

## **Primary Care Residencies Task Force Meeting Materials**

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HEALTH AND SAFETY CODE  
SECTION 128200-128241

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

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

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

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

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

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

It is the intent of the Legislature to provide for a program designed primarily to increase the number of students and residents receiving quality education and training in the specialty of family practice and as primary care physician's assistants, primary care nurse practitioners, and registered nurses and to maximize the delivery of primary care family physician services to specific areas of California where there is a recognized unmet priority need. This program is intended to be implemented through contracts with accredited medical schools, programs that train primary care physician's assistants, programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems based on per-student or per-resident capitation formulas. It is further intended by the Legislature that the programs will be professionally and administratively accountable so that the maximum cost-effectiveness will be achieved in meeting the professional training standards and criteria set forth in this article and Article 2 (commencing with Section 128250).

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

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

(b) "Associated" and "affiliated" mean that relationship that exists by virtue of a formal written agreement between a hospital or other health care delivery system and an approved medical school which pertains to the family practice training program for which state contract funds are sought. This definition shall include agreements that may be entered into subsequent to October 2, 1973, as well as those relevant agreements that are in existence prior to October 2, 1973.

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

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

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

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

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

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

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

- (a) Nine members appointed by the Governor, as follows:
  - (1) One representative of the University of California medical schools, from a nominee or nominees submitted by the University of California.
  - (2) One representative of the private medical or osteopathic schools accredited in California from individuals nominated by each of these schools.
  - (3) One representative of practicing family physicians.
  - (4) One representative who is a practicing osteopathic physician or surgeon and who is board certified in either general or family practice.
  - (5) One representative of undergraduate medical students in a family practice program or residence in family practice training.
  - (6) One representative of trainees in a primary care physician's assistant program or a practicing physician's assistant.
  - (7) One representative of trainees in a primary care nurse practitioners program or a practicing nurse practitioner.
  - (8) One representative of the Office of Statewide Health Planning and Development, from nominees submitted by the office director.
  - (9) One representative of practicing registered nurses.
- (b) Two consumer representatives of the public who are not elected or appointed public officials, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
- (c) Two representatives of practicing registered nurses, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
- (d) Two representatives of students in a registered nurse training program, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
- (e) The Chief of the Health Professions Development Program in the Office of Statewide Health Planning and Development, or the chief's designee, shall serve as executive secretary for the commission.

128220. The members of the commission, other than state employees, shall receive compensation of twenty-five dollars (\$25) for each day's attendance at a

commission meeting, in addition to actual and necessary travel expenses incurred in the course of attendance at a commission meeting.

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

128225. The commission shall do all of the following:

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

(b) Establish standards for family practice training programs and family practice residency programs, postgraduate osteopathic medical programs in family practice, and primary care physician assistants programs and programs that train primary care nurse practitioners, including appropriate provisions to encourage family physicians, osteopathic family physicians, primary care physician's assistants, and primary care nurse practitioners who receive training in accordance with this article and Article 2 (commencing with Section 128250) to provide needed services in areas of unmet need within the state. Standards for family practice residency programs shall provide that all the residency programs contracted for pursuant to this article and Article 2 (commencing with Section 128250) shall both meet the Residency Review Committee on Family Practice's "Essentials" for Residency Training in Family Practice and be approved by the Residency Review Committee on Family Practice. Standards for postgraduate osteopathic medical programs in family practice, as approved by the American Osteopathic Association Committee on Postdoctoral Training for interns and residents, shall be established to meet the requirements of this subdivision in order to ensure that those programs are comparable to the other programs specified in this subdivision. Every program shall include a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare program graduates for service in those neighborhoods and communities. Medical schools receiving funds under this article and Article 2 (commencing with Section 128250) shall have programs or departments that recognize family practice as a major independent specialty. Existence of a written agreement of affiliation or association between a hospital and an accredited medical school shall be regarded by the commission as a favorable factor in considering recommendations to the director for allocation of funds appropriated to the state medical contract program established under this article and Article 2 (commencing with Section 128250).

For purposes of this subdivision, "family practice" includes the general practice of medicine by osteopathic physicians.

