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 Elizabeth Dolezal
 Michael Farrell, MD
 Katherine Flores, MD
 Carol Jong, PhD, RD
 Karyn Karp, CRNA, MS
 Catherine Kennedy, RN
 Laura Lopez
 Ann MacKenzie, NP
 Kathyann Marsh, PhD
 Angelica Millan, RN, MSN, RNP, FAAN
 Cathryn Nation, MD
 Joseph Provenzano, DO
 V. Katherine Townsend, PhD, MSN

Revised
August 13, 2014
Meeting Minutes

**CALIFORNIA HEALTHCARE WORKFORCE
 POLICY COMMISSION (CHWPC)**

**Primary Care Residencies (PCR)
 Task Force Meeting**

Courtyard Marriott @ Sacramento Airport Natomas
 2101 River Plaza Dr.
 Sacramento, CA 95833

OSHPD Director
 Robert P. David

Executive Secretary
 Lupe Alonzo-Diaz, MPAff

*Action may be taken on any
 item listed on the agenda*

Task Force Members Present:

Cathryn Nation, MD - Chair
 Robert Adler, MD
 Peter Broderick, MD
 Michael Farrell, MD
 Hector Flores, MD
 Katherine Flores, MD
 Albina Gogo, MD
 Lori Goyne
 Sharad Jain, MD
 Gregg Lund, DO
 Mark Noah, MD
 Brenda Ross-Shelton, MD
 Lori Winston, MD

Task Force Members Not Present:

David Carlisle, MD

Staff to Commission:

Lupe Alonzo-Diaz, MPAff, Deputy Director
 Melissa Omand, Program Administrator
 Barbara Zendejas, Program Administrator
 Tyfany Frazier, Program Coordinator

Additional OSHPD Staff:

Robert David, OSHPD Director
 Stephanie Clendenin, Chief Deputy Director
 Jacob Knapp, Legal Counsel

Agenda Item 1: Call to Order

Cathryn Nation, MD called the meeting to order.

Agenda Items 2: Welcome and Introductions of PCR Task Force Members

Task Force members and OSHPD staff introduced themselves.

Agenda Item 3: Overview of Song-Brown Program

Melissa Omand, Song-Brown Program Administrator, provided an overview of the Song-Brown Program

The Song-Brown Overview is hereby incorporated as Attachment A.1

Agenda Item 4: Background on Primary Care Residencies Expansion

Lupe Alonzo-Diaz explained that there were three major augmentations to the Song-Brown Program:

- Expansion of the Song-Brown Program to include the primary care specialties: Internal Medicine, Obstetrics/Gynecology (OB/GYN), and Pediatrics.
- Additional one-time funding of \$4 million dollars for new primary care residency slots that are available to Family Medicine and the additional primary care specialties.
- Expansion to specifically include funding for Teaching Health Centers.

She further explained that the primary care expansion would not be a stand-alone program, but would uphold the larger mission of the Song-Brown Program in the four core values:

- Actual placement of graduates in Areas of Unmet Need (AUN),
- Attracting and admitting residents from underrepresented communities,
- Location of programs in AUN and medically underserved areas, and
- Focus of training in primary care.

The Primary Care Residencies Fact Sheet is hereby incorporated as Attachment B

Agenda Item 5: PCR Task Force Members Roles and Responsibilities

Lupe Alonzo-Diaz explained that the Task Force would focus on two expected outcomes:

- Very specific recommendations to the CHWPC regarding the Primary Care Residencies Request for Application, scoring criteria, and evaluation criteria, and
- Any larger policy issues that do not fit into specific categories, but are still relevant to the Internal Medicine, OB/GYN, and Pediatric disciplines.

Agenda Item 6: Review and Approve PCR Guidelines and Standards for Internal Medicine, OB/GYN and Pediatrics

Melissa Omand led the discussion on content for the Guidelines and Standards. The members were tasked with further study of what constitutes a meaningful affiliation between hospitals or other healthcare delivery systems and approved medical schools that is relevant to each discipline and to study the current Standards and come back with recommendations for the specific specialties. The public did not provide any comments.

Action Items:

Guidelines

Internal Medicine

- Motion to adopt the American College of Physicians definition of the General Internist for the official Song-Brown Definition of Internal Medicine (K. Flores), Seconded (Shelton-Ross). Motion Adopted.

OB/GYN

- Motion to adopt the American Board of Obstetrics and Gynecology definition of Obstetricians and Gynecologists as the official Song-Brown Definition of OB/GYNs (Ross-Shelton), Seconded (Lund). Motion adopted

Pediatrics

- Motion to adopt the American Academy of Pediatrics definition of Pediatrics as the official Song-Brown Definition of Pediatrics (Adler), Seconded (Gogo). Motion Adopted.

The CHWPC Guidelines for Funding Applicants and Program Evaluation are hereby incorporated as Attachment D.1, D.2, and D.3

Agenda Item 7: Discuss Scope, Content and Requirements for a PCR Request for Application (RFA) and Evaluation Worksheet

Melissa Omand led the discussion on RFA Content. The public did not provide any comments.

Action Items:

- Motion to remove program expenditures from Primary Care Residencies RFA, (Adler), seconded (Jain). Motion adopted.

