

COMPADRE:

A Partnership between Two States to Address
Workforce Shortages & Improve Health Outcomes

2020 NACHC FOM/IT CONFERENCE

Presenters



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Who is in our audience?

- Answer Options:
 - Health Center Executive Leadership
 - Health Center Clinician
 - Health Center Board Member
 - Primary Care Association
 - Health Center Controlled Network
 - Federal or State Department/Entity
 - Academic Institution
 - Private Vendor/Partner
 - Other

Share your role and affiliate organization in the chat box!

Has your organization collaborated with academic training programs in the past?

- **Yes** – Currently collaborating with academic institutions & training health professionals
- **Yes** – Have collaborated and trained in the past, but are not currently training or collaborating
- **No** – Not currently partnering or training, and not interested
- **No** – Not currently partnering or training, but interested in partnering and training in the future
- **Other (submit in chat box)**

Learning Objectives

- Learn how your health center can develop strategic partnerships with academic institutions and residency programs to meet regional health workforce needs
- Discuss promising practices for aligning your operations and resources to support health professions training
- Describe key factors that make a relationship between a health center and academic institution successful



California-Oregon Partnership to Address Disparities in Rural Education & Health (COMPADRE)

SCHOOL OF MEDICINE

Mark C. Henderson, MD, MACP
Associate Dean for Admissions and Outreach

(Tonya L. Fancher, MD MPH)
Director, Ctr for Diverse Healthcare Workforce

ACU Annual Conference

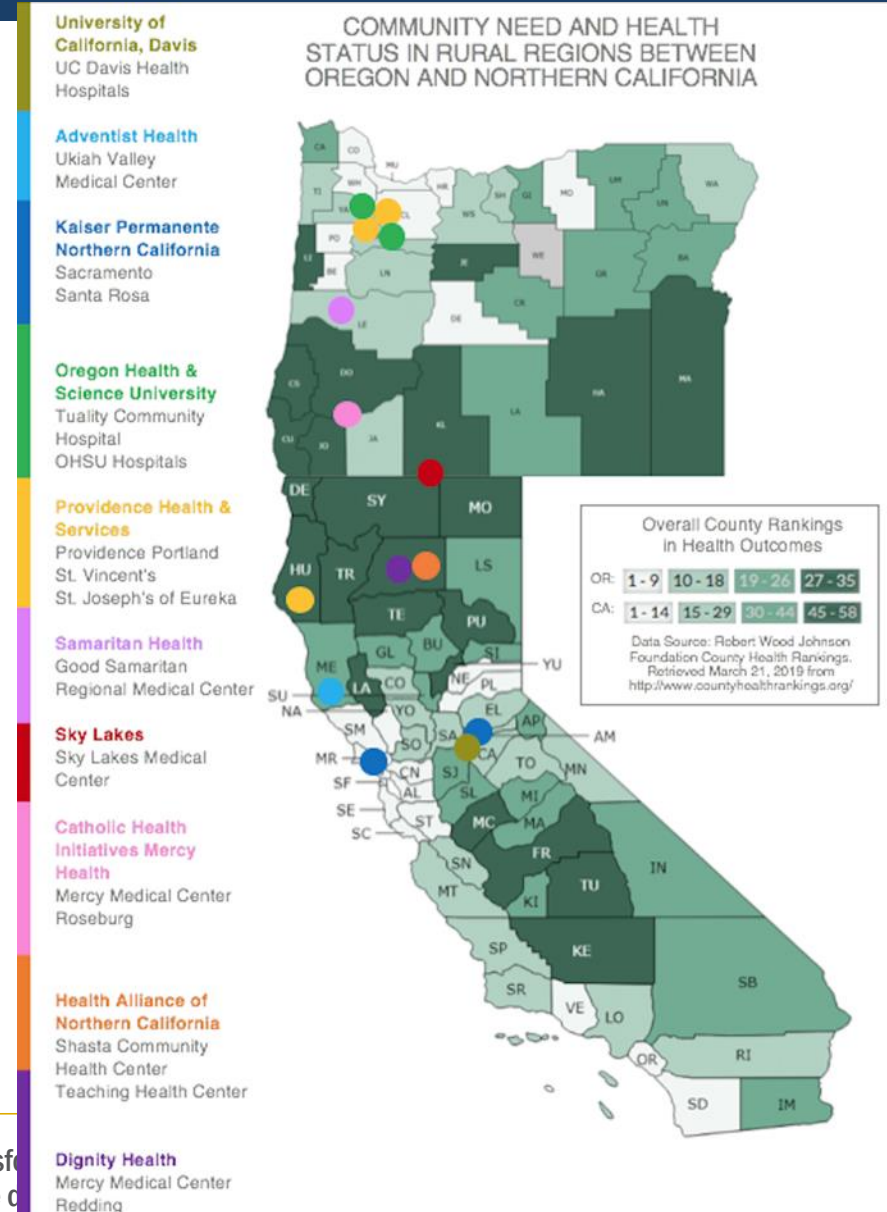
September 17, 2020



COMPADRE: California Oregon Medical Partnership to Address Disparities in Rural Education and Health

A GME collaborative to reduce health disparities by transforming the workforce – to be better prepared, more equitably distributed and more deeply connected to underserved (e.g. tribal) communities.

- 10 Health Systems, 16 Hospitals
- 10 GME sponsors, 31 GME programs
 - Family Medicine (12)
 - Internal Medicine (6)
 - Psychiatry (4)
 - General Surgery (3)
 - Pediatrics (2)
 - EM (2)
 - OB/GYN (2)



WHY partner with all these CHCs? Where the need is...

- Vacancies: FP (>50%), IM, Psych

- Most clinicians trained at CHCs

FIGURE 3 — PERCENTAGE OF HEALTH CENTERS RATING SPECIFIC CLINICAL VACANCIES AS VERY DIFFICULT TO FILL

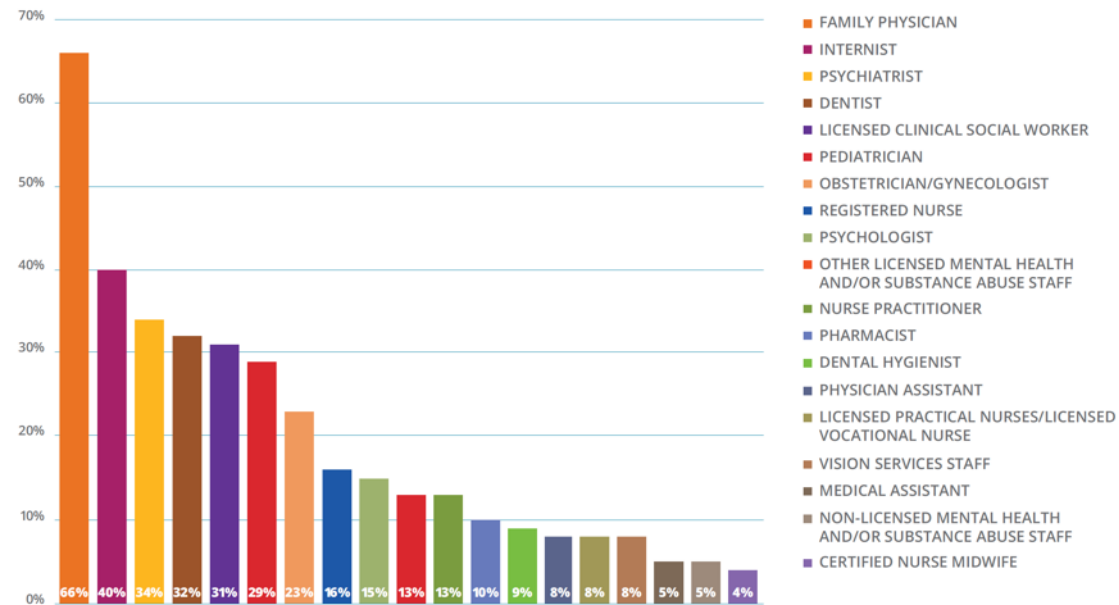
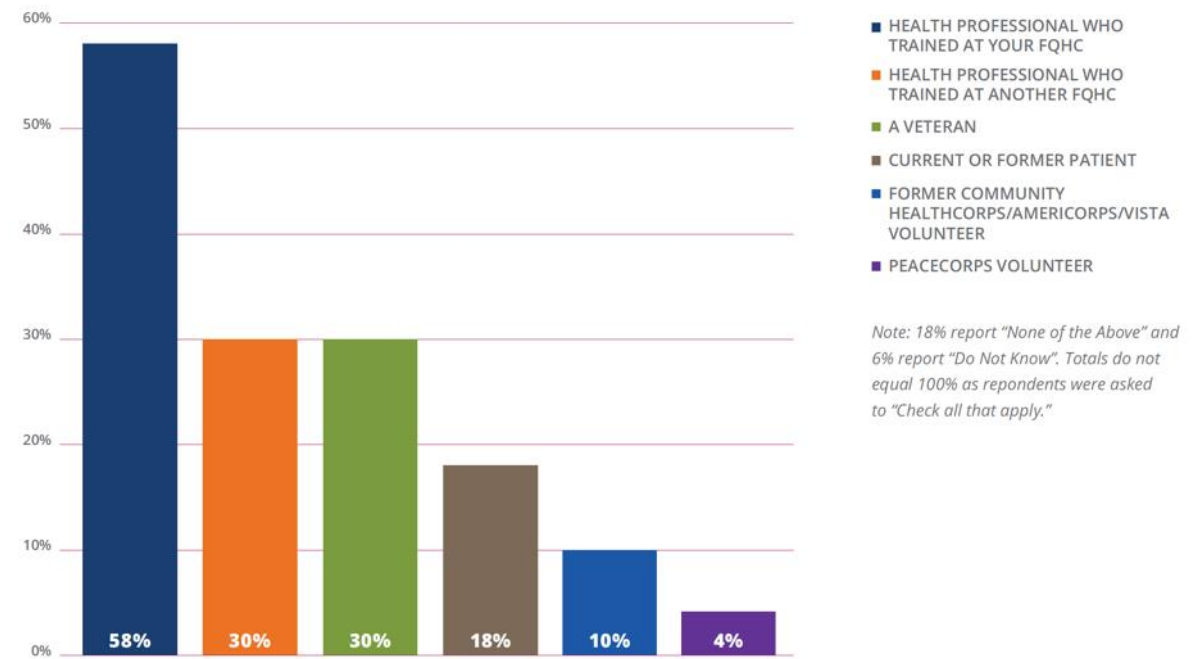


