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Assessment of Health Professions Training in Health Centers



STAR²CENTER

**SOLUTIONS TRAINING AND ASSISTANCE
FOR RECRUITMENT & RETENTION**

Pamela J. Byrnes, John Snow Inc.
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INTRODUCTION

Community health centers¹ presently provide care to over 27 million people². According to a report from the National Association of Community Health Centers (NACHC), these organizations employed over 220,000 in 2018.³ Over the past decade health centers experienced explosive growth: the number of patients being seen at health centers increased by 164% from 2001-2017 (HRSA, 2018), and the number of staff more than doubled from 2005 to 2016 (NACHC, 2016). At the same time, overall demand for primary care increased due to the Affordable Care Act and the expansion of Medicaid eligibility in many states, creating even greater pressure on the primary care workforce to meet the demands. Health care organizations, including hospitals, private practices, and health centers, find themselves competing for clinicians.

The pressure on health centers to recruit primary care health professionals is further exacerbated by the changing structure of health care delivery. Team-based care and the growth of the Patient-Centered Medical Home model call for a variety of clinical staff working in conjunction with each other. The re-recognition of the impact of social determinants of health, the opioid crisis, and the absolute shortage of oral and behavioral health services, particularly for low income and uninsured people, all contribute to the struggle to staff up adequately and appropriately.

As providers of care to all regardless of ability to pay, community health centers increasingly find themselves competing with much larger and better resourced health care organizations in their communities. The NACHC survey indicates that 95% of responding health centers were actively engaged in recruiting, with 65% trying to hire family practice physicians and 50% seeking nurse practitioners (NACHC, 2016). According to a report by the Association of Clinicians for the Underserved's STAR² Center:

"One of the most pressing obstacles to an efficient primary care infrastructure is the shortage of primary care physicians in the United States, particularly those willing to work in low income or rural communities. Contributing to this problem is that fact that residency programs are predominantly hospital-based resulting in structural workforce deficiencies across the country."⁴ (p. 2)

The Graham Center recently found that more than half of family physicians practice within 100 miles of their Family Medicine Residency Program (55%) and within the same state (57%).⁵ Proximity to these predominantly hospital-based programs does not translate

¹ These include centers funded through the Health Center Program under Sections 330 e, g, h, and i of the Public Health Service Act and organizations designated as Health Center Look-Alikes.

² Health resources and Services Administration, August, 2018.

³ NACHC, America's Health Centers, August 2018.

⁴ STAR² Center, Training Opportunities in Health Centers, 2017.

⁵ Fagan EB¹, Gibbons C, Finnegan SC, Petterson S, Peterson LE, Phillips RL Jr, Bazemore AW. Family medicine graduate proximity to their site of training: policy options for

necessarily into clinicians ending up at community health centers. Many health centers do not have relationships with these programs. Some health centers find meeting the requirements for providing physician oversight puts strain on their clinicians, with productivity often taking a hit. Some find that the structure of existing residency programs does not fit with their clinical continuity of care and patient-provider relationship goals. Because of their mission to provide care to all and their locations in low income and rural communities, health centers often operate with very small margins. Providing education, training, and residency experiences puts a strain on the already scarce resources of many of these organizations.

There are several programs that support health centers in their efforts to grow their pool of primary care clinicians and increase their recruiting success. These include the Teaching Health Centers initiative, funded by the federal government, that provides resources to support graduate medical education in community settings, programs to support nurse practitioners and physician assistants training, collaborations with community colleges, allied health programs, academic institutions and training programs. The National Health Service Corp (NHSC) provides critical support through scholarship and loan repayment programs. The NHSC is a key resource for supporting and growing the primary care workforce serving underserved, low income, and rural communities. According to the NHSC website, there are approximately 10,900 members providing care at over 5,000 NHSC-approved healthcare sites, and 1,300 scholars presently in school or residency programs.⁶ Over half of the NHSC clinicians continue to practice in underserved communities after completing their service.⁷

In spite of the extra resources required, many health centers across the country are implementing and growing educational programs. Part of this is mission-driven – they see developing workforce as one of their core obligations; giving health professionals an understanding of the complex cultural, social, and life challenges of underserved communities as well as the tools and desire to address them. Part of this is reality-driven - the clear understanding that they must engage early and meaningfully in “growing their own”, that is, creating and priming the primary care workforce pipeline.