The Family Medicine Residency Training Program RFA is hereby incorporated as Attachment E.1

Agenda Item 8: Public Comment

A member of the public recommended that the Task Force members give specific points for the percentage of time spent by graduates practicing in Primary Care

Agenda Item 9: Future Agenda Items

Staff will prepare a survey regarding the RFA and prepare a draft version of the RFA for the next meeting

Task Force Members will define specific wording for affiliation agreements and the standards for each discipline

Flip Chart Task Force Questions are hereby incorporated as Attachment F

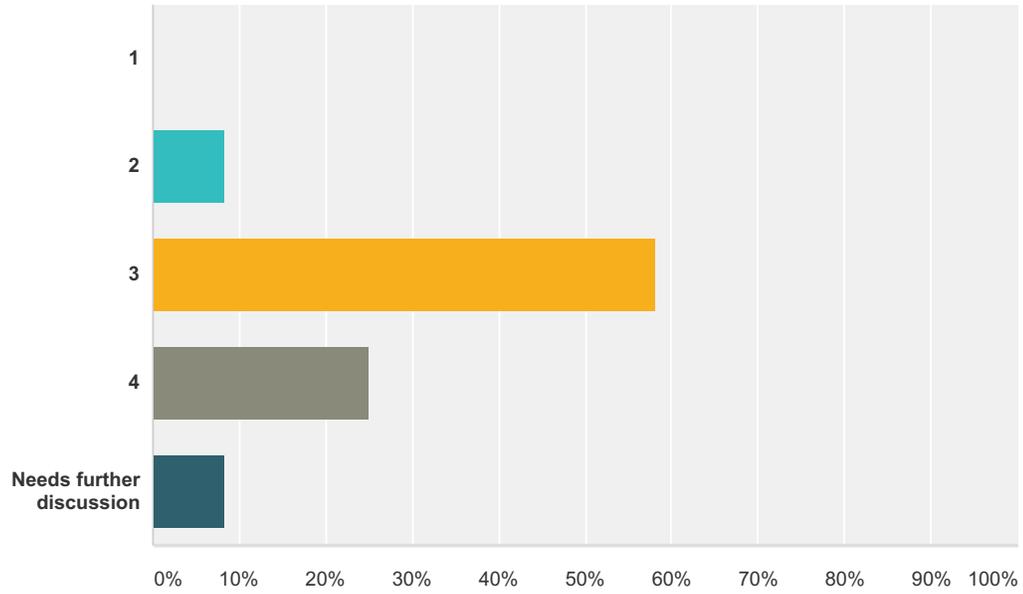
Agenda Item 10: Adjourn Meeting

The meeting adjourned at 4:00pm

All the attachments mentioned in these minutes can be found at:
<http://oshpd.ca.gov/hwdd/2014/Song-Brown/PCR-Aug13-Meeting-Materials.pdf>

Q1 The maximum number of residents any one applicant program can request should be:

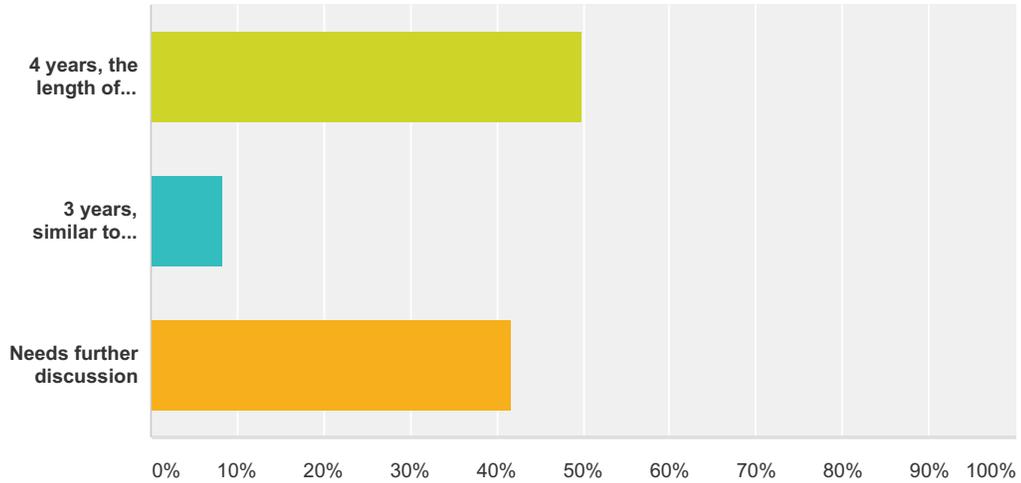
Answered: 12 Skipped: 0



Answer Choices	Responses
1	0.00% 0
2	8.33% 1
3	58.33% 7
4	25.00% 3
Needs further discussion	8.33% 1
Total	12

Q2 Obstetrics and Gynecology residency programs are four (4) years in length; Song-Brown funding should be provided for:

Answered: 12 Skipped: 0

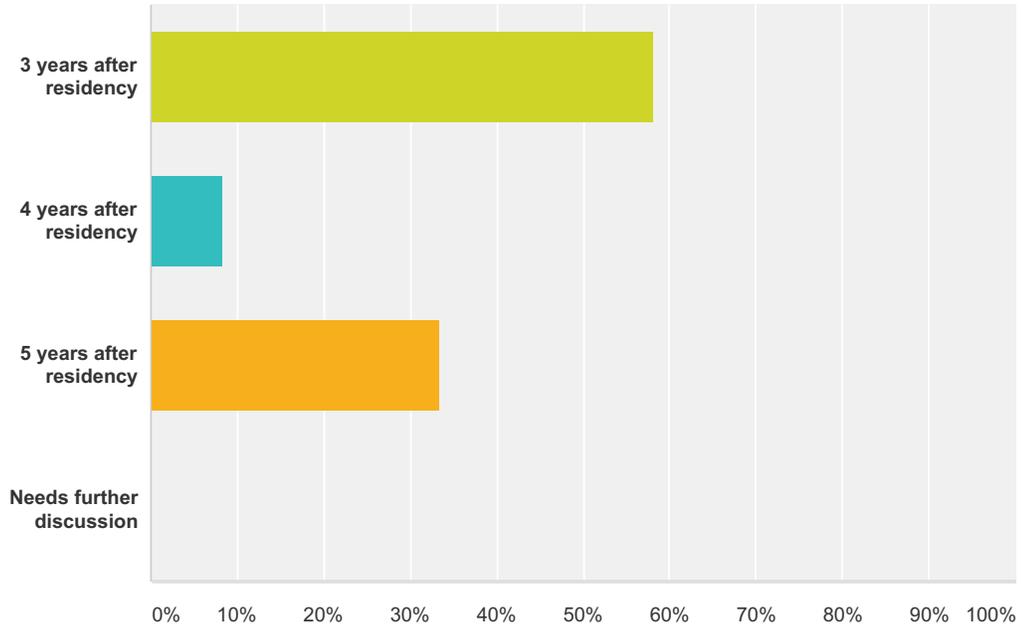


Answer Choices	Responses
4 years, the length of residency	50.00% 6
3 years, similar to Family Medicine Residency Programs	8.33% 1
Needs further discussion	41.67% 5
Total	12