FIGURE 7 — STAFF HIRED BY HEALTH CENTERS IN THE PAST TWO YEARS



Community of Practice

- Strengthening the Pipeline
- UC Davis Center for a Diverse Healthcare Workforce (HRSA)
- California PCA
- *Endorsed Applicant Program*



SCHC & OHSU & UCD – shared values, mission, trust

- Shared mission: meet healthcare needs of our respective regions & states
- Commitment to train physicians in PC and rural practice (mal-distribution)
- *MDs who train in a given community remain in that region for practice*
- Pathway for students from underserved communities to stay connected with the community; so they train and ultimately practice where they're needed



- Teaching Health Center
- Rural Rotations
- Community-Based Medicine



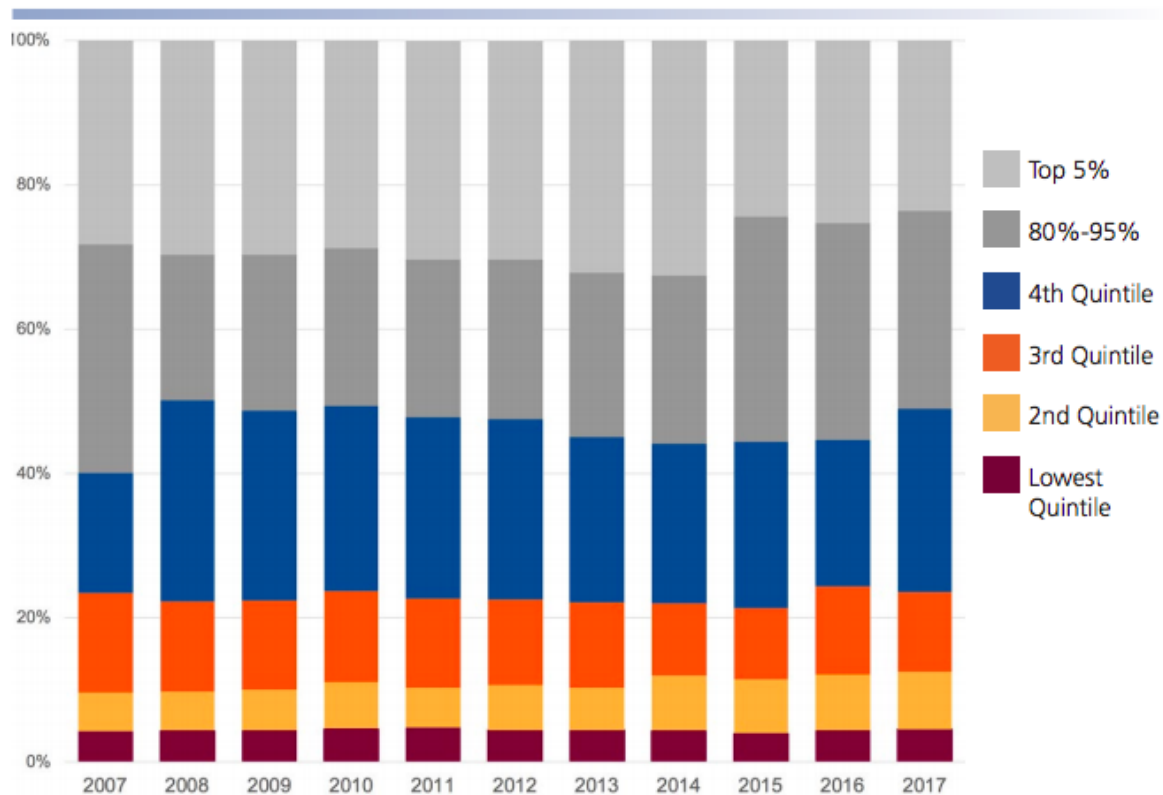
- Flexible UME
- Rural UME and GME
- Primary Care Coaches
- Faculty Dev't



