

Song-Brown Program Overview

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Program Administrator

Office of Statewide Health Planning and Development

September 30, 2014

Song-Brown Healthcare Workforce Training Program

Song-Brown provides funding to education programs (not individual students) to incentivize them to increase the number of under-represented minority (URM) primary care practitioners, provide clinical training and education in underserved areas and increase access to healthcare to the state's underserved population. Eligible programs include those for

- Family Medicine (FM) residents
- Family Nurse Practitioners/Physician Assistants (FNP/PA),
- Registered Nurses (RN)

Song-Brown Healthcare Workforce Training Program

FY 2014-15 Budget added a one time \$4 million augmentation in funding from CHDPF to support new primary care physician residency slots via Song-Brown. Preference will be given to filling the positions with residents who have graduated from a California based medical school.

FY 2014-15 Budget also added \$2.84 million per year for three years from the California Health Data Planning Fund (CHDPF) to fund grants for the following primary care specialties:

- Internal Medicine
- Obstetrics and Gynecology (OB/GYN)
- Pediatrics

Song-Brown Act Goals

- Increase the **number** of primary care providers especially in California's medically underserved areas.
- Improve the **quality** of training, including attracting and admitting providers from underrepresented groups.
- Improve **access** to care in California's medically underserved and multicultural communities.

Total Funding for Song-Brown in FY 2014-15

	Dollars in Millions				
Song Brown Programs Fiscal Year (FY) 2014-15	Base and Capitation Funding (Ongoing)	The California Endowment (TCE) (Year 2 of Three FYs)	Primary Care Residency Expansion (Year one of Three FYs)	New Slots Expansion (One Time)	Total
Family Medicine Training FNP/PA Training	\$3,931	\$6,300	-	-	\$10,231
Registered Nurses	\$2,725	-	-	-	\$2,725
Eligible residencies: Internal Medicine, Obstetrics/Gynecology, and Pediatrics	-	-	\$2,840	-	\$2,840
Eligible residencies: Family Medicine, Internal Medicine, Obstetrics/Gynecology, and Pediatrics	-	-	-	\$3,901	\$3,901
Reimbursement	\$400	-	-	-	\$400
Totals	\$7,056	\$6,300	\$2,840	\$3,901	\$20,097

California Healthcare Workforce Policy Commission (CHWPC)

The CHWPC is a 15-member citizen advisory board that provides expert guidance and statewide perspectives on health professional education issues, reviews applications and recommends contract awards.

- Nine members appointed by the Governor
- Three members appointed by the Assembly Speaker
- Three members appointed by the Senate Rules Committee.

Each member serves at the pleasure of the appointing power.

CHWPC Funding Meetings

Meetings are held in correlation with the Request for Application filing period. For FY 2014-15, meetings are as follows:

- a. Family Medicine: December 10-11, 2014
- b. FNP/PA: January 28-29, 2015
- c. Registered Nurse Education Programs: March 4-5, 2015
- d. Primary Care Residencies: April 28-29, 2015

In accordance with California Government Code all meetings are open to the public as required by the Bagley-Keen Open Meeting Act.

Family Medicine Residency and Family Nurse Practitioner/Physician Assistant Programs Funded in FY *2013-14

Discipline	Applications		Residents/ Students Trained	\$ Available		\$	
	Requested	Awarded		CHDPF	TCE	Requested	**Awarded
Family Medicine	52	51	443	\$2,883,761	\$3,500,000	\$8,695,415	\$7,797,733
FNP/PA	24	24	2,006	\$1,350,000	\$3,500,000	\$3,436,028	\$3,436,028
Totals	76	75	2,449	\$4,233,761	\$7,000,000	\$12,131,443	\$11,233,761

*Funding includes TCE Funds

**Unused FNP/PA funds of \$1,413,972 were used by Family Medicine allowing for more awards

During FY *2013-14, education and training programs funded by Song-Brown reported that approximately 1,488,000 patient encounters occurred in predominantly underserved areas.

Song-Brown residents deliver Family Medicine services in all **five** of the University of California's teaching hospitals, **37** California county facilities and **46** community health centers.

*Patient encounters provided for academic years 2011/12
and 2012/13 reported in 2013/14

HEALTH AND SAFETY CODE SECTION 128200-128241

128200. (a) This article shall be known and may be cited as the Song-Brown Health Care Workforce Training Act.

(b) (1) The Legislature hereby finds and declares that physicians engaged in family medicine are in very short supply in California. The current emphasis placed on specialization in medical education has resulted in a shortage of physicians trained to provide comprehensive primary health care to families. The Legislature hereby declares that it regards the furtherance of a greater supply of competent family physicians to be a public purpose of great importance and further declares the establishment of the program pursuant to this article to be a desirable, necessary, and economical method of increasing the number of family physicians to provide needed medical services to the people of California. The Legislature further declares that it is to the benefit of the state to assist in increasing the number of competent family physicians graduated by colleges and universities of this state to provide primary health care services to families within the state.

(2) The Legislature finds that the shortage of family physicians can be improved by the placing of a higher priority by public and private medical schools, hospitals, and other health care delivery systems in this state, on the recruitment and improved training of medical students and residents to meet the need for family physicians. To help accomplish this goal, each medical school in California is encouraged to organize a strong family medicine program or department. It is the intent of the Legislature that the programs or departments be headed by a physician who possesses specialty certification in the field of family medicine, and has broad clinical experience in the field of family medicine.

(3) The Legislature further finds that encouraging the training of primary care physician's assistants and primary care nurse practitioners will assist in making primary health care services more accessible to the citizenry, and will, in conjunction with the training of family physicians, lead to an improved health care delivery system in California.

(4) Community hospitals in general and rural community hospitals in particular, as well as other health care delivery systems, are encouraged to develop family medicine residencies in affiliation or association with accredited medical schools, to help meet the need for family physicians in geographical areas of the state with recognized family primary health care needs. Utilization of expanded resources beyond university-based teaching hospitals should be emphasized, including facilities in rural areas wherever possible.

(5) The Legislature also finds and declares that nurses are in very short supply in California. The Legislature hereby declares that it regards the furtherance of a greater supply of nurses to be a public purpose of great importance and further declares the expansion of the program pursuant to this article to include nurses to be a desirable, necessary, and economical method of increasing the number of nurses to provide needed nursing services to the people of California.

(6) It is the intent of the Legislature to provide for a program designed primarily to increase the number of students and residents receiving quality education and training in the primary care specialties of family medicine, internal medicine, obstetrics and gynecology, and pediatrics and as primary care physician's assistants, primary care nurse practitioners, and registered nurses and to maximize the delivery of primary care family physician services to specific areas of California where there is a recognized unmet priority need. This program is intended to be implemented through contracts with accredited medical schools, teaching health centers, programs that train primary care physician's assistants, programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems based on per-student or per-resident capitation formulas. It is further intended by the Legislature that the programs will be

professionally and administratively accountable so that the maximum cost-effectiveness will be achieved in meeting the professional training standards and criteria set forth in this article and Article 2 (commencing with Section 128250).

128205. As used in this article, and Article 2 (commencing with Section 128250), the following terms mean:

(a) "Family physician" means a primary care physician who is prepared to and renders continued comprehensive and preventative health care services to families and who has received specialized training in an approved family medicine residency for three years after graduation from an accredited medical school.

(b) "Primary care physician" means a physician who is prepared to and renders continued comprehensive and preventative health care services, and has received specialized training in the areas of internal medicine, obstetrics and gynecology, or pediatrics.

(c) "Associated" and "affiliated" mean that relationship that exists by virtue of a formal written agreement between a hospital or other health care delivery system and an approved medical school that pertains to the primary care or family medicine training program for which state contract funds are sought.

(d) "Commission" means the California Healthcare Workforce Policy Commission.

(e) "Programs that train primary care physician's assistants" means a program that has been approved for the training of primary care physician assistants pursuant to Section 3513 of the Business and Professions Code.

(f) "Programs that train primary care nurse practitioners" means a program that is operated by a California school of medicine or nursing, or that is authorized by the Regents of the University of California or by the Trustees of the California State University, or that is approved by the Board of Registered Nursing.

(g) "Programs that train registered nurses" means a program that is operated by a California school of nursing and approved by the Board of Registered Nursing, or that is authorized by the Regents of the University of California, the Trustees of the California State University, or the Board of Governors of the California Community Colleges, and that is approved by the Board of Registered Nursing.

(h) "Teaching health center" means a community-based ambulatory patient care center that operates a primary care residency program. Community-based ambulatory patient care settings include, but are not limited to, federally qualified health centers, community mental health centers, rural health clinics, health centers operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization, and entities receiving funds under Title X of the federal Public Health Service Act (Public Law 91-572).

128207. Any reference in any code to the Health Manpower Policy Commission is deemed a reference to the California Healthcare Workforce Policy Commission.

128210. There is hereby created a state medical contract program with accredited medical schools, teaching health centers, programs that train primary care physician's assistants, programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems to increase the number of students and residents receiving quality education and training in the primary care specialties of family medicine, internal medicine, obstetrics and gynecology, and pediatrics, or in nursing and to maximize the delivery of primary care and family physician services to specific areas of California where there is a recognized unmet priority need for those services.

128215. There is hereby created a California Healthcare Workforce Policy Commission. The commission shall be composed of 15 members who shall serve at the pleasure of their appointing authorities:

(a) Nine members appointed by the Governor, as follows:

(1) One representative of the University of California medical schools, from a nominee or nominees submitted by the University of California.

(2) One representative of the private medical or osteopathic schools accredited in California from individuals nominated by each of these schools.

(3) One representative of practicing family medicine physicians.

(4) One representative who is a practicing osteopathic physician or surgeon and who is board certified in either general or family medicine.

(5) One representative of undergraduate medical students in a family medicine program or residence in family medicine training.

(6) One representative of trainees in a primary care physician's assistant program or a practicing physician's assistant.

(7) One representative of trainees in a primary care nurse practitioners program or a practicing nurse practitioner.

(8) One representative of the Office of Statewide Health Planning and Development, from nominees submitted by the office director.

(9) One representative of practicing registered nurses.

(b) Two consumer representatives of the public who are not elected or appointed public officials, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.

(c) Two representatives of practicing registered nurses, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.

(d) Two representatives of students in a registered nurse training program, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.

(e) The Deputy Director of the Healthcare Workforce Development Division in the Office of Statewide Health Planning and Development, or the deputy director's designee, shall serve as executive secretary for the commission.

128220. The members of the commission, other than state employees, shall receive compensation of twenty-five dollars (\$25) for each day's attendance at a commission meeting, in addition to actual and necessary travel expenses incurred in the course of attendance at a commission meeting.

128224. The commission shall identify specific areas of the state where unmet priority needs for dentists, physicians, and registered nurses exist.

