarily left or been dismissed from your program?

[ ]  Yes

[ ]  No

If yes, please describe the circumstances:

(350 words)

**Section C: Response Narrative**

Please respond to the following questions in a separate Word or PDF document. Responses should be no more than 15 pages.

**C.1 Family Medicine Residency Program**

* **Program Overview:** Please describe your family medicine residency program and the program’s demonstrated level of commitment to preparing family physicians to care for underserved patients, particularly in community-based settings. The description provided should be sure to include details related to the following aspects of the program:
	+ Brief history and background of the program
	+ Residency training philosophy and approach, including program goals, objectives, and core principles
	+ Brief overview of the residency program curriculum, including rotations, longitudinal experiences, and electives
	+ Any other distinguishing features of the program especially those related to training in underserved and community-based settings.
* **Community Health Center Involvement:** Please describe the role that community health centers play in your family medicine residency program. The description provided should be sure to address the following details:
	+ Name and locations of all community health centers that serve as training sites
	+ Approximate length of time that residents spend in community health centers over the course of their residency training, including variations across each post-graduate year
	+ Nature of residents’ community health center training experiences – e.g. FMP/continuity clinic, rotations, etc. – including variations across each post-graduate year
* **Evaluation and Impact:** Please describe your family medicine residency program’s approach to evaluating quality and impact, particularly in regards to tracking the career paths of program graduates. Describe how you collect data and track the career paths of program graduates.
* To the best of your ability, complete the following tables describing graduates from the past five years.

Table 1:

* + Column A: Total number of graduates from program each year
	+ Column B: Number of graduates lost to follow up for which the residency program does not have information regarding current career paths.
	+ Column C: Number of graduates working in primary care and specify those working in Massachusetts versus those not working in Massachusetts. Primary care is defined as 50% professional time spent teaching or working in a primary care setting providing continuity of care to a panel of patients.
	+ Column D: Percent of graduates working in non-primary care fields and specify those working in Massachusetts versus those not working in Massachusetts. Examples of non-primary care fields include sports medicine, urgent care, hospitalist, administration, managed care, and others.
	+ Columns B, C, and D should equal Column A

Table 1:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Graduation Year | A: Total number of graduates | B: Number of graduates lost to follow up | C: Number of graduates working in primary careMA/non-MA | D: Number of graduates working in non-primary careMA/non-MA |
| Example |  8 | 1 | 4 / 1 | 2 / 0 |
| 2014 |  |  |  |  |
| 2015 |  |  |  |  |
| 2016 |  |  |  |  |
| 2017 |  |  |  |  |
| 2018 |  |  |  |  |

* + Table 2:
* Column C from Table 1.
* Column E: Number of total graduates working in primary care in a community health center in Massachusetts or FQHC/RHC outside of Massachusetts
* Column F: Number of total graduates working in primary care in federally or state defined underserved area and specify those working in Massachusetts versus those not working in Massachusetts
* Column G: Number of total graduates working in primary care in non-underserved settings and specify those working in Massachusetts versus those not working in Massachusetts
* Columns E, F and G should equal the totals reflected in Column C

Table 2:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Graduation Year | C: Number of graduates working in primary careMA/non-MA | E: Number of graduates working in CHC/FQHC/RHC MA/non-MA | F: Number of graduates working in rural or underserved areas excluding column E | G: Number working in other primary care settings MA/non-MA |
| Example | 4 / 1 | 2 / 1 | 1/0 | 1/0 |
| 2014 |  |  |  |  |
| 2015 |  |  |  |  |
| 2016 |  |  |  |  |
| 2017 |  |  |  |  |
| 2018 |  |  |  |  |

* Please also list, to the best of your ability, the Massachusetts community health centers at which physicians who completed your family medicine residency programs have been employed. This may include additional years outside of the five years’ of data reflected in Tables 1 and 2.
* Lastly, please feel free to provide any additional information that helps demonstrate your family medicine residency program’s impact on the community health center workforce.

**C.2 Community Health Center Training Site**

* **Community Health Center Overview:** Please describe your community health center. Please be sure to include details related to the following aspects of the community health center:
	+ Brief history and background of the health center, including a description of the community in which the health center is located
	+ Total number of patients and total number of annual patient visits
	+ A description of the characteristics of the health center’s patient population, including poverty levels, socioeconomic, cultural, and linguistic characteristics, and any other distinguishing features
	+ Brief overview of the health care services and other programs/services available at the health center
	+ Brief description of the health center’s approach to team-based care, innovations in care delivery, and the transition to an accountable care environment
* **Community Health Center Residency Training Experience:** Please describe your community health center’s prior experience as a graduate medical education site. The description provided should be sure to identify any experience serving as the following:
	+ FMP/continuity clinic site for family medicine and/or other primary care residents
	+ Rotation site for primary care and/or medical specialty residents
	+ Host site for post-residency graduate medical fellowships
	+ Host site for nurse practitioner and/or other non-physician residents
* **Community Health Center Residency Training Infrastructure:** Please describe the infrastructure that enables/will enable your health center to provide a high quality training experience for family medicine residents. The description provided should be sure to include details that demonstrate the health center’s ability to ensure the following:
	+ Adequate patient panels for residents in terms of size and diversity
	+ Adequate physical space for residents – e.g. exam rooms, meeting rooms, etc.
	+ Adequate care team support for residents – i.e. sufficient numbers of medical assistants, registered nurses/licensed practical nurses, and other support staff
	+ Opportunities for residents to work as part of a multidisciplinary care team
	+ Robust coordination between the residency program and the CHC to ensure both educational needs of residents and clinical needs of patients are met.
	+ Innovative training experiences such as those described in the Information for Applicants that prepare physicians to address unique needs of underserved such as MAT, Centering Pregnancy or other innovations in care

