



Welcome!
We will begin shortly...

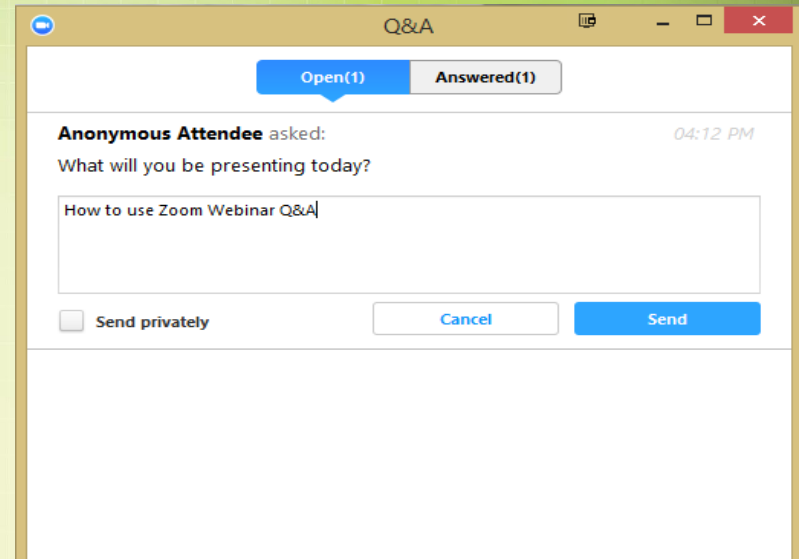
Building the Case for Starting a Post-Graduate Residency Training Program for Family and Psychiatric Mental Health Nurse Practitioners at Your Health Center



September 12, 2017

How to Participate in Today's Webinar

Send in your questions
by using the **Q&A**
button!



The screenshot shows a Zoom Q&A window with a title bar that says "Q&A". At the top, there are two tabs: "Open(1)" (highlighted in blue) and "Answered(1)". Below the tabs, it says "Anonymous Attendee asked:" followed by the question "What will you be presenting today?" and a timestamp "04:12 PM". There is a text input field containing "How to use Zoom Webinar Q&A". At the bottom, there is a checkbox labeled "Send privately" which is unchecked, and two buttons: "Cancel" and "Send" (highlighted in blue).

Michael Mariscal raised hand

The Community Health Center, Inc. and its Weitzman Institute will provide education, information, and training to interested health centers in:

Transforming Teams

- National Webinars on the team based care model
- Invited participation in Learning Collaboratives to launch team based care at your health center

Training the Next Generation

- Two National Webinar series on developing Postgraduate Nurse Practitioner Residency and Postdoctoral Clinical Psychology residency programs at your organization. We will also address successfully hosting health professions students within health centers
- Invited participation in Learning Collaboratives to implement these programs at your health center

Email your contact information to nca@chcl.com and visit www.chcl.com/NCA.

Implementing Post-Graduate Residencies:

1. Why Start a Post-Graduate Residency Program? Building a Case for Your Organization
2. The Structure, Design, and Content of the 12-month NP Residency Program
3. The Structure, Design and Content of the 12-month Postdoctoral Clinical Psychology Residency Program
4. What Your Board, Management, and Staff Need to Know about Starting a Post-Grad Residency Program in your FQHC
5. Precepting, Supervision, Leadership and Logistics: What are the Staff Roles in a Post-Grad Residency Program?
6. Measuring the Outcomes: Research and Evaluation
7. Accreditation for Postgraduate Residency Programs
8. Case Presentations: Successful National Residency Programs

www.chc1.com/nca

passionate and committed health center leaders. Participants will be guided through how to evaluate the experience through thoughtful consideration of stakeholder engagement, clear expectations of stakeholder responsibilities and well defined processes to onboard and train health profession students.

[Slides](#) [Video](#) [Survey](#)

You can find the information and resources from our previous offerings on the [NCA Archive Page](#)

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Email Address

Speakers

From Community Health Center, Inc.