128225. The commission shall do all of the following:

(a) Identify specific areas of the state where unmet priority needs for primary care family physicians and registered nurses exist.

(b) (1) Establish standards for primary care and family medicine training programs, primary care and family medicine residency programs, postgraduate osteopathic medical programs in primary care or family medicine, and primary care physician assistants programs and programs that train primary care nurse practitioners, including appropriate provisions to encourage primary care physicians, family physicians, osteopathic family physicians, primary care physician's assistants, and primary care nurse practitioners who receive training in accordance with this article and Article 2 (commencing with Section 128250) to provide needed services in areas of unmet need within the state. Standards for primary care and family medicine residency programs shall provide that all of the residency programs contracted for pursuant to this article and Article 2 (commencing with Section 128250) shall be approved by the Accreditation Council for Graduate Medical Education's Residency Review Committee for

Family Medicine, Internal Medicine, Pediatrics, or Obstetrics and Gynecology. Standards for postgraduate osteopathic medical programs in primary care and family medicine, as approved by the American Osteopathic Association Committee on Postdoctoral Training for interns and residents, shall be established to meet the requirements of this subdivision in order to ensure that those programs are comparable to the other programs specified in this subdivision. Every program shall include a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare program graduates for service in those neighborhoods and communities. Medical schools receiving funds under this article and Article 2 (commencing with Section 128250) shall have programs or departments that recognize family medicine as a major independent specialty. Existence of a written agreement of affiliation or association between a hospital and an accredited medical school shall be regarded by the commission as a favorable factor in considering recommendations to the director for allocation of funds appropriated to the state medical contract program established under this article and Article 2 (commencing with Section 128250). Teaching health centers receiving funds under this article shall have programs or departments that recognize family medicine as a major independent specialty.

(2) For purposes of this subdivision, "primary care" and "family medicine" includes the general practice of medicine by osteopathic physicians.

(c) Establish standards for registered nurse training programs. The commission may accept those standards established by the Board of Registered Nursing.

(d) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of primary care and family medicine programs or departments and primary care and family medicine residencies and programs for the training of primary care physician assistants and primary care nurse practitioners that are submitted to the Healthcare Workforce Development Division for participation in the contract program established by this article and Article 2 (commencing with Section 128250). If the commission determines that a program proposal that has been approved for funding or that is the recipient of funds under this article and Article 2 (commencing with Section 128250) does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections. The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article and Article 2 (commencing with Section 128250).

(e) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of registered nurse training programs that are submitted to the Healthcare Workforce Development Division for participation in the contract program established by this article. If the commission determines that a program proposal that has been approved for funding or that is the recipient of funds under this article does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections. The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article.

(f) Establish contract criteria and single per-student and per-resident capitation formulas that shall determine the amounts to be transferred to institutions receiving contracts for the training of primary care and family medicine students and residents and primary care physician's assistants and primary care nurse practitioners and registered nurses pursuant to this article and Article 2 (commencing with Section 128250), except as otherwise provided in subdivision (d). Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of these single

capitation formulas. The director may grant the waiver in exceptional cases upon a clear showing by the institution that a waiver is essential to the institution's ability to provide a program of a quality comparable to those provided by institutions that have not received waivers, taking into account the public interest in program cost-effectiveness. Recipients of funds appropriated by this article and Article 2 (commencing with Section 128250) shall, as a minimum, maintain the level of expenditure for family medicine or primary care physician's assistant or family care nurse practitioner training that was provided by the recipients during the 1973-74 fiscal year. Recipients of funds appropriated for registered nurse training pursuant to this article shall, as a minimum, maintain the level of expenditure for registered nurse training that was provided by recipients during the 2004-05 fiscal year. Funds appropriated under this article and Article 2 (commencing with Section 128250) shall be used to develop new programs or to expand existing programs, and shall not replace funds supporting current family medicine or registered nurse training programs. Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of this maintenance of effort provision. The director may grant the waiver if he or she determines that there is reasonable and proper cause to grant the waiver.

(g) (1) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of special programs that may be funded on other than a capitation rate basis. These special programs may include the development and funding of the training of primary health care teams of primary care and family medicine residents or primary care or family physicians and primary care physician assistants or primary care nurse practitioners or registered nurses, undergraduate medical education programs in primary care or family medicine, and programs that link training programs and medically underserved communities in California that appear likely to result in the location and retention of training program graduates in those communities. These special programs also may include the development phase of new primary care or family medicine residency, primary care physician assistant programs, primary care nurse practitioner programs, or registered nurse programs.

(2) The commission shall establish standards and contract criteria for special programs recommended under this subdivision.

(h) Review and evaluate these programs regarding compliance with this article and Article 2 (commencing with Section 128250). One standard for evaluation shall be the number of recipients who, after completing the program, actually go on to serve in areas of unmet priority for primary care or family physicians in California or registered nurses who go on to serve in areas of unmet priority for registered nurses.

(i) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development on the awarding of funds for the purpose of making loan assumption payments for medical students who contractually agree to enter a primary care specialty and practice primary care medicine for a minimum of three consecutive years following completion of a primary care residency training program pursuant to Article 2 (commencing with Section 128250).

128225.5. (a) The commission shall review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the provision of grants pursuant to this section. In making recommendations, the commission shall give priority to residency programs that demonstrate all of the following:

(1) That the grant will be used to support new primary care physician slots.

(2) That priority in filling the position shall be given to physicians who have graduated from a California-based medical school.

(3) That the new primary care physician residency positions have been, or will be, approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association prior to

the first distribution of grant funds.

(b) The director shall do both of the following:

(1) Determine whether the residency programs recommended by the commission meet the standards established by this section.

(2) Select and contract on behalf of the state with accredited primary care or family medicine residency programs for the purpose of providing grants for the support of newly created residency positions.

(c) This section does not apply to funding appropriated in the annual Budget Act for the Song-Brown Health Care Workforce Training Act (Article 1 (commencing with Section 128200)).

(d) This section shall be operative only if funds are appropriated in the Budget Act of 2014 for the purposes described in this section.

(e) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

128230. When making recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of primary care and family medicine programs or departments, primary care and family medicine residencies, and programs for the training of primary care physician assistants, primary care nurse practitioners, or registered nurses, the commission shall give priority to programs that have demonstrated success in the following areas:

(a) Actual placement of individuals in medically underserved areas.

(b) Success in attracting and admitting members of minority groups to the program.

(c) Success in attracting and admitting individuals who were former residents of medically underserved areas.

(d) Location of the program in a medically underserved area.

(e) The degree to which the program has agreed to accept individuals with an obligation to repay loans awarded pursuant to the Health Professions Education Fund.

128235. Pursuant to this article and Article 2 (commencing with Section 128250), the Director of the Office of Statewide Health Planning and Development shall do all of the following:

(a) Determine whether primary care and family medicine, primary care physician's assistant training program proposals, primary care nurse practitioner training program proposals, and registered nurse training program proposals submitted to the California Healthcare Workforce Policy Commission for participation in the state medical contract program established by this article and Article 2 (commencing with Section 128250) meet the standards established by the commission.

(b) Select and contract on behalf of the state with accredited medical schools, teaching health centers, programs that train primary care physician's assistants, programs that train primary care nurse practitioners, hospitals, and other health care delivery systems for the purpose of training undergraduate medical students and residents in the specialties of internal medicine, obstetrics and gynecology, pediatrics, and family medicine. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for primary care family physicians. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

(c) Select and contract on behalf of the state with programs that train registered nurses. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality

education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for registered nurses. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

(d) Terminate, upon 30 days' written notice, the contract of any institution whose program does not meet the standards established by the commission or that otherwise does not maintain proper compliance with this part, except as otherwise provided in contracts entered into by the director pursuant to this article and Article 2 (commencing with Section 128250).

128240. The Director of the Office of Statewide Health Planning and Development shall adopt, amend, or repeal regulations as necessary to enforce this article and Article 2 (commencing with Section 128250), which shall include criteria that training programs must meet in order to qualify for waivers of single capitation formulas or maintenance of effort requirements authorized by Section 128250. Regulations for the administration of this chapter shall be adopted, amended, or repealed as provided in Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

128240.1. The department shall adopt emergency regulations, as necessary to implement the changes made to this article by the act that added this section during the first year of the 2005-06 Regular Session, no later than September 30, 2005, unless notification of a delay is made to the Chair of the Joint Legislative Budget Committee prior to that date. The adoption of regulations implementing the applicable provisions of this act shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The emergency regulations authorized by this section shall be submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect for no more than 180 days, by which time the final regulations shall be developed.

128241. The Office of Statewide Health Planning and Development shall develop alternative strategies to provide long-term stability and non-General Fund support for programs established pursuant to this article. The office shall report on these strategies to the legislative budget committees by February 1, 2005.

OSHDP Office of Statewide Health Planning and Development

Healthcare Workforce Development Division

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Song-Brown Program New Slots (\$4M) Task Force Members

<u>Task Force Members</u>	<u>Title</u>	<u>Organization</u>
Myles Abbott, MD	Physician	Private Practice Physician
Rosslynn Byous, DPA, PA-C Member		California Healthcare Workforce Policy Commission
Chester Choi, MD	Internal Medicine Residency Director	St. Mary Medical Center
Jeremy Fish, MD	Physician	
Katherine Flores, MD	Member	California Healthcare Workforce Policy Commission
Andrew Gersoff, MD	Internal Medicine Residency Director	Santa Barbara Cottage Hospital
Elizabeth Griffiths	Medical Student	UCSD School of Medicine
Kelly Jones, MD	Family Medicine Residency Director	USC-Ca Hospital Family Medicine Residency Program
Alexander Li, MD	Chief Executive Officer of Ambulatory Care Network	Los Angeles County Department of Health Services
Debra Lynn Lupeika, MD	Family Medicine Residency Director	Shasta Community Health Center
Cathryn Nation, MD	Member	California Healthcare Workforce Policy Commission

OSHDP Office of Statewide Health Planning and Development**Healthcare Workforce Development Division**

