

**The Health Professions
Training Programs:
Evaluation of Their Role in
Community Health Centers**



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Introduction

- What are community health centers (CHC)?
 - CHC are non-profit, locally-owned primary health care clinics serving low-income and medically underserved populations in areas of health care provider shortages.
 - Primary and preventive health care, as well as ancillary services, are provided to over 16 million patients at nearly 1000 community, migrant, and/or homeless health centers, encompassing well over 6000 delivery sites.

Slide 2

s1 community-directed primary health care facilities serving

it is now 1,200 communityencompassing care for over 6,000 service delivery sites.

sgitomer, 10/30/2007

Introduction

- Why are CHC unique?
 - CHC are locally directed and responsive to community needs as a majority of the Board of Directors is comprised of patients the clinic serves.
 - CHC are open to *all* patients, regardless of insurance status or ability to pay.
 - The patient mix at CHC are unlike other clinical settings. Two-thirds of all patients are from racial and/or ethnic minorities, and half live in rural areas.
 - CHC meeting certain criteria receive federal grant support and are called federally-qualified health centers (FQHC). As well, CHC receive funding from other non-profit organizations, cities and states, and via private donations.

Slide 3

s2

again use community directed.. At least 51% of a health center's board must be active patients of the health center. Board members represent the races, ethnicities, and backgrounds of the community served by the health center, and can therefore speak to the communities' needs.

....half are located in rural areas while the other half are located in economically depressed inner-cities.

Over half of our revenue comes from services provided to patients (ex: patient self pay and third party payers). 36% comes from grant revenue and 4% comes from indigent care programs.

sgitomer, 10/30/2007

Introduction

□ **The CONTEXT:**

- CHC depend upon federal support for clinic operations, as well as for support of mid-level and physician health care provider training programs to staff their centers.
- The 110th Congress faces reauthorization decisions this year for several of these key health professions training programs, including the National Health Service Corps.

□ **The OBJECTIVE:**

- NACHC (the National Association of Community Health Centers) conducted a survey of its membership to evaluate the role and importance of primary care health professions training programs (HPTP) in CHC nationwide and assesses the benefits, challenges, and implications of implementing such programs.

Introduction

□ **The LARGER Context: Primary Care Workforce Shortage Projections**

- Student debt load
- Perceived income potential
- Lifestyle factors: work hours, back-up
- Inferiority myth
- Medical schools emphasize research or medical specialties over primary care
- Reimbursement system favoring procedures over prevention
- No knowledge of scholarships/loan repayment options
- Feminization of workforce
- Decreased “pipeline” building due to decline in federal support: COE, HCOP, AHEC
- Selecting “incorrect” students into medicine