- 3 year MD and PC focus
- Rural, Urban, Underserved tracks (CHS)
- Community-based Rotations
- Diversity, Equity and Inclusion

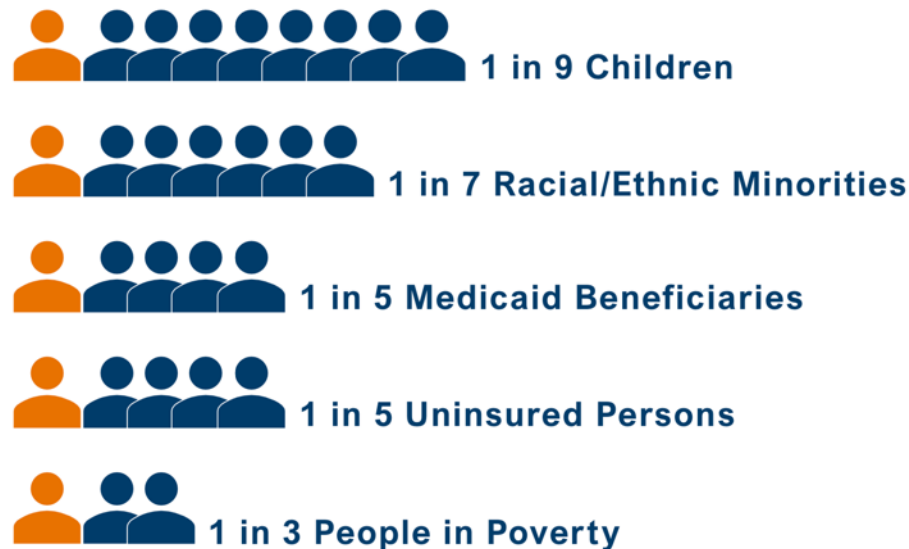
Two ends of the continuum: who gets in to med school and who gets care at Health Centers?

- Family income of US med students



- Health Center population

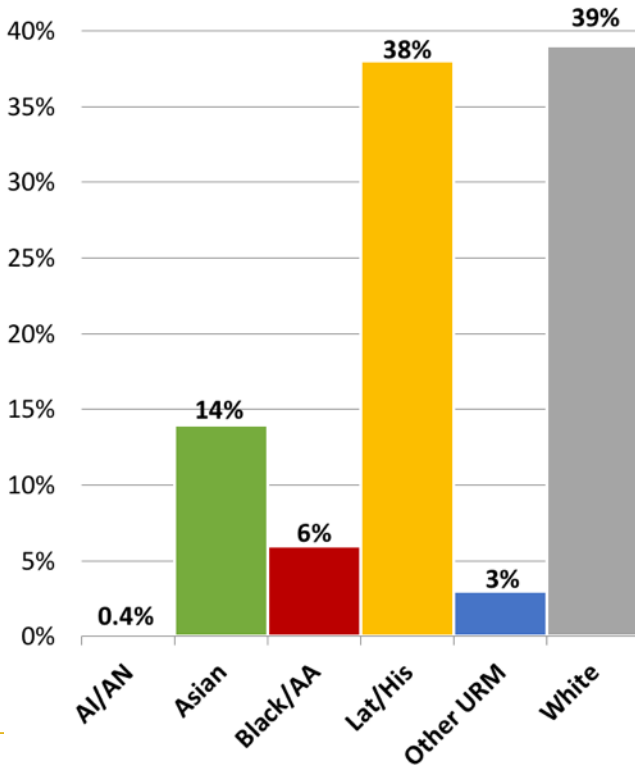
Health Centers Serve
1 in 12 People in the U.S.
 Including...



