GRANT PROPOSAL APPLICATION

to

HUMAN SERVICES DEPARTMENT OF NEW MEXICO

for

EXPANSION OF THE

SOUTHERN NEW MEXCIO FAMILY MEDICINE RESIDENCY PROGRAM

Appendix B: Application Abstract

NM GME Expansion Grant Program Request for Applications
Form must be complete.

Date of Application	27 April 2020
Applicant Organization	Burrell College of Osteopathic Medicine at New Mexico State University
Type of Organization	Medical school
Primary Contact and Title	Oliver W. Hayes, DO, MPH, Associate Dean of Graduate Medical Education
Mailing Address	Suite 325, 3501 Arrowhead Drive
City, State, Zip	Las Cruces, New Mexico 88001
Contact Phone	(575) 674-2303
Contact Email	ohayes@bcomnm.org
Title of Project	Expansion of Southern New Mexico Family Medicine Residency Program
Total Amount Requested ($):	$236,640.00

What Specialty(s) is(are) under development or being considered for development?

1. Specialty & Number of residents per year: Family Medicine with complement increase of four (4) residents per year for a total of twelve (12) new residency positions

Please list Partners: (add more rows if necessary)

Name of Partnering Organization	Provider Type	Role(s) in Program
Memorial Medical Center	Teaching Hospital	Sponsoring Institution
La Clinica De Familia	Federally Qualified Health Center	Participating Institution
MountainView Regional Medical Center	Teaching Hospital	Participating Institution
Burrell College of Osteopathic Medicine at New Mexico	Medical School	Academic Partner

This Application Requests Support for in the Following Developmental Areas: (Check all that apply)

GME Program Development Area	Funding Requested *(Yes/No)*	One-year or Multi-year *(if multi-year indicate number of years)*
1. Early Development such as Assets and Capacity assessments	No	One-year
2. Facility needs or adequacy assessment	Yes	One-year
3. Organizational Structure and Program Design	Yes	One-year
4. ACGME Curriculum and Application Planning	No	
5. Budgeting and Financial Projections – Staffing Costs	No	
6. Pre-Start Up Cost support after Program Application Submitted or Approved	No	
7. Resident and Faculty Recruitment Expenses	No	
8. Faculty Training and Development	Yes	One-year
9. Other Development Costs	Yes	One-year

In 300 words or less, describe the type of assistance requested based on boxes checked above. Total Abstract in 2 Pages

Assistance is requested for the following items:

1. Graduate Medical Education Consultant to assist with facility needs and adequacy assessment for complement increase request to ACGME;
2. Graduate Medical Education Consultant to assist with organizational structure design as well as modification of program design to incorporate new participating organizations (LCDF and MVRMC) as part of the residency program;
3. Graduate Medical Education Consultant to assist with GME finance and cost reporting to insure adequate revenue to support the expanded training program;
4. Graduate Medical Education Consultant to assist with fair and equitable revenue distribution to all institutions involved in training.
5. Faculty development of new faculty particularly at La Clinica de Familia;
6. 10% Salary support for John Andazola, MD (Program Director – Southern New Mexico Family Medicine Residency Program) and Oliver W. Hayes, DO, MPH (Associate Dean of Graduate Medical Education at BCOM and Designated Institutional Official at MMC and MVRMC, and for the newly developed position of Site Director at La Clinica de Familia where an additional Family Medicine Practice (FMP) site will be established.

Appendix C: SAMPLE WORKKPLAN

NM GME Expansion Grant Program Request for Applications
Form must be complete.

Areas of Focus	Objectives	Tasks	Party(ies) Responsible	Due Date *(Month and Year)*
Stage 1: Planning for a Residency Program				
Stage2: Developing an ACGME Application				
Stage 3: Pre-Operational Development	Provide Accreditation and Operations Support for the Expanded Program	In order to expand the program, the institution must submit an application for permanent complement increase to the ACGME. This requires ACGME-compliant documentation updates, including: a. Reason for the increase and educational impact of the change b. Key faculty member-to-resident ratio c. Major changes in the program since its last review d. Current block diagram e. Proposed block diagram When the review committee approves the complement increase, the operational impact of such changes should be evaluated to ensure smooth execution. With careful	John Andazola, MD Program Director Southern New Mexico Residency Program Oliver W. Hayes, DO, MPH Designated Institutional Official GME Consultant	September , 2020

Areas of Focus	Objectives	Tasks	Party(ies) Responsible	Due Date *(Month and Year)*
		planning, the process should serve to enhance the educational program for all stakeholders. With an expanded program, operational considerations include: a. FMP space, scheduling, and staffing to ensure compliance with all ACGME requirements b. Inpatient team scheduling and supervision structure c. Learner capacity on shared rotations or rotations with finite supervision availability (e.g. part-time specialty faculty) d. Appropriate and cooperative GME infrastructure at all sites e. Compliance with ACGME Clinical Learning Environment Review (CLER) Pathways, including monitoring at multiple sites f. Institutional oversight and program administration processes across multiple sites		
	Develop Financial Structure	In order to distribute revenue among Residency Sponsoring Institution (MMC) and participating institutions (LCDF and MVRMC) and manage residency caps between the two hospitals, the institutions must explore multiple options for GME structure: such as a Consortium or Medicare Affiliation Agreement. With the assistance of a consultant, we will work with both models and will help the institutions determine which would be the	John Andazola, MD Program Director Southern New Mexico Residency Program Oliver Hayes, DO, MPH DIO and Associate Dean for Graduate Medical Education Consultant	October, 2020

Areas of Focus	Objectives	Tasks	Party(ies) Responsible	Due Date *(Month and Year)*
		best fit for their organization and the long-term viability of the residency program.		
	Identify Options for MVRMC Cap Development for long term financial program viability.	In order to build a sustainable GME program, MMC in partnership with LCDF and MVRMC would like to maximize CMS GME Cap, to ensure stable reimbursement for the expanded residency program. While the 18-person family medicine residency at MMC is not eligible to develop cap, other options can be considered to take advantage of the final academic year of MVRMC's cap development period. Although the family medicine program is not eligible to receive reimbursement, the GME reimbursement at MVRMC is above average which allows for the potential of reimbursement dollars to be reallocated to offset a portion of the family medicine expansion over time. In this crucial final year of the cap development period, it is essential to strategically prioritize to maximize the cap that is developed so that the long-term reimbursement is protected.	John Andazola, MD Program Director Southern New Mexico Residency Program Oliver W. Hayes, DO, MPH Associate Dean of Graduate Medical Education and DIO Consultant	December, 2020

New Mexico Graduate Medical Education Grant Program

Appendix D: Sample Program Budget

Oliver W. Hayes, DO, MPH - Associate Dean for Graduate Medical Education/Designated Institutional Official