Margaret Flinter, APRN, PhD, Senior Vice President & Clinical Director

Kerry Bamrick, MBA, Senior Program Manager

Anna Rogers, Program Director

Veena Channamsetty, MD, Chief Medical Officer

Tichianaa Armah, MD, Psychiatrist, Behavioral Health Medical Director

Robert Block, CPA, Chief Financial Officer

From Thundermist Health Center

Matthew Roman, LICSW, Chief Operating Officer

Community Health Center, Inc.

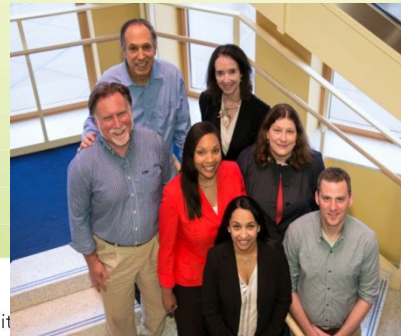
CHC Profile:

- Founding Year - 1972
- 203 delivery sites
- 145k patients

Foundational Pillars

1. **Clinical Excellence**- fully Integrated teams, fully integrated EMR, PCMH Level 3
2. **Research & Development**- CHC's Weitzman Institute is the home of formal research, quality improvement, and R&D
3. **Training the Next Generation**: Postgraduate training programs for nurse practitioners and postdoctoral clinical psychologists as well as training for all health professions students

CHC Locations in Connecticut



Why Start a Postgraduate Residency Program? Building the Case for Your Organization

Today's Objectives:

1. Participants will identify the drivers of implementing postgraduate nurse practitioner residency programs at their health centers.
2. Participants will describe the process of implementing postgraduate residency programs at their organizations.
3. Participants will recognize the costs and benefits of implementing postgraduate residency programs at their organizations.
4. Have sufficient information to have a conversation in their health center about the merits of developing a program.

Why Start a Postgraduate Residency Program? Building the Case for Your Organization

CHC's Drivers for Starting an NP Residency Program in 2007:

- Solve a problem
- Develop a model that is replicable and sustainable
- Advance the field of postgraduate NP training

