

Family Medicine Residency of Idaho, Inc.



FY 2018 – 2022 Strategic Plan

MISSION STATEMENT

Train outstanding broad spectrum family medicine physicians to work in underserved and rural areas. Serve the vulnerable populations of Idaho with high quality, affordable care provided in a collaborative work environment.

VISION STATEMENT

To improve the health care for Idaho and beyond by producing outstanding family medicine physician leaders for their communities.

GOAL 1: Family Medicine Workforce

To produce Idaho's future family medicine workforce by attracting, recruiting, and employing outstanding medical students to become family medicine residents and to retain as many of these residents in Idaho as possible post-graduation from residency.

1.1. Core Program – Boise

1.1.1. Maintain resident class size of 11-11-11

- 1.1.1.1. Raymond (11-5-5)
- 1.1.1.2. Fort (0-2-2)
- 1.1.1.3. Emerald (0-2-2)
- 1.1.1.4. Meridian (0-2-2)

1.2. Rural Training Tracks

- 1.2.1.1. Caldwell (3-3-3)
- 1.2.1.2. Magic Valley (2-2-2)

1.3. Fellowships

- 1.3.1.1. Sports Medicine (1)
- 1.3.1.2. HIV Primary Care (1)
- 1.3.1.3. Geriatrics (1)
- 1.3.1.4. OB (1)

1.4 Core Program – Nampa

- 1.4.1 Will look to open new Family Medicine Residency Program in Nampa on July 1, 2019 with resident class size of 6 per class (6-6-6)

Objective A: To recruit outstanding medical school students to FMRI for family medicine residency education, this includes recruitment to the rural training tracks and fellowships. The FMRI maintains an outstanding national reputation for training family physicians, participates in national recruitment of medical students, participates in training of medical students in Idaho and participates actively in the recruitment, interview and selection process to match outstanding candidates for its programs.

Performance Measures:

I. FMRI will track how many students match annually for residency training in family medicine at FMRI.

FY14 (2013-2014)	FY15 (2014-2015)	FY16 (2015-2016)	FY17 (2016-2017)	Benchmark
16/16 = 100%	16/16= 100%	16/16= 100%	16/16= 100%	100%

Benchmark: One hundred percent of all resident positions and over 50 percent of all fellow positions matched per year. This measure reflects the national standard of excellence in residency accreditation and capacity within the fellowships.

Objective B: To graduate fully competent family physicians ready to practice independently the full scope of family medicine. This is achieved through curriculum and experiential training which reflects the practice of family medicine in Idaho, including training in rural Idaho communities.

Performance Measures:

II. FMRI will track the ABFM board certification rates of the number of graduates per year from FMRI.

FY14 (2013-2014)	FY15 (2014-2015)	FY16 (2015-2016)	FY17 (2016-2017)	Benchmark
100%	100%	100%	100%	>95%

Benchmark: FMRI will attain a 95 percent ABFM board certification pass rate of all family physicians and fellows per year from the program. This is a measure commensurate with the accreditation standard for family medicine residency programs.

Objective C: To keep as many family physicians as possible in Idaho after residency and fellowship graduation. This is done through the recruitment process for residents and fellows, the intentional curriculum design to meet the needs of Idaho, programming and education reflective graduates in making practice location decisions.

Performance Measures:

III. FMRI will encourage all graduates (residents and fellows) to practice in Idaho and track how many remain in Idaho.

FY14 (2013-2014)	FY15 (2014-2015)	FY16 (2015-2016)	FY17 (2016-2017)	Benchmark
47%	43%	47%	56%	>50%

Benchmark: 50 percent retention rate of graduates to practice in Idaho. This measure reflects an outstanding benchmark well above the state median for retention of physicians retained from GME.

Objective D: To produce as many family physicians as possible to practice in rural or underserved Idaho. This is done through the recruitment process for residents and fellows, the intentional curriculum design to meet the needs of both rural and underserved Idaho, education reflective of the needs and opportunities in rural and underserved practices in Idaho, and dedicated role models in guiding graduates in making practice locations decisions to care for rural and underserved populations of

patients. The curriculum intentionally involves direct care of rural and underserved populations throughout the course of residency training.