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

(d) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of family

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

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

(f) Establish contract criteria and single per-student and per-resident capitation formulas that shall determine the amounts to be transferred to institutions receiving contracts for the training of family practice students and residents and primary care physician's assistants and primary care nurse practitioners and registered nurses pursuant to this article and Article 2 (commencing with Section 128250), except as otherwise provided in subdivision (d). Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of these single capitation formulas. The director may grant the waiver in exceptional cases upon a clear showing by the institution that a waiver is essential to the institution's ability to provide a program of a quality comparable to those provided by institutions that have not received waivers, taking into account the public interest in program cost-effectiveness. Recipients of funds appropriated by this article and Article 2 (commencing with Section 128250) shall, as a minimum, maintain the level of expenditure for family practice or primary care physician's assistant or family care nurse practitioner training that was provided by the recipients during the 1973-74 fiscal year. Recipients of funds appropriated for registered nurse training pursuant to this article shall, as a minimum, maintain the level of expenditure for registered nurse training that was provided by recipients during the 2004-05 fiscal year. Funds appropriated under this article and Article 2 (commencing with Section 128250) shall be used to develop new programs or to

expand existing programs, and shall not replace funds supporting current family practice or registered nurse training programs. Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of this maintenance of effort provision. The director may grant the waiver if he or she determines that there is reasonable and proper cause to grant the waiver.

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

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

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

- (a) Actual placement of individuals in medically underserved areas.
- (b) Success in attracting and admitting members of minority groups to the program.
- (c) Success in attracting and admitting individuals who were former residents of medically underserved areas.
- (d) Location of the program in a medically underserved area.
- (e) The degree to which the program has agreed to accept individuals with an obligation to repay loans awarded pursuant to the Health Professions Education Fund.

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

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

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

(c) Select and contract on behalf of the state with programs that train registered nurses. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for registered nurses. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

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

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

128240.1. The department shall adopt emergency regulations, as necessary to implement the changes made to this article by the act that added this section during the first year of the 2005-06 Regular Session, no later than September 30, 2005, unless notification of a delay is made to the Chair of the Joint Legislative Budget Committee prior to that date. The adoption of regulations implementing the applicable provisions of this act shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health, safety, or general welfare. The emergency regulations authorized by this section shall be

submitted to the Office of Administrative Law for filing with the Secretary of State and shall remain in effect for no more than 180 days, by which time the final regulations shall be developed.

# OSHDP Office of Statewide Health Planning and Development

## Healthcare Workforce Development Division

400 R Street, Suite 330  
Sacramento, California 95811-6213  
(916) 326-3700  
Fax (916) 322-2588  
www.oshpd.ca.gov



### Attachment B

## Song-Brown Program Expansions in Fiscal Year 2014-15

### *Expanding Eligibility to Other Primary Care Specialties*

This proposal provides \$2.84 million per year for three years from the California Health Data Planning Fund to fund approximately 25 grants to internal medicine, obstetrics and gynecology (OB/GYN), and pediatrics residency programs training 159 primary care residents in underserved communities.

Table One: Proposed Expansion to Other Primary Care Specialties, Song-Brown

Primary Care Residency Programs	Amount	% of Total	Number of Grants	Residents Trained
Internal medicine	\$1,420,000	50	13	81
OB/GYN	\$710,000	25	6	39
Pediatrics	\$710,000	25	6	39
	\$2,840,000	100%	25	159

### *Supporting New Slots*

This proposal provides a one-time \$4 million augmentation in funding from California Health Data and Planning Fund to support new primary care physician residency slots via Song-Brown. Preference will be given to filling the positions with residents who have graduated from a California based medical school.

The table on the following page illustrates total funds to Song-Brown in Fiscal Year 2014-15. The augmented funding does not affect the existing funding for Song-Brown's family medicine residency or physician assistant, family nurse practitioner, and registered nurse training programs.

