

**PROPOSED PRIMARY CARE RESIDENCY  
TRAINING PROGRAMS**

**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  
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## Proposed PCR Capitation Application

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This page captures information on the applicant programs

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**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

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1. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:
  - The maximum number of 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

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**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 \*

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

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**EXECUTIVE SUMMARY**

**Instructions:**

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

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/ / \*

**OSHDP Staff Only:**

0 of 2000

/ / \*

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 Song-Brown funds?	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments \_\_\_\_\_

2. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:

- Number of years beyond residency – 3 - 5 years
  - 3 years minimum, favorable consideration given those programs that have complete data for 5 years beyond residency
  - Question from staff – how will favorable consideration be given?
- Eliminate questions 6-9

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

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**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**

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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.

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**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

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3. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:

- Delete this table from the PCR RFA
- Add description of payer mix to training site page (pg. 14) as a narrative response

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. Collection of graduate practice site name and location cannot be changed.

**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 [OSHPD 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

4. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:
  - Collect graduate practice specialty.
  - Collect National Provider Identifier number for each graduate for future data collection efforts
  - Add question: Is the graduate currently in or has completed a graduate subspecialty fellowship? With the exception of .....  
 Exceptions being: Geriatrics, Palliative Care, General IM
    - Question from staff: are there exceptions for pediatrics and OB/GYN?
  - Add question: Is this practice site predominantly ambulatory primary care?
    - What is the definition of predominantly?

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.

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**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.

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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.

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

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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 Underepresented 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. Collection of training site name and location cannot be changed.

**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  

OSHPD 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"/>

**5. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:**

- 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?

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**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"/>
<b>Total Annual Expenditures</b>	

Comments

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- 
6. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:

- 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.

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**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.

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

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**FACULTY QUALIFICATIONS**

**Instructions:**

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

Using the table provided, describe how your programs faculty possesses the knowledge, skills and experience needed to deliver a primary care curriculum with an emphasis on health care disparities. (Include examples of staff honors, awards, publications, and professional and/or related research experience relevant to primary care health disparities).

Faculty Member Name/Position	Qualifications

7. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:

- 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.
- Consider collecting race/ethnicity of faculty
- Consider collecting loan repayment or scholarship information for faculty (i.e. NHSC Scholar, SMTLRP, SLRP, etc.)
  - Question from staff: What is the definition of primary teaching faculty?

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.

Delete parenthesis  
and all examples  
within

0 of 2000

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

2.

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. ←

Delete upload of affiliation agreement with a FNP/PA Program

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

4.

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

5.

8. PCR Task Force recommendations to the California Healthcare Workforce Policy Commission:

- Revise question 1 as presented – removing items within the parenthesis.
- Revise question 3 to read: Describe any structured interdisciplinary learning that your residents participate in with other allied professionals.
- Delete requirement to upload letters documenting an affiliation agreement.

Questions for Task Force Members to consider

- The Task Force voted to eliminate evaluation criteria Section II.6 -7.  
Do you want to eliminate the question from the RFA that was being evaluated (Question 1-pg. 18)?
- The Task Force voted to eliminate evaluation criteria Section II.8.  
Do you want to eliminate the question from the RFA that was being evaluated (Question 5-pg. 19)?

This page captures all required document uploads

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**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

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### **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.**

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Section I	Statutory Criteria	Total Points Available
1	Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN) Maximum number of points for % of grads equals 9 for Family Medicine Maximum number of points for # of grads equals 6 for Family Medicine	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) Maximum number of points for % of grads equals 9 for Family Medicine Maximum number of points for # of grads equals 6 for Family Medicine	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.	<p>Programs in place to encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups</p> <p>0 points, no mention</p> <p>1 point, option for residents to collaborate with students (undergrad, medical students, or other health professional students)</p> <p>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</p> <p>3 points, program residents are actively engaged in formal pipeline program for <del>Family Medicine</del> primary care</p>	3
3	<p>Location of the program and/or clinical training sites in medically underserved areas. (% and # of training sites in areas of UMN)</p> <p>Maximum number of points for % of grads equals 9 for Family Medicine</p> <p>Maximum number of points for # of grads equals 6 for Family Medicine</p>	15
3.a.	<p>Number of clinical hours in areas of unmet need</p> <p>1 point, &lt;25% hours in area of UMN</p> <p>2 points, ~50% hours in areas of UMN</p> <p>3 points, &gt;75% hours in areas of UMN</p>	3
3.b.	<p>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?</p> <p>0 points, No</p> <p>5 points, Yes</p>	5
4	<p>Placement of graduates in primary care ambulatory settings</p> <p>(% and # of graduates in primary care ambulatory settings in areas of UMN)</p> <p>Maximum number of points for % of grads equals 9 for Family Medicine</p> <p>Maximum number of points for # of grads equals 6 for Family Medicine</p>	15
4.a.	<p>Does the program have a plan and curriculum that promotes training in ambulatory and community settings?</p>	5
<b>Total points possible for Section I</b>		<b>76 88</b>
<b>Section II</b>	<b>Other Considerations</b>	<b>Total Points Available</b>
1	<p>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?</p> <p>0 points, no mention of either team training or PCMH</p> <p>1 point, some team training in hospital or clinic settings as evidenced by letters or the application</p> <p>2 points, regular focus on team training in all setting of care as evidenced by letters or the application</p> <p>3 points, program is NCQA accredited as a PCMH at any level as evidenced by letters or the application</p>	3

