

How to Grow Your Own Family Physicians

An additional option for acquiring new
physicians

Mick Huppert

President/CEO

Community Health Connections, Inc.

Fitchburg, Massachusetts

mhuppert@chcfhc.org

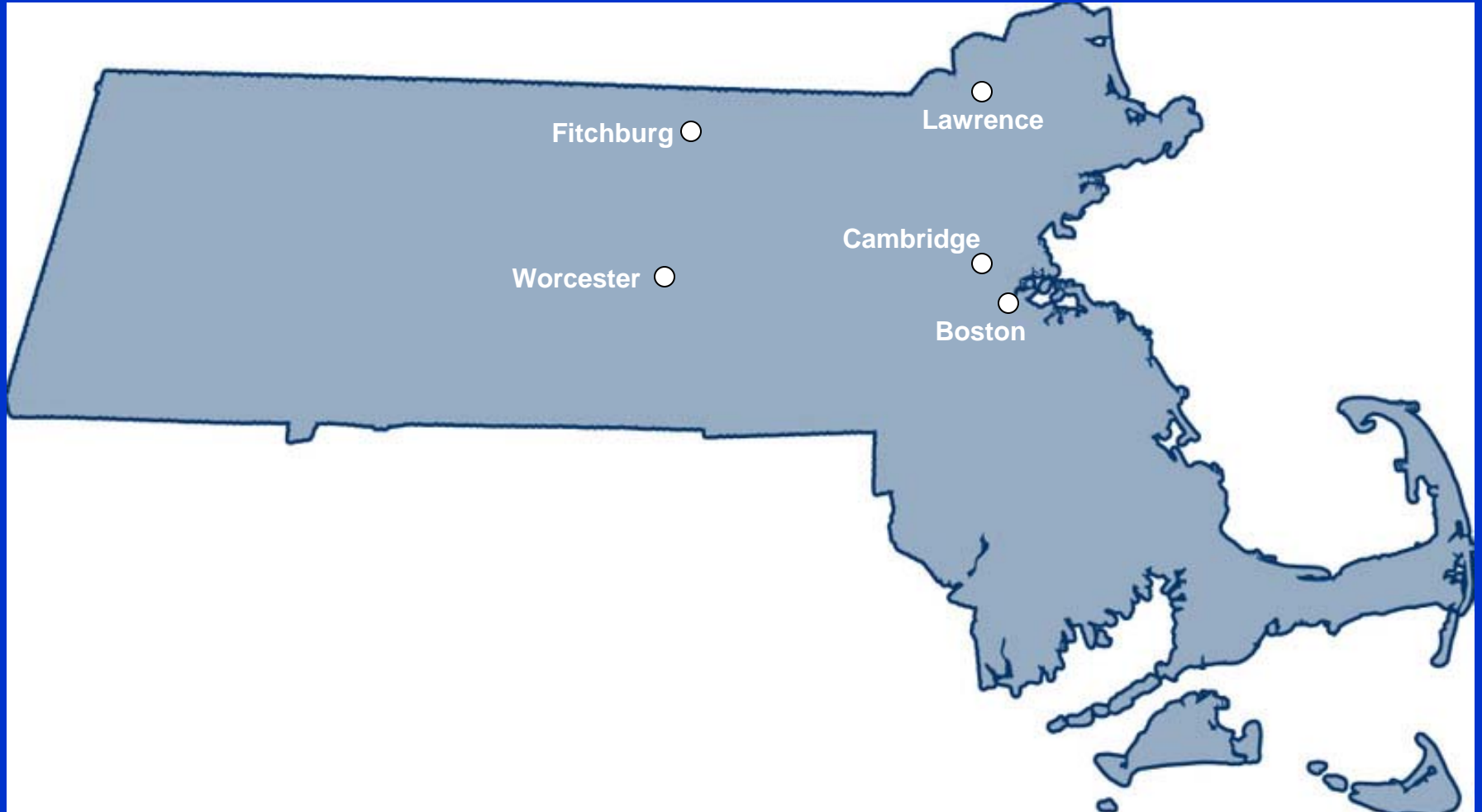
October 27, 2009

My Goals for the Presentation

- History and Mission and Culture
- What is the track record? Do community/academic partnerships work?
- Organizational and financial issues
 - Infrastructure -Contract
 - Teaching at FQHC -GME Financing



Residencies housed at CHCs in Massachusetts



60% of MA Family Medicine Residents train @ FQHCs (N120)

Program	CHC-trained	Non-CHC trained
Boston University	18	
Greater Lawrence	24	
Tufts		24
UMass-Fitchburg	18	
UMass-Worcester	12	24
Total	72	48

Graduate survey questions

- Do physicians trained in an FQHC go on to practice in an FQHC, or other site, serving the underserved?
- Do physicians trained in a rural site go on to practice in rural areas?
- Has the UMass residency produced graduates who remain to serve the Commonwealth?
- Are graduates engaged in community-oriented care, not just caring for patients?

Summary

- Fifty percent of graduates have stayed in Massachusetts and sixty-five percent in New England
- Forty-two percent have practiced continuously in the same practice since graduation
- Graduates trained in a federally-funded community health center significantly more likely to practice initially and currently in underserved setting
- Graduates trained in a rural setting more likely to practice in a rural setting but not significantly more likely than other training settings

Origins

For each of the 3 sites, how partnership with medical school was established:

- Family Health Center (Worcester) originally Model Cities HC that in 1971 decided to become FM Residency
- Lawrence FHC developed its own FM Residency in 1980s
- Fitchburg Family Practice merged with CHC to become a new FQHC in 2001

General Funding

- Contract from medical school to health center



- Medicaid (GME and Service)
- Medicare (GME)
- Patient revenues

Contract with Medical School

- Direct Contract that includes scope of relationship including teaching responsibilities and role of faculty at the Center and subsidy
- The Roles of the Residents in service and learning
- Patient revenues & salary of Residents
- GME financing remains with Hospital

Contract Financial Specifics: Family Health Center

Resident salaries paid by UMMS

Resident patient revenue retained at CHC

UMMS provides a portion of CHC MD
staff salaries for teaching/research

UMMS provides support for CHC
education/research expenses

FHC leases space from UMMS Clinical

Contract Financial Specifics: Community Health Connections

- Residents paid by UMMS
- MD Staff at Fitchburg CHC site are paid by UMMS and contracted to CHC
- Some education/research expenses are subsidized
- Revenues from Staff MD and Residents are retained by CHC
- CHC reimburses UMMS through unit service payment. For each patient visit: \$49

Contract Financial Specifics: Greater Lawrence FHC

- Medicare GME funding is passed directly from hospital to FQHC
- Resident salaries are paid by Center
- Staff at Center are directly reimbursed
- Hospital expenses reimbursed by CHC

Medicaid and Patient Revenues

- In Massachusetts no direct funding to FQHCs. Modest uptick in funding sponsoring hospital for primary care residents
- Faculty MD Patient Revenues-FQHC billed
- Resident visits billed under supervising Faculty MD by FQHC

Summary Comments

- Present teaching FQHCs have been fragile pioneers and need to be sustained as national models
- Teaching FQHCs have infrastructures and a collaborative culture that should be utilized for other learning initiatives
- Unintended consequences