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400 R Street, Suite 330  
 Sacramento, California 95811-6213  
 (916) 326-3700  
 Fax (916) 322-2588  
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## Attachment B

Table Two: Total Funding for Song-Brown in FY 2014-15

Song Brown Fiscal Year (FY) 2014-15 In 000's	Base Funding (Ongoing)	The California Endowment (2nd of Three FYs)	Primary Care Residency Expansion (1st of Three FYs)	New Slots Expansion (One Time)	Total
Family Physician Training and Nurse Practitioner/Physician Assistant Training	3,931	6,300	-	-	10,231
Registered Nurses	2,725	-	-	-	2,725
Residencies: Internal Medicine, Obstetrics/Gynecology, and Pediatrics	-	-	2,840	-	2,840
New Residency Slots Eligible Residencies: Family Medicine, Internal Medicine, Obstetrics/Gynecology, and Pediatrics	-	-	-	3,901	3,901
Reimbursement	400	-	-	-	400
<b>Total</b>	<b>7,056</b>	<b>6,300</b>	<b>2,840</b>	<b>3,901</b>	<b>20,097</b>

Revised: 7/21/2014

# OSHDP Office of Statewide Health Planning and Development

## Healthcare Workforce Development Division

400 R Street, Suite 330  
Sacramento, California 95811-6213  
(916) 326-3700  
Fax (916) 322-2588  
www.oshpd.ca.gov



Attachment C.1

### Song-Brown Program Primary Care Residencies (PCR) Task Force Members

Task Force Mbr Last Name	Task Force Mbr First Name	Title	Organization
Adler, MD	Robert	Sr. Vice Chair, Department of Pediatrics	Children's Hospital Los Angeles
Broderick, MD	Peter	CEO/DIO	Valley Consortium for Medical Education
Carlisle, MD, PhD	David	President/CEO	Charles R. Drew University of Medicine and Science
Farrell, MD	Michael	Member	California Healthcare Workforce Policy Commission
Flores, MD	Hector	Co-Director, White Memorial Family Medicine Residency Program	White Memorial Medical Center
Flores, MD	Katherine	Member	California Healthcare Workforce Policy Commission
Gogo, MD	Albina	Associate Pediatric Residency Director	University of California Davis Medical Center, Department of Pediatrics
Goyne	Lori	Board Member	Shasta Community Health Center
Jain, MD	Sharad	UCSF/SFGH Primary Care Medicine Residency Program	University of California San Francisco/San Francisco General Hospital
Lund, DO	Gregg Cary	Senior Associate Dean	Touro University California, College of Osteopathic Medicine
Nation, MD	Cathryn	Member	California Healthcare Workforce Policy Commission
Noah, MD	Mark S.	Director, Residency Training Program Department of Medicine	Cedars-Sinai Medical Center
Ross-Shelton, MD	Brenda J.	Perinatologist	San Gabriel Valley Perinatal Group
Winston, MD	Lori	Designated Institutional Officer	Kaweah Delta Health Care District

July 31, 2014



**HEALTHCARE WORKFORCE POLICY COMMISSION  
INTERNAL MEDICINE RESIDENCY TRAINING PROGRAM  
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION  
(Created July 28, 2014)**

**Definition of Internal Medicine**

**Option 1:** The General Internist is a personal physician who provides long-term, comprehensive care in the office and the hospital, managing both common illnesses and complex problems for adolescents, adults, and the elderly. General Internists are concerned with primary care internal medicine which incorporates disease prevention, wellness, substance abuse, mental health and effective treatment of common problems of the eyes, ears, skin, nervous system and reproductive organs. Internists consult with surgeons when surgical management is indicated. They also often act as consultants to other specialists.

American Medical Association Self- Designated Practice Specialty  
Definitions <http://www.mmslists.com/definitionspdf/AMA%20Specialty%20Definitions.pdf>

**Option 2:** General internists diagnose and provide nonsurgical treatment for a range of problems that affect internal organ systems such as the stomach, kidneys, liver, and digestive tract. Internists use a variety of diagnostic techniques to treat patients through medication or hospitalization. They work mostly with adult patients.

U.S. Board of Labor Statistics  
<http://www.bls.gov/ooh/healthcare/print/physicians-and-surgeons.htm>

**Option 3:** Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

American College of Physicians  
[http://www.acponline.org/patients\\_families/about\\_internal\\_medicine/](http://www.acponline.org/patients_families/about_internal_medicine/)

**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.

**HEALTHCARE WORKFORCE POLICY COMMISSION  
INTERNAL MEDICINE RESIDENCY TRAINING PROGRAM  
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION  
(Created July 28, 2014)**

**Involvement of Local Community Physicians**

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

**Board-Certified Training Program Director**

The 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.