Section II	Other Considerations	Total Points Available
2	<p>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?</p> <p>0 points, No 3 points, Yes</p>	3
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 use primary care physicians from the local community in the training program?</p> <p>0 points, No 3 points, Yes 0 points, no mention 1 point for each example cited up to 3 points</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 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 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
<b>Total points possible for Section II</b>		<b>24 12</b>
<b>Total points possible for Section I and II</b>		<b>100</b>

Section I	Statutory Criteria	Total Points Available
1	Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN) Maximum number of points for % of grads equals 9 for Family Medicine Maximum number of points for # of grads equals 6 for Family Medicine	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) Maximum number of points for % of grads equals 9 for Family Medicine Maximum number of points for # of grads equals 6 for Family Medicine	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
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-primary care	3
3	Location of the program and/or clinical training sites in medically underserved areas. (% and # of training sites in areas of UMN) Maximum number of points for % of grads equals 9 for Family Medicine Maximum number of points for # of grads equals 6 for Family Medicine	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

4	Placement of graduates in primary care ambulatory settings (% and # of graduates in primary care ambulatory settings in areas of UMN) <i>What should be the maximum number of points for the % of grads?</i> <i>What should be the maximum number of points for the # of grads?</i>	15
4.a.	Does the program have a plan and curriculum that promotes training in ambulatory and community settings?	5
<b>Total points possible for Section I</b>		<b>76 88</b>
<b>Section II</b>	<b>Other Considerations</b>	<b>Total Points Available</b>
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	<del>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?</del> 0 points, No 3 points, Yes	3
3	Does the program faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities? 0 points, no mention 1 -3 points, for each example per unique faculty member	3
4	Does the program utilize- use family primary care physicians from the local community in the training program? 0 points, No 3 points, Yes 0 points, no mention 1 point for each example cited up to 3 points	3
5	Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support? 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.	3
6	<del>Does the program integrate different educational modalities into learning delivery models?</del> 0 points, no mention 1 point per example cited	3
7	<del>Does the program use technology assisted educational tools or integrate health information technology into the training model?</del> 0 points, no mention 1 point per example cited 3 points, three or more examples cited 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	3
8	Does the program promote training in ambulatory and community settings in underserved areas? 0 points, No 3 points, Yes	3
<b>Total points possible for Section II</b>		<b>24 12</b>
<b>Total points possible for Section I and II</b>		<b>100</b>

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**Healthcare Workforce Development Division**

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Attachment C  
Agenda Item 6

Song Brown Contract: XX-XXXX  
Primary Care Capitation Final Report

As stated in your contract, Section D, a final report is due at the end of the contract period.

1. In 1-2 sentences, describe the objectives stated in your capitation application.
2. In 1-2 sentences, describe the successes and/or challenges you faced in meeting those objectives.
3. Describe how the Song-Brown funding you received benefited the residents of your program.

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4. Using the table below provide the names of all residents trained during the term of this contract. Indicate N/A if information requested doesn't apply.  
 (Add additional rows if necessary)

Program Resident	P	P	P	P	Specialty	Graduate practice site (Name and complete address)
	G	G	G	G		
	Y	Y	Y	Y		
	1	2	3	4		

Comments:

5. Using the table below identify training sites used by the residents during the term of this contract. (Add additional rows if necessary)

Training Site Name	Training Site Address	Is this a non-hospital, outpatient setting?	Number of hours spent at site providing primary care		
			PGY1	PGY2	PGY3

Comments:

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6. Describe the extent to which your program has increased the number of health professionals from racial/ethnic and other underserved groups.

DRAFT

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Song-Brown Funding Information

Provide an account of how the Song-Brown capitation funds were spent for this contract period. Add additional budget categories if applicable.

Budget Category	Description	Amount
<b>Personnel</b>		
<b>Resident Support</b>		
<b>Equipment</b>		
<b>Supplies</b>		
<b>Other</b>		

