

Current State of California Health Center Residency Programs

EXECUTIVE SUMMARY

Present and future primary care workforce shortages have been well documented. According to reports from the Healthforce Center at the University of California San Francisco, only two regions of California have ratios of primary care physicians per population above the minimum ratio recommended by the Council on Graduate Medical Education (60 primary care physicians per 100,000 population), indicating that the primary care physician supply in most regions of California is not adequate to serve the population.

By 2030, California is projected to need between 39,331 and 44,188 primary care clinician FTEs, an increase of 12% – 17% above the current demand. However, the supply of primary care MDs is projected to decrease between 8%-25% because insufficient numbers of new primary care MDs are completing residency programs to replace physicians who are projected to retire.

Developing and/or expanding community health center residency programs are a viable option for helping to address these shortages. Community health centers are ideal training sites for medical residents, especially those dedicated to serving underserved communities and disadvantaged areas of the state, because they provide valuable training opportunities that both expose residents to community-based primary care and population health management, but also increase the likelihood of fully licensed providers staying in that community to serve. Research shows that Teaching Health Centers are a vital workforce recruitment tool: significantly more residents from Teaching Health Centers than from other family medicine residencies (33% vs. 18%) planned to practice in settings primarily associated with underserved populations



(e.g., community health centers, rural health clinics, Indian Health Service, U.S. Public Health Service) (Bazemore et al., 2015). Whether community health centers are interested in setting up their own residency program or wish to partner with a local health system partner and serve as a continuity site, they are uniquely positioned to grow a strong and skilled primary care workforce, as evidenced by recent increases in community health center residency program investment. In collaboration with the California Academy of Family Physicians, California Medical Association, California Hospital Association, etc., CaliforniaHealth+ Advocates led the effort to secure \$100M over three years in the 2017-18 State Budget to support and expand primary care residency training and programs to recruit providers to practice in medically underserved areas. These funds allow for the stability, expansion, and creation of primary care residency programs, such as those in community health centers.

SUMMARY OF KEY FINDINGS

Three Residency Program Training Models

California community health center's participation in residency training models range from:

1. Serving as an outpatient training center (rotation or continuity clinic site),
2. Serving as a consortium partner in charge of outpatient training, or
3. Serving as a fully accredited sponsoring institution.

Not One Size Fits All

Research indicates there is no standard residency model used by community health centers in California. Organizational capacity, local relationships, regional politics, and community need all serve as factors in a health center's decision to engage in particular residency training model.

Residency Programs as “Grow Your Own” Workforce Development Strategy

For most of the subjects interviewed, the primary reason to develop a residency program was to support their own workforce development efforts. Individuals interviewed acknowledged that residents may leave their organization, but they feel the time and resource investment is still needed to support overall goals in closing the gaps in the primary care workforce.

Residency Programs as Workforce Recruitment/Retention Strategy

California's experience, as learned through the interviews, aligns with national data indicating that offering existing and potential providers an opportunity to teach positively affects both recruitment and retention efforts.

Challenges Are Real But Investment Value May Outweigh Risks

Health centers reported several challenges related to residency program development and/or expansion. These include the ability to secure needed resources for effective program development, balancing the “mission to serve” vs the “mission to teach”; the potential impact on quality; developing strong and effective local partnerships; and establishing a strong commitment and vision from health center leadership to establish and maintain a residency training program. However, a majority of health center interviewees reported that the presence of residents had a positive impact on quality, that the access to academic partners often made available the latest research and clinical protocols; and that highly engaged residents ask great questions, which can lead to positive practice and workflow changes.

ABOUT THE REPORT

To expand the existing knowledge set around the current state of residency programs in California's health centers, CPCA commissioned Schoen Consulting to complete an environmental scan between June 2017 and February 2018. In addition to primary care medical residency programs, research was also conducted around the postgraduate training of nurse practitioners and physician assistants (NPs/PAs) given their impact on workforce development in health centers. In addition to extensive external research, a total of 35 California health center and consortium staff and experts were interviewed for this report. To read the full report, please visit www.cPCA.org/data. For updated information around CPCA's programs and activities related to primary care workforce recruitment, retention and training, visit CPCA's website at www.cPCA.org.