**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  
(Created July 28, 2014)**

**Definition of Obstetrics and Gynecology**

**Option 1: Obstetrician-Gynecologists** are physicians who are concerned with the medical and surgical care of the female reproductive system and associated disorders, such that it distinguishes them from other physicians and enables them to serve as consultant to other physicians and as primary physicians for women.

American Medical Association Self- Designated Practice Specialty Definitions  
<http://www.mmslists.com/definitions/pdf/AMA%20Specialty%20Definitions.pdf>

**Option 2: *Obstetricians and gynecologists (OB/GYNs)*** provide care related to pregnancy, childbirth, and the female reproductive system. They treat and counsel women throughout their pregnancy and deliver babies. They also diagnose and treat health issues specific to women, such as breast cancer, cervical cancer, hormonal disorders, and symptoms related to menopause.

U.S. Board of Labor Statistics  
<http://www.bls.gov/ooH/healthcare/print/physicians-and-surgeons.htm>

**Option 3:** Obstetricians and Gynecologists are physicians who, by virtue of satisfactory completion of an accredited program of graduate medical education, possess special knowledge, skills and professional capability in the medical and surgical care of women related to pregnancy and disorders of the female reproductive system. Obstetricians and Gynecologists provide primary and preventive care for women and serve as consultants to other health care professionals.

American Board of Obstetrics and Gynecology  
[http://www.abog.org/policies.asp?pol\\_type=definitinon](http://www.abog.org/policies.asp?pol_type=definitinon)

**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.

**HEALTHCARE WORKFORCE POLICY COMMISSION  
OBSTETRICS AND GYNECOLOGY RESIDENCY TRAINING PROGRAM  
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION  
(Created July 28, 2014)**

**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.

**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 July 28, 2014)**

**Definition of Pediatrics**

**Option 1:** The physician in Adolescent Medicine is concerned with the unique physical, psychological, and social characteristics of adolescents, their health care problems and needs. They are also involved in coordinating the care required for youth and the planning and supervision for transitional health care services to adult health care. Adolescent Medicine is concerned with such allied health fields as law, psychology, social work, nutrition, juvenile justice, and public health.

American Medical Association Self- Designated Practice Specialty Definitions  
<http://www.mmslists.com/definitionspdf/AMA%20Specialty%20Definitions.pdf>

**Option 2: *General pediatricians*** provide care for infants, children, teenagers, and young adults. They specialize in diagnosing and treating problems specific to younger people. Most pediatricians treat common illnesses, minor injuries, and infectious diseases, and administer vaccinations. Some pediatricians specialize in pediatric surgery or serious medical conditions that commonly affect younger patients, such as autoimmune disorders or chronic ailments.

U.S. Board of Labor Statistics  
<http://www.bls.gov/ooh/healthcare/print/physicians-and-surgeons.htm>

**Option 3:** Pediatrics is the specialty of medical science 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.

American Academy of Pediatrics  
[http://www.pedjobs.org/pdf/AAP\\_Definition\\_Pediatrician.pdf](http://www.pedjobs.org/pdf/AAP_Definition_Pediatrician.pdf)

**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.

**HEALTHCARE WORKFORCE POLICY COMMISSION  
PEDIATRIC RESIDENCY TRAINING PROGRAMS  
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION  
(Created July 28, 2014)**

**Involvement of Local Community Physicians**

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

**Board-Certified Training Program Director**

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

**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)**

Attachment D.4

- 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)**

Attachment D.4

- 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 family 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)**

Attachment D.5

- 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)**

Attachment D.5

- 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)**

Attachment D.6

- 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)**

Attachment D.6

- 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.

**FAMILY MEDICINE RESIDENCY  
TRAINING PROGRAM**

**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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1. Program Information
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5. Languages
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10. Training in Areas of Unmet Need
11. Program Expenditures
12. Program Structure
13. Faculty Qualifications
14. Residency Training
15. Required Attachments
16. Program Director Assurances
17. Evaluation Worksheets
18. Evaluation Criteria

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			

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 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.

1. Is this information relevant for internal medicine, pediatric and OB/GYN residency programs?
2. If not, is there something else we should be looking at to capture the patients served?

---

**FAMILY PRACTICE CENTER PAYER MIX**

**Instructions:**

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

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

Comments

0 of 250

Pages 6 and 7 capture the current practice site information for past graduates of the program. Typically for Family Medicine we look back three (3) years.