Program Expenses (Applicants may add or change categories as needed)

Personnel

Position	FTE	Funding Amount	Rationale
Designated Institutional Official	0.10	$22,680.00	Work effort on the expansion grant
Program Director	0.10	$26,870.00	Work effort on the expansion grant
Program Coordinator	0.10	$4,750.00	Work effort on the expansion grant
Faculty			
Support Staff Site Director LCDF	0.10	$26,840.00	Work effort on the expansion grant
Other Staff			
Total Staff			
Fringe			
Total Personnel	**0.40**	**$81,140.00**	

Operating

Expense	Funding Amount	Rationale
Travel In State and Out of State Travel	$2,000.00	Travel for faculty development to meetings such as ACGME Annual Meeting and Society of Teachers of Family Medicine
Materials and Supplies	$500.00	Materials for meetings
Membership Fees and Dues		
Subscriptions, Software Costs		
Technical Assistance Contractor	$135,000.00	Requesting technical assistance from Germane Solutions; a GME consulting company to assist with Objective listed in application
Technical Assistance Contractor # 2		
IT Contracts		
Clinical or DIO Contract if not Salaried		
Operating Expenses		

Faculty Development Training and Team Meetings		$18,000.00	Faculty development for family medicine physians at LCDF
Total Operating		**$155,500.00**	
Total Budget	**0.40**	**$236,640.00**	

APPENDIX E: LETTER OF TRANSMITTAL

NM GME Expansion Grant Program Request for Applications
Form must be complete.

1. Applicant		
Applicant Name: Burrell College of Osteopathic Medicine		
Mailing address: 3501 Arrowhead Drive		
City: Las Cruces	**State:** NM	**Zip Code:** 88001

2. Person authorized by the organization to contractually obligate on behalf of this grant award:
Name: Mr. John Hummer
Title: President
E-Mail Address: jhummer@bcomnm.org
Telephone Number: (575) 674-2203

3. Person authorized by the organization to negotiate the grant award:
Name: Oliver W. Hayes, DO, MPH
Title: Associate Dean of Graduate Medical Education and Designated Institutional Official at Memorial Medical Center and MountainView Regional Medical Center
E-Mail Address: ohayes@bcomnm.org
Telephone Number: (575) 674-2303

4. Person authorized by the organization to clarify, and respond to queries on behalf of this grant award:
Name: Oliver W. Hayes, DO, MPH
Title: Associate Dean of Graduate Medical Education and Designated Institutional Official at Memorial Medical Center and MountainView Regional Medical Center
E-Mail Address: ohayes@bcomnm.org

Telephone Number: (575)674-2303

5. Use of Contractors/Subcontractors (select one) *	
	No contractors/subcontractors will be used
x	The following contractors/subcontractors will be used (describe purpose of each entity):

Germane Solutions, 9039 Springboro Pike, Miamisburg, OH 45342 (https://www.germane-solutions.com/):

1. Develop a financial structure to share resident cap, allocate GME funding and support the ongoing relationship with the fiscal intermediary that oversees the Memorial Medical Center's family medicine program;
2. Develop an operating structure that integrates training at the new participating sites of La Clinica de Familia (a federally qualified health center) and MountainView Regional Medical Center (a teaching hospital in Las Cruces, NM) , streamlines GME management operations, and promotes objectivity for all parties; and,
3. Develop a strategic plan to optimize the value of MVRMC's last academic year of cap development and funding creation which provides long term financial stability to the family medicine residency program.

6. Please describe any relationship with other community, government, or business sectors- other than contractors/subcontractors listed in (4) above- that will support the Applicant's efforts.

Relationships include:

1. Memorial Medical Center (MMC) has a long-term lease agreement with the city of Las Cruces and Doña Ana county to provide care to those who qualify for the county's healthcare indigent assistance program as well as There is also language to support the continuation and/or growth of the family medicine residency program.
2. Memorial Medical Center and MountainView Regional Medical Center (MVRMC) have established a long-term of affiliation agreement for resident education.
3. Burrell College of Osteopathic Medicine at New Mexico State University is the academic partner of both MMC and MVRMC for residency education.
4. Doña Ana county has provided financial support the planning of residency planning and utilized the New Mexico Primary Care Training Consortium to convene community organizations (LCDF, MMC, MVRMC, and city/county representatives.
5. The Southern New Mexico Family Medicine Residency Program has a relationship with New Mexico State University for faculty support in the areas of psychology and anthropology in the residency program.

5. On behalf of the submitting organization named in item #1, above, I accept the Terms and Conditions stated in Section V of this RFA. I agree to comply with all requirements as described in this RFA, including all appendices, attachments, written clarifications, and amendments provided.

If the Applicant is unwilling to comply with any terms, conditions, or other requirements of this RFA the Applicant shall clearly describe any deviations and include a complete explanation of why such deviations are proposed.

Signature: John Hummer

Date: Apr-25-2020 | 12:13 PDT

APPENDIX ONE

DESCRIPTION OF THE PROJECT

TITLE

EXPANSION OF THE

SOUTHERN NEW MEXCIO FAMILY MEDICINE RESIDENCY PROGRAM

Background:

Memorial Medical Center (the Sponsoring Institution of the Southern New Mexico Family Medicine Residency) would like to increase the size of its ACGME residency program and use grant funding from the Human Services Department of New Mexico to expand its eighteen (18) resident family medicine program. The goal of the family medicine expansion is to increase the number of residents through the development of additional participating sites for the program to include Mountain View Regional Medical Center (MVRMC) and La Clinica De Familia (LCDF a Federally Qualified Health Center, which are located in Las Cruces. The residency program would increase by four (4) positions per year for aggregate increase of twelve (12) positions. An analysis of the two hospitals shows that each have strong GME characteristics, additionally, LCDF has remodeled the old Memorial Hospital to create a new medical clinic ideal for resident education. Although there are several advantages to such a residency expansion, there also some hindrances in terms of development.

Memorial Medical Center – (Provider # 32-0018)

- Receives slightly higher Medicare GME Reimbursement per resident compared to national average (~$143K vs. $120K respectively).
- Currently sponsors two GME programs, an 18-resident family medicine residency program and an unfilled 9-resident family medicine residency program which was accredited July 1, 2019.
- Has a relatively small resident cap (6.69 IME, 17.00 DGME FTEs) and is training residents who are not being reimbursed, with that number expected to increase as the new program fills.
- MMC has a long-term lease agreement with both the city of Las Cruces and the county of Doña Ana to provide care for county's healthcare indigent assistance program and support the continuation and growth of the residency program.