#	Other (please specify)	Date
1	I would have to defer to the OB folks to determine if 3 years would still be doable for a commitment.	9/2/2014 9:25 PM
2	Programs can renew expiring capitation cycles, so the duration of the cycle is less important. I vote for one size fits all.	9/2/2014 12:49 PM
3	The program should have the option of having the award distributed over 3 or 4 years.	8/29/2014 8:34 AM
4	We should give maximum flexibility to programs for use of funding across the duration of the four year program. I would strongly discourage imposing any arbitrary limit to three years.	8/28/2014 12:38 PM
5	can it be a option? 3 years emphasizes that the support is for program developmnet , 4 years suggest it is for resident slots	8/28/2014 10:33 AM
6	Perhaps the best option is to allow the program to apply and if selected have the funds distributed over three of four years. Consequently the amount of funding would be the same as any other program but the distribution period may be different.	8/25/2014 7:13 AM
7	It is hard to imagine supporting an ob/gyn residency program for three years--not clear how the program would sustain that effort for the final year without funding.	8/24/2014 10:49 PM
8	This is only a test	8/20/2014 4:22 PM

Q3 How many years beyond residency should Song-Brown require applicant programs to submit graduate data?

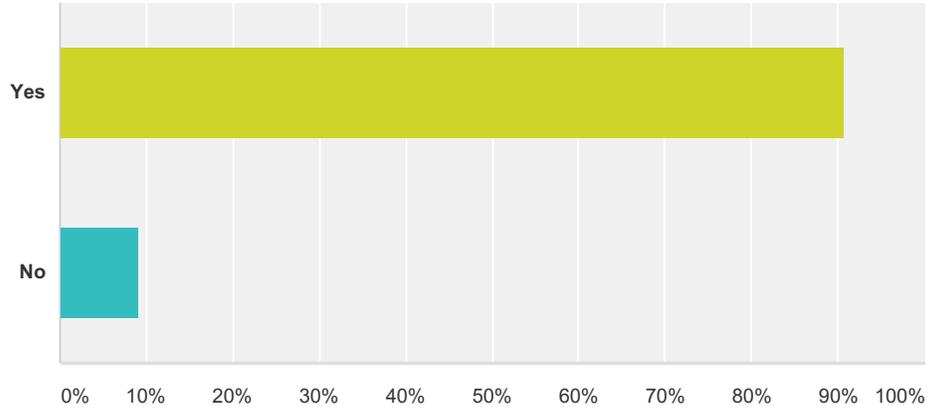
Answered: 12 Skipped: 0



Answer Choices	Responses
3 years after residency	58.33% 7
4 years after residency	8.33% 1
5 years after residency	33.33% 4
Needs further discussion	0.00% 0
Total	12

Q4 Are questions 1-8 of the statistics table applicable to internal medicine, OB/GYN and pediatric residency programs

Answered: 11 Skipped: 1



Answer Choices	Responses
Yes	90.91% 10
No	9.09% 1
Total	11

PCR Request for Application Development

Q5 If no, please explain.

Answered: 2 Skipped: 10

#	Responses	Date
1	In internal medicine there should be a way to designate those with specific primary care tracks. The percentage of those individuals going into primary care in underserved areas should be much greater than the full internal medicine residency program of an institution. The number of patients seen by residency year should probably be specific for those seen in the ambulatory care setting not inpatient setting.	8/29/2014 10:16 AM
2	Yes - the questions are generally applicable. Though I can imagine many programs asking for clarification about the number of patients seen (inpatient/outpatient/both??). I would look to an experienced program director for whatever guidance would help make this doable and relevant. Alternatively, we could delete the questions on patient visits for this year and consider that if the program is fully accredited, they are in compliance with program standards regarding relevant experience - just a thought.	8/28/2014 12:38 PM

PCR Request for Application Development

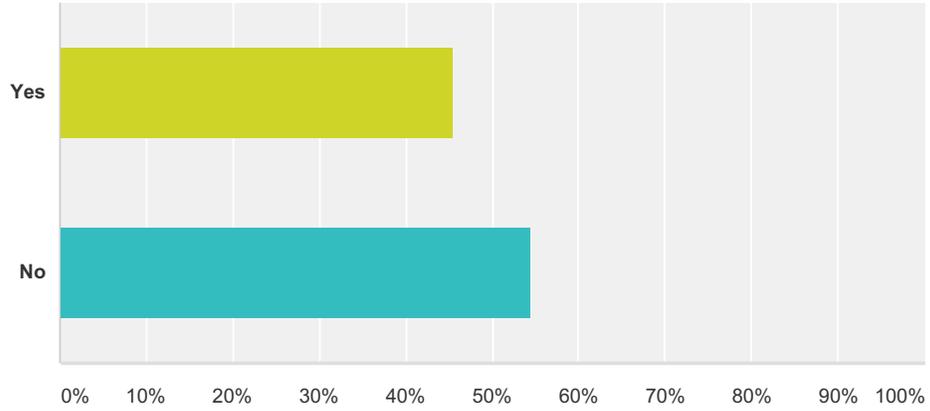
Q6 If yes, are there edits that you would like to make to the information? Please describe what edits you would like to make.