Performance Measures:

IV. Of those graduates staying in Idaho, FMRI will track how many stay in rural or underserved Idaho.

FY14 (2013-2014)	FY15 (2014-2015)	FY16 (2015-2016)	FY17 (2016-2017)	Benchmark
43%	50%	75%	100%	40%

Benchmark: 40 percent of graduates staying in Idaho will be practicing in rural or underserved Idaho. This measure demonstrates an exceptional commitment of the program and its graduates to serving rural and underserved populations in particular.

Objective E: To begin a new family medicine residency program in Nampa, Idaho with 6 family medicine residents per class.

Performance Measures:

V. To have the first class of 6 family medicine residents start on July 1, 2019.

FY14 (2013-2014)	FY15 (2014-2015)	FY16 (2015-2016)	FY17 (2016-2017)	Benchmark
N/A	N/A	N/A	N/A	100%

Benchmark: To fill the first class of 6 family medicine residents on July 1, 2019.

GOAL 2: Patient Care | Delivery | Service

Serve the citizens of Ada County and surrounding areas in a high-quality Patient Centered Medical Home.

- 2.1 All FMRI clinics where resident education is centered will attain and maintain National Committee on Quality Assurance (NCQA), Level III Patient Centered Medical Home (PCMH) recognition.
- 2.2 All FMRI clinics will utilize Meaningful Use criteria in using the Electronic Medical Records (EMR).
- 2.3 FMRI will maintain a 340b Pharmacy, with expanded access for our patients via expanded hours and utilize Walgreen’s and other local pharmacy collaborations.

Objective A: To maintain recognition NCQA Level III PCMH. Maintenance of NCQA recognition is on a 3 year cycle.

Performance Measures:

I. All FMRI clinics where resident continuity clinics reside will maintain Level III PCMH’s and we will apply for NCQA recognition for our other two clinics.

FY14 (2013-2014)	FY15 (2014-2015)	FY16 (2015-2016)	FY17 (2016-2017)	Benchmark
100%	100%	100%	100%	100%

Benchmark: Maintain 100% NCQA designation as a Level III PCMH at all FMRI clinics where resident continuity clinics reside. NCQA recognition is the national standard for PCMH recognition.

Objective B: All FMRI clinics using Meaningful Use Electronic Medical Records. We are tracking the meaningful use objectives and measures and are assuring that all the providers at FMRI are meeting these.

Performance Measures:

II. All FMRI clinics using Meaningful Use EMR criteria.

FY14 (2013-2014)	FY15 (2014-2015)	FY16 (2015-2016)	FY17 (2016-2017)	Benchmark
100%	100%	100%	100%	100%

Benchmark: Implement Meaningful Use EMR at all clinics. Meaningful Use EMR is necessary for coordinated and integrated care as part of NCQA recognition and good patient care. Medicaid Provider Meaningful Use Incentive program is necessary for compliance.

Objective C: Maintenance and expansion of FMRI 340b pharmacy services. We have expanded our pharmacy hours to help patient access as well as the Walgreens and other pharmacy collaboration.

Performance Measures:

III. Maintain 340b pharmacy services , with expanded access for our patients via extended pharmacy hours and the Walgreen’s pharmacy collaboration

FY14 (2013-2014)	FY15 (2014-2015)	FY16 (2015-2016)	FY17 (2016-2017)	Benchmark
Not Available	Available	Available	Available	Available

Benchmark: 340b pharmacy available for all FMRI patients, with expanded access for our patients via extended hours and the Walgreen’s and other pharmacy collaboration.

GOAL 3: Education

To provide an outstanding family medicine training program to prepare future family medicine physicians.

- 3.1 All FMRI programs maintain Accreditation Council for Graduate Medical Education (ACGME) accreditation where appropriate.
- 3.2 All FMRI programs maintain integrated patient care curriculum and didactics.
- 3.3 All FMRI programs maintain enhanced focus on research and scholarly activities.
- 3.4 FMRI programs have a quality and patient safety curriculum for clinical learning environments.
- 3.5 FMRI demonstrates mastery of the New Accreditation System (NAS) of the ACMGE.