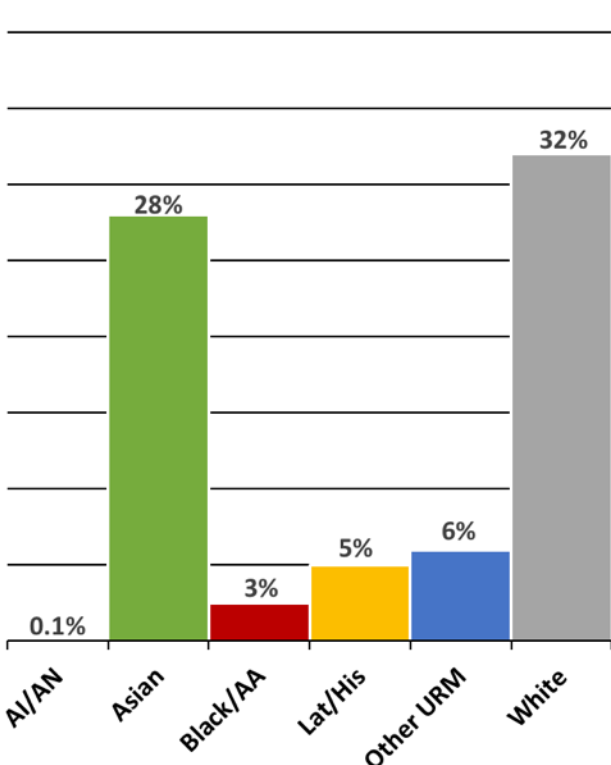
MSQ Year Acosta, D. Analysis in Brief, AAMC '18. Nachc.org

UC Davis mission: admit students who will, as physicians, address the diverse healthcare workforce needs of region...

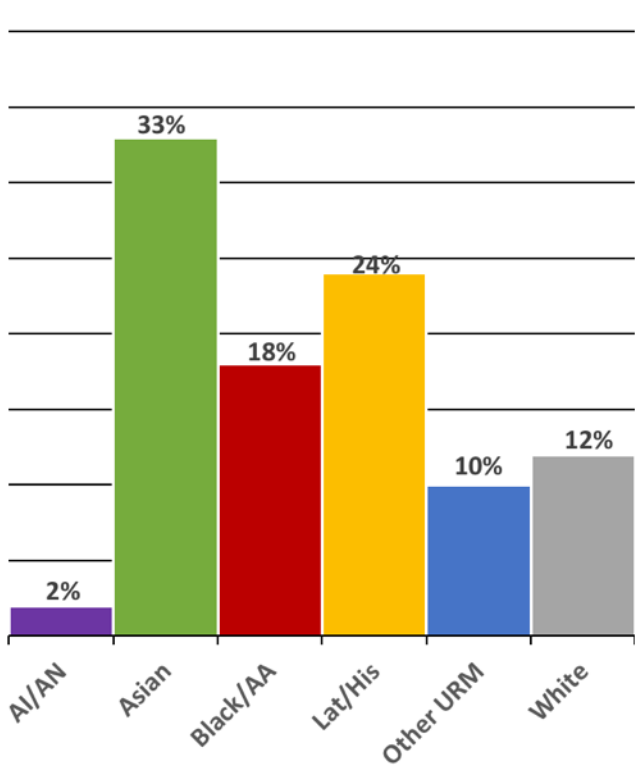
**2015 CA POPULATION:
RACE/ETHNICITY**



**2015 CA PHYSICIAN
POPULATION:
RACE/ETHNICITY**



**UC DAVIS SOM 2019
MATRICULANTS**



Changing the Face of Medicine at UC Davis

- 25% of UCD students in Community Health Scholar (CHS) tracks
- Mission: to train physician leaders in underserved communities
 - **Rural:** Rural Program in Medical Education – est. 2008
 - **Urban:** Transforming Education and Community Health – est. 2009
 - **San Joaquin Valley** (now REACH) – est. 2011
 - **PC:** Accelerated Competency-Based Education in PC – est. 2013