The Association of Clinicians for the Underserved (ACU) recognizes the immense impact that health professions training programs have in creating a prepared workforce and alleviating recruitment and retention challenges at health centers. With the support of HRSA’s Bureau of Primary Health Care, ACU’s STAR² Center conducted a short assessment to gather information on health centers’ experiences with health professions training activities. The survey was open to all health centers, regardless of whether or not they were currently training health professions students or residents. The results of the survey bear out the literature and survey results cited above. Responding health centers indicate overwhelming

improving the distribution of primary care access. *Family Medicine* 2015 Feb;47(2):124-30.

⁶ <https://bhw.hrsa.gov/loansscholarships/nhsc>, 2018.

⁷ NACHC Staffing the Safety Net: Building the Primary Care Workforce at America’s Health Centers, March 2016.

engagement in health professions education, starting from early education and continuing through graduate education and residency programs. Ninety-eight percent of responding health centers are engaged in some type of training or educational activity. These programs span the breadth of health professionals including medical assistants, nurses, nurse practitioners, physician assistants, physicians, dentist, dental hygienists, dental assistants, behaviorists, nurse midwives, as well as non-clinical staff.

These efforts have paid off. Both this survey and the NACHC workforce report demonstrate the effectiveness of health center training and educational programs for recruiting health professionals. The NACHC study (2016) reported that 58% of health centers hired individuals from their own training programs and another 30% from individuals who trained at another health center. The present survey mirrors this with 79% of responding centers indicating they hired health professionals who trained at their centers, and another 27% hired individuals who trained at another health center.

METHODS

All Health Center Program grantees and Look-Alikes (health centers) were provided a link to a Survey Monkey survey. The survey was made available on the STAR² Center website, advertised in the BPHC Digest newsletter, through emails to health center contacts as well as with the assistance of the state Primary Care Associations. The survey was conducted over a six-month time period. The survey included thirty-two questions covering the health center's experience with educational programs, the impact that training programs have had on recruitment and retention, and the center's priorities for training and recruitment.

Health centers in 37 states and the District of Columbia participated. A total of 122 surveys were opened. However, the number of respondents varied across the different questions. The number of overall respondents is provided for each grouping of questions. Also, the categories for many of the questions were not mutually exclusive so the cumulative number of programs may exceed the number of responding health centers. For example, 90 health centers responded to the question on funding sources for student training programs indicating a total of 135 sources.

TRAINING AND EDUCATION

Participation In Training And Education Of Any Type

The survey data indicates that the vast majority of responding health centers engage in some type of clinical training and/or education. Of the 122 respondents, 114 are involved in these activities at some level.

Student training programs

Nearly all of the health centers that responded to the survey provide some level of student training (103 YES-12 NO; N=115). In total 6,588 students participated in these programs. The range of students involved at each center varies greatly across the health centers from 1 student to 1550:

Number of students	1-10	11-25	26-50	51-100	101-300	700	1550
Number of centers	35	18	21	14	11	1	1
Percent of centers	37.4%	17.8%	20.8%	13.9%	10.9%	1.0 %	1.0%

Of the students trained at health centers, nurse practitioners were the most common (92.1%) followed by medical assistants (56.4%), physicians (54.5%), and physician assistants (54.5%). Least were other advanced practice nurses (9.9%), certified/licensed nurse midwives (9.9%), and psychologists (12.9%). Several centers provide student educational opportunities in public health and health services administration. Several of the health centers offer student training for front and back office positions (billing clerks, receptionists, coders). About a third of the respondents provides student training for dentists and dental assistants.

Health center revenues⁸ provide the majority of funding for student-level training programs (82 of 101; 81%). The vast majority of responding health centers view it as a part of their mission. The next most common source of funding is through universities and medical schools, followed by state and local funding, AHECs, and state/regional primary care associations. Federal funds are the smallest source of support for these programs (11%).