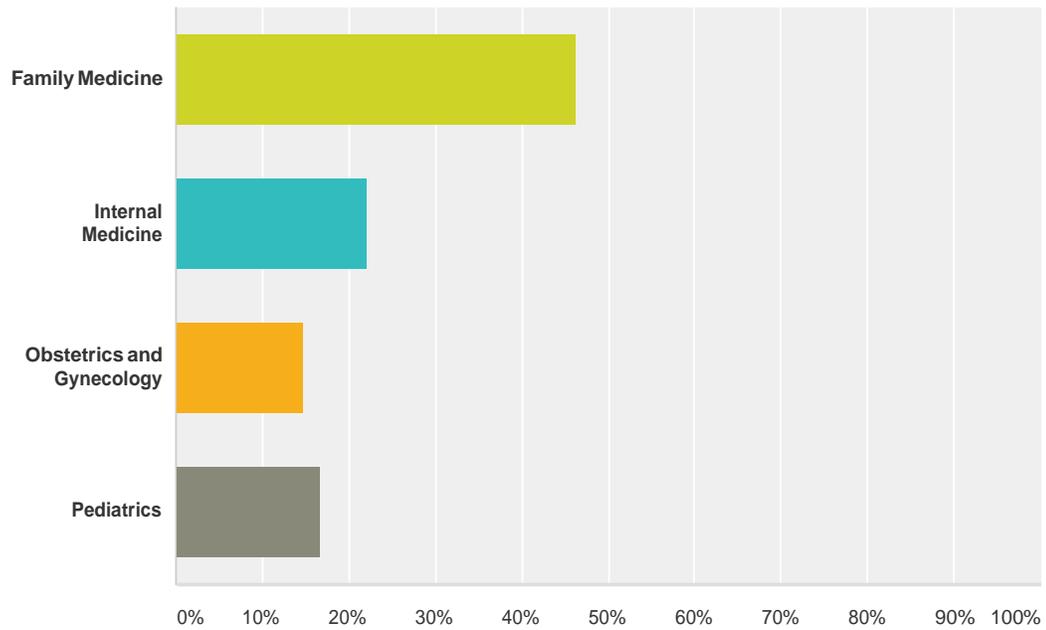
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**Song-Brown Program New Slots (\$4M) Task Force Members**

<u>Task Force Members</u>	<u>Title</u>	<u>Organization</u>
Anh Nguyen, MD	OB/GYN Residency Director	Kaiser Permanente, Santa Clara
Erin Quinn, PhD, MEd	Associate Dean for Science and Health	Dornsife College
Rob Warren, DO, MBA	CMO, Patient Care Centers	Western University of Health Sciences
Daniel West, MD	Pediatrics Residency Director	University of California, San Francisco
Ghia Xiong, PsyD	Program Director	Fresno Center for New Americans

Q1 Indicate your residency specialty

Answered: 54 Skipped: 0



Answer Choices	Responses
Family Medicine	46.30% 25
Internal Medicine	22.22% 12
Obstetrics and Gynecology	14.81% 8
Pediatrics	16.67% 9
Total	54

Funding for New Primary Care Residency Slots

Q2 How many approved resident positions do you currently have based on your accrediting body?

Answered: 54 Skipped: 0

#	Responses	Date
1	27	9/3/2014 1:04 PM
2	12 total, 4 per year	8/22/2014 11:34 AM
3	36	8/22/2014 8:36 AM
4	84	8/21/2014 4:45 PM
5	36	8/21/2014 11:25 AM
6	12	8/21/2014 10:47 AM
7	36	8/21/2014 5:26 AM
8	16	8/20/2014 5:07 PM
9	21	8/20/2014 3:51 PM
10	36	8/20/2014 3:38 PM
11	36	8/20/2014 3:38 PM
12	30	8/20/2014 3:19 PM
13	16	8/20/2014 3:01 PM
14	29	8/20/2014 2:58 PM
15	14-14-14 42 total	8/20/2014 2:57 PM
16	76	8/20/2014 2:53 PM
17	4	8/20/2014 2:45 PM
18	56	8/20/2014 2:44 PM
19	36	8/19/2014 2:56 PM
20	28	8/19/2014 11:43 AM
21	Six (6) residency slots per year for a three (3) year program.	8/19/2014 9:20 AM
22	27	8/19/2014 8:52 AM
23	18	8/19/2014 8:00 AM
24	16	8/18/2014 10:01 PM
25	24	8/18/2014 5:51 PM
26	18	8/18/2014 4:22 PM
27	6	8/18/2014 8:41 AM
28	16	8/17/2014 5:03 PM
29	165	8/17/2014 3:09 PM
30	22	8/15/2014 4:24 PM
31	91	8/15/2014 1:23 PM

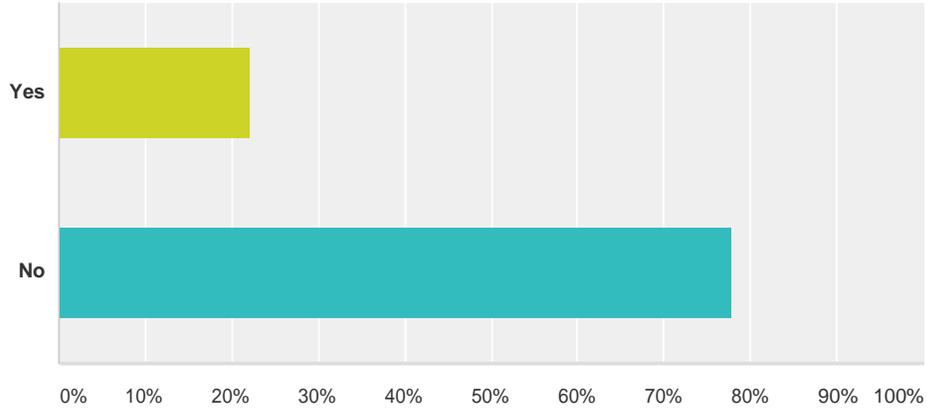
Funding for New Primary Care Residency Slots

32	87	8/15/2014 12:49 PM
33	23	8/15/2014 12:09 PM
34	136	8/15/2014 8:30 AM
35	88	8/15/2014 7:59 AM
36	8	8/15/2014 7:41 AM
37	2	8/14/2014 9:13 PM
38	24	8/14/2014 6:12 PM
39	24	8/14/2014 5:59 PM
40	12	8/14/2014 5:31 PM
41	21 total, 7 per year	8/14/2014 5:10 PM
42	84	8/14/2014 4:46 PM
43	39	8/14/2014 4:36 PM
44	31	8/14/2014 4:22 PM
45	14	8/14/2014 4:17 PM
46	24	8/14/2014 4:14 PM
47	This is only a test!!!!!!!!!!	8/14/2014 3:45 PM
48	18	8/14/2014 3:43 PM
49	27	8/14/2014 3:37 PM
50	8-8-8a	8/14/2014 3:24 PM
51	16	8/14/2014 3:24 PM
52	24	8/14/2014 3:16 PM
53	136	8/14/2014 3:13 PM
54	12/12/12	8/14/2014 3:07 PM

Funding for New Primary Care Residency Slots

Q3 Are you planning to expand your resident positions for the 2015-16 academic year?

Answered: 54 Skipped: 0



Answer Choices	Responses
Yes	22.22% 12
No	77.78% 42
Total	54

Funding for New Primary Care Residency Slots

Q4 If no, please explain.

Answered: 37 Skipped: 17

#	Responses	Date
1	We are a teaching health center. Since we have not secured THC funding beyond 10/1/15, our main concern in going forward is financial integrity. We cannot expand resident positions until we know we are financially sustainable.	8/22/2014 11:34 AM
2	not enough faculty	8/22/2014 8:36 AM
3	no need	8/21/2014 4:45 PM
4	We have a recently implemented primary care track with 2 residents at each level (n=6) and are solidifying that track. We do wish to expand it further, but are likely looking a bit further down the road than the 2015-16 academic year	8/21/2014 11:25 AM
5	financial restrictions.	8/21/2014 10:47 AM
6	I do not have the space or funding to expand my spots. I have plenty of folks who are currently not funded and a department that works at a deficit to support the residency now so expansion would be hard to justify.	8/21/2014 5:26 AM
7	Surgical experience	8/20/2014 5:07 PM
8	Hospital has not approved expansion	8/20/2014 3:51 PM
9	We recently have increased and expanded to a 36 program and cannot support more.	8/20/2014 3:38 PM
10	No funding. Though would love to expand to a total of 39 residents (from 12/year to 13/year).	8/20/2014 3:38 PM
11	We have reached our hospital's cap for CMS funding. ongoing THC funding is not guaranteed	8/20/2014 3:19 PM
12	not enough surgical volume	8/20/2014 3:01 PM
13	No funding	8/20/2014 2:53 PM
14	Not enough surgical volume	8/20/2014 2:45 PM
15	Hoping to for 2016-2017	8/19/2014 2:56 PM
16	No funding, our sponsoring institution is over cap and will not improve additional primary care positions.	8/19/2014 11:43 AM
17	We will continue to keep the program at 6 residency slots per year at this time. We are new program and feel this is an adequate number of slots for our program. In the future, we may discuss expanding the number of slots based on the number of Faculty members and supplemental funding available.	8/19/2014 9:20 AM
18	no space	8/19/2014 8:52 AM
19	Not enough surgical volume	8/18/2014 10:01 PM
20	1st year- will be adding 6/year	8/18/2014 8:41 AM
21	Our program have shrunk in terms of Gyn surgeries	8/17/2014 5:03 PM
22	Funding	8/15/2014 4:24 PM
23	don't currently have funding, nor do we have adequate training experiences available.	8/15/2014 12:49 PM
24	We already have more residents than approved through cap.	8/15/2014 12:09 PM
25	Funding from our local VA has been cut significantly. We have 123 resident in our program this year and will have about 110 residents in 2015/16	8/15/2014 8:30 AM
26	Due to funding we are not able to expand.	8/15/2014 7:59 AM
27	No room	8/15/2014 7:41 AM
28	Need funding and hospital issues	8/14/2014 9:13 PM

Funding for New Primary Care Residency Slots

29	Recently expanded from 18 to 24 - we are space limited at this time	8/14/2014 6:12 PM
30	program is at ideal size for our clinical resources	8/14/2014 5:59 PM
31	We have the correct number of residents that we can train based on patient volume and goals of training program	8/14/2014 4:46 PM
32	We only have funding for 36 of our 39 approved spots.	8/14/2014 4:36 PM
33	Not justified based on educational opportunities	8/14/2014 4:22 PM
34	no funds	8/14/2014 4:17 PM
35	Lack of funding	8/14/2014 3:16 PM
36	Funding for positions from our local VA has been cut and so we will be contracting positions over the next several years and expect to be at about 115 positions by 2015-16	8/14/2014 3:13 PM
37	We are planning to expand in 16-17	8/14/2014 3:07 PM

Funding for New Primary Care Residency Slots

Q5 If yes, what will your approved resident positions be after expansion?