Answered: 9 Skipped: 3

#	Responses	Date
1	All of the questions seem pertinent to any specialty.	9/2/2014 9:25 PM
2	#1. For IM, please make sure that the answer corresponds to Categorical (i.e., Internal Medicine 3-year residency) only, and not to transitional internships where someone does one year of IM and then goes on to a surgical field like ophthalmology or anesthesiology) #6,7,8 should specify outpatient/clinic experience. The goal is to reward those programs that give their residents a good outpatient experience, because the more they get trained in ambulatory settings, the more likely they are to practice primary care Add a #9 for OB/GYN PGY-4; so #9 in the RFA becomes #10	9/2/2014 3:36 PM
3	5 years post-residency would encompass fellowship training. Is information being collected on post-residency fellowship training? This would allow the Program to know if supported residents are entering non-primary care fellowship training.	9/2/2014 1:43 PM
4	I recommend amending the questions so that all programs can answer the same application: 1) What is the total number of first year slots available? 2) Of the above first year slots, how many positions have dedicated training in Ambulatory Primary Care* 3) How many of total PGY-1 slots were male? How many of dedicated PGY-1 Ambulatory Primary Care* slots were male? 4) Same form as above except "Female" 5) Same form as above except "Transgender" The following questions pertain only to dedicated PGY-1 Ambulatory Primary Care* slots 6) What is the average number of patients seen by PGY-1 residents? 7) What is the average number of patients seen by PGY-2 residents? 8) What is the average number of patients seen by PGY-3 residents? *Definition of Ambulatory Primary Care training: -Dedicated single out-patient clinic site for continuity practice. -Dedicated assigned panel of continuity patients seen over the course of 2 or more years. -Presence in the Ambulatory Primary Care center at least once weekly for 40 or more weeks/year averaged over two years.	9/2/2014 1:11 PM
5	Should it include a question regarding the number of patients seen by fourth year residents for OB programs?	8/29/2014 8:36 AM
6	Again - my own view is that these are much needed funds that can be put to good use, but the total funding per program will be relatively low in comparison to costs, so I would support whatever can be done to avoid creating unnecessary barriers in terms of what is required to apply.	8/28/2014 12:38 PM
7	#1 specify the specific program ie IM residents to include all tracts,#2 need to clarify what additional information you are looking for ; is # 5 necessary?	8/28/2014 10:40 AM
8	1. In questions about number of patients seen, would specify patient encounters in their continuity clinic. We need to decide if we want to collect total encounters over the year vs unique patients followed in continuity clinic in given year. 2. For question about number of 1st year slots available, may want to allow programs space to report if they have received HRSA PCRE funds that are about to expire. Also, need to specify whether collecting entire program slots vs specific program applying for funds (e.g. categorical medicine vs PC medicine residency programs). Should criteria include whether track/program has a unique match number?	8/24/2014 10:57 PM
9	N/A	8/20/2014 4:23 PM

Q7 Is the use of a Family Practice Center applicable to internal medicine, OB/GYN and pediatric residency programs?

Answered: 11 Skipped: 1



Answer Choices	Responses	
Yes	45.45%	5
No	54.55%	6
Total		11

PCR Request for Application Development

Q8 If no, please explain.

Answered: 6 Skipped: 6

#	Responses	Date
1	ACGME does not require a distinct, ambulatory care site for other residencies. However, this question would reward those IM/Peds/ or Ob residencies that can identify a specific outpatient clinic site for their residents	9/2/2014 3:38 PM
2	These residents may (very rarely) rotate at such centers but are not based there.	9/2/2014 1:43 PM
3	I assume the payer mix should be based on the ambulatory site where internal medicine residents have their continuity care clinics. If there is also an interest in inpatient hospital care by patients then it should be specific to the payer mix of those patients cared for by the residents not the whole institutions payer mix. There may be significant differences between those two groups of patients payer mix.	8/29/2014 10:20 AM
4	This is a unique feature for family practice. I would eliminate, or defer to an experience program director for guidance on what is equivalent (I am not aware of anything that could quite be considered equivalent).	8/28/2014 12:40 PM
5	Primary care internal medicine wouldn't use a Family Practice Center. Instead, we should collect data from the clinic/center where the residents in that program have their primary continuity experience.	8/24/2014 10:58 PM
6	This is only a test	8/20/2014 4:23 PM

PCR Request for Application Development

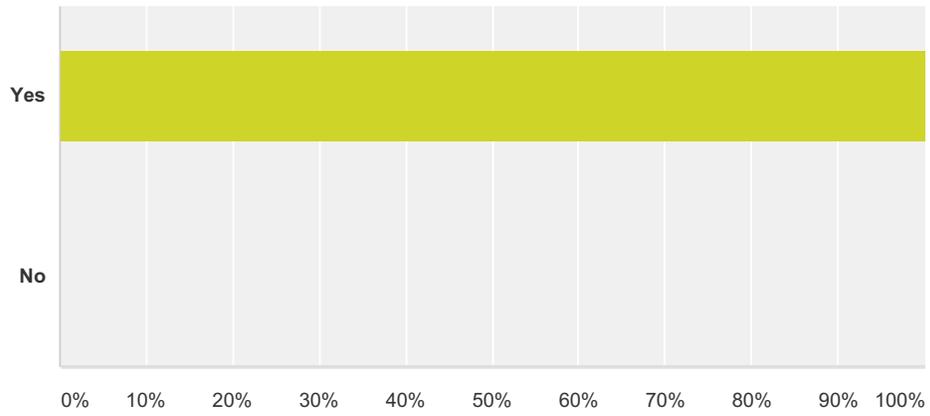
Q9 If yes, are there any edits that you would like to make to the information? Please describe the edits you would like to make.