PC



Valley



Rural



Urban



UC Davis Community Health Scholars summary

- Tailored curricula on vulnerable populations
- Greater racial-ethnic and socioeconomic diversity, older, first-generation
- Deeper connections to rural and underserved communities
- **More likely to do PC (32% do FM) and other needed specialties**



COMPADRE Universe

PRIMARY HOSPITALS

- OHSU Hospitals
- Tuality Community Hospital
- Sky Lakes Medical Center
- St. Vincent's
- Providence Portland
- St. Joseph of Eureka
- Good Samaritan Medical Center
- Mercy Medical Center Roseburg
- Ukiah Valley
- Mercy Medical Center Redding
- Kaiser Permanente Santa Rosa
- Kaiser Permanente Sacramento
- Mercy Medical Center
- UC Davis Hospitals



HEALTH SYSTEMS

- OHSU
- Sky Lakes
- Providence
- Samaritan Health
- CHI Mercy Health
- Adventist Health
- Dignity Health
- Kaiser Permanente
- THC/FQHC
- UC Davis



COMMUNITY PARTNERS

- Center for a Diverse Healthcare Workforce
- Northwest Native American Center of Excellence
- California Primary Care Association



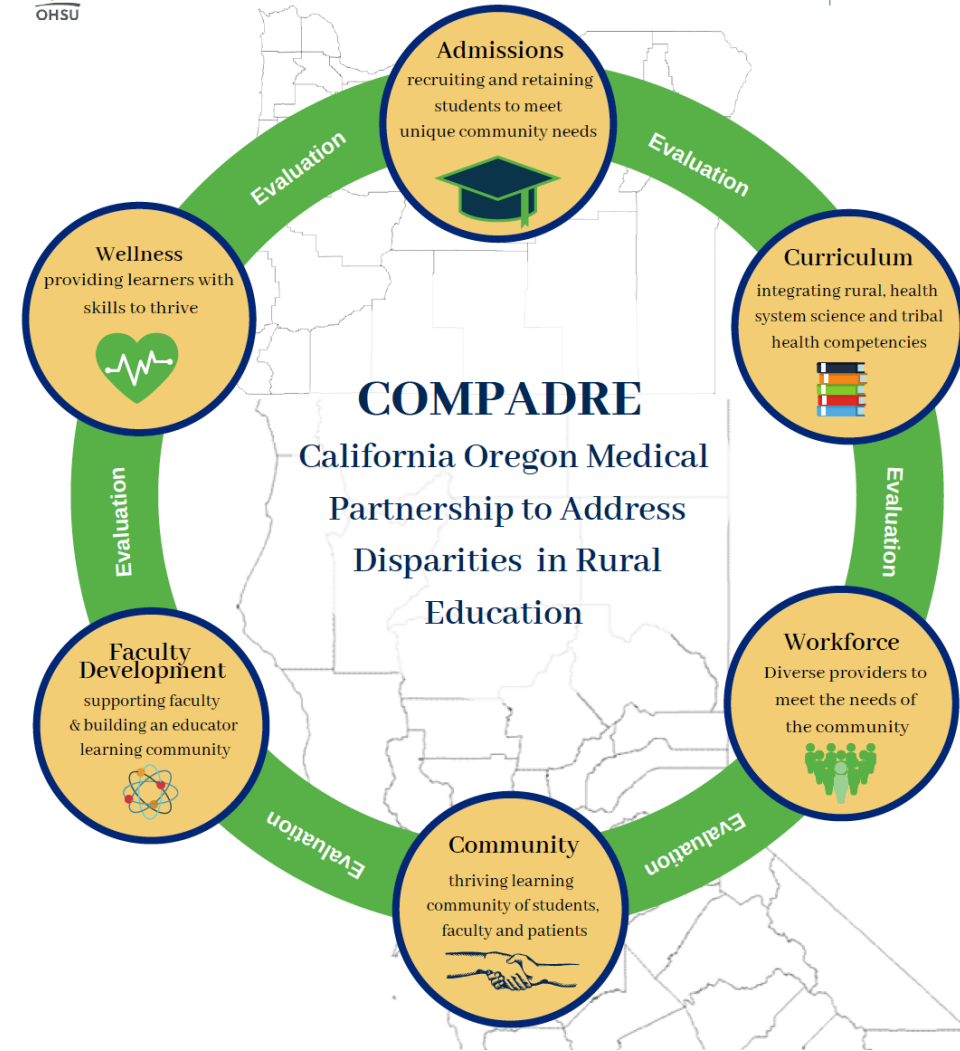
GME SPONSORS

- OHSU
- Providence
- St. Joseph
- Samaritan Health
- CHI Mercy
- Adventist Health
- Dignity Health
- Kaiser
- Shasta Health
- UC Davis