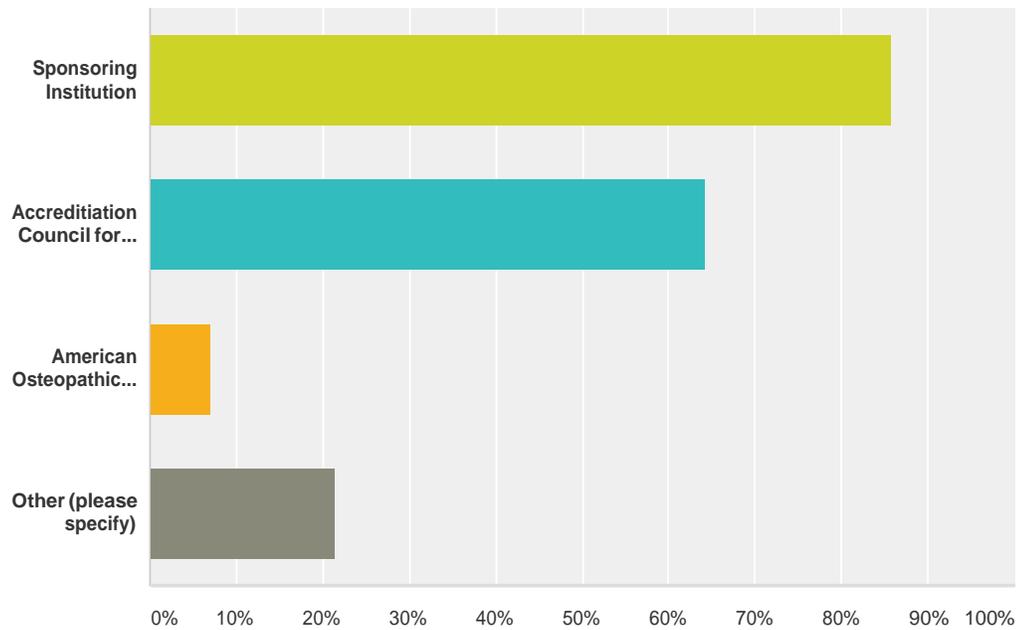
Answered: 14 Skipped: 40

#	Responses	Date
1	29	9/3/2014 1:04 PM
2	n/a	8/22/2014 11:34 AM
3	29 (expanding from 27 current to 28 in 2015-16, to 29 in 2016-17)	8/20/2014 2:58 PM
4	15-15-15 45 totl	8/20/2014 2:57 PM
5	48	8/19/2014 2:56 PM
6	18. This is our first year of operation, with only 5 filled positions. Next year we intend to add 6 or 7 positions through the match, with another 6 positions the following year.	8/19/2014 8:00 AM
7	18 - we currently have 12 filled positions	8/18/2014 4:22 PM
8	We have just recieved ACGME approval for expansion for 12 additional positions (4 per PGY year) for a primary care track within our program. Our total after three years will therefore be 103 residents.	8/15/2014 1:23 PM
9	Not yet approved, but requesting funding to expand.	8/14/2014 5:10 PM
10	N/A	8/14/2014 4:46 PM
11	30	8/14/2014 4:14 PM
12	5,000	8/14/2014 3:45 PM
13	I don't have approval. I'm waiting to see how to apply for an additional slot from Song Brown. My sponsoring hospital may be willing to fund the extra slot in the future. I'd like to add 1 a year to make 21.	8/14/2014 3:43 PM
14	We would be 16/16/16	8/14/2014 3:07 PM

Funding for New Primary Care Residency Slots

Q6 If yes, what approvals have your received to expand?

Answered: 14 Skipped: 40

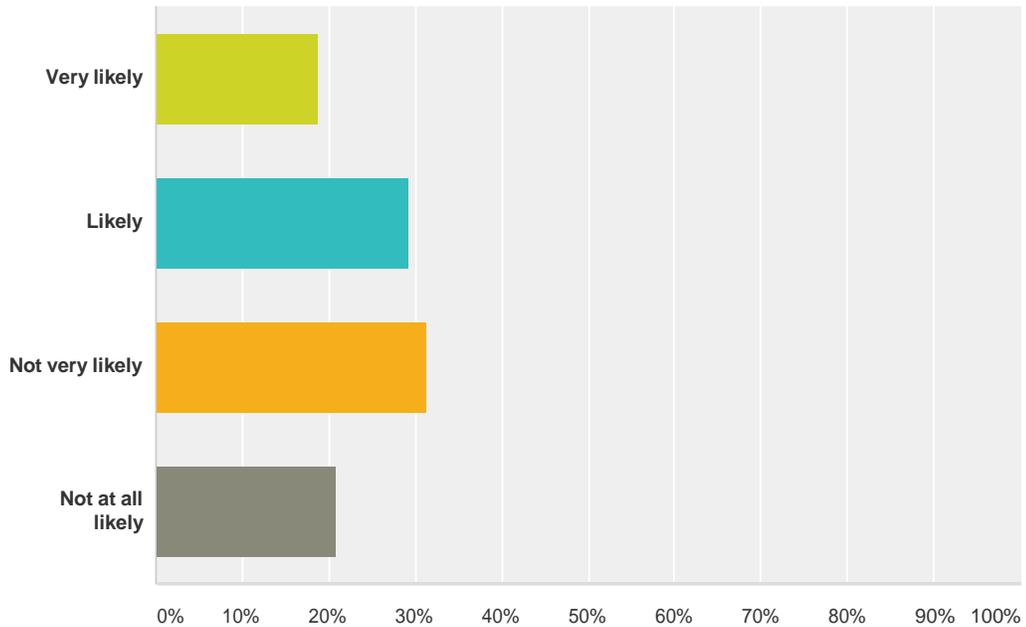


Answer Choices	Responses
Sponsoring Institution	85.71% 12
Accreditation Council for Graduate Medical Education	64.29% 9
American Osteopathic Association	7.14% 1
Other (please specify)	21.43% 3
Total Respondents: 14	

#	Other (please specify)	Date
1	None.	8/14/2014 5:10 PM
2	It has been discussed with my Sponsoring institution, but not sure what to do next.	8/14/2014 3:43 PM
3	ACGME approval has not been confirmed, but given our current full accreditation it should not be a roadblock.	8/14/2014 3:07 PM

Q7 If awarded Song-Brown funding of \$25,000 per new resident position per year for three years, how likely is your sponsoring institution to provide the remaining annual support for the new resident position(s)?

Answered: 48 Skipped: 6

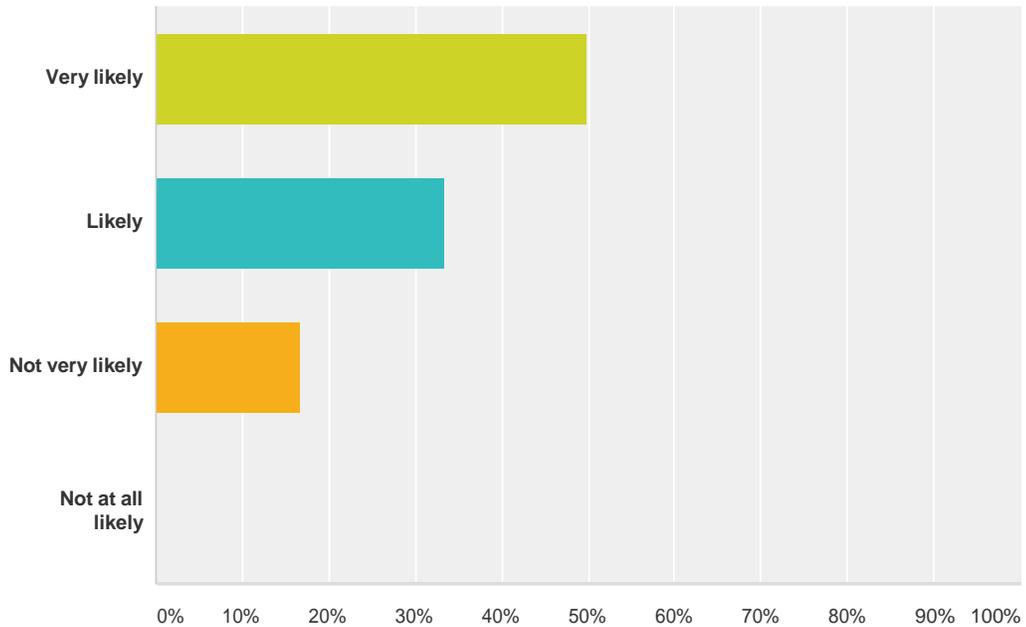


Answer Choices	Responses	Count
Very likely	18.75%	9
Likely	29.17%	14
Not very likely	31.25%	15
Not at all likely	20.83%	10
Total		48

Funding for New Primary Care Residency Slots

Q8 If awarded Song-Brown funding of \$50,000 per new resident position per year for three years, how likely is your sponsoring institution to provide the remaining annual support for the new resident position(s)?

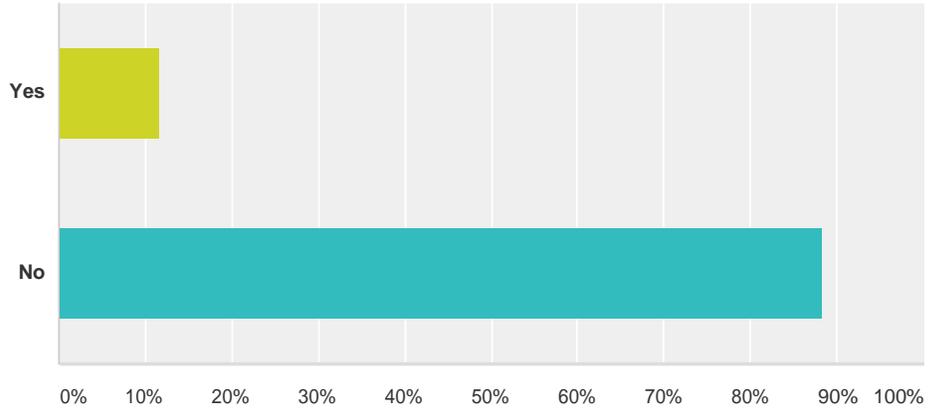
Answered: 48 Skipped: 6



Answer Choices	Responses
Very likely	50.00% 24
Likely	33.33% 16
Not very likely	16.67% 8
Not at all likely	0.00% 0
Total	48

Q9 Did your residency program receive a Primary Care Residency Expansion grant from the Health Resources and Services Administration (HRSA) enabling your program to expand?