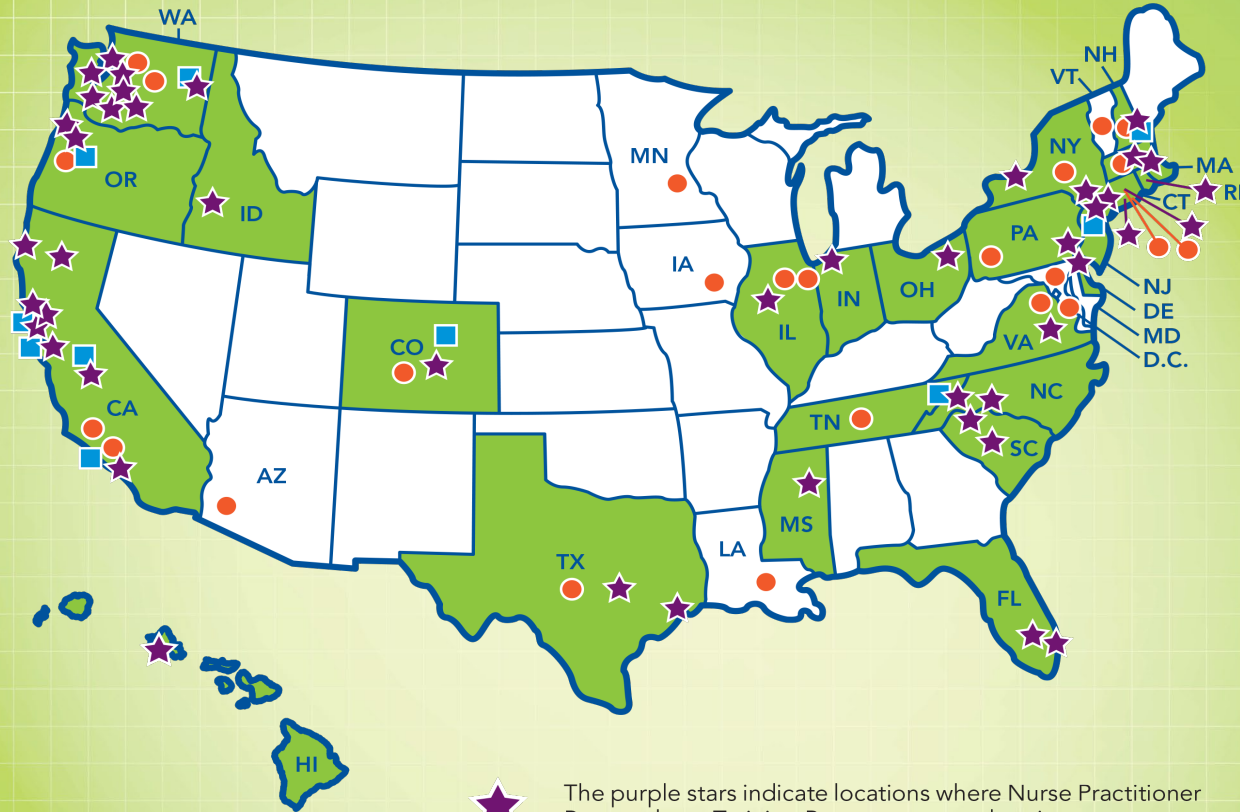


Solve a Problem:

- Address the shortage of primary care providers, particularly for vulnerable populations
- Give new NPs the opportunity for postgraduate residency training leading to confidence and mastery in the FQHC setting
- Reduce attrition due to burnout and distress during the initial postgraduate year
- Give new NPs the confidence to practice in any FQHC – rural or urban, large or small
- Provide the depth, breadth, volume, and intensity of clinical training to a model of care consistent with PCMH, IOM/FON, and FQHC principles and services
- Prepare the next generation of leadership for FQHCs



Develop a Model That Is Replicable and Sustainable



The purple stars indicate locations where Nurse Practitioner Postgraduate Training Programs currently exist.



The blue squares indicate locations where there are NCA Learning Collaborative sites.



Orange circles indicate where graduates of the CHCI Nurse Practitioner Residency Program are practicing.

Advance the Field of Postgraduate NP Training

NATIONAL NURSE PRACTITIONER RESIDENCY & FELLOWSHIP TRAINING CONSORTIUM

Current Members



NATIONAL NURSE PRACTITIONER RESIDENCY & FELLOWSHIP TRAINING CONSORTIUM

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SETTING THE STANDARD FOR POSTGRADUATE TRAINING FOR NURSE PRACTITIONERS

The NNPRFTC exists to support new and ongoing postgraduate training programs for nurse practitioners in the achievement and maintenance of the highest standards of rigor and quality, consistent with achieving the goal of an expert healthcare workforce prepared to meet the needs of patients and the society as a whole.

[LEARN MORE](#)



The Road to Developing an NP Residency Program

- Answer the question: What are your drivers for starting a postgraduate program?
- Learn the essential elements of a postgraduate program
- Assess your own resources (physical, human, financial)
- Secure board, leadership, and clinical buy-in
- Develop financial and strategic plan including potential partners



Outcomes and Research

ALUMNI

- Graduated 66 NP Residents as of August 31 2017
- 30 NP Residents stayed at CHC for at least 2 years post-residency
- 15 NP Residency Alumni currently work at CHC

Health Centers Across the Country

CHC NP Residency Alumni are currently practicing in 25 other health centers across the country as primary care providers

Holyoke Health Center (MA), Santa Rosa CHC (CA), Charles River Community Health (MA) Multnomah County Health Department (OR), Montefiore Medical Group (NY), Lone Star Circle of Care (TX), Unity Health Care, Inc. (DC), Hennepin Healthcare for the Homeless (MN), Heartland Health Centers (TX), HealthPoint, (WA), Christ Community Health Services (TN), Whitman Walker Health (DC), Daughters of Charity (LA), East Boston CHC, (MA), Healthcare for the Homeless (MD), Santa Cruz (CHC), Squirrel Hill Health Center (PA), Salud Family Health Center (CO) Hamilton Health Center (PA), WellOne Primary Care (RI), University of Illinois Chicago (IL), PCC Wellness (IL), Fair Haven CHC (CT), Optimus Healthcare (CT), Neighborhood Health Centers of Leigh Valley (PA)

