



Nuts and Bolts of moving a community hospital based family medicine residency to an FQHC

Heather Winn

AVP, Academic Affairs, NorthShore

Robin Varnado

Senior Director of Operations, EFHC

Trish Georgas

Director, Family Medicine, NorthShore

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Healthcare for what's > next.



Agenda

1. About NorthShore (20/20 & Teaching Programs)
2. About Erie Family Health Centers
3. Family Medicine Outpatient Transition
4. Lessons Learned
5. Questions

NorthShore University HealthSystem

Swedish Hospital

Part of **NorthShore**

NEW!

Evanston Hospital



Glenbrook Hospital



Highland Park Hospital



Skokie Hospital

Medical Education at NorthShore

30-40 students in M3 and M4 required and elective clerkships each month (Pritzker School of Medicine)

186 residents and 37 fellows from 5 schools

NorthShore-based residency programs:

- Family Medicine - 18
- Internal Medicine (Categorical, Prelim, and Transitional) - 69
- Pathology – 12



NorthShore 20/20

A three year plan to achieve value improvement of \$120M through the following “pillars”:



CARE MODEL REDESIGN

Continue advances in clinical outcomes, patient experience and provider engagement



SMART GROWTH & ACCESS

Deliver the right mix of services in line with consumer needs and trends. Selectively partner to extend NorthShore’s reach and capabilities



PAYMENT MODEL EFFECTIVENESS

Support new payment models with delivering exceptional patient care



EFFICIENCY & PRODUCTIVITY

Drive efficiency of overall operations and advance consistent and high standard of care

NorthShore 20/20 & Academic Affairs

Academic Affairs Initiatives

- *Consolidation of IM residency*
- *Moving FM training to an FQHC*
- *Partnering with Physician Assistant Programs*

About Erie Family Health Centers



Erie Mission

- Motivated by the belief that health care is human right, Erie Family Health Centers provides high quality, affordable care to support healthier people, families and communities.

Erie Vision

All people living their healthiest lives.

Anyone can receive care at Erie regardless of age, where they live, or their insurance status.

About Erie Family Health Centers



Erie Locations



Erie Family Health Centers (EFHC) is a federally qualified health center in Chicago, Illinois.

Erie provides comprehensive care at 13 sites.

 7 primary care centers...

 4 of which have integrated dental care, plus...

 1 dedicated teen and young adult center. and...

 5 school-based health centers.

Erie's Patient Population



- More than 80,000 medical, 12,500 dental, and 7,000 behavioral health patients and growing!
- 300,000+ patient visits/year
 - 71% Latino/Hispanic
~half best served in Spanish
 - 12% African-American
 - 10% Caucasian-American
 - 4% Asian-American
 - 3% Other
- Nearly 95% have household incomes below 200% of the federal poverty line
- Approximately 1 in 3 are uninsured
- Approximately 62% of all patients are female
- Approximately half are younger than 18 years old

Specialized wrap-around services offered to Erie patients at Erie sites:

- MAT program
- Case Management
- Care Management
- 340(b) discounted medications
- Title X family planning services
- Specialized HIV and Hep C program
- Vision services

- Erie currently hosts four (4) residency programs at 4 separate Erie locations:
- Three of the programs support family medicine residents
- One program supports Internal Medicine residents

Family Medicine Residency Project

Goal: Achieve expense reduction while improving the resident educational experience

Specific Initiatives:

- Partner with Erie Family Health Center Evanston/Skokie to provide outpatient clinic experiences for the residents
- Move OB training from Highland Park to Evanston
- Convert the Family Care Center to Medical Group FM practice model



Progress to Date

- Closed the Family Care Center June 21, 2019
- Transitioned patient panels of faculty to FQHC partner
- Transitioned the residency continuity clinic to FQHC partner (GME Agreement signed 11/2018, residents started at EFHC 6/2019)
- Implemented pilot of 2 x 2 or X+Y curriculum
- Recruited an excellent class of resident
- Achieved expense reduction goal

Lessons learned

What Worked Well

- **Communication**
 - **Guiding document / work plans**
 - Joint and internal (in tandem)
 - With all stakeholders: staff, patients, faculty, leadership, community partner
 - Forums: staff & residents
 - Engaged with Human Resources ASAP
 - Weekly huddle calls w/ faculty
 - Weekly meetings with lead MDs, PR, Revenue Cycle, Medical Group leadership, Business services
 - Weekly meetings with partner – currently bi-weekly
- **Accountability and Trust**
 - Self, Team and Organizations

Lessons Learned cont'd

What Worked Well (cont'd)

- **Implementation**
 - **Guiding document**
 - Relationship development, patient continuity and acquisition, marketing and communication engagement, program roll out, residency program implementation, training and on-boarding, “Parking Lot”
 - Residency leadership involvement with floor plans
 - Pioneer physician transitioned practice 2 months prior to the rest of the faculty
 - PDSAs –Plan Do Study Act (letters, postcards, emails)
- **Recruitment**
 - Showcase both Erie & NorthShore
 - Matched better than ever

Lessons Learned

What We Wish Would Have Worked Better

- Communication
 - To patients (letters and emails) by PCP vs by date of encounter
 - Former FCC staff – re-directing them to their current on-site leadership
- Implementation
 - Attrition of faculty
 - EMR ramp up of residents and providers
 - Acquisition and transfer of pts
 - FCC patient attrition still unknown
 - Data transfer challenges did not allow direct marketing by Erie
 - Residents having challenges achieving their required numbers
 - Solutions
 - Moving a few to MG IC practices
 - Considering “specialty clinic” days/times in future

Current Situation / Opportunities

- Advantages
 - WIC, Behavioral Health, Dental on site
 - Care Quality Network data warehouse
 - Quality indicators – teaching tool
 - Well positioned for joint teaching grant applications
- Scheduling
 - Flexibility with current practice of scheduling more than 2 weeks
 - Family medicine faculty need to precept as part of their required role and not occurring as needed
 - Financial and ACGME implications
- Implementation
 - EMR ramp up of faculty who precept infrequently a challenge
 - Volume needs to increase for faculty and resident continuity

It's kind of like a wedding... plan for the best, expect the unexpected and end with a committed partner!

#partnership

#patience



Questions & Discussion