Mountainview Regional Medical Center – (Provider # 32-0085)

- Receives high Medicare GME Reimbursement per resident compared to national average ($199K vs. $120K respectively).
- Currently sponsors four GME programs at the hospital, in the specialties of internal medicine, transitional year, orthopaedic surgery, and osteopathic neuromusculoskeletal medicine.
- Began the five-year FTE cap development period in Academic Year 2016-2017, meaning that new programs at this institution can develop cap and receive funding from CMS as long as eligible residents are claimed no later than Academic Year 2020-2021.

La Clinical De Familia

- La Clinica de Familia, Inc. (LCDF) is a private, not-for-profit federally qualified health center (FQHC) that was established in Doña Ana County, New Mexico in 1978.
- LCDF provides quality health care for the entire family through a system of medical clinics, dental clinics, school based clinics, behavioral health services, mental health services,

Early Head Start programs, Healthy Start programs and a Promotora program. LCDF health and social services programs are funded by grants, contracts, and fee-for-service.

- Although LCDF has a long history of providing quality medical, dental, behavioral healthcare to a diverse population, it has had limited engagement in graduate medical education therefore faculty development will be needed.

Burrell College of Osteopathic Medicine at New Mexico State University

- Burrell College is the academic partner for residency programs at MMC and MVRMC

It is important to note that while LCDF and MVRMC are attractive potential training sites for the family medicine residency program, residents from the MMC family medicine program considering a complement increase **are not eligible to develop cap** at any site. This is because cap can only be grown by resident rotations coming into the hospital from "new programs" as defined by CMS. However, with proper planning, timing and execution, it is possible to create value for all three organizations before the cap window closes.

The collective GME footprint at both hospital sites amounts to sixty-two (62) sponsored positions, with at least nine (9) additional residents anticipated to enter the system over the next several years. If MMC moves forward with its proposed program expansion, the three institutions' GME enterprise will increase in complexity and overlap, with changes requiring a different structure to manage further intricacies regarding GME funding, operations, and costs.

Project Overview:

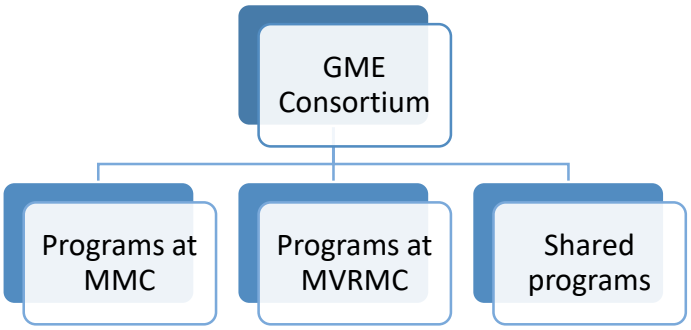
Since there are several key considerations related the Family Medicine program expansion, the grant applicant believes it is pertinent to develop a range of potential options and strategies for the program that could support each institution's leadership's goals. Based on available information and experience with a planning effort funded by Doña Ana County, the grant-funded engagement should focus on three main areas:

1. Develop a financial structure to share resident cap, allocate GME funding and support the ongoing relationship with the fiscal intermediary that oversees the MMC family medicine program;
2. Develop an operating structure that integrates training at the new participating sites, streamlines GME management operations, and promotes objectivity for all parties; and,
3. Develop a strategic plan to optimize the value of MVRMC's last academic year of cap development and funding creation

Objective 1 – Developing a Financial Structure

In order to distribute revenue among two hospital partners and a FQHC as well as manage residency caps between the two hospitals, the institutions can explore multiple options for GME structure: GME Consortium or Medicare Affiliation Agreements. The DIO has extensive experience working with both models and will assist the institutions determine which would be the best fit for their organization.

GME Consortium – GME consortiums are a common structure for multiple partners from different health systems to combine resources for residency training. Under a consortium model, one ACGME sponsoring institution would oversee GME activity at all three sites, inclusive of the programs currently distributed among the sites and any future programs. This allows the sponsoring institution with greater authority for optimizing GME activity including deployment and monitoring of the resident's training activities, and time, across all of the provider and non-provider sites. This function also increases economies of scale by reducing the need for duplicative GME infrastructure and costs at each training site. The financial structure of such a model would need to be discussed and agreed upon by consortium members in consideration of the respective FTE allocation, resources, and funding of both institutions.



Medicare Affiliation Agreements - Another option is to execute a Medicare Affiliation Agreement with both hospital partners and the FQHC partner under which hospitals can agree to transfer residency cap as long as a shared rotational agreement exists between the sites. Medicare Affiliation Agreements must be renewed annually, so this can be a more flexible option to continue to reevaluate the needs of all the parties annually.

The grant applicant with the assistance of a consultant will assist the institutions in developing the framework/business case for creating a mutually beneficial GME finance structure. Grant-funded support would include:

- Determine which approach (GME Consortium, Medicare Affiliation Agreement etc.) will support both parties' objectives and align with desired results
- Evaluate current and future resident reimbursement and supervision payments for the family medicine program
- Assess impact of current and future rotation agreements (provider and non-provider) and opportunities to maximize available GME reimbursement, while maintaining the quality and accreditation of the program
- Develop funds flow models that create equitable distributions of funding based on responsibilities and resources committed to the program
- Create a pro forma income statement which demonstrates anticipated economic impact of expanding the family medicine program for each hospital (e.g. revenue, costs, timelines, capital, investments

Objective 2 – Gaining a Complement Increase and Developing an Operating Structure

In order to expand the program, the MMC as the Sponsoring Institution must submit an application for permanent complement increase to the ACGME. This requires ACGME-compliant documentation updates, including:

- Reason for the increase and educational impact of the change;
- Key faculty member-to-resident ratio;
- Major changes in the program since its last review;
- Response to previous citations;
- Current block diagram; and,
- Proposed block diagram.

The DIO and consultant have extensive experience with ACGME-compliant language and required documentation and can fully support the timely creation and submission of these documents to the family medicine review committee for consideration.

When the ACGME review committee elects to approve the complement increase, the operational impact of such changes should be evaluated to ensure smooth execution. With careful planning, the process should serve to enhance the educational program for all stakeholders. With an expanded program, operational considerations include:

- FMP space, scheduling, and staffing to ensure compliance with all ACGME requirements
- Inpatient team scheduling and supervision structure
- Learner capacity on shared rotations or rotations with finite supervision availability (e.g. part-time specialty faculty)
- Appropriate and cooperative GME infrastructure at both sites
- Compliance with ACGME Clinical Learning Environment Review (CLER) Pathways, including monitoring at multiple sites
- Institutional oversight and program administration processes across multiple sites

The grant applicant will support the evaluation and development of the strategic plan for the above items, including creation of new scheduling models, learner capacity studies, GME infrastructure planning, and review of administrative oversight practices.