Answered: 51 Skipped: 3

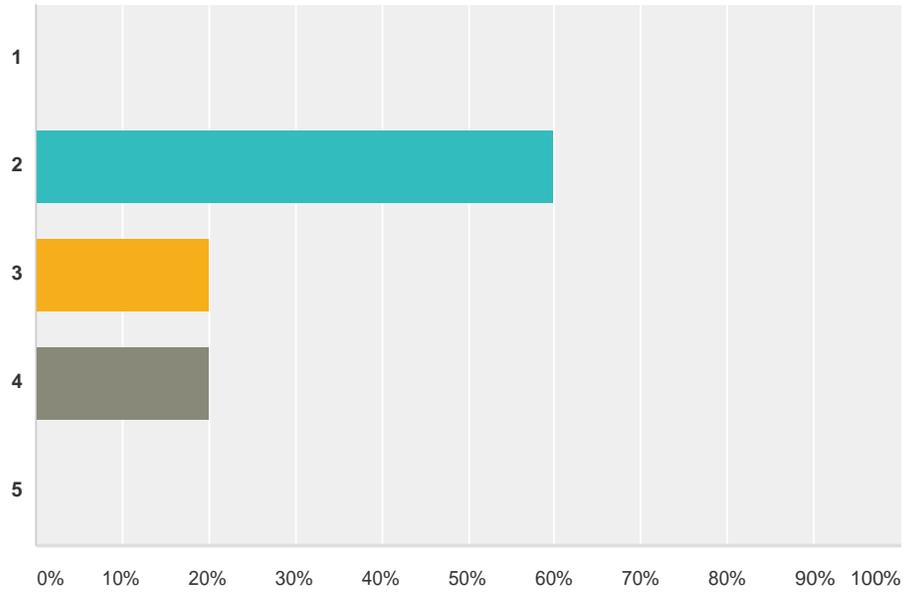


Answer Choices	Responses	
Yes	11.76%	6
No	88.24%	45
Total		51

Funding for New Primary Care Residency Slots

Q10 If yes, how many additional residents per year are you receiving funding for?

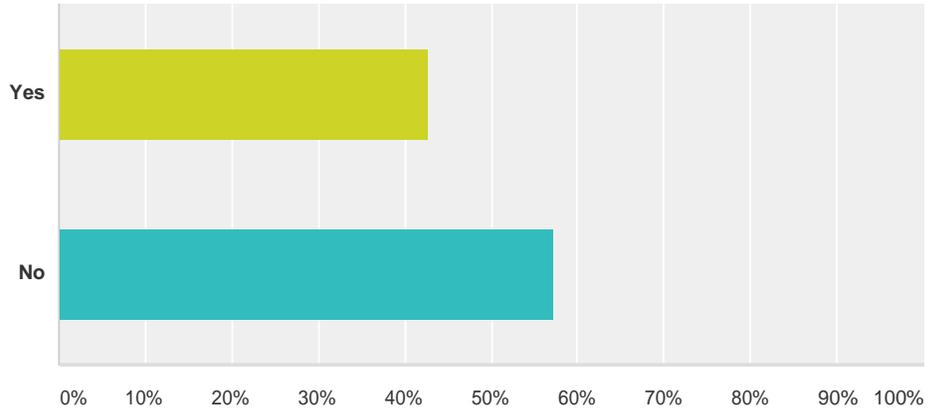
Answered: 5 Skipped: 49



Answer Choices	Responses	Count
1	0.00%	0
2	60.00%	3
3	20.00%	1
4	20.00%	1
5	0.00%	0
Total		5

Q11 If yes, will your residency program be able to sustain the number of additional resident positions after the HRSA grant funding ends?

Answered: 7 Skipped: 47



Answer Choices	Responses	
Yes	42.86%	3
No	57.14%	4
Total		7

Funding for New Primary Care Residency Slots

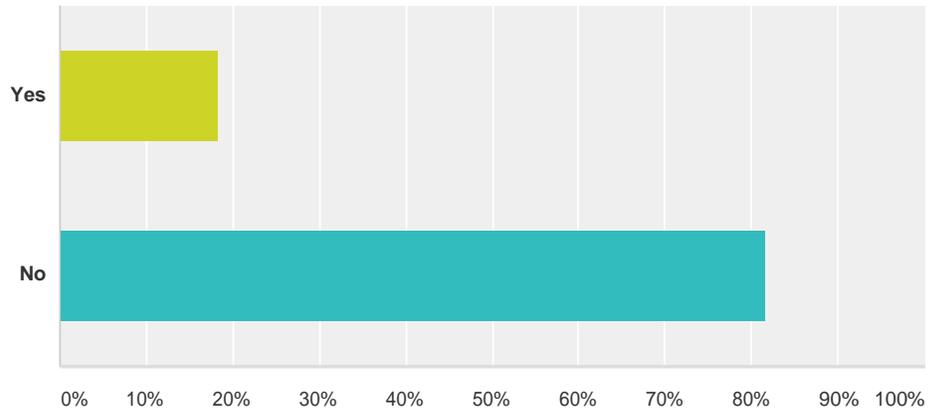
Q12 If yes, how much funding will your sponsoring institution contribute toward each additional resident position per academic year?

Answered: 1 Skipped: 53

#	Responses	Date
1	Sustaining the additional resident positions was part of the commitment for the HRSA grant, but we would be looking for additional funding sources for the 6 resident positions that are currently funded through our HRSA grant after the grant expires in 2015	8/21/2014 11:30 AM

Q13 Did your residency program receive a Teaching Health Center Graduate Medical Education Program grant from HRSA?

Answered: 49 Skipped: 5

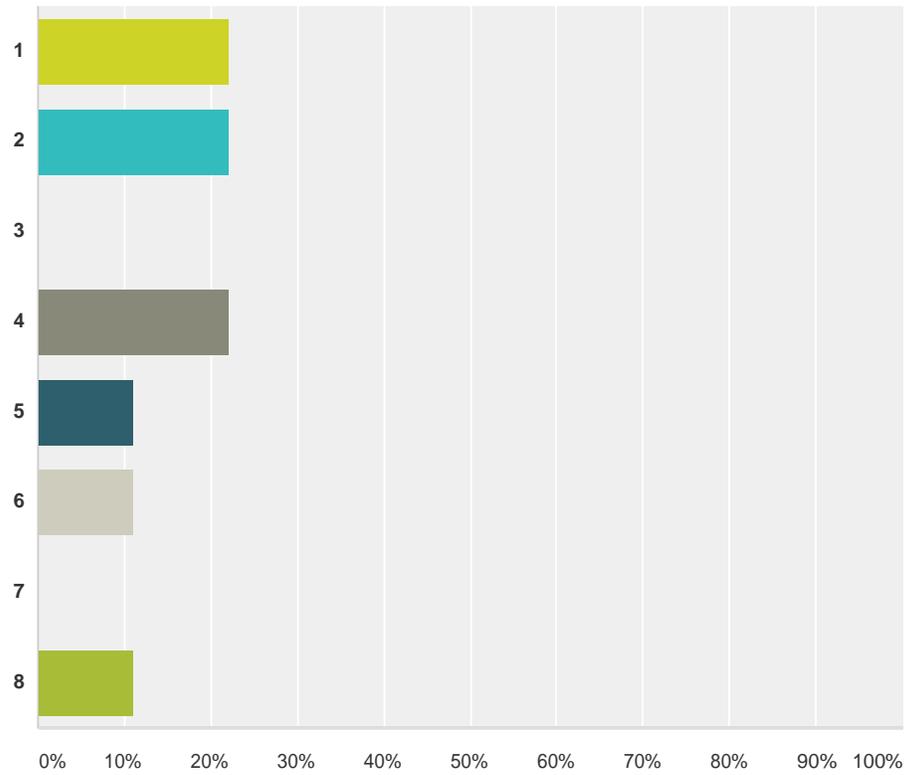


Answer Choices	Responses
Yes	18.37% 9
No	81.63% 40
Total	49

Funding for New Primary Care Residency Slots

Q14 If yes, how many resident positions per year are you receiving funding for?

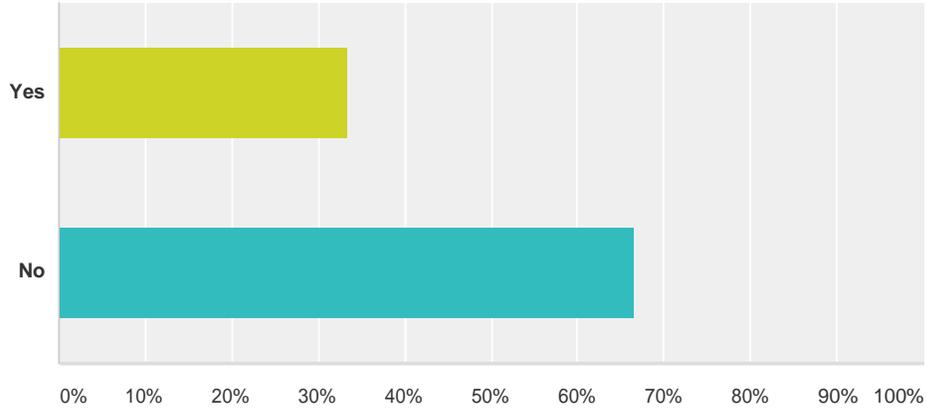
Answered: 9 Skipped: 45



Answer Choices	Responses
1	22.22% 2
2	22.22% 2
3	0.00% 0
4	22.22% 2
5	11.11% 1
6	11.11% 1
7	0.00% 0
8	11.11% 1
Total	9

Q15 If yes, will your residency program be able to sustain the resident positions after the HRSA grant funding ends?

Answered: 12 Skipped: 42



Answer Choices	Responses
Yes	33.33% 4
No	66.67% 8
Total	12

Funding for New Primary Care Residency Slots

Q16 If yes, how much funding will your sponsoring institution contribute toward each resident position per academic year?

Answered: 4 Skipped: 50

#	Responses	Date
1	For this program we have partnered into an agreement with the County to subsidize the HRSA funding. We have estimated in Year 1 we will contribute about \$51,000, Year 2 \$225,537, and in Year 3 \$388,543. The HRSA funding alone does not support the program, but it is a necessary funding source we need to help sustain the program.	8/21/2014 8:19 AM
2	N/A	8/21/2014 5:30 AM
3	NA	8/19/2014 4:26 PM
4	\$51,615	8/14/2014 3:46 PM

Funding for New Primary Care Residency Slots

Q17 Thank you for participating in our survey, please provide any additional comments or items you would like us to consider when implementing the funding of new residency slots.