COMPADRE

California Oregon Medical
Partnership to Address Disparities
in Rural Education



Program Operations & Resources

- Consultant/Facilitator/Connector
- Frequent meetings/ and communication via multiple platforms
- Leadership buy-in is critical
- Mission alignment
- Resources
- Timing – Aligning statewide workforce needs & conversations
- Adapting tactics to meet unforeseen challenges e.g. COVID-19

Shasta Community Health Center

Family Medicine Residency Program

Dean Germano, Chief Executive Officer



SCHC Family Medicine Residency Program



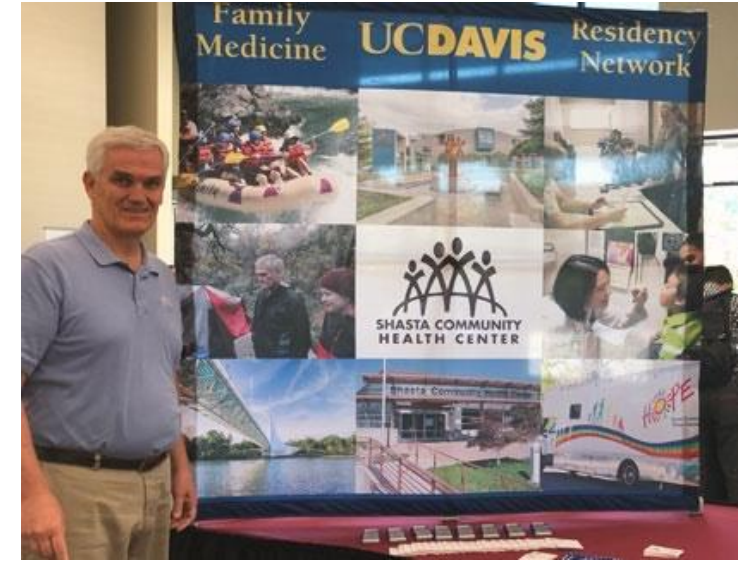
Teaching Health Center

Federally Qualified Health Center

First Resident Class: July 2013

Redding, CA

Development of THC & UCD Partnership



- Track of Mercy Redding FM Program: 1997-2004
- Developed Own Rural & CHC Focused Residency Program: 2012
- Joined UC Davis Residency Network: 2013
- Joined UC Davis Communities of Practice: 2018
- Joined COMPADRE: 2019

Mission & Culture Alignment



- Teaching & education has been part of organization for +20 years
- Written into mission and values statement and strategic plan
- Build a Positive Learning Environment

Financial Resources



- Build health professions training independently or in concert with partners
- Multiple Investments to Sustain Training
 - COMPADRE Grant
 - PPS Reimbursement
 - State GME Funding
 - 340B Funding
- Program Funds
 - Faculty
 - Training
 - Academic Library
 - ACGME Accreditation Requirements
 - Consulting Assistance
- Other Investments
 - Housing

Administrative & Board Buy-In



Recommendations:

- Run the numbers
- Talk to CHCs that have done it
- Start small – one type of trainee
- Build into strategic plan
- Consider consultants

Program Leadership



- Important for everyone to understand big picture!
 - Medical Staff Leadership
 - Operations Staff
 - Center Managers
 - Support staff

Operations



- Mitigate Impact to Productivity
- Through partnership, mix up learners (PA/NP residents)
- Set reasonable expectations for patient visits – 1st vs. 3rd year resident
- Alternative resources needed to close the gap

Partnership Maintenance



- Shared values keep things going in the long-run
- People want to keep collaborating when there is trust
- Continue listening and seeking mutual agreement
- Success breeds success
- End justifies the means – generate workforce that can care for your community

Benefits of Academic Medical Center Affiliation



- Being on the cutting edge of medicine
- Feed into CHC workforce
- Academic medical centers generally open to accepting Medicaid and Medicare
- Positive endorsements in one's community: sign of quality of care
- CHCs can supply rotational capacity for trainees

Audience
Engagement

What is the **one** biggest challenge you have faced in training health professionals in your organization?