Answered: 3 Skipped: 9

#	Responses	Date
1	I believe so; it would pertain to the outpatient clinic where the residents see patients. It is probably not a continuity clinic as it is with FP for OB, but I would think that it is still an important question.	9/2/2014 9:25 PM
2	Keep table, but restrict the answer to only those patients seen by the sub-group of residents with Ambulatory Primary Care Training (ie. only those patients that are provided continuity ambulatory primary care by residents who are getting Ambulatory Primary Care training, see previous page)	9/2/2014 1:11 PM
3	for Pediatrics should add CCS and Champus insurance	8/28/2014 10:43 AM

Q10 Should graduate practice specialty be collected?

Answered: 12 Skipped: 0



Answer Choices	Responses
Yes	100.00% 12
No	0.00% 0
Total	12

PCR Request for Application Development

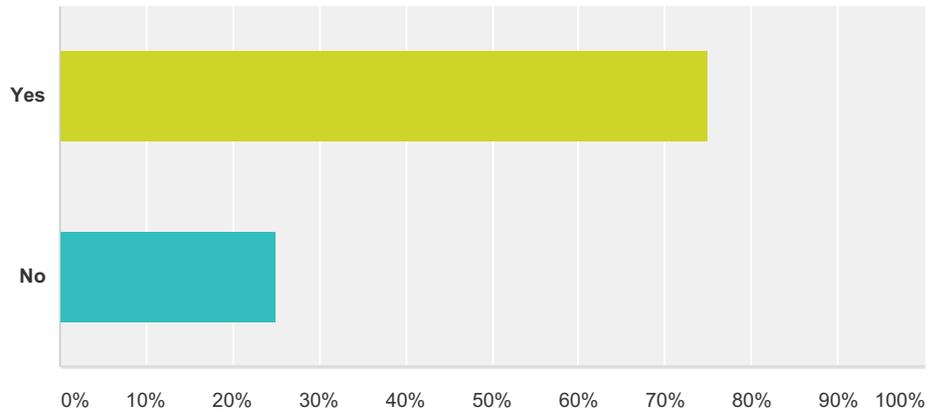
Q11 If no, please explain.

Answered: 2 Skipped: 10

#	Responses	Date
1	Only collect the data from those graduates who did not go on to subspecialty fellowship training within 4 years of graduating their primary care residency training. Also ask for Physician NPI number of these graduates, so that future 'look-back' can occur to see outcomes.	9/2/2014 1:16 PM
2	Because this is new funding for these programs, and because they have not previously been required to collect or report it, my guess is that there will be quite a bit of variation in what programs have. Maybe we could ask for it and note that favorable consideration will be given to.... (e.g., programs with data showing a record of success in producing primary care graduates; etc)	8/28/2014 12:48 PM

Q12 Should the graduates medical school name and location be collected?

Answered: 12 Skipped: 0



Answer Choices	Responses
Yes	75.00% 9
No	25.00% 3
Total	12

PCR Request for Application Development

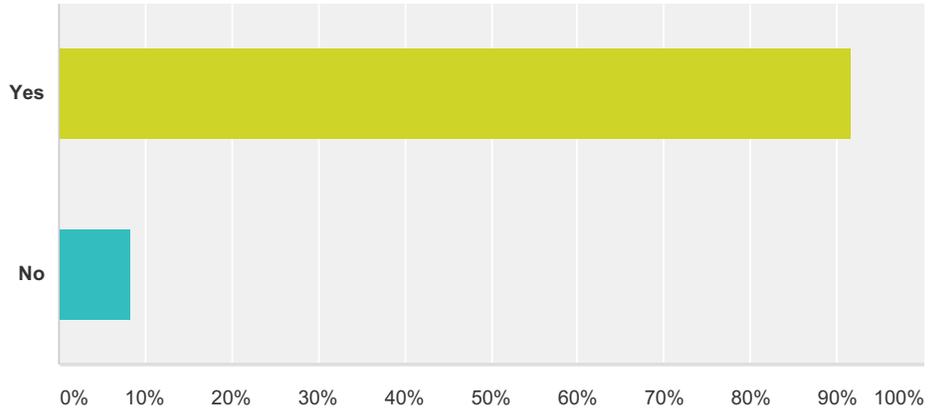
Q13 If no, please explain.

Answered: 6 Skipped: 6

#	Responses	Date
1	I'm a believer that we should collect more data that might be of benefit in the future, for instance, which medical schools are preparing more primary care providers.	9/2/2014 9:27 PM
2	See this as interesting but not useful.	9/2/2014 1:44 PM
3	Also collect the city and state of where the residents graduated from high school. (This shows what state of origin the students had)	9/2/2014 1:16 PM
4	If we are looking to help support more California residents, we need to be aware that most Californian have to train out side the state for medical school because of the lack of schools in the state. It would likely be best to capture high school location if we really wanted to find out who is from California.	8/29/2014 10:23 AM
5	I could go either way given that California has more residents (i.e., state residents) that have to go out of state than can be accommodated in California, many of these students want to go to school in the state, many who don't get in come back for residency training, and still others who may not complete residency here, come back because California is home. If a question was added about location of high school graduation, we'd get at the heart of the information that I think was the rationale for the budget language related to preferential consideration for graduates of a California medical school. I would want us to avoid creating any arbitrary bias against a program that has a record of success recruiting and training residents who practice in the state. So I understand that we need to try to get to the intent - we just need to do it thoughtfully and to avoid the above.	8/28/2014 12:48 PM
6	not sure how this information is informative/actionable	8/28/2014 10:45 AM

Q14 Are principal, secondary and continuity training sites applicable to internal medicine, OB/GYN and pediatric residency programs?