**C.3 Plan for New Community Health Center-Based Family Medicine Resident Training Slots**

* **Rationale for Request:** Please describe your rationale for requesting funding for new community health center-based family medicine resident training slots. Please be sure to include the following:
	+ Brief description of the relationship between the family medicine residency program and the community health center training site
	+ Brief description of the factors that render the community health center identified in the application appropriate/desirable as a training site for the new residency slot(s) for which funding is requested
	+ If requested funding will support innovative training elements or the introduction of new features to the residency program curriculum or structure, a detailed description of those features and how they will help advance the goal of a committed and well-prepared community-based healthcare workforce
	+ If requested funding will be used to preserve existing community health center-based residency slots, rather than create new ones, a brief explanation as to why these slots could not be maintained in the absence of MassHealth funding.
* **Work Plan and Timeline:** Please include a detailed work plan and timeline that ensures that community health center-based family medicine residency slots will be operational by July 2019. Please be sure to address the following in your work plan/timeline:
	+ Plan for publicizing the additional residency slots to prospective “match” candidates
	+ Plan for recruiting any CHC administrators, faculty, educators[[1]](#footnote-1), and/or support staff needed to ensure a high quality training experience for the resident(s)
	+ Plan for implementing any proposed new features to the residency program curriculum or structure using the requested funding
	+ Plan for obtaining any required institutional approvals
	+ Potential challenges associated with implementing the new residency slots and discussion of how such issues will be mitigated.

**Section D: Staffing Plan**

Please provide organization charts for both the community health center training site and the ACGME-accredited family medicine residency program.

Please provide a staffing plan that identifies following:

* Community health center-based leaders, faculty, and educators who will be responsible for planning and providing a high quality training experience for all residents in funded slots.
* Family medicine residency program leaders and staff members who will be responsible for ensuring ACGME compliance at the community health center training site and a high quality training experience overall for all residents in funded slots.

For each of the staff identified on the staffing plan, provide a one-page bio that describes their commitment to and qualifications for training health professionals to serve in underserved communities with particular focus on training family medicine residents.

Applicants may also include curriculum vitae or resumes for key leaders, faculty, educators, and staff members identified in the staffing plan. However, salient features from the curriculum vitae/resumes should be described in the bios.

Organizational charts, staffing plan, and bios, and optional curriculum vitae/resumes may be provided in Word or PDF format.

**Section E: Finance and Budget**

Please provide a line-item budget on the Excel template provided in Appendix II that clearly outlines the flow of requested funds in each of the funding categories. Provide an additional budget narrative in Word or PDF format that clearly describes the flow of funds between the residency program/sponsoring institutions and CHC training site and justification for each expense listed on the budget.

* + - * $150,000 per resident per year available to cover resident compensation and CHC residency training costs, and;
* $20,000 per resident per year available in flexible funding.

Please note the following:

* Budget and budget narratives need not outline all costs associated with residency training; however, they should clearly identify how the requested funds will be spent;
* Budget and budget narratives must clearly explain how the $150,000 will be used after resident salary and benefits are covered and explain how the $20,000 per resident per year will support the sponsoring institution and/or the community health center;
* Budget and budget narratives should clearly identify and explain costs associated with any new features to be introduced to the residency program using the requested funds;
* Line-item budgets must be prepared in the Excel budget format provided in Appendix II. Budget narratives can be attached as a separate Word or PDF document.
* The line-item budget must project costs for all years encompassed in the training program supported by this funding.
* Applicants may include in-kind contributions on the budget but this information is not required.
* Budget and budget narratives must include attestations that funds will not be used in a manner that is not duplicative of other DSRIP or federal/state funding.

Please indicate which entity will accept the requested funding, should your application be successful:

[ ]  Family Medicine Residency Program

[ ]  Community Health Center Training Site

**Please note that the entity that accepts program funding will be responsible for ensuring that all funds are expended in accordance with program requirements.**

Please email complete application to the email address below:

**Massachusetts League of Community Health Centers, Inc.**

**DSRIP Statewide Investments**

**Investments in Community-based Training and Recruitment:**

**Family Medicine Residency Training**

**Debra Murphy, Senior Vice President, Workforce Development and Innovation**

**StatewideInvestments@massleague.org**

1. Family medicine educators are defined as any person who contributes to the education of the family medicine students and residents. This may include non-traditional educators such as community health workers as well as traditional educators such as preceptors and lecturers. [↑](#footnote-ref-1)