Submit your response in the chat box!

Challenges with Academic Medical Center Affiliation



- Administrative apparatus of academic medical center complex: important to have advocates “inside” centers
- CHC self-perception: “fortunate” to have trainees
- Lack of CHC leverage in training arrangements
- Misalignment of mission to serve vs. educate
- Reimbursement policies
- Lack of diversity and experience in trainees
- Discouragement of primary care practice

Workforce
Training =
Improved CHC
Outcomes

Instilling Provider Attributes

Adaptability

Agency and Courage

Comprehensiveness

Collaboration and Community-Responsiveness

Integrity

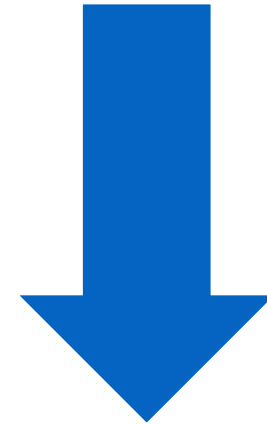
Abundance in the Face of Scarcity

Reflective Practice

Resilience



CHC Outcomes



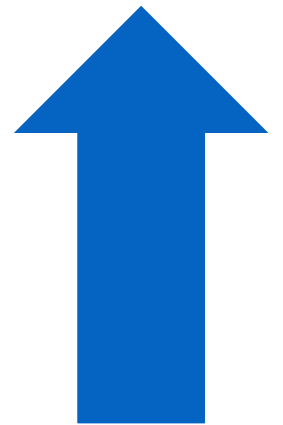
Turnover

Recruitment
Costs



Patient Outcomes

Access to Care

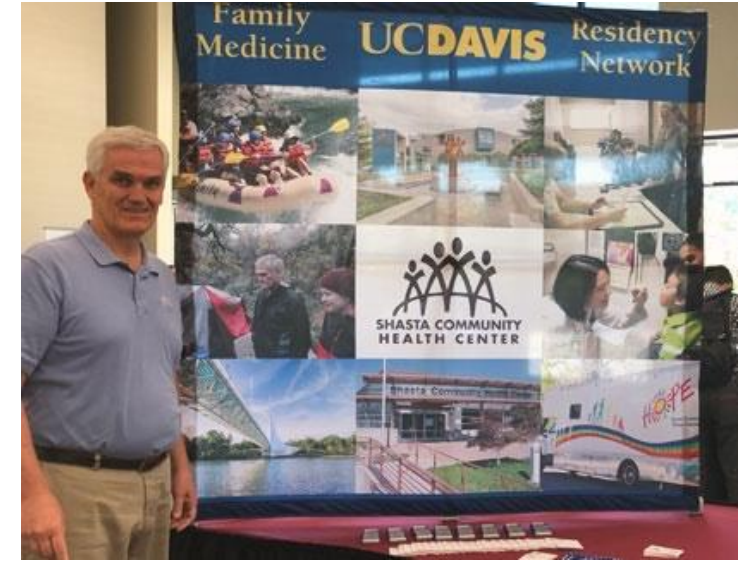


Return on Investment



- Recruitment: “Grow Your Own” Physicians, Faculty, Residents, etc.
- Retention: Chose Candidates that Have Staying Power
- Decreased Turnover & Burnout: Change of Pace & Diversity of Experiences (e.g. Teaching)
- Quality Improvement: Enhanced Processes & Programs
- Training Opportunities: SDOH, Cultural Competency, Staff Wellness etc.

CHC Assets Valued by Academic Centers



- Rural & Underserved Rotations in Northern California
- Community Medicine/Homeless - HOPE Van and Encampment Rotations
- Palliative Care/Pain Management
- Psychiatric Emphasis
- X-waivers and Addiction Medicine
- Diverse Patient Population

COMPADRE Summary

- To reduce health disparities by transforming workforce – to be better prepared, more equitably distributed and more deeply connected to underserved communities:
 - Change who (we) medical schools admit
 - Change training experience to better prepare students and keep them connected or “imbedded” in partner communities
 - Keep providers well (cultivate learning community)
 - Measure success (e.g. health outcomes and equity)

Lessons Learned

- Academic-community partnerships can work
- Communication and trust essential e.g. on-site, frequent meetings, as with any (working) relationship
- Shared vision/mission key...and leadership to execute it
- Key resources: money (HRSA, AMA), partners (health systems, PCAs) and **people**

Questions?



Thank You

2020 ACU Conference

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