Answered: 19 Skipped: 35

#	Responses	Date
1	At present, it does not look like we will be able to sustain the positions beyond HRSA funding if we rely solely on revenues generated by patient care encounters. However, we continue to be optimistic, solicit funders and look for alternative revenue and in-kind sources.	8/22/2014 11:36 AM
2	k	8/22/2014 8:37 AM
3	We hope HRSA will continue the funding level for each resident at the same or higher amount.	8/21/2014 8:19 AM
4	N/A	8/21/2014 5:30 AM
5	We have consciously shifted traditional categorical residency positions to a primary care pathway and expect that we will eventually have about 25% of our residents in that training program	8/20/2014 5:13 PM
6	The problem with providing funding, partial or whole, for 3 years is that the position then becomes unfunded after 3 years. It is extremely difficult to reduce the size of a residency class due to schedules, rotation blocks, expectations of the residents, and the like.	8/20/2014 3:01 PM
7	NA	8/19/2014 4:26 PM
8	n/a	8/19/2014 8:53 AM
9	thank you	8/18/2014 4:24 PM
10	None	8/15/2014 12:11 PM
11	Consideration should be given for funds to support existing slots that are in jeopardy of being trimmed due to hospital budgetary issues-its not only about expansion of slots-but sustaining slots in excellent programs that have financial challenges	8/14/2014 6:03 PM
12	.	8/14/2014 5:32 PM
13	GME Funding is a very important issue, especially for small residency training programs. As such, small programs should be the primary recipients of such grants whenever possible.	8/14/2014 5:13 PM
14	Funding for new slots really needs to cover the complete cost of funding in order to receive buy-in from Medicare GME-capped institutions, which is the rule, not the exception. THCGME grants up to 150K per resident per year as an example of some of the funding needs required. Many hospitals and VA facilities are very insistent on payment only for time served in the hospital setting, not outpatient or clinic training time, which if not associated with a hospital, is unfunded.	8/14/2014 5:00 PM
15	We will not be able to expand numbers as this survey suggests. Instead we would like to be able to use the money to enhance our current primary care training to train residents who are more likely to go into primary care and to be better trained to do it. With this approach, it would be okay to have a funding level of 18-25K per resident slot because we would use the money to enhance educational experiences rather than pay resident salaries.	8/14/2014 4:50 PM
16	over the past 5 years over 60% of our graduates have remained in the county of San Joaquin which suffers greatly from the lack of primary care provider.	8/14/2014 4:01 PM
17	Tutorial on how to apply.	8/14/2014 3:46 PM
18	ok	8/14/2014 3:46 PM
19	Opening new positions takes some time to make happen, so the timing of funding lags the ability to start/expand programs. The ability to plan funding in advance of a start date would be helpful in consideration.	8/14/2014 3:10 PM

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
FAMILY MEDICINE RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised JUNE 11, 1999)**

Definition of Family Medicine

For the purposes of this program, family medicine is defined as that field of medical practice in which the physician, by virtue of training and experience, is qualified to practice in several fields of medicine and surgery, with special emphasis on the family unit, serving as the physician of first contact and means of entry into the health care system, providing comprehensive and continuing health care, and utilizing consultation with other medical experts where appropriate.

Strategies Relating to Areas of Need

Special consideration by the California Healthcare Workforce Policy Commission is given those training programs which have developed coherent strategies for locating their graduates in California's areas of unmet priority need for primary care family physicians as defined by the Commission; which have developed close ties with communities and neighborhoods which are experiencing a shortage of medical care; which have success in attracting and admitting members of minority groups to the program; and which have the best records in placing graduates in medically underserved areas.

Concept of Health Care Teams

Training programs should be so organized as to teach family medicine residents how to work with and utilize physician assistants and/or nurse practitioners in their practice, and to familiarize residents with the health care team approach to health care delivery. Special consideration is given family medicine residency training programs, which are integrated with primary care physician assistant or primary care nurse practitioner training programs.

Involvement of Local Community Physicians

Practicing family physicians in the local community should be utilized in the residency training programs.

Board-Certified Training Program Director

The family medicine residency training program director should be a physician certified by the American Board of Family Practice or American Osteopathic Board of Family Physicians.

Existence of Department of Family Practice or Equivalent

Training institutions shall have a family medicine department or administrative unit equivalent to those of the major clinical specialties.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
FAMILY MEDICINE RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised JUNE 11, 1999)**

**Meaningful Affiliation between Hospitals or other Health Care Delivery Systems and
Approved Medical Schools**

In assessing how meaningful an agreement of affiliation or association is between hospitals or other health care delivery systems and approved medical schools, the following criteria are used by the Commission in regards to family practice residency training programs:

1. A written agreement exists.
2. Residents, upon successfully completing the residency program, receive a certificate from the affiliated university medical school.
3. The Director of the program and key faculty have teaching appointments at the university.
4. The university assumes some of the costs of the training program.
5. The university supplies teaching support to some significant degree.
6. The institution accepts a program of quality assessment instituted by the university.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
INTERNAL MEDICINE RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised September 19, 2014)**

Definition of Internal Medicine

For the purposes of this program, internal medicine is defined as that field of medical practice in which the physician, by virtue of training and experience, is qualified to handle the broad and comprehensive spectrum of illnesses that affect adults, and are recognized as experts in diagnosis, in treatment of chronic illness, and in health promotion and disease prevention, not limited to one type of medical problem or organ system. Physicians in this field of medical practice often care for patients over the duration of their adult lives, providing the physician an opportunity to establish long and rewarding person relations with their patients.

Strategies Relating to Areas of Need

Special consideration by the California Healthcare Workforce Policy Commission is given those training programs which have developed coherent strategies for training their residents and placing their graduates in California's areas of unmet priority need for primary care physicians as defined by the Commission; which have developed close ties with communities and neighborhoods which are experiencing a shortage of medical care; which have success in attracting and admitting members of minority groups to the program; and which have the best records in placing graduates in medically underserved areas.

Concept of Health Care Teams

Training programs should be so organized as to teach internal medicine residents how to work with physician assistants, nurse practitioners and/or other health professions in their practice, and to familiarize residents with the health care team approach to health care delivery. Special consideration is given to internal medicine residency training programs which are integrated with primary care physician assistant, primary care nurse practitioner or other health professions training programs.

Involvement of Local Community Physicians

Practicing primary care physicians in the local community should be utilized in the residency training programs.

Board-Certified Training Program Director

The internal medicine residency training program director should be a physician certified by the American Board of Internal Medicine or American Osteopathic Board of Internal Medicine.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
INTERNAL MEDICINE RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised September 19, 2014)**

Existence of Department of Internal Medicine or Equivalent

Training institutions shall have an internal medicine department or administrative unit equivalent to those of the major clinical specialties.

**Affiliation between Hospitals or other Health Care Delivery Systems and
Approved Medical Schools**

Existence of a written agreement of affiliation or association between a hospital and an accredited medical school shall be regarded by the commission as a favorable factor in considering recommendations to the director for allocation of funds appropriated to the state medical contract program.

DRAFT

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
OBSTETRICS AND GYNECOLOGY RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised September 19, 2014)**

Definition of Obstetrics and Gynecology

For the purposes of this program, Obstetrics and Gynecology is defined as that field of medical practice in which the physician, by virtue of satisfactory completion of an accredited program of graduate medical education possesses special knowledge, skills and professional capability in the medical and surgical care of women related to pregnancy and disorders of the female reproductive system. Physicians in this field of medicine provide primary and preventive care for women and serve as consultants to other health care professionals.

Strategies Relating to Areas of Need

Special consideration by the California Healthcare Workforce Policy Commission is given those training programs which have developed coherent strategies for training their residents and placing their graduates in California's areas of unmet priority need for primary care physicians as defined by the Commission; which have developed close ties with communities and neighborhoods which are experiencing a shortage of medical care; which have success in attracting and admitting members of minority groups to the program; and which have the best records in placing graduates in medically underserved areas.

Concept of Health Care Teams

Training programs should be so organized as to teach obstetrics and gynecology residents how to work with physician assistants, nurse practitioners and/or other health professions in their practice, and to familiarize residents with the health care team approach to health care delivery. Special consideration is given to obstetrics and gynecology residency training programs which are integrated with primary care physician assistant, primary care nurse practitioner or other health professions training programs.

Involvement of Local Community Physicians

Practicing primary care physicians in the local community should be utilized in the residency training programs.

Board-Certified Training Program Director

The obstetrics and gynecology residency training program director should be a physician certified by the American Board of Obstetrics and Gynecology or American Osteopathic Board of Obstetrics and Gynecology.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
OBSTETRICS AND GYNECOLOGY RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised September 19, 2014)**

Existence of Department of Obstetrics and Gynecology or Equivalent

Training institutions shall have an obstetrics and gynecology department or administrative unit equivalent to those of the major clinical specialties.

**Affiliation between Hospitals or other Health Care Delivery Systems and
Approved Medical Schools**

Existence of a written agreement of affiliation or association between a hospital and an accredited medical school shall be regarded by the commission as a favorable factor in considering recommendations to the director for allocation of funds appropriated to the state medical contract program.

DRAFT

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
PEDIATRIC RESIDENCY TRAINING PROGRAMS
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Created September 19, 2014)**

Definition of Pediatrics

For the purposes of this program, pediatrics is defined as that field of medical practice in which the physician, by virtue of training and experience, is concerned with the physical, mental and social health of children from birth to young adulthood. Pediatric care encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases.

Strategies Relating to Areas of Need

Special consideration by the California Healthcare Workforce Policy Commission is given those training programs which have developed coherent strategies for training their residents and placing their graduates in California's areas of unmet priority need for primary care physicians as defined by the Commission; which have developed close ties with communities and neighborhoods which are experiencing a shortage of medical care; which have success in attracting and admitting members of minority groups to the program; and which have the best records in placing graduates in medically underserved areas.

Concept of Health Care Teams

Training programs should be so organized as to teach pediatric residents how to work with physician assistants, nurse practitioners and/or other health professions in their practice, and to familiarize residents with the health care team approach to health care delivery. Special consideration is given to pediatrics residency training programs which are integrated with primary care physician assistant, primary care nurse practitioner or other health professions training programs.

Involvement of Local Community Physicians

Practicing primary care physicians in the local community should be utilized in the residency training programs.

Board-Certified Training Program Director

The pediatric residency training program director should be a physician certified by the American Board of Pediatrics or American Osteopathic Board of Pediatrics.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
PEDIATRIC RESIDENCY TRAINING PROGRAMS
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Created September 19, 2014)**

Existence of Department of Pediatrics or Equivalent

Training institutions shall have a pediatric department or administrative unit equivalent to those of the major clinical specialties.

**Affiliation between Hospitals or other Health Care Delivery Systems and
Approved Medical Schools**

Existence of a written agreement of affiliation or association between a hospital and an accredited medical school shall be regarded by the commission as a favorable factor in considering recommendations to the director for allocation of funds appropriated to the state medical contract program.

DRAFT

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
STANDARDS FOR FAMILY MEDICINE RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
ADOPTED BY THE CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
(*Revised September 29, 2014)**

- I. Each Family Medicine Residency Training Program approved for funding and contracted with under the Song-Brown Health Care Workforce Training Act (hereinafter “the Act”) shall, prior to the initiation of training and the transfer of State funds:
 - A. Meet the American Medical Association’s “Essentials for Residency Training in Family Practice”, and
 - B. Be approved by the Residency Review Committee on Family Medicine of the American Medical Association, as documented in a formal letter of approval from the Residency Review Committee, or the Liaison Committee on Graduate Medical Education, and
 - C. Be provided by an accredited medical school or a teaching hospital which has programs or departments that recognize family medicine as a major independent specialty,

or

For postgraduate osteopathic medical programs in family medicine:

- A. Be approved by the American Osteopathic Association (AOA) Council on Postdoctoral Training and meet requirements to ensure that Osteopathic Programs are comparable to programs specified above and
 - B. Be accredited as an “Osteopathic Postdoctoral Training Institution” (OPTI) by the Bureau of Professional Education through the Council on Postdoctoral Training (COPT) and
 - C. Meet C requirement above.
- II. Each Family Medicine Residency Training Program, or Post Graduate Osteopathic Medical Program in Family Medicine, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare family physicians for service in such neighborhoods and communities.