YEAR	# of Applicants	# of Residents
2007	6	4
2008	7	4
2009	12	4
2010	13	4
2011	25	4
2012	27	8
2013	28	8
2014	26	10
2015	36	10
2016	37	10
2017	33	10

Financial Implications

- Each class is a two-year project
- Cash outlay/investment in first year
- Positive cash flow in second year based on retention
- Positive ROI
- Attractive investment due to the potential ROI and the business imperative of growing an expert primary care workforce



NP Residency Program Return on Investment



CHC experience: 50% of Residents are hired for continued employment

- Of those that stay, average total visits are 1,000 more than a first-year primary care provider
- Recruitment costs saving for each retained NP resident
- Marginal Increase in Cash for each Resident that is hired permanently

Intangible Benefits

- Professional Development of preceptors
 - Clinical skills
 - Procedure experience
 - Academic advancement
- “Protected” teaching
- Provider satisfactions
- Professional Peer Group
- Retention to the workforce



Psychiatric Mental Health Nurse Practitioner Residency Program

Psychiatric Staff involvement & Intangible benefits

- Planning
- Preceptors
- Didactics, creation, and delivery
- Evaluating residents
- Program Feedback
- Reach beyond their own practice
- Skills development
- Satisfaction
- Retention



Thundermist Health Center

Federally Qualified Community Health Center established in 1969
with sites in three Rhode Island communities:



West Warwick



Woonsocket

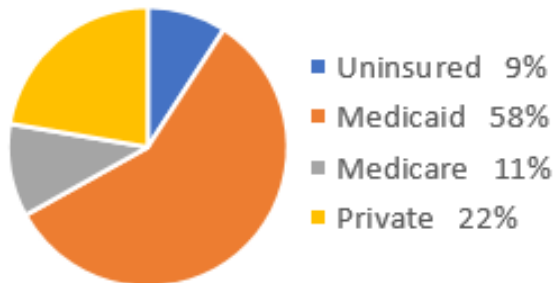


South County

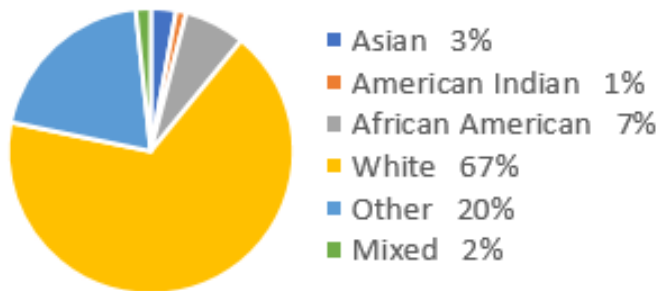


All sites are recognized by the
National Committee for Quality Assurance (NCQA)
as level 3 patient-centered medical homes.

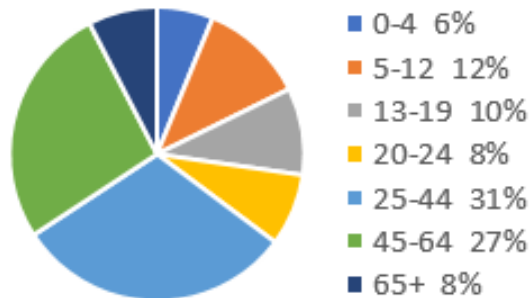
Patient Insurance Status



Patient Diversity



Patients by Age



PATIENTS SERVED 2016

Total Patients	42,314
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VISITS BY SERVICE

Medical & Enabling	122,534
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Dental	45,880
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Behavioral Health	20,015
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Total Visits	188,429
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PATIENTS SERVED BY SITE