Objective A: To create an exceptionally high quality medical education environment to train future family physicians. All FMRI residents and fellows serve Idaho patients as a integral part of the educational process. Educational milestones and national standard measures are used to demonstrate competencies and excellence. All FMRI programs are in a process of continual improvement and measured for markers of success as a part of local oversight and national accreditation.

Performance Measures:

- I. A. Track successful completion of American Board of Family Medicine (ABFM) Board certification examination scores for all program graduates.**

B. Track performance on American Board of Family Medicine (ABFM) Annual In-Service Training Examination.

FY14 (2013-2014)	FY15 (2014-2015)	FY16 (2015-2016)	FY17 (2016-2017)	Benchmark
100%	100%	100%	100%	>95%
94%	96%	97.2%	98%	>50%

Benchmark:

- A. At least 95 percent of all program graduates become ABFM Board certified.
- B. FMRI program performance above the national average (>50 percent) on an annual National In-Training Exam. This is a national standard and interval measure of trainee success in mastery in Family Medicine.

Objective B: FMRI will maintain full accreditation with Accreditation Council of Graduate Medical Education (ACGME) and its Residency Review Committee for Family Medicine (RRC-FM). This is a marker of certification and excellence for accredited programs.

Performance Measures:

II. FMRI will track its accreditation status and potential citations.

FY14 (2013-2014)	FY15 (2014-2015)	FY16 (2015-2016)	FY17 (2016-2017)	Benchmark
100%	100%	100%	100%	100%

Benchmark: Maintain 100 percent full and unrestricted ACGME program accreditation for all programs as appropriate. This measure meets the ideal goal for the FMRI programs.

Objective C: FMRI will maintain all ACGME accreditation requirements in the New Accreditation System (NAS) including a Clinical Competency Committee (CCC), Annual Program Evaluations (APE), Annual Institutional Review (AIR), and Clinical Learning Environment Review (CLER). This set of goals is met through oversight of each FMRI program by the FMRI Graduate Medical Education Committee on an ongoing basis.

Performance Measures:

III. FMRI will track its NAS CCC, APE, AIR and CLER goals.

FY14 (2013-2014)	FY15 (2014-2015)	FY16 (2015-2016)	FY17 (2016-2017)	Benchmark
N/A	100%	100%	100%	100%

Benchmark: Maintain 100 percent monitoring for all programs as appropriate. This measure meets the ideal goal for the FMRI programs.

GOAL 4: Faculty

FMRI has a diverse team of faculty that provides rich training environments, who are tremendously dedicated and committed to family medicine education, and enjoy working with family medicine residents and caring for our patients.

- 4.1 Continued expansion of faculty.
- 4.2 Continue to provide faculty development fellowship opportunities at the University of Washington.

Objective A: Continue expansion of dedicated and committed family medicine faculty. Targeted recruiting of full spectrum family medicine faculty through local, alumni resource, regional and national recruiting efforts.

Performance Measures:

I. Hire sufficient number of family medicine faculty.

FY14 (2013-2014)	FY15 (2014-2015)	FY16 (2015-2016)	FY17 (2016-2017)	Benchmark
Less than sufficient	Less than sufficient	Less than sufficient	Less than sufficient	Sufficient

Benchmark: Sufficient numbers of family medicine faculty hired. This measure is based on projected need in consideration of availability of future resources.

Performance Measures:

II. One faculty member per year at the UW Faculty Development Fellowship.

FY14 (2013-2014)	FY15 (2014-2015)	FY16 (2015-2016)	FY17 (2016-2017)	Benchmark
One	One	One	One	One

Benchmark: One per year. This measure meets the ideal goal for the FMRI programs.

GOAL 5: Rural Outreach

The three pillars of FMRI’s rural outreach are to provide education to students, residents and rural providers, to provide service and advocacy for rural communities and foster relationships that will help create and maintain the workforce for rural Idaho.

