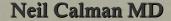
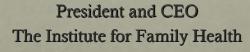


TEACHING HEALTH CENTERS

A HRSA Initiative to Train Physicians in Community-Based Settings





Professor and Chair
Family Medicine and Community Health
Mount Sinai School of Medicine

CHCANYS Annual Meeting
October 2012





WHAT IS AN EDUCATIONAL HEALTH CENTER?

An Educational Health Center (EHC):

A community health center which serves as a <u>training site</u> for health professions students and residents.



WHAT IS A TEACHING HEALTH CENTER?

A Teaching Health Center is a health center that is responsible for the <u>academic and financial administration</u> of the residency program, including –

- •The health center sets the mission of the residency program
- •The health center has a <u>shared mission of service and education</u>
- •The health center is the <u>sponsoring institution</u> for accreditation purposes and receives direct funding from HRSA
- •The <u>residency director</u> is staff at the health center
- •The health center <u>contracts</u> with the hospital to provide required inpatient training



WE NEED LESS OF THESE







... AND MORE OF THESE



Family physicians **Internists** Pediatricians Ob-gyns Psychiatrists Geriatricians General dentists Pediatric dentists

DEVELOPING A THC

Developing a Teaching Health Center demands leadership, collaboration, time and money. There are four main areas to consider:

- Mission and Governance
- Administration and Operations
- •Finance
- •Legal



BENEFITS TO THE COMMUNITY HEALTH CENTER

- Physicians trained in CHCs 3x more likely to work in underserved areas (Morris et al; Fam Med; 2008)
- Enhanced job satisfaction for CHC providers and staff who are given a teaching role
- Access to additional services for patients (e.g., specialty clinics, residency inpatient care teams, etc)
- Enhanced reputation as a teaching site
- Access to resources from a hospital or medical school (e.g. information technology, library access, research support, etc)
- Strengthening of clinical affiliations with hospitals and medical schools
- Specific services to CHC clients may be enhanced because of educational needs. e.g. behavioral health, specialty care

BENEFITS TO THE HOSPITAL

- THC residents do not count as part of the hospitals' resident cap
- FTCA malpractice insurance for CHC- employed faculty members and residents
- Interdisciplinary experience working with social workers, case managers, etc.
- Enhanced recruitment and retention of both faculty and residents
- Access to state and federal student loan repayment and forgiveness programs
- The National Health Service Corps benefits to both residents and faculty working at CHC

POTENTIAL COMPLICATIONS

- Scheduling of faculty and residents is significantly more complex since faculty and residents are in the outpatient setting on a part-time basis
- Residents "turn over" every three years necessitating periodic reassignment of patients
- Some patients and/or CHC board members may perceive residents as inferior providers compared to fully-trained providers
- Residents, especially early in their training, are slow and inefficient compared to non-resident providers. They also use more exam rooms per patient seen.
- Increased administrative complexity for billing, supervision, etc.
- Potentially complex and changing relationships with hospitals

GETTING STARTED ...

- Find a residency director someone with experience with residency training AND preferably, with CHC experience as well
- Talk with potential hospital partners
- Secure start-up capital funds, develop an operating budget for the first three years, secure operating funds. Since the THC payments are capitated, the first few years will require additional support.
- Find a "niche". What will be special about your program that will allow you to stand out among other programs?
- Start developing a pipeline of applicants offer clinical rotations for 3rd and 4th year medical student in the CHC now



RESOURCES..



EHCI (Education Health Center Initiative)

http://teachinghealthcenter.org

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