Objective 3 – Identifying Options for MVRMC Cap Development

In order to build sustainable GME programs, MVRMC would like to maximize their CMS GME Cap, to ensure stable reimbursement for its current and future programs. While the 18-person family medicine residency at MMC is not eligible to develop cap, other options can be considered to take advantage of the final academic year of MVRMC's cap development period.

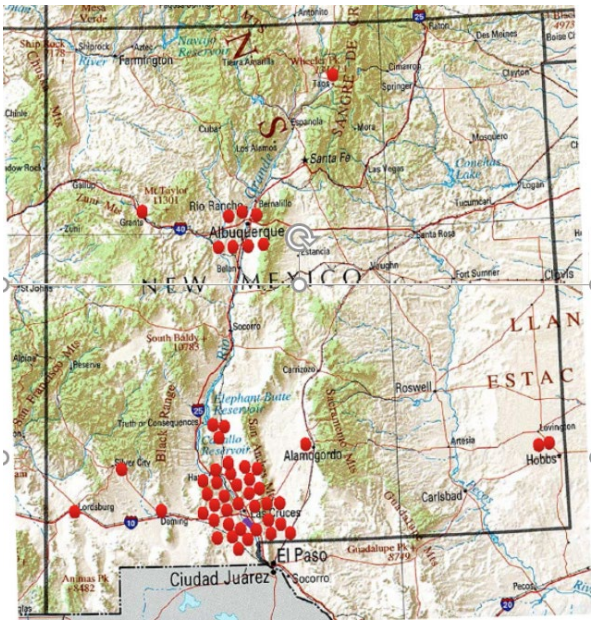
Although the family medicine program is not eligible to receive reimbursement, the GME reimbursement at MVRMC is above average which allows for the potential of reimbursement dollars to be reallocated to offset a portion of the family medicine expansion over time. In this crucial final year of the cap development period, it is essential to strategically prioritize to

maximize the cap that is developed so that the long-term reimbursement is protected. Strategies to be considered include:

- Clinical training model evaluations to adjust schedules to maximize in-house claimable resident FTEs;
- Cost reporting strategies to ensure MVRMC is claiming all FTE for which they are eligible;
- Evaluating the opportunity to start additional GME programs (or increase cap for existing programs i.e. Transitional Year) at MVRMC to maximize cap development; and,
- Determining the right sizing of existing programs, post cap development, to ensure proper cap allocation.

Concluding Remarks:

It should be noted that the Southern New Mexico Family Medicine Residency (SNMFMR) has been very successful in training residents in community setting and graduating family physicians ready to serve their patients and communities. It should be noted that over the past five (5) years, SNMFMR has had a 100% board pass rate among its graduates. Additionally, the residency program holds 10-year "Continued Accreditation" from the ACGME. Moreover, as shown below, the residency program has had remarkable success in retaining its graduates in New Mexico.



Each red dot is an active practicing family physician who is a graduate of the Southern New Mexico Family Medicine Residency Program

As opposed to Academic Medical Center Graduate Medical Education, creating successful residency programs in community settings is challenging. Health care institutions must marry service and educational missions while maintaining financial stability. An organizational structure that include partnerships of community teaching hospitals (MMC and MVRMC), federally

qualified health center (LCDF) and a medical school (BCOM) would be able to provide both the clinical volumes of diverse patient groups and academic rigor to support high-quality training. Also it should be noted evidence suggests that residency program characteristics influence future specialization and geographic location.[1-3] Residents trained in community settings are more likely chose in primary care fields and work in underserved areas.[4,5] To bolster physician workforce in New Mexico, training in community settings rather than large, tertiary care academic centers is needed. The importance of decentralizing GME training from the large-scale academic settings toward more community-based training.[6-10]

Both the Southern New Mexico Family Medicine Residency and La Clinica de Familia serve a large number of patients of very limited means and Medicaid recipients:

Population Served by LCDF Community-based Ambulatory Care Sites

LCDF is one of Doña Ana County's largest primary care providers, with 17 sites providing primary/preventive medical, dental and behavioral health care for all age groups. The region served by LCDF is designated as a Health Professional Shortage Area (HPSA) which covers southern Doña Ana County and includes the City of Las Cruces (population 101,712) as well as 46% of all New Mexico colonias (population 49,833). This area is designated as a Medically Underserved Area/Population (MUA/P) by the federal Health Resources Services Administration (HRSA). Las Cruces is New Mexico's second largest Metropolitan Statistical Area (MSA). About half of the county's population of 215,600 lives outside Las Cruces. In 2017, LCDF provided 33,883 patients with 218,584 visits, including 18% who were uninsured, 59% Medicaid recipients, and 74.6% who were of Hispanic ethnicity.

Population Served by the Southern New Mexico Family Medicine Residency Program

The Southern New Mexico Family Medicine Residency Program FP currently serves about more 8,000 patients with greater than 22,000 patient visits per year. In 2019, Medicaid recipients made up greater than 50% of the payer mix. A majority of patients are Spanish-speakers.

The applicant believes that this grant application should be funded and that there is a high likelihood of success for the residency expansion effort.

Thank you for your consideration.

References:

1. Morris CG, Johnson B, Kim S et al. Training Family Physicians in Communities: Health Workforce Solution. Fam Med.2008;40:271–6.
2. Brooks RG, Walsh M, Mardon RE, et al. Roles of Nature/Nurture in Recruitment and Retention of Primary Care Physicians in Rural Areas: Review of the Literature. Acad Med.2002;77:790–98.

3. Rosenthal TC, McGuigan MH, Anderson G. Rural Residency Tracks in Family Practice: Outcomes. Fam Med.2000;32:174–7.

4. Noble J, Friedman RH, Starfield B, Ash et al. Career Difference between Primary Care and Traditional Trainees in Internal Medicine and Pediatrics. Ann Int Med.1992;116:482–87.

5. Dick JF, Wilper AP, Smith S, et al. Effect of Rural Training During Residency on Selection of Primary Care Careers: A Retrospective Cohort Study from Large Internal Medicine Residency Program. Teach Learn Med. 2011;23:53–7.

6. Zweifler J. Balancing service and education: linking community health centers and family practice residency programs. Fam Med. 2993;25:306–11.

7. Jones TF. The Cost of Outpatient Training of Residents in a Community Health Center. Fam Med. 1997;29:347–52.

8. Morris CG, Chen FM. Training Residents in Community Health Centers: Facilitators and Barriers. Ann Fam Med. 2009; 712-718.

9. Morris CG, Johnson B, Kim S, Chen F. Training family physicians in com-munity health centers: a health workforce solution. Fam Med. 2008; 40(4):271-276.