5.1 Increase to 35 rural site training locations.

Objective A: To maintain 35 rural site training locations in Idaho. This goal is met through growing partnerships with communities resulting in development of additional rotations in rural Idaho.

Performance Measures:

III. Maintain 35 rural site training locations

FY14 (2013-2014)	FY15 (2014-2015)	FY16 (2015-2016)	FY17 (2016-2017)	Benchmark
N/A	31	34	34 With active PLA’s; In process of developing Driggs for 35	35

Benchmark: Maintain 35 sites. This measurement is based upon standing agreements with resident rotation sites.

Key External Factors

1. Funding: The Family Medicine Residency of Idaho (FMRI) and its operations are contingent upon adequate funding. For fiscal 2017, approximately 55% of revenues were generated through patient services (including pharmacy), 25% were derived from grants and other sources, and 20% came from contributions (excluding in-kind contributions for facility usage and donated supplies). Contributions include Medicare GME dollars and other amounts passed through from the area hospitals, as well as funding from the State Board of Education. Grant revenue is comprised primarily of federal or state-administered grants, notably a Consolidated Health Center grant, Teaching Health Center grant, and grants specific to HIV, TB and refugee programs administered by the FMRI.
2. Teaching Health Center (THC) Grant Funding: The FMRI received grant funding through the THC-GME program of the Affordable Care Act (ACA) in fiscal 2012 to fund six residents annually in family medicine training. This expansion increased the overall FMRI class size by two residents per class (total of six in the program representing the three classes). At this time, it is believed this funding will continue through fiscal 2017 due to the passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). Award amounts will be dependent on the unused funds from the previous program years but are expected to be similar to fiscal 2016 awards. This funding is expected to stop on September 2017.
3. Hospital Support: FMRI requires contributions from both Saint Alphonsus and St. Luke's Health Systems in regards to Medicare DME/IME pass through money. This is money given through the hospitals to the Residency by the federal government in the form of Medicare dollars to help with our training. In addition, the hospitals both have additional contributions that are essential to FMRI's operations. The Hospitals have become progressively strapped financially and have not increased payment for the last 5 years.
4. Medicaid/Medicare: FMRI requires continued cost-based reimbursement through our Federally Qualified Health Center (FQHC) designation model for Medicaid and Medicare patients. This increased reimbursement funding is critical to the financial bottom line of the Residency. Medicaid and Medicare should continue its enhanced reimbursement for Community Health Centers and Federally Qualified Health Centers into the future. The new Presidents administration may have a disastrous impact on Medicaid.
5. Federally Qualified Health Center (FQHC) and Teaching Health Center Designations: FMRI must maintain its FQHC and Teaching Health Center designations and advocate for continued medical cost reimbursement. In late October 2013, FMRI became a Section 330 New Access Point grantee with the addition of the Kuna clinic and Meridian Schools clinic and the expansion of the Meridian clinic. Currently, all six of FMRI's outpatient clinics received the FQHC designation. FQHC grant funding represented approximately 5% of fiscal 2016 funding. FMRI will look to add two additional FQHC sites in FY 2018.
6. Legislation/Rules: The Idaho State Legislature's support of FMRI's request for state funding is critical to the ongoing success of FMRI as it provides essential financial resources for the FMRI's continued residency training program. The total funding FMRI received from the state in FY 2016 was \$1,529,700. This was increased for FY 2018 to \$3,029,700 to provide for the new

Family Medicine Residency in Nampa as well as the FMRI's four fellowship programs and a new Rural Training Track in the future.

7. Governor's Support: Governor C.L. "Butch" Otter continued his strong support for FMRI and graduate medical education training by recommending an increase in funding for graduate medical education training in general and FMRI funding in particular as noted above.

Evaluation Process

A clear, specific and measurable methodology of setting goals around workforce education, patient care, faculty and rural outreach will be used. This will help both the FMRI and SBOE stay on a clear path for success with the FMRI program.