Almost all of the health centers partner with universities or state-supported colleges (92.7%) for student training programs. Interestingly, private for-profit training institutes make up a quarter of the partners, the majority in combination with universities or state-supported colleges. AHECs also partner for a little more than a quarter of the training, again most commonly in conjunction with a university or state-supported schools.

Post-graduate training programs (non-physician)^{9,10}

Seventy (61.4%) of the responding health centers (N=114) indicated that they provide non-physician post-graduate training programs. Over a thousand post-graduates participated in

⁸ Thirty respondents indicated that they do not receive any outside funding. These have been included in this category as supported by the Health Center itself.

⁹ Some of the responses for Post-Graduate training included Physician residency programs.

These were separated out as much as possible but the final numbers may include some overlap.

¹⁰ Dentists are included in this category.

these programs (1,148). The number of post-graduate trainees at each center ranges from one to 189:¹¹

Number of students	1-10	11-25	26-50	51-100	189
Number of centers	41	17	8	3	1
Percent of centers	58.6%	24.3%	11.4%	4.3%	1.4%

Nurse practitioners make up the vast majority of post-graduate trainees (80% of centers with post-graduate training include Nurse Practitioners) more than double the next category, Dentists (37.1%). Physician assistants trainees programs were the next most common (33.3%) followed by licensed clinical social workers (27.1%) and pharmacists (20.0%).

Most of the responding health centers indicate that they use health center billing revenues to support post-graduate training programs (45.7%) with an additional 37.8% indicating that they do not receive any outside funding for the post-graduate training they do. Federal grant funding is received by 25.7% of centers; University/Medical School contribute to 22.7%.¹²

Very few of the responding health centers offer residency programs for non-physician post-graduates; 74.3% do not have such programs. Seven percent (7.1%) of the centers run their own non-physician residency programs, and 18.6% are sites for residency programs run by other organizations.

Physician Residency Programs

Responding health centers are fairly evenly split as to whether or not they have programs to train physician residents (55 of 111, 49.6% do; 56 of 111, 50.4% do not). A total of 906 trainees participated in these programs over the past year. Two of the centers that indicated they have programs did not have any residents during this time period. The number of residents per health center ranged from 1 to 77:

¹¹ Four health centers responded that they do offer post-graduate training programs but listed zero students.

¹² Many health centers receive more than one source of support for these programs so the total percent exceeds 100%.

Number of residents	1-10	11-25	26-50	51-100
Number of centers	28	11	9	4
Percent of centers	45.6%	27.9%	16.2%	8.8%

Family medicine residency programs make up the majority of primary care residency programs (83.0% of centers with residency programs), followed by pediatric (32.1%) and internal medicine (24.5%). Geriatrics programs are only operational at 1.9% of the these centers. While likely a function of the number of geriatric residents nationally, given the aging population it would be beneficial to see these residency programs increase in health centers. One of the centers has a sports medicine fellow.

The centers that offer primary care physician residency opportunities most frequently provide a variety of types of programs in conjunction with established residency programs. These include occasional 2-4 week clinical rotations to one resident at a time (49%); ongoing monthly clinical rotation for a single resident (15.1%); ongoing monthly clinical rotations for multiple residents (32.1%). Continuity clinic experiences residency programs are commonly offered either through an agreement for joint management with an established residency program (entire clinic program 28.3%; partial experience 20.7%). Twenty-two (22.6%) of responding centers host and manage their own continuity clinic residency program.

Hospitals and schools overwhelmingly hold the accreditation for the primary care residency programs in the responding health centers (66.0%). The balance of programs are split evenly between health center consortia accreditation and health center accreditation.

Funding support for primary care residency programs primarily comes from the health centers themselves (83%). One-third of the programs receive federal funding to support these program. Hospitals and university/medical schools each contribute about 20% of resources.

Ongoing Training And Support For Health Center Physicians

Almost all responding health centers provide some form of ongoing training and education for physician staff (N=109). Of these 95% provide funding and time for continuing medical education. Sixty percent provide funding for subscriptions and 45% provide support for non-Continuing Education programs including leadership and management. Over a third of the respondents support preceptor training. Only 5% of health centers said they provide sabbaticals for their physicians.