*Section I, C, on February 7, 2002, the California Healthcare Workforce Policy Commission affirmed that the revision of May 13, 1998 constitutes the current and correct version of the standards.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
STANDARDS FOR FAMILY MEDICINE RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
ADOPTED BY THE CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
(*Revised September 29, 2014)**

- III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Family Physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care family physicians within California as defined by the California Healthcare Workforce Policy Commission (hereinafter referred to as “areas of need”). Such strategies shall incorporate the following elements:
- A. An established procedure to identify, recruit and match family medicine residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.
 - B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.
 - C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
STANDARDS FOR INTERNAL MEDICINE RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
(Revised September 19, 2014)**

- I. Each Internal Medicine Residency Training Program shall be approved by the Accreditation Council for Graduate Medical Education's Residency Review Committee or the American Osteopathic Association.

- II. Each Internal Medicine Residency Training Program or Post Graduate Osteopathic Medical Program in Internal Medicine, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare primary care physicians for service in such neighborhoods and communities.

- III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Internal Medicine physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care physicians within California as defined by the Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:
 - A. An established procedure to identify, recruit and match pediatric residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.
 - B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.
 - C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
STANDARDS FOR OBSTETRICS AND GYNECOLOGY RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
(Revised September 19, 2014)

- I. Each Obstetrics and Gynecology Residency Training Program shall be approved by the Accreditation Council for Graduate Medical Education's Residency Review Committee or the American Osteopathic Association.

- II. Each Obstetrics and Gynecology Residency Training Program or Post Graduate Osteopathic Medical Program in Obstetrics and Gynecology, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare primary care physicians for service in such neighborhoods and communities.

- III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Obstetrics and Gynecology Physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care physicians within California as defined by the Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:
 - A. An established procedure to identify, recruit and match pediatric residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.
 - B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.
 - C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
STANDARDS FOR PEDIATRIC RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
(Revised September 19, 2014)**

- I. Each Pediatric Residency Training Program shall be approved by the Accreditation Council for Graduate Medical Education's Residency Review Committee or the American Osteopathic Association.

- II. Each Pediatric Residency Training Program or Post Graduate Osteopathic Medical Program in Pediatrics, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare primary care physicians for service in such neighborhoods and communities.

- III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Pediatric Physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care physicians within California as defined by the Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:
 - A. An established procedure to identify, recruit and match pediatric residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.
 - B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.
 - C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.

PROPOSED NEW SLOTS (\$4M) FUNDING

Request for Application

Application Information/Guidance

CAPITATION FUNDING

California Healthcare Workforce Policy Commission
400 R Street, Room 330
Sacramento, California 95811
(916) 326-3700

September 2014



Office of Statewide Health Planning and Development
Healthcare Workforce Development Division
400 R Street, Room 330
Sacramento, California 95811
(916) 326-3700
Fax (916) 322-2588

New Slots (\$4M) Funding Application

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This page captures information on the applicant programs

PROGRAM INFORMATION

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Program

Director:

Program *

Director Degree *

Program *

Director Email *

Program *

Director Phone

Title of Training

Program

Training Program Address

If your Training Program is not in the dropdown, please enter the information here.

Title of Training Program

Training Program Address

Street

Suite

City State California Zip

County

Training Program Status

Funding Information

Capitation Type	Cycles Requested	Capitation Rate	Total Requested
Capitation - Renewal	<input type="text"/>	\$51,615	
Capitation - New	<input type="text"/>	\$51,615	
Grand Total Requested			

1. New Slots (\$4M) Task Force will need to determine the following:
 - The New Slots (\$4M) definition – what is going to be considered a “new slot”?
What qualifications will an applicant be required to demonstrate?
 - How much funding will be awarded per resident?
 - What will be the maximum number of residents that each applicant program can request funding for?
 - What will be the length of funding?
- PCR Task Force proposed the following for the newly developed PCR RFA:
 - The maximum number residents that any one applicant program can request be set at three (3).
 - Capitation funding be three (3) years in length

This page captures contract information for the applicant in the event of an award

CONTRACTOR INFORMATION

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Name of Contract Organization *

Name of Contracts Officer First Name * Last Name *

Title of Contracts Officer *

Mailing Address (where contract should be mailed)

Address *

Suite

City * State California Zip *

County *

Telephone *

Email *

Federal Tax ID Number *

The applicant uses this page to provide an Executive Summary for their proposal

EXECUTIVE SUMMARY

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

0 of 2000

OSHDP Staff Only:

0 of 2000

-
2. Staff recommendation: Applicant must include justification for funding of their “new slot”.

This page captures basic information about the program for data collection purposes

STATISTICS

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Academic Year (AY)	2012/13	2011/12	2010/11
1. What is the total number of first year slots available?	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. How many residents were trained in your program?	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Of those trained how many residents were Male?	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Of those trained how many residents were Female?	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Of those trained how many residents were transgender?	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. What is the average number of patients seen by a 1st year resident?	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. What is the average number of patients seen by a 2nd year resident?	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. What is the average number of patients seen by a 3rd year resident?	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. How many residents are currently being supported with Cong Brown funds?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments _____

- Staff recommendation: to replace the table above with the one below that captures current resident information

Questions	PGY 1	PGY 2	PGY 3	PGY 4
1 How many approved resident positions do you currently have based on your accrediting body?				
2 If planning to expand for the 2015-16 Academic Year, how many resident positions will you be adding to your program?				
3 What will your approved resident positions be after expansion?				
4 How many residents are Male?				
5 How many residents are Female?				
6 How many residents are Transgender?				

This page captures languages spoken of current program residents. Language categories are based on Medi-Cal threshold languages for California.

LANGUAGES

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

Language	Current Students/Residents
American Sign Language	<input type="text"/>
Arabic	<input type="text"/>
Armenian	<input type="text"/>
Cantonese	<input type="text"/>
Farsi	<input type="text"/>
Hmong	<input type="text"/>
Khmer	<input type="text"/>
Korean	<input type="text"/>
Laotian	<input type="text"/>
Mandarin	<input type="text"/>
Other Chinese	<input type="text"/>
Russian	<input type="text"/>
Spanish	<input type="text"/>
Tagalog	<input type="text"/>
Vietnamese	<input type="text"/>
Other	<input type="text"/>

Comments

0 of 250

This page captures the Family Practice Center Payer Mix. This information provides the Commission with a picture of the patient population served by the Family Practice Center.

FAMILY PRACTICE CENTER PAYER MIX

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Payment Type	Percentage
Medi-Cal Managed Care	<input type="text"/> %
Medi-Cal Traditional	<input type="text"/> %
Medicare Managed Care	<input type="text"/> %
Medicare Traditional	<input type="text"/> %
County Indigent Programs	<input type="text"/> %
Other Third Party - Managed Care	<input type="text"/> %
Other Third Party - Traditional	<input type="text"/> %
Other Indigent	<input type="text"/> %
Other Payers	<input type="text"/> %
Total	%

Comments

0 of 250

-
4. The New Slots (\$4M) Task Force will need to determine the following:
- Is this payer mix table relevant for the New Slots (\$4M) RFA?
 - Should the section of the application remain as a table?

- PCR Task Force proposed the following for the newly developed PCR RFA:
 - To delete this table and move to page 14 of the RFA as a narrative response question

Pages 9 and 10 capture statutory information for actual placement of individuals in medically underserved areas by capturing the current practice site information for past graduates of the program.

GRADUATES INFORMATION

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.
Click ADD to create additional pages for entering more graduates.

This is a new program with no graduates to report.

Grad Year

Graduate Last Name Graduate First Name HPEF Scholar NHSC Recipient

1. Practice Site
After saving the page, click the Add/Edit link below to add your site.
If Practice site is not listed, please use the section below.

Add/Edit Address

Practice Site [OSHDP ID](#)

Address

City State Zip County

2. For graduates not practicing in California or without practice location information, check the unknown box and provide reason.

Unknown
Practice site unknown because

5. The New Slots (\$4M) Task Force will need to determine the following:
- What additional information should be collected?
 - Staff recommendation: Request practice specialty and the name of the graduates medical school and address.

- PCR Task Force proposed the following for the newly developed PCR RFA:
 - Collect graduate practice specialty
 - Add National Provider Identifier number to each graduate for future data collection efforts.
 - Add question: Is the graduate currently in or has completed a graduate subspecialty fellowship?
 - Add question: Is this practice site predominately primary care?

Practice Site Status

3. For a practice site not entered in section 1, enter information below

Practice Site [OSHDP ID](#)

After saving the page, click the Add/Edit link below to add your site's address.

Add/Edit Address

Address

City State Zip County

4. For private practice sites not entered in section 1, enter information below

Private Practitioner First Name Private Practitioner Last Name Practice Title

After saving the page, click the Add/Edit link below to add your site's address.

Add/Edit Address

Address

City State Zip County

This page captures statutory priorities of attracting and admitting members of minority groups to the program and attracting and admitting individuals who were former residents of medically underserved areas.

PROGRAM STRATEGIES

Instructions:

Please fill in the appropriate fields.

Required fields are marked with an *.

When done, click the SAVE button.

Describe the counseling and placement program you use to encourage graduates to practice in areas of unmet need.

0 of 2000

Describe how your program incorporates cultural competency and responsive care training into the programs curriculum and how it furthers Song-Brown efforts of increasing the racial and ethnic diversity of California's healthcare workforce.

Explain the program strategies developed to identify, recruit and admit trainees who possess characteristics that would suggest a predisposition to practice in areas of unmet priority need and express commitment to serve in those areas.

0 of 2000

How does your program encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups?

0 of 2000

This page captures statutory information for attracting and admitting members of minority groups to the program.

This page captures the race/ethnicity of prior year graduates as well as current residents of the program. The Commission has their own definition of Underrepresented Minorities. The categories highlighted in yellow are considered to be under represented in the health professions relative to their numbers in the total population.