Answered: 12 Skipped: 0



Answer Choices	Responses
Yes	91.67% 11
No	8.33% 1
Total	12

PCR Request for Application Development

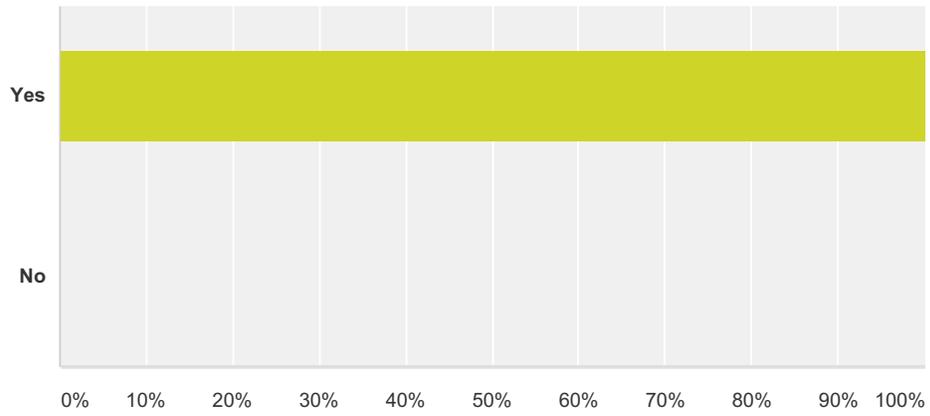
Q15 If no, please explain.

Answered: 3 Skipped: 9

#	Responses	Date
1	These types of sites should be defined for clarity.	9/2/2014 1:18 PM
2	Yes - generally so. Again, I would encourage review by 1-2 experience program directors in these specialties for some fine-tuning. We have task force members who can help with that.	8/28/2014 12:50 PM
3	We need to clarify what this question is asking and how to define primary/secondary/continuity sites. For our program, the primary site is the same as the continuity site, so may be redundant.	8/24/2014 11:04 PM

Q16 If yes, do you agree this information should be collected?

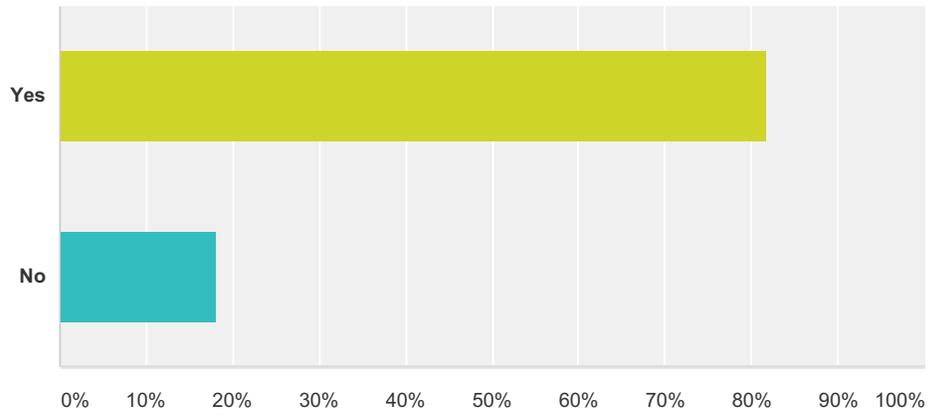
Answered: 11 Skipped: 1



Answer Choices	Responses
Yes	100.00% 11
No	0.00% 0
Total	11

Q17 Should the total hours spent by residents at each training site be collected?

Answered: 11 Skipped: 1



Answer Choices	Responses
Yes	81.82% 9
No	18.18% 2
Total	11

PCR Request for Application Development

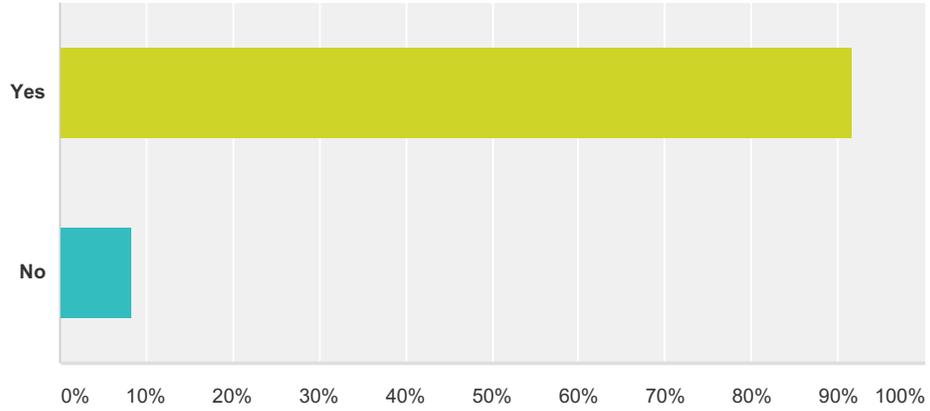
Q18 If no, please explain.

Answered: 4 Skipped: 8

#	Responses	Date
1	I suggest that we measure 1/2 day sessions rather than hours, because these types of trainings are usually set up as half-day sessions in scheduling calendars.	9/2/2014 1:18 PM
2	I'm not certain that it is collected - if it is not routinely collected (i.e., as an accreditation requirement by the RRC), I'd avoid requiring it in this first RFA. The goal we share is to encourage programs to apply.	8/28/2014 12:50 PM
3	it is already dictated by the ACGME requirements for each specialty	8/28/2014 10:49 AM
4	Maybe it would be better to ask the percent of time (rather than total hours) spent at each site. Also, for each training site, we should specifically request how much time is spent in the ambulatory setting, to differentiate from time in the inpatient setting.	8/24/2014 11:04 PM

Q19 Is the emphasis on health care disparities applicable to internal medicine, OB/GYN and pediatric residency programs?

Answered: 12 Skipped: 0



Answer Choices	Responses
Yes	91.67% 11
No	8.33% 1
Total	12

PCR Request for Application Development

Q20 If no, please explain.