Participation In Echo Projects

Of the 109 responding health centers, 38 indicated that their staff participated in an ECHO program training. Hepatitis C was the most common topic (19 of 38), followed by Opioid Addiction Treatment (14 of 38) and Chronic Pain and Opioid Management (13 of 38).

IMPACT OF TRAINING PROGRAMS ON PROVIDER RECRUITMENT AND RETENTION

Health professional training at health centers appears to be a positive contributor to hiring health professionals. Ninety-two (92; 79.3%) of the 116 respondents hired health professionals who trained at their centers. An additional 25 (22.6%) hired health professionals who trained at another health center.

Sixty-six percent of the respondents indicated that they hired nurse practitioners who trained at a health center training program. Medical assistants, family practice physicians, and physician assistants were the next most common (39.7%, 37.1%, and 30.2% respectively.) The responses on hiring experience is consistent with the types of trainings programs reported above. Training programs for nurse practitioners at both the student and post-graduate levels permeate the responding health centers. Family medicine ranks first among physician training programs and likewise among the types of physicians hired who have participated in health center programs.

Number of hires who had trained at a health center	1-5	6-10	11-15	15+
Number of Centers	86	18	6	6
Percent of centers	74.1%	15.2%	5.2%	5.2%

When asked what advantages are most important in the decision to engage in health professionals training programs, help in recruiting providers was ranked highest followed closely by the ability to influence student’s future practice decisions and the overall impact on staff satisfaction. Being affiliated with a university or medical school and the related ability to offer providers teaching experience contribute as well. Being able to expose providers to research opportunities was the least cited advantage.

Budgetary constraints and lack of funding was the leading barrier to offering training programs according to the respondents. Relatedly the strain put on existing staff and loss of productivity due to the teaching function were highlighted. Several respondents indicated that they consider it to be a part of their mission as health centers, as well as to contribute to the primary care pipeline.

FUTURE INTERESTS AND NEEDS

Overall Interest in Training Programs

When asked if they would be interested in starting health professionals training programs, all of the 110 respondents indicated they would. Further, they all are interested in student, post-graduate and physician focused programs, however physician training programs were by far the highest ranked in terms of importance to the respondents. Sixty-three percent of the respondents ranked physician residency programs as their highest priority compared to 22.5% for post-graduate health professionals programs and 18.4% for student programs.

Student Programs

When asked to rank order the potential student programs they would like to be able to offer, medical student physician training programs were overwhelmingly ranked first among the respondents (59 of 111) followed by nurse practitioners (25 of 111).

Post-Graduate Programs (Non- physician)

Looking at interest in offering non-physician post-graduate programs, again nurse practitioner programs are by far the highest ranked; 61 of 110 respondents listed it first. Programs focusing on licensed clinical social workers, dentists, and physician assistants were the next highest ranked – although much less frequently than nurse practitioners.

Physician Residency Programs

Among various specialties of physician residency programs the vast majority of respondents listed family practice as their first choice (82 of 106). This was followed by internal medicine, psychiatry, and pediatrics.

HRSA Support

The respondents were asked how HRSA could best support them in implementing or sustaining training programs at their health centers. Funding for planning and development was selected as the highest ranked area for support with 41 of 115 listing it as their first choice followed by funding for a residency coordinator (39 of 115).

CONCLUSIONS

The survey results demonstrate that health professionals training is important to health centers and that there is a clear relationship between the health professionals training programs and recruiting health professionals to work at community health centers. Nurse practitioner programs rank the highest terms of present offerings among non-physician programs. Among physician residency programs, family medicine is the most common. This same pattern is evident in responses about what programs the health centers are most interested in being able to offer.

The responses also show that most of the present health professionals training is being supported by the health centers themselves. Several commented that in spite of the stress it places on existing staff and the potential loss of productivity, they feel it is a part of their mission as health centers to contribute to developing community-based practice oriented health professionals. Health centers indicate a commitment to this work and look to HRSA to continue to provide tangible support in further developing their programs.