Ethnic/Racial Category	Graduates 2013/14	Graduates 2012/13	Graduates 2011/12	Total	Current Students/ Residents 2014/15
American Indian, Native American or Alaska native					
Asian					
Asian Indian					
Cambodian					
Chinese					
Filipino					
Indonesian					
Japanese					
Korean					
Laotian/Hmong					
Malaysian					
Pakistani					
Thai					
Vietnamese					
Black, African American or African Hispanic or Latino					
Native Hawaiian or Other Pacific Islander					
White/Caucasian, European/Middle Eastern					
Other					
Yellow highlight defines underrepresented minorities by the California Healthcare Workforce Policy Commission (CHWPC)					

UNDERREPRESENTED MINORITY DEFINITION

Underrepresented Minority (URM) refers to racial and ethnic populations that are underrepresented in the health professions relative to their numbers in the total population under consideration. In most instances this will include Black, African – Americans or Africans, Hispanics or Latinos, American Indians, Native Americans or Alaskan natives, Native Hawaiians or other Pacific Islanders, and Asians **other than: Chinese, Filipinos, Japanese, Koreans, Malaysians, Pakistanis, Asian Indian, and Thai.**

Pages 13 and 14 capture statutory information for placement of training sites in areas of unmet need by capturing the training sites of the program.

TRAINING IN AREAS OF UNMET NEED

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the **SAVE** button.

1. Training Site

After saving the page, click the Add/Edit link below to add your site.
If Training site is not listed, please use the section below.
Please save the page before adding an address.

- Principal Training Site
- Secondary Training Site
- Continuity Training Site

NHSC site 

[OSHDP ID](#)

Training Site Status

2. For training sites not in section 1, enter the information below.

Training Site

After saving the page, click the Add/Edit link below to add your site's address.
Please save the page before adding an address.

Address
City State Zip Code

County

Principal Training Site
 Secondary Training Site
 Continuity Training Site

NHSC site 

[OSHPD ID](#)

3. For private practice training sites not entered in section 1, enter the information below.

Private Practitioner First Name Private Practitioner Last Name Title

After saving the page, click the Add/Edit link below to add your site's address.
Please save the page before adding an address.

Address
City State Zip Code

County

Principal Training Site
 Secondary Training Site
 Continuity Training Site

NHSC site 

Complete this table for the training site selected or entered.
Total hours spent by resident at this site:

PGY-1	PGY-2	PGY-3
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. The New Slots (\$4M) Task Force will need to determine the following:

- Does this section provide adequate information?
- Aside from training site name and location, should anything be added or deleted from this section?

- PCR Task Force proposed the following for the newly developed PCR RFA:
 - Continue to collect principal, secondary, and continuity training site information
 - Remove table that collects amount of time spent at each training site
 - Add question: Describe the payer mix at this training site.

This page captures the program expenditures for the program

1. If there is no Family Practice Center associated with internal medicine, pediatric and OB/GYN residencies, is there other expenditure categories we should look at?

PROGRAM EXPENDITURES

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Line Item	Total Annual Expenditures
Faculty Costs	<input type="text"/>
Residency Stipends	<input type="text"/>
Family Practice Center Costs	<input type="text"/>
Other Costs	<input type="text"/>
Total Annual Expenditures	

Comments

0 of 250

-
7. The New Slots (\$4M) Task Force will need to determine the following:
 - What expenditure categories should we look at?

- PCR Task Force proposed the following for the newly developed PCR RFA:
 - Remove this page from the PCR RFA

These questions are based on the Standards for Family Medicine residency programs. The Task Force will be reviewing the Standards and making recommendations to the Commission regarding the Standards for internal medicine, pediatrics and OB/GYN residency programs.

PROGRAM STRUCTURE

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

For programs based at a medical school, provide evidence that family medicine is recognized as a major independent specialty. What is the organizational status of family medicine in the medical school (e.g., department, division)?

0 of 2000

For programs not based at a medical school, indicate if an affiliation agreement exists with a medical school. If no affiliation exists, explain why.

0 of 2000

Does your residency program have an affiliation agreement with a medical School? * Yes No
By stating yes, you agree to provide a copy upon request.

The page captures information about the faculty of the Family Medicine residency program.

FACULTY QUALIFICATIONS

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Explain how your program's faculty possesses the knowledge, skills, and experience needed to deliver a primary care curriculum with an emphasis on health care disparities (for example: indicate staff honors, awards, publications, and professional and/or research experience).



0 of 3000

-
8. The New Slots (\$4M) Task Force will need to determine the following:
- Is this information important to the funding of new primary care residency slots?

- PCR Task Force proposed the following for the newly developed PCR RFA:
 - Revise statement above to read – Describe how your program's primary teaching faculty possesses the knowledge, skills and experience needed to deliver a primary care curriculum with an emphasis on health care disparities. Include other significant faculty who interact with the residents.
 - Collect race/ethnicity of faculty
 - Collect loan repayment or scholarship information for faculty (i.e. NHSC Scholar, SMTLRP, SLRP, etc.

Pages 18 and 19 capture information about the training of the residents; how they are being taught and what aspects of their training are exposing them to underserved populations.

RESIDENCY TRAINING

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Describe how your program integrates or includes different education modalities into the learning delivery models (e.g., technology assisted education tools, health information technology, simulation, etc.).

1

0 of 2000

2

Explain how the residency program structures training to encourage graduates to practice as a health care team that includes inter-disciplinary providers.

3

Describe your affiliation with an FNP/PA training program and/or other health profession training program.

0 of 2000

Upload letters documenting this affiliation agreement or relationship on the Required Attachments page.

Describe how practicing family physicians from the local community are utilized in the training program.

4

0 of 2000

Describe the programs strategies used to promote training in ambulatory and community settings in underserved areas.

5

9. The New Slots (\$4M) Task Force will need to determine the following:

- Do all of the above questions apply to this application for funding of new primary care residency slots?

- PCR Task Force proposed the following for the newly developed PCR RFA:
 - Revise question 1 as presented – removing items within the parenthesis
 - Revise question 3 presented – removing requirement to describe an affiliation with an FNP/PA training program
 - Delete requirement to upload letters documenting an affiliation agreement

This page captures all required document uploads

REQUIRED ATTACHMENTS

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies.

<input type="button" value="Choose File"/>	No file chosen	*
<input type="button" value="Choose File"/>	No file chosen	
<input type="button" value="Choose File"/>	No file chosen	

Upload letters from inter-disciplinary providers that support statements made on the Residency Training form.

<input type="button" value="Choose File"/>	No file chosen	*
<input type="button" value="Choose File"/>	No file chosen	
<input type="button" value="Choose File"/>	No file chosen	

Upload letters that document an affiliation with an FNP/PA training program and/or other health professions training programs.

<input type="button" value="Choose File"/>	No file chosen	
<input type="button" value="Choose File"/>	No file chosen	
<input type="button" value="Choose File"/>	No file chosen	

Provide letters of support from community based organizations that demonstrate coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods.

<input type="button" value="Choose File"/>	No file chosen	*
<input type="button" value="Choose File"/>	No file chosen	
<input type="button" value="Choose File"/>	No file chosen	

Program Director assurances page

PROGRAM DIRECTOR ASSURANCES

Instructions:

Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

- I agree to accept responsibility to complete contract deliverables if an award is made as a result of this application.*
- I certify that the statements herein are true and complete to the best of my knowledge.*

When finished, click SAVE.

To submit your application, please change the status to "Application Submitted" on the [Status Change](#) page.

Section I	Statutory Criteria	Total Points Available
1	Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN)	15
1.a	Components of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods or rural communities 0 points, no mention 3 points, program's curriculum specifically addresses underserved communities 3 points, program has rotations in underserved areas 2 points, program works with students in a mentoring program	8
1.b.	Counseling and placement program to encourage graduate placement in areas of unmet need 0 points, no mention 2 points, program has an active counseling program 2 points, program has an active placement program 1 point, program has a recruitment program	5
2	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM students and graduates)	15
2.a.	Procedures implemented to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a pre-disposition to practice in areas of unmet need 0 points, no mention 1-3 points, program shows interest in recruiting residents speaking a second language, coming from an underserved community, NHSC scholars 1-2 points, program engaged in clinics that contain student rotations in underserved areas and/or underserved populations 1-2 points, program is participating in pipeline program with underserved school and engages residents in that process	7

Section I	Statutory Criteria	Total Points Available
2.b.	Programs in place to encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups 0 points, no mention 1 point, option for residents to collaborate with students (undergrad, medical students, or other health professional students) 2 points, program is actively engaged (i.e. a rotation), in junior high/high school health education program and/or career fairs with residents involved as the primary educators and coordinators 3 points, program residents are actively engaged in formal pipeline program for Family Medicine	3
3	Location of the program and/or clinical training sites in medically underserved areas. (% and # of training sites in areas of UMN)	15
3.a.	Number of clinical hours in areas of unmet need 1 point, <25% hours in area of UMN 2 points, ~50% hours in areas of UMN 3 points, >75% hours in areas of UMN	3
3.b.	Is the payer mix of the Family Practice Center more than 50% Medi-Cal (Managed Care/Traditional), County Indigent Program, Other Indigent and Other Payers? 0 points, No 5 points, Yes	5
Total points possible for Section I		76
Section II	Other Considerations	Total Points Available
1	Does the residency training program structure its training to encourage graduates to practice as a health care team that includes inter-disciplinary providers as evidenced by letters from the disciplines? 0 points, no mention of either team training or PCMH 1 point, some team training in hospital or clinic settings as evidenced by letters or the application 2 points, regular focus on team training in all setting of care as evidenced by letters or the application 3 points, program is NCQA accredited as a PCMH at any level as evidenced by letters or the application	3
2	Does the program have an affiliation or relationship with an FNP and PA Training Program as well as other health professions training programs as evidenced by letters from the disciplines? 0 points, No 3 points, Yes	3

Section II	Other Considerations	Total Points Available
3	<p>Does the program faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities?</p> <p>0 points, no mention 1 -3 points, for each example per unique faculty member</p>	3
4	<p>Does the program utilize family physicians from the local community in the training program?</p> <p>0 points, No 3 points, Yes</p>	3
5	<p>Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?</p> <p>0 points, no letters attached 1 point per letter 2 points for 2 letters 3 points, for quality letters (not form letters) that describe the relationship between the program and the community organization.</p>	3
6	<p>Does the program integrate different educational modalities into learning delivery models?</p> <p>0 points, no mention 1 point per example cited 3 points, three or more examples cited</p> <p>Examples: 1:1 teaching, group sessions, case presentations and discussion, working in the clinic with group patient visits, participation in multi-disciplinary rounds.</p>	3
7	<p>Does the program use technology assisted educational tools or integrate health information technology into the training model?</p> <p>0 points, no mention 1 point per example cited 3 points, three or more examples cited</p> <p>Examples: program explicitly mentions regular use of EMR and/or Telehealth with emphasis on residents being trained on how to use this technology and make it effective in their practice.</p>	3
8	<p>Does the program promote training in ambulatory and community settings in underserved areas?</p> <p>0 points, No 3 points, Yes</p>	3
Total points possible for Section II		24
Total points possible for Section I and II		100