1. Are three years far enough to go back for internal medicine, pediatrics and OB/GYN graduates or should we look further back?

**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

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 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 9 and 10 capture the training sites used by the program to train their residents.

**TRAINING IN AREAS OF UNMET NEED**

**Instructions:**

Please fill in the appropriate fields.

Required fields are marked with an \*.

When done, click the **SAVE** button.

**1. Training Site**

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

If Training site is not listed, please use the section below.

**Please save the page before adding an address.**

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

NHSC site  

[OSHDP ID](#)

Training Site Status

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

Training Site

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

**Please save the page before adding an address.**

Address

City

State Zip Code

County

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

NHSC site  

[OSHPD ID](#)

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

Private Practitioner First Name  Private Practitioner Last Name  Title

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

**Please save the page before adding an address.**

Address

City

State

Zip Code

County

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

NHSC site  

Complete this table for the training site selected or entered.

Total hours spent by resident at this site:

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

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

**Comments**

0 of 250

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

---

**PROGRAM STRUCTURE**

**Instructions:**

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

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

0 of 2000

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

0 of 2000

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

---

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

---

**FACULTY QUALIFICATIONS**

**Instructions:**

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

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

0 of 3000

Pages 14 and 15 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.).

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.

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

0 of 2000

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

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

0 of 2000

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

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.**

---

# Family Medicine Residency Program Capitation Evaluation Worksheets

Attachment E.2

**SCORING**

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION

FAMILY PRACTICE RESIDENCY PROGRAMS

CAPITATION EVALUATION WORKSHEETS

Applicant Information
-----------------------

Program Name

Program Director

**Amount Requested**

Reviewer has no economic or other conflict of interest with this application.

Agree  Disagree\*

If you feel you have an economic or other conflict of interest or cannot score an application without bias, please inform the Song Brown staff at the face-to-face meeting.

Statutory Priorities for Funding (Priority for funding shall be given to programs that demonstrate success in these areas)
---

Section I	Priority	Comments	Points Available	Points Awarded
1.	<b>Placement of graduates in medically underserved areas.</b> (% 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		8	
1. b.	Counseling and placement program to encourage graduate placement in areas of unmet need		5	
2.	<b>Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program</b> (% 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 predisposition to practice in areas of unmet need		7	
2. b.	Programs in place to encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups		3	
3.	<b>Location of the program and/or clinical training sites in medically underserved areas</b> (% and # of training sites in areas of UMN)		15	
3. a.	Number of clinical hours in areas of unmet need		3	
3. b.	Is the payer mix of the Family Practice Center more than 50% Medical (Managed Care/Traditional), County Indigent Program, Other Indigent and Other Payers?		5	
<b>Total points possible and awarded for Section I</b>			<b>76</b>	<b>0.00</b>

Section 1 of the Evaluation Worksheet contains criteria that evaluate how well residency programs are doing in meeting statutory priorities of:

1. Actual placement of individuals in medically underserved areas,
2. Attracting and admitting members of minority groups to the program,
3. Attracting and admitting individuals who were former residents of medically underserved areas, and
4. Placing the location of the program in a medically underserved area

Priority for funding of training programs is given to those that have demonstrated success in these areas.

Family Medicine Residency Program  
Capitation Evaluation Worksheets

Attachment E.2

Other Considerations are additional priority areas the Commission has deemed important. The points available for other considerations are not as high as Statutory Priorities.

Other Considerations				
Section II	Priority	Comment	Points Available	Points Awarded
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?		3	<input type="text"/>
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?		3	<input type="text"/>
3.	Does the program faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities?		3	<input type="text"/>
4.	Does the program utilize family physicians from the local community in the training program?		3	<input type="text"/>
5.	Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?		3	<input type="text"/>
6.	Does the program integrate different educational modalities into learning delivery models?		2	<input type="text"/>
7.	Does the program use technology assisted educational tools or integrate health information technology into the training model?		2	<input type="text"/>
8.	Does the program promote training in ambulatory and community settings in underserved areas?		2	<input type="text"/>
9.	Discretionary points: Reviewer must provide an explanation		3	<input type="text"/>
<b>Total points possible and awarded for Section II</b>			<b>24</b>	<b>0.00</b>
<b>Total points possible and awarded for Section I and II</b>			<b>100</b>	<b>0.00</b>