Answered: 1 Skipped: 11

#	Responses	Date
1	I think since this seems to be directed toward faculty awards it may put a bias toward university academic medical centers where more access to awards or grants are possible.	8/29/2014 10:27 AM

PCR Request for Application Development

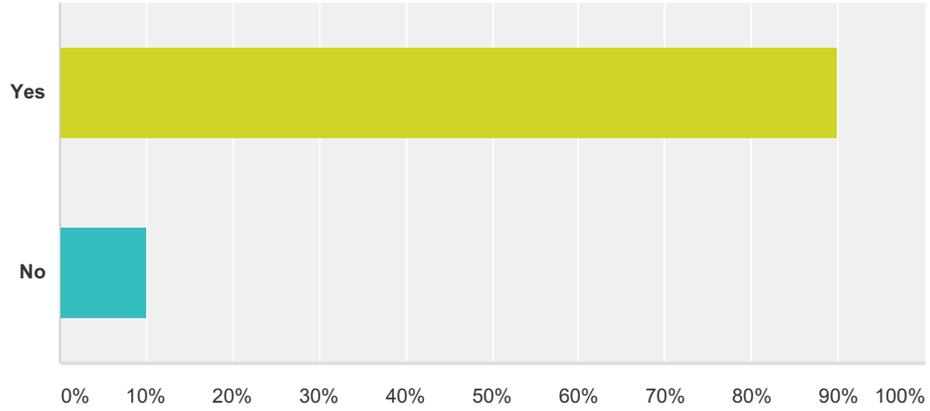
Q21 If yes, are there edits that you would like to make to the information? Please describe what edits you would like to make.

Answered: 5 Skipped: 7

#	Responses	Date
1	This should probably be added to all RFAs (including FM) in the parenthetical examples: "or appointment to Boards, Commissions or Committees charged with the responsibility to address disparities"	9/2/2014 3:43 PM
2	Would want to know about patient demographics at the level of each training site if possible.	9/2/2014 1:45 PM
3	We can print out an export of our ACGME faculty roster in an Excel format and add columns related to health care disparities.	9/2/2014 1:20 PM
4	each program is required to submit similar information for all key teaching faculty to the their RRC, can we suggest/request they submit the same information for this application?	8/28/2014 11:04 AM
5	Nope	8/20/2014 4:23 PM

Q22 Is the information requested applicable to internal medicine, OB/GYN and pediatric residency programs?

Answered: 10 Skipped: 2



Answer Choices	Responses
Yes	90.00% 9
No	10.00% 1
Total	10

PCR Request for Application Development

Q23 If no, please explain.

Answered: 1 Skipped: 11

#	Responses	Date
1	This material is relevant but would focus on learning delivery models (including quality improvement, patient outcomes, learning strategies) rather than technology and simulation. In addition, I would focus on interdisciplinary teams but omit the question about affiliation with FNP/PA training program, as less relevant and not appropriate for many programs.	8/24/2014 11:08 PM

PCR Request for Application Development

Q24 Thank you for participating in our survey, please provide any additional comments or items you would like us to consider in the development of this RFA.

Answered: 5 Skipped: 7

#	Responses	Date
1	1. Describe the training program's counseling and placement program designed to encourage graduates to practice in areas of need. -- this is missing in the current RFA	9/2/2014 3:53 PM
2	You're welcome!	9/2/2014 1:46 PM
3	Thanks, Peter Broderick	9/2/2014 1:21 PM
4	As per our first meeting and my comments here, I would encourage us to focus on the overall all goals (with appropriate flexibility for new specialties and concordance with what they do routinely within the context of their specialties. I think our focus should be on the proposed use of funds and the record of success that aligns with statutory criteria. Beyond that, I hope we will minimize the workloads for programs, staff, commission members who will be submitting and reviewing.	8/28/2014 12:53 PM
5	has the community benefit report from the primary training site been considered as another data point ie appendix?	8/28/2014 11:09 AM

**HEALTHCARE WORKFORCE POLICY COMMISSION
INTERNAL MEDICINE RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised August 13, 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 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 internal 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 internal 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 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.

**HEALTHCARE WORKFORCE POLICY COMMISSION
INTERNAL MEDICINE RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised August 13, 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.

**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 internal medicine 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.

**HEALTHCARE WORKFORCE POLICY COMMISSION
OBSTETRICS AND GYNECOLOGY RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised August 13, 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 care and preventive care for women and serve as consultants to other health care professionals.

Strategies Relating to Areas of Need

Special consideration by the 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 obstetrics and gynecology 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 obstetrics and gynecology residency training programs, which are integrated with primary care physician assistant or primary care nurse practitioner 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.

**HEALTHCARE WORKFORCE POLICY COMMISSION
OBSTETRICS AND GYNECOLOGY RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised August 13, 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.

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 obstetrics and gynecology 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.

**HEALTHCARE WORKFORCE POLICY COMMISSION
PEDIATRIC RESIDENCY TRAINING PROGRAMS
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Created August 13, 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 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 pediatric 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 pediatric residency training programs, which are integrated with primary care physician assistant or primary care nurse practitioner 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.

**HEALTHCARE WORKFORCE POLICY COMMISSION
PEDIATRIC RESIDENCY TRAINING PROGRAMS
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Created August 13, 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.

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 pediatric 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.

HEALTHCARE WORKFORCE POLICY COMMISSION
STANDARDS FOR INTERNAL MEDICINE RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
(Created July 28, 2014)

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

- II. Each Internal 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 Internal Medicine", and
 - B. Be approved by the Residency Review Committee on Internal 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 internal medicine as a major independent specialty,

or

For postgraduate osteopathic medical programs in internal 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.

- III. 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.

**HEALTHCARE WORKFORCE POLICY COMMISSION
STANDARDS FOR INTERNAL MEDICINE RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
(Created July 28, 2014)**

- IV. 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 internal 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.