10. Phillips RL, Petterson S, Bazemore A. Do residents who train in safety net settings return for practice? Acad Med. 2013;88(12):1934-1940

APPENDIX TWO

LETTERS OF SUPPORT

EXPANSION OF THE

SOUTHERN NEW MEXICO FAMILY MEDICINE RESIDENCY PROGRAM

Burrell College of Osteopathic Medicine

Doña Ana County Human Services Department

La Clinica de Familia

Memorial Medical Center

MountainView Regional Medical Center

BURRELL COLLEGE
of
OSTEOPATHIC MEDICINE

Office of the Dean

April 25, 2020

Oliver W. Hayes, DO, MPH
Designated Institutional Official
MountainView Regional Medical Center
4351 East Lohman Avenue, Suite 300
Las Cruces, NM 88011

Re: Letter of Support HDS Grant Application

Dear Dr. Hayes:

The Burrell College of Osteopathic Medicine is pleased to support the grant application to the New Mexico Human Services Department for the expansion of the Southern New Mexico Family Residency Program. The College serves as the Academic Sponsor of the residency program and seeks to further satisfy its mission of expanding diversity and access to healthcare in the border region and throughout New Mexico through graduate medical education. Expansion of this family medicine residency will allow our graduates greater access to high quality postgraduate training in Southern New Mexico thereby increasing the likelihood of retention and growth of the physician workforce.

We look forward to continuing our support of the residency program through this period of growth by providing resources for education and research to your residents and such additional services as me be required to fulfill the obligations of the grant. The College appreciates its responsibilities in its ongoing partnership with Memorial Medical Center, La Clinical de Familia, and MountainView Regional Medical Center in bringing this strategy to fruition for the benefit of our community and the State of New Mexico.

Sincerely,

Don N. Peska, DO, MEd
Professor of Surgery
Dean and Chief Academic Officer

Doña Ana County
Health and Human Services Department
845 N. Motel Boulevard • Las Cruces, New Mexico 88007

April 13, 2020

Oliver W. Hayes, DO, MPH
Associate Dean of Graduate Medical Education
Suite 325
Burrell College of Osteopathic Medicine at New Mexico State University
3501 Arrowhead Drive
Las Cruces, NM 88011

Re: Letter of Support HDS Grant Application

Dear Dr. Hayes:

Our county vigorously supports the grant application to the New Mexico Department of Human Services Department for the expansion of the Southern New Mexico Family Residency Program.

As Director of the Health and Human Services Department for Doña Ana County, I endorse the project and have been part of a community-wide development project supported by the county to expand primary health care services to our area.

In the plan to expand the family medicine residency, Memorial Medical Center, MountainView Regional Medicine and La Clinica de Familia will provide faculty, staff, and facilities for the family medicine clinic and residency program.

In closing, I enthusiastically support the grant application and looks forward to working with La Clinica de Familia, Memorial Medical Center, MountainView Regional Medical Center as participating sites in the residency expansion.

Sincerely:

Jamie Michael
Director

LCDF
La Clinica de Familia

385 Calle de Alegra, Bldg A
Phone (575) 526-1105
Fax (575) 524-4206
Las Cruces, NM 88005

April 16, 2020

Oliver W. Hayes, DO, MPH
Associate Dean of Graduate Medical Education
Suite 325
Burrell College of Osteopathic Medicine at New Mexico State University
3501 Arrowhead Drive
Las Cruces, NM 88011

Re: Letter of Support HDS NM GME Grant Application

Dear Dr. Hayes:

La Clinica de Familia vigorously supports the New Mexico Department of Human Services Department grant application for the expansion of the Southern New Mexico Family Residency Program. As CEO of La Clinica de Familia (LCDF) I endorse the project, leading LCDF's role of a community-wide development project, supported by Dona Anna County, to expand primary health care services for the county.

La Clinica de Familia, Inc. (LCDF) is a private, not-for-profit federally qualified health center (FQHC) established over 40-years ago in Doña Ana County, New Mexico in 1978. LCDF provides quality health care to all members of families, regardless of their ability to pay as a HRSA 330 federal grantee. LCDF currently operates an outpatient health system of medical clinics, dental clinics, school based clinics, behavioral health services, mental health services, Early Head Start programs and behavioral health/ medical appointment patient transportation options throughout Las Cruces and southern Dona Ana County.

The proposed plan will expand the family medicine residency program with LCDF providing residency healthcare program facilities for the family medicine clinic, contribution of physician and staff time for residency training, and conference room space for didactic education.

In closing, I enthusiastically support this grant application and look forward to working with Memorial Medical Center and Mountain View Regional Medical Center as a participating site in this critically needed residency expansion request.

Sincerely,

Virgil Medina, CEO
La Clinica de Familia

MMC
Family Medicine
Center

Southern New Mexico
Family Medicine
Residency Program
Established in 1996

April 21, 2020

Oliver W. Hayes, DO, MPH
Associate Dean for Graduate Medical Education
Burrell College of Osteopathic Medicine at New Mexico State University
Suite 325
3501 Arrowhead Drive
Las Cruces, NM 88001

Re: Support Letter – HSD Grant Application

Dear Dr. Hayes:

As Program Director of the Southern New Mexico Family Medicine Residency Program, I enthusiastically write in support of your efforts to obtain a HSD Residency Expansion Grant for our program. As you know, I have been part of the group in Doña Ana County working on residency expansion. As part of that group, I have met with the CEO of Memorial Medical Center (our sponsoring institution), the CEOs of MountainView Regional Medical Center and La Clinica de Familia (proposed participating sites) regarding expanding the size of the our residency program. Leadership of all three of these institutions vigorously supports this effort.

The Southern New Mexico Family Medicine Residency Program is an 18 resident program (6-6-6) which holds 10 year "continued accreditation" from the Accreditation Council on Graduate Medical Education (ACGME). Please find enclosed a copy of our accreditation status letter from the ACGME.

Our program has had an excellent track record of training and retaining graduates in New Mexico – particularly in the southern region. I am proposing that our residency program expand to 30 positions (10-10-10) program with increased capacity provided by MVRMC and LCDF. This increase will provide more resident graduates for the state of New Mexico.

In closing, I want to reiterate that our program supports this grant application.

Sincerely;

John Andazola, MD
Program Director – Southern New Mexico Family Medicine Residency Program

MOUNTAINVIEW
REGIONAL MEDICAL CENTER

April 21, 2020

Oliver W. Hayes, DO, MPH
Designated Institutional Official
MountainView Regional Medical Center
4351 East Lohman Avenue, Suite 300
Las Cruces, NM 88011

Re: Letter of Support HDS Grant Application

Dear Dr. Hayes:

MountainView Regional Medical Center supports the grant application to the New Mexico Department of Human Services Department for the expansion of the Southern New Mexico Family Residency Program.

Our health system which is in the midst of residency program expansion would benefit greatly by serving as a "Participating Site" in the residency program captioned above. As CEO, I have wanted to add a Family Medicine Residency Program to our portfolio, and by working with Memorial Medical Center, this can be accomplished. MountainView is still in its residency cap building phase which can provide important resources to the expansion. In addition, just recently our health system has expanded Obstetrics and Gynecology Service line with La Clinica de Familia.