South County	8,932
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Woonsocket	18,209
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West Warwick	15,786
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Providence Dental (HIV Dental Services Only)	184
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Primary Medical Care

PROVIDER TYPE	FTEs
MEDICAL	
Family Medicine Physician	17
Internal Medicine Physician	4
Pediatrician	4
Nurse Practitioner	26
Certified Nurse Midwife	3
BEHAVIORAL HEALTH	
Psychiatrist	1
Psychiatric Nurse Practitioner	8
Behavioral Health Counselor	18
DENTAL	
Dentist	16
Hygienist	17
PHARMACIST	1
NURSE CARE MANAGER	10
TOTAL	125



Rationale for Implementing Postgraduate Residency Training Programs at Thundermist

- Create a predictable flow of providers to fill vacancies
- Eliminate the need for recruiting services for hardest to fill positions
- Build provider capacity to meet health center growth needs
- Enhance the ability to recruit and retain providers



Postgraduate Residency Training Programs at Thundermist

- Improve patient care by developing skills of new providers
- Increase awareness of Thundermist as a leader in community-based, patient-centered care
- Strengthen relationships with academic and clinical partners (Brown University Alpert Medical School, Care New England, Kent Hospital, Landmark Medical Center, University of Rhode Island)

Clinical Education Programs at Thundermist

	LEARNERS	FACULTY
Residencies (3)		
Family Physician Residency	9	3 +
Family Nurse Practitioner Residency	3	6
Psychiatric Nurse Practitioner Post Graduate Residency	2	3
Fellowships (3)		
Global Health Fellowship	0	0
Global Maternal Child Health Fellowship	2	1
URI Family Nurse Practitioner Home Visiting Fellowship	*	2
Clinical Training (1)		
Nurse Care Manager Training Program	*	1

Family Nurse Practitioner Residency



Niel Gandhi, MD



Jessica Douglas, NP



Sharon McLimans, NP



Michelle Blade Mello, NP



Tamarie Piecyk, NP

Benefits

- Residency trained nurse practitioners generate **\$53K more than untrained in 1st year of practice**
- Tailor training to specific needs of health center population (e.g. Suboxone, trans* health)
- Recruiting/retention tool
- Create culture change
- Foster leadership development

Costs

- Residents employed by health center
- Preceptors employed by health center
- Minimal costs related to specialty rotations
- Operates at annual loss of **\$68,000**

Patients/Visits

- Calendar year 2016
- Unique patients 1448
 - Patient visits 2269

Structure

- Health center employs residents and preceptors
- Residents make 2 year commitment
- Weekly structure:
 - 24 hours precepted clinic
 - 8 hours of specialty rotations
 - 8 hours didactic/Project ECHO

Lessons Learned

- Nurse practitioner residents trained to needs of population
- Nurse practitioner residency return on investment comes in 2nd year
- Avoidance of recruitment costs part of return on investment
- Providers want to teach
- Expect the unexpected
- Education programs allow recruitment of top talent
- Concepts learned in teaching programs are generalizable:
 - Community tours
 - Supervision

Lessons Learned



- **Provider retention**
- **Non-replicable positions**
- **Communication/communication + residency coordinator**
- **Leadership development opportunities**
- **Allows for vital connections/partnerships with academic institutions**
- **Structure retention in nurse practitioner residency:
2 year commitment + loan repayment guarantee**
- **Transparency in contracting**
- **Charitable grants or teaching health center dollars needed!!!**
- **Future Directions**

Join Our Learning Collaborative Applications are open NOW!

WWW.CHCI.COM/NCA

- ❖ Applications are open from September 1st - October 13th
- ❖ Applicants must be available for an **interview** the week of October 16th-20th
- ❖ Final Decisions: October 23rd
- ❖ First LC Session: November 8th



Questions and Answers

Speakers

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Margaret Flinter, APRN, PhD, Senior Vice President & Clinical Director

Kerry Bamrick, MBA, Senior Program Manager

Anna Rogers, Program Director

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