HEALTHCARE WORKFORCE POLICY COMMISSION
STANDARDS FOR OBSTETRICS AND GYNECOLOGY RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
(Created July 28, 2014)

- I. Each Obstetrics and Gynecology Residency Training Program shall be approved by the Accreditation Council for Graduate Medical Education's Residency Review Committee for Obstetrics and Gynecology and
- II. Each Obstetrics and Gynecology 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 Obstetrics and Gynecology", and
 - B. Be approved by the Residency Review Committee on Obstetrics and Gynecology 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 obstetrics and gynecology as a major independent specialty,

or

For postgraduate osteopathic medical programs in obstetrics and gynecology:

- 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.
- III. 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.

**HEALTHCARE WORKFORCE POLICY COMMISSION
STANDARDS FOR OBSTETRICS AND GYNECOLOGY RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
(Created July 28, 2014)**

- IV. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Obstetricians and gynecologists 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 obstetrics and gynecology 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.
(Created July 28, 2014)**

- I. Each Pediatric Residency Training Program shall be approved by the Accreditation Council for Graduate Medical Education's Residency Review Committee for Pediatrics and
- II. Each Pediatric 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 Pediatrics", and
 - B. Be approved by the Residency Review Committee on Pediatrics 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 pediatrics as a major independent specialty,

or

For postgraduate osteopathic medical programs in pediatrics:

 - 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.
- III. 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.

**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
STANDARDS FOR PEDIATRIC RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 128200, et.
(Created July 28, 2014)**

- IV. 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 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
(916) 326-3700
Fax (916) 322-2588*

Family Medicine Capitation 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. Based on the results of the PCR Request for Application Development survey, staff recommends the following:
 - The maximum number of residents that any one applicant program can request be set at three (3).
 - Length of funding for OB/GYN programs requires further discussion

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	

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. Based on the results of the PCR Request for Application Development survey, staff recommends the following:
 - Further discussion on number of years beyond residency
 - Further discussion on remaining questions

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

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-
3. Based on the results of the PCR Request for Application Development survey, staff recommends the following:
- Further discussion on what type of clinic setting should be used

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

1. Based on the results of the PCR Request for Application Development survey, staff recommends the following:
 - Applicants provide data for their graduates three (3) years beyond residency
 - Collect graduate practice specialty
 - Further discussion on the collection of the graduate’s medical school name and location

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.

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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?

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 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"/>

1. Based on the results of the PCR Request for Application Development survey, staff recommends the following:
 - Continue to collect principal, secondary, and continuity training site information
 - Continue to collect time spent at each training site
 - Further discussion on the amount of time spent at each site. (i.e. hours, percent, etc.)

Per the PCR Task Force meeting of 8/13/14, it has been recommended this page be removed from the PCR RFA

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

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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)?

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

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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

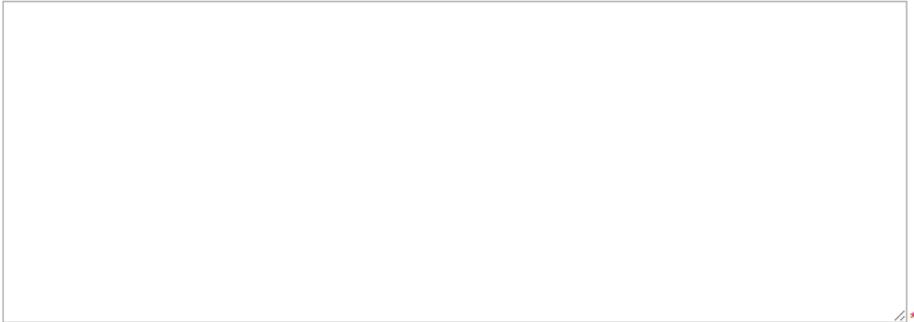
Instructions:

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).



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-
1. Based on the results of the PCR Request for Application Development survey, staff recommends the following:
 - Further discussion on how this information is relayed to the Commission. (i.e. upload of ACGME faculty roster)

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.

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

3.

Delete requirement to describe an affiliation with an FNP/PA Program

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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.

1. Based on the results of the PCR Request for Application Development survey, staff recommends the following:
 - Include this request of information in the PCR RFA
 - Revise question 1 as presented
 - Revise question 3 as presented
 - Revise requested upload as presented

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.

SONG-BROWN PROGRAM
Family Medicine Residency Programs
Capitation Funding Evaluation Criteria

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
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
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 family physicians from the local community in the training program? 0 points, No 3 points, Yes	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	Does the program integrate different educational modalities into learning delivery models? 0 points, no mention 1 point per example cited 2 points, two 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.	3
7	Does the program use technology assisted educational tools or integrate health information technology into the training model? 0 points, no mention 1 point per example cited 2 points, two 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 2 points, Yes	3
	Total points possible for Section II	24
	Total points possible for Section I and II	100

OSHPD Office of Statewide Health Planning and Development



Healthcare Workforce Development Division
 400 R Street, Suite 330
 Sacramento, California 95811-6213
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Attachment F
 Agenda Item 7

**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.

4. Describe your resident complement prior to this capitation funding received.

PGY1	PGY2	PGY3

5. Describe your current resident complement.

PGY1	PGY2	PGY3

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6. 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 G Y 1	P G Y 2	P G Y 3	P G Y 4	Date of most recent ABFM or AOBFP Certification	Graduate practice site (Name and complete address)

Comments:

7. 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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8. 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
Personnel		
Resident Support		
Equipment		
Supplies		
Other		

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9. Please provide the following information:

Program Director Name	Degrees	Title of Position
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Mailing Address (Organization, Street, City, State, Zip Code)

E-Mail Address	Telephone No.	FAX Number
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CERTIFICATION AND ACCEPTANCE (Please sign report in blue ink):
I, the undersigned, certify that the statements herein are true and complete to the best of my knowledge:

Program Director

Date