In closing, MountainView Regional Medical Center enthusiastically supports the grant application and looks forward to working with Memorial Medical Center and La Clinical de Familia in the residency expansion.

Sincerely,

Derrick Cuenca
Chief Operating Officer

APPENDIX THREE

ACGME ACCREDITATION STATUS

SOUTHERN NEW MEXICO FAMILY MEDICINE RESIDENCY PROGRAM

Accreditation Council for Graduate Medical Education

401 North Michigan Avenue
Suite 2000
Chicago, IL 60611

Phone 312.755.5000
Fax 312.755.7498
www.acgme.org

4/2/2020

John J Andazola, MD
Program Director
Memorial Medical Center
2450 S Telshor Boulevard
Las Cruces, NM 88011

Dear Dr. Andazola,

The Review Committee for Family Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Family medicine

Memorial Medical Center (Las Cruces) Program
Memorial Medical Center
Las Cruces, NM

Program 1203421577

Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Maximum Number of Residents: 18
Effective Date: 01/29/2020

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations.

RESOLVED CITATIONS

The Review Committee determined that the following citations have been resolved:

Learning and Working Environment | Since: 01/30/2019 | Status: Resolved
Clinical Experience and Education VI.F.1.
Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)

The Committee was not able to determine substantial compliance with the requirement. Specifically, recent resident survey results indicate potential noncompliance with the 80-hour rule. As Dr. Thomas Nasca, the ACGME's CEO and President, noted in his letter to the community dated January 9, 2019, compliance with the 80 hour program requirement will be strictly monitored and programs will receive citations where violations are identified. He indicated that ACGME informed the community in 2017 that Review Committees would strictly enforce the 80 hour rule through the Background and Intent for the requirement,

https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_Section%20

VI_with-Background-and-Intent_2017-01.pdf.

The Review Committee will monitor the program's 2019 survey to determine improvements in compliance.

The ACGME must be notified of any major changes in the organization of the program. When corresponding with the ACGME, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System (ADS).

Sincerely,



Eileen Anthony, MJ
Executive Director
Review Committee for Family Medicine
312.755.5047
eanthony@acgme.org

CC:

Oliver W. Hayes, DO

Participating Site(s):

Memorial Medical Center
University of New Mexico Hospital

APPENDIX FOUR

FINANCIAL VIABILITY AND OTHER REQUIRED DOCUMENTS

EXPANSION OF SOUTHERN NEW MEXICO FAMILY MEDICINE RESIDENCY PROGRAM

Financial Viability

Memorial Medical Center (MMC), the sponsoring institution located in the Mesilla Valley of southern New Mexico serves the more than 300,000 residents of Las Cruces, Doña Ana County, and the surrounding region. The hospital offers comprehensive care to patients, including the latest in diagnostic, therapeutic, and rehabilitative services, both on an inpatient and outpatient basis. As the Sponsoring Institution, Memorial Medical Center has supported the full cost of the Southern New Mexico Family Medicine Residency for the past twenty-four (24) years. Memorial Medical Center will continue to assume the ultimate financial and academic responsibility for family medicine residency program consistent with the ACGME Institutional Requirements as the program expands. However, this grant application will be used to make that possible with the addition of two participating institutions (see below).

As found in the financial statements captioned below; the Sponsoring Institution has provided the Southern New Mexico Family Medicine Residency program, even as the residency has worked vigorously in the area of health disparities. The residency program has a mission to teach, collaborate, lead, and inspire to transform the education and health of the whole community. Its overall education goal is to train fully competent and compassionate family physicians that are prepared to provide quality, comprehensive and continuous primary medical care to families with objectives of:

- Prepare physicians to practice in rural and under-served areas of New Mexico;
- Train physicians to work in the context of a collaborative team;
- Develop the physician into a lifelong adult learner and educator;
- Train physicians to assume leadership roles in local communities, New Mexico and the nation; and,
- Provide southern New Mexicans with compassionate, quality care regardless of their resources.

Unique elements of the educational experience in this residency program include Integrated Behavioral Medicine, Interprofessional Collaborative, and the Health Equity Action Team:

- Integrated Behavioral Medicine - The Southern New Mexico Family Medicine Residency offers education with a strong emphasis on behavioral medicine. The behavioral faculty are PhD psychologists with prescriptive authority, a scope of practice available in only two states in the US. These psychologists are an integral part of our hospital team and are present on daily hospital rounds. The residents work closely with the New Mexico State University (NMSU) Postdoctoral Masters in Psychopharmacology program and provide much of the teaching in physical assessment and pathophysiology for psychologists enrolled in that program. The residency program also collaborates closely with the NMSU School of Counseling and Psychology and their Masters and PhD students rotate through our Family Medicine clinic giving our residents a widely varied experience in behavioral medicine in the primary care setting.

- The Interprofessional Collaborative is a group of trainers in different healthcare fields and settings that work together each year to teach and promote integrated healthcare. This group consists of faculty from New Mexico State University from the Counseling Psychology, Nursing, and Social Work, and Anthropology programs, the University of New Mexico's Pharmacy program, and Southern New Mexico's Family Medicine Residency Program with family medicine residents. This collaborative has provided training for 125 trainees from different healthcare professions including counseling psychologists, social work, nurse practitioners, pharmacy, and family medicine physicians.

- Health Equity Action Team (HEAT) - The Southern New Mexico Family Medicine Residency Program includes our Health Equity Action Team (HEAT). This team coordinates a unique, longitudinal social determinants of health curriculum that develops residents' capacity to identify social determinants of health experienced by individuals and families in the border region; demonstrate respect for patients' and families' perspectives, including cultural and social background; and adapt patient care strategies to address social determinants of health, including working with interprofessional teams. HEAT includes an anthropologist, a public health scientist, two social work faculty, a behavioral health faculty member, and a family medicine faculty member who has broad experience in health policy.

These unique elements to the family medicine residency program do add additional costs to the residency program, but as Sponsoring Institution, Memorial Medical Center has consisently provided the resources to support this training.

Memorial Medical Center proposes to increase the residency program by four (4) positions per year for aggregate increase of twelve (12) positions through the development of additional participating sites for the program to include Mountain View Regional Medical Center (MVRMC) and La Clinic De Familia (LCDF a Federally Qualified Health Center, which are located in Las Cruces. It is important to note that while LCDF and MVRMC are attractive potential training sites for the family medicine residency program, residents from the MMC family medicine program considering a complement increase **are not eligible to develop cap** at any site. This is because cap can only be grown by resident rotations coming into the hospital from "new programs" as defined by CMS. However, with proper planning, timing and execution, it is possible to create value for all three organizations before the cap window closes. In order to distribute revenue among two hospital partners and a FQHC as well as manage residency caps between the two hospitals, the institutions will explore multiple options for GME structure: GME Consortium or Medicare Affiliation Agreements. The DIO has extensive experience working with both models and will assist the institutions determine which would be the best fit for their organization. The grant application is partially being submitted to develop either a consortium or Medicare Affiliation Agreement which would provide financial viability for the expanded residency program.