Family Medicine Residency Goals					
Institution/Agency Goals and Objectives	Goal 1: Family Medicine Workforce	Goal 2: Patient Care / Delivery / Service	Goal 3: Education	Goal 4: Faculty	Goal 5: Rural Outreach
GOAL 1: Family Medicine Workforce To produce Idaho’s future family medicine workforce by attracting, recruiting, and employing outstanding medical students to become family medicine residents and to retain as many of these residents in Idaho as possible post – graduation from residency.					
Objective A: To recruit outstanding medical school students to FMRI for family medicine residency education, this includes recruitment to the rural training tracks and fellowships. The FMRI maintains an outstanding national reputation for training family physicians, participates in national recruitment of medical students, participates in training of medical students in Idaho and participates actively in the recruitment, interview and selection process to match outstanding candidates for its programs.	✓	✓	✓		
Objective B: To graduate fully competent family physicians ready to practice independently the full scope of family medicine. This is achieved through curriculum and experiential training which reflects the practice of family medicine in Idaho, including training in rural Idaho communities.	✓		✓		✓
Objective C: To keep as many family physicians as possible in Idaho after residency and fellowship graduation. This is done through the recruitment process for residents and fellows, the intentional curriculum design to meet the needs of Idaho, programming and education reflective graduates in making practice location decisions.	✓	✓			✓
Objective D: To produce as many family physicians as possible in Idaho after residency and fellowship graduation. This is done through the recruitment process for residents and fellows, the intentional curriculum design to meet the needs of Idaho, programming and education reflective graduates in making practice location decisions.	✓				✓
GOAL 2: Patient Care Delivery Service Serve the citizens of Ada County and surrounding areas in a high-quality Patient Centered Medical Home.					

Objective A: To maintain recognition NCQA Level III PCMH. Maintenance of NCQA recognition is on a 3 year cycle.		✓	✓		
Objective B: All FMRI clinics using Meaningful Use Electronic Medical Records. We are tracking the meaningful use objectives and measures and are assuring that all the providers at FMRI are meeting these.		✓	✓		
Objective C: Maintenance and expansion of FMRI 340b pharmacy services. We have expanded our pharmacy hours to help patient access as well as the Walgreens and other pharmacy collaboration.		✓			
GOAL 3: Education To provide an outstanding family medicine training program to prepare future family medicine physicians.					
Objective A: To create an exceptionally high quality medical education environment to train future family physicians. All FMRI residents and fellows serve Idaho patients as an integral part of the educational process. Educational milestones and national standard measures are used to demonstrate competencies and excellence. All FMRI programs are in a process of continual improvement and measured for markers of success as a part of local oversight and national accreditation.			✓		
Objective B: FMRI will maintain full accreditation with Accreditation Council of Graduate Medical Education (ACGME) and its Residency Review Committee for Family Medicine (RRC-FM). This is a marker of certification and excellence for accredited programs.			✓		
Objective C: FMRI will maintain all ACGME accreditation requirements in the New Accreditation System (NAS) including a Clinical Competency Committee (CCC), Annual Program Evaluations (APE), Annual Institutional Review (AIR), and Clinical Learning Environment Review (CLER). This set of goals is met through oversight of each FMRI program by the FMRI Graduate Medical Education Committee on an ongoing basis.			✓		
GOAL 4: Faculty FMRI has a diverse team of faculty that provides rich training environments, who are tremendously dedicated and committed to family medicine education, and enjoy working with family medicine residents and caring for our patients.					

<p>Objective A: Continue expansion of dedicated and committed family medicine faculty. Targeted recruiting of full spectrum family medicine faculty through local, alumni resource, regional and national recruiting efforts.</p>			<p>✓</p>	<p>✓</p>	
<p>GOAL 5: Rural Outreach The three pillars of FMRI’s rural outreach are to provide education to students, residents and rural providers, to provide service and advocacy for rural communities and foster relationships that will help create and maintain the workforce for rural Idaho.</p>					
<p>Objective A: To maintain 35 rural site training locations in Idaho. This goal is met though growing partnerships with communities resulting in development of additional rotations in rural Idaho.</p>	<p>✓</p>		<p>✓</p>		<p>✓</p>