Financial Statements of the Southern New Mexico Family Medicine Residency Program

The grant application instructions state: "Provide financial statements and audits of the program going back two fiscal years. Under revenue, include grant funding and all other sources of income that supported the program. Under expenditures, include all expenditures related to operation of the program, regardless of funding source." Although Memorial Medical Center has institutional certified financial statements (balance sheet, income statement, and statement of cash flows) that have been audited and signed off by an accounting firm, these financial instruments do not provide sufficient granular information regarding the cost and revenue of the family medicine residency program. Therefore, provided below is an accounting of revenue and expenses of the residency program for calendar years of 2018 and 2019. Briefly summarizing the two pages that follow the financial performance from 2018-2019 was:

- In calendar 2018, the residency program operated with a net loss of $808,317.00. This is primarily due to an only slightly higher than average Medicare Direct Graduate Medical Education Per Resident Amount (PRA) of approximately $143,000 and a very small Indirect Graduate Education (IME) Cap of 6.69 FTEs resulting in training of many residents that are not being reimbursed by Medicare.
- In calendar 2019, the residency program operated with a net loss of$972,435.00 for the reasons cited above. However, the residency program will receive new additional funds as Medicaid Indirect Medical Education payments. When these payments are accrued will the residency program to have a net surplus of revenue over expenses of approximately $1, 000,000 for calendar year 2019.

Therefore, over several years, the residency program will become self-sufficient as cash flow increases assuming expenses remain stable. However, with residency expansion, expenses for additional residents will increase, therefore this grant application seeks assistance to resolve this issue. The goals of this grant application for an expanded residency program include:

- Develop a financial structure to share resident cap among the participating institutions which will allow allocate sufficient and stable GME funding;
- Develop an operating structure that integrates training at the new participating sites, streamlines GME management operations, and promotes objectivity for all parties; and,
- Develop a strategic plan to optimize the value of MVRMC's last academic year of cap development and funding creation

The applicant firmly believes that the long-term financial viability of the expanded residency program is assured provided the grant is approved to assist with the necessary changes.

2018-2019 Residency Revenue and Expenses

REVENUE	2,018	2,019
Op Ancillary	4,594,798	4,547,737
Other Oper Income	166,032	165,561
TOTAL GROSS REVENUE	**4,760,830**	**4,713,299**
DEDUCTIONS		
Medicare Current Yr	(533,591)	(462,884)
Medicaid Current Yr	(16,998)	(26,881)
Champus Contractuals	0	0
Py Contractuals	0	0
Hmo/Ppo Disnts Inc Me/Ma Mgd	(1,215,938)	(1,611,944)
Charity Discounts	0	0
Other Deductions	(674,056)	(342,504)
BAD DEBT	(228,036)	(172,954)
TOTAL DEDUCTIONS	**(2,668,618)**	**(2,617,168)**
TOTAL NET REVENUE	**2,092,212**	**2,096,131**
OPERATING EXPENSES		
Salaries	3,327,738	3,533,882
Contract Labor	0	0
Employee Benefits	541,823	650,372
Supplies	182,544	201,948
Professional Fees	108,535	176,462
Contract Services	179,476	158,705
Repairs & Maintenance	56,563	33,319
Rents & Leases	0	0
Utilities	51,124	56,885
Insurance	191,641	28,505
Investment Income	0	0
Non Income Taxes	0	0
Other Oper Expense	200,178	185,546
TOTAL OPERATING EXPENSE	**4,839,623**	**5,025,623**
EBITDA	**(2,747,411)**	**(2,929,493)**
TOTAL INCOME (LOSS)	**(2,747,411)**	**(2,929,493)**

GME REVENUE			
Medicaid DGME	**582,664**	**600,628**	
Medicaid IME	**0**	**0**	2,032,000**
Medicare IME*	**786,066**	**786,066**	
Medicare DGME*	**570,364**	**570,364**	
Total GME Income	**1,939,094**	**1,957,058**	
Net Income (Loss)	**(808,317)**	**(972,435)**	1,059,565**

*2016 data

**2020 Medicaid IME

Other Required Documentation

Section 11. F. *2*. Of the Grant Program Request for Applications, February 2020 states:

> *Existing Programs Expansion.*
> Documentation of request for (and/or national accreditor approval of) additional residency positions.
>
> • If a request for approval of program expansion has not been submitted to ACGME at the time of Application submission, Applicant must submit a draft letter and specify the planned date of submission. Applicant must specify the expected date of national accreditor approval for expansion. HSD will consult with Awarded Applicants to determine by when national accreditation for the expanded program must be in effect.

The ACGME Family Medicine Review Committee approves changes in resident complement (temporary and permanent) and Resident Complement by year and total. To officially initiate a change in the approved resident complement, the program director does not submit a letter rather must log into ACGME Accreditation Data System (ADS) and select "Complement Change" from the right-hand menu under the "Program" tab. All complement change requests will be electronically sent to the Designated Institutional Official (DIO) for approval. After the DIO has approved the request, the materials submitted in ADS are forwarded to the Review Committee for consideration. The Review Committee Executive Director will notify the program of the Committee's decision. Programs must hold a status of Continued Accreditation. As demonstrated from the information submitted with this grant proposal the Southern New Mexico Family Medicine Residency do have Accreditation. The following documents/information are required to complete a request for a permanent increase in complement (instructions are also provided in ADS):

- Reason for the increase and educational impact of the change;
- Key faculty member-to-resident ratio;
- Major changes in the program since its last review;
- Response to previous citations;
- Current block diagram; and,
- Proposed block diagram.

The Southern New Mexico family Medicine residency program is in the process of submitting an application to the ACGME for resident complement expansion from 18 residents (6-6-6) to 30 (10-10-10). This request will be submitted through the Accreditation Data System (ADS).

The application for resident compliment expansion requires a description of the educational reasons for the resident complement change. Which may include the exposure of residents to new technology and the development of rotations that amplify or expand educational experiences. The narrative should justify the request in terms of institutional support, funding, emerging technology, clinical experiences, faculty support, and other institutional facilities that are available. In addition, the application must include the proposed implementation plan. The rationale must be exclusively educational and not based on specialty demands. Below is a draft of the application description as described above:

Educational Rationale

The residency program would like to expand its complement of residents and utilize a Federally Qualified Health Center (FQHC) at La Clinica de Familia (LCDF) as the continuity family medicine practice (FMP) site for these expanded residents. This site was approved as a FMP in November of 2015, however has not yet been utilized pending complement expansion (approval letter attached). The facility is 40,000 square feet and has ample space and patient population for 12 residents.

The residency program has required rotations in local Federally Qualified Health Centers (FQHC) for many years. The educational rationale of this rotation is to provide the residents with direct education in a center focused on the care of underserved patients. The vast majority of patients served in our community are served in a FQHC and thus this training is very beneficial in providing the residents the skills they need to practice in our community.

Other educational benefits include: 1. An increased the number of patients available to the residents to learn from. (LCDF conducts 50,000 + patients visit a year including OB, pediatrics and adults). 2. An expanded faculty by utilizing the family physicians employed by LCDF as site director, core faculty and preceptors. This will provide a deeper pool of faculty experience and expertise to support the education of the residents. 3. A longitudinal ambulatory experience in an inter-professional team setting. The FQHC at La Clinica de Familia (LCDF) cares for patients with an inter-professional team which includes behavioral health, social work, dental, nursing, and community health workers working together within the FQHC.

In order to provide funding for these positions the residency program is partnering with Mountain View Regional Medical Center to fund these residents' positions through expansion of its Medicare cap.

The FQHC at La Clinica de Familia (LCDF) was approved by the FMRC as a continuity Family Medicine Practice site (FMP) in November of 2015. Therefore, the infrastructure is in place to expand including resident office space, conference rooms, clinic space, and patient population. The site director, core faculty, and preceptors are currently employed by LCDF and will participate with ongoing faculty development and will be educated regarding the program requirements as well as residency educational goals, objectives, and expectations. The program director will oversee the educational component of the residents in this FMP including the supervision of the teaching faculty to ensure a continued high-quality educational environment. The administration of LCDF has committed to the support of the residency expansion including protected faculty time, faculty development, and provision of adequate patient care and educational resources to resident education. The Sponsoring Institution and the GMEC have approved the plan for complement increase.

Block Schedule

Significant changes to the block schedule will not need to be made due to the fact that the residency is an unopposed residency at the Sponsoring Institution and many rotations do not have residents for several months. As an example, residents rotate with the General Surgery service for 6 months

of the year, as this is a single block rotation during the PGY 1 year. The addition of 4 additional residents would provide 10 months of total rotations without change to the block schedule. The addition of residents will also reduce the risk of work compression and allow for a more balanced workload on our inpatient Family Medicine Service (FMS) and night float services. Therefore, resident complement expansion will have a positive impact on the inpatient hospital service at the Sponsoring Institution and will support the program's continued efforts to maintain manageable patient care responsibilities.

Block Diagram

Rotation	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 1	Site 1
Rotation Name	Orientation	FMS1	FMS1	FMS1	IP Peds	Night Float	Night Float	Teaching Call	Teaching Call	OP Peds	IP Peds	General Surgery	Behavioral Health
% Outpatient	0	10	10	10	10	0	0	10	10	100	0	50	100
% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

Rotation	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1		Site 1	Site 1	Site 1	Site 1	Site 1	
Rotation Name	FMS2	FMS2	Night Float	OB	Surgical Sub	GYN	Rural Medicine	Emer. Medicine	OP Peds	Community Medicine	Ortho	IM-Sub	Elective
% Outpatient	10	10	0	10	50	50	100	30	100	100	50-100	100	
% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

Rotation	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1		
Rotation Name	FMS3	OB	Night Float	Ortho	Rural	OP Peds	DERM	Emer. Medicine	Older Adult	IM Specialty	Elective	Elective	Elective
% Outpatient	10	10	0	50-100	50	100	100	40	100	50-100	50-100		
% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

IM Specialty Choices:

- ***Neurology***
- ***Cardiology***
- ***Pulmonology***
- ***Endocrinology***
- ***Rheumatology***
- ***Nephrology***
- ***Infections Disease***

Rural Medicine Possible Sites:

La Clinica de Familia (FQHC)
Ben Archer Health Center (FQHC)
Hidalgo Medical Services (FQHC)

Possible Electives:

Interventional Radiology
Research
Study
Faculty Development
IM Subspecialties
Other

Note: Residents are granted 3 weeks of vacation per academic year. Vacations may be scheduled in 1-week increments during any block **except** during *Orientation, FMS, OB, Night Float* or *In-Patient Pediatric* rotations.

Faculty Ratio

Current

Reduced Ratio

Physician Faculty / Residents:	1.0 : 1.0
Core Physician Faculty / Residents:	1.0 : 2.6

Actual Ratio

Physician Faculty / Residents:	18 : 18.0
Core Physician Faculty / Residents:	7 : 18.0

After Expansion

Reduced Ratio

Physician Faculty / Residents:	1.0 : 1.6
Core Physician Faculty / Residents:	1.0 : 4.2

Actual Ratio

Physician Faculty / Residents:	18 : 30.0
Core Physician Faculty / Residents:	7 : 30.0

Plan for implementation includes:

1. Hire consultant to provide guidance in funding structure and contractual relations between Memorial Medical Center (SI), Mountain View Regional Medical Center (funding organization) and La Clinica de Familia (FMP). (June 2020)
2. Implement structure and contractual relations as described by the consultant. (August 2020)
3. Identify American Board of Family Medicine (ABFM) site director, core faculty and preceptors at LCDF. (June 2020)
4. Initiate faculty development on boarding of new faculty. (June 2020)
    a. On boarding
        i. All faculty will have an initial introduction into ACGME requirements as well as residency educational goals, objectives, and expectations. The program director will oversee the educational component of the residents in the expanded FMP including the supervision of the teaching faculty.
        ii. Ongoing faculty development
            1. Weekly scheduled faculty development sessions at Sponsoring Institution

2. Required annual faculty development national conferences including
    a. Society of Teachers of Family Medicine Daniel spring conference
    b. AAFP Residency Program Solutions/Program Directors Workshop annual conferences
    c. ACGME annual conference

5. Create La Clinica de Familia master resident schedule. (August 2020)
    i. LCDF scheduling will be adjusted for residents during clinic-based assignments. There will be no more than 4 residents per supervising faculty. Continuity of patient care will be emphasized in the scheduling of patients.
6. Recruit four additional residents through the National residency matching program (NRMP) (November 2021)
    i. The program will start with four additional PGY 1 residents in the first year. (July 2021)
    ii. At the end of each year an evaluation will be conducted to evaluate the effectiveness of this learning environment. This evaluation will be from residents, faculty, staffing, and patients. This evaluation will also include patient volume and patient mix in the.
    iii. Four additional residents will be added each year to the FMP until a max of 12 residents is reached.
    iv. The expansion of residents in the FMP will depend on adequacy of the learning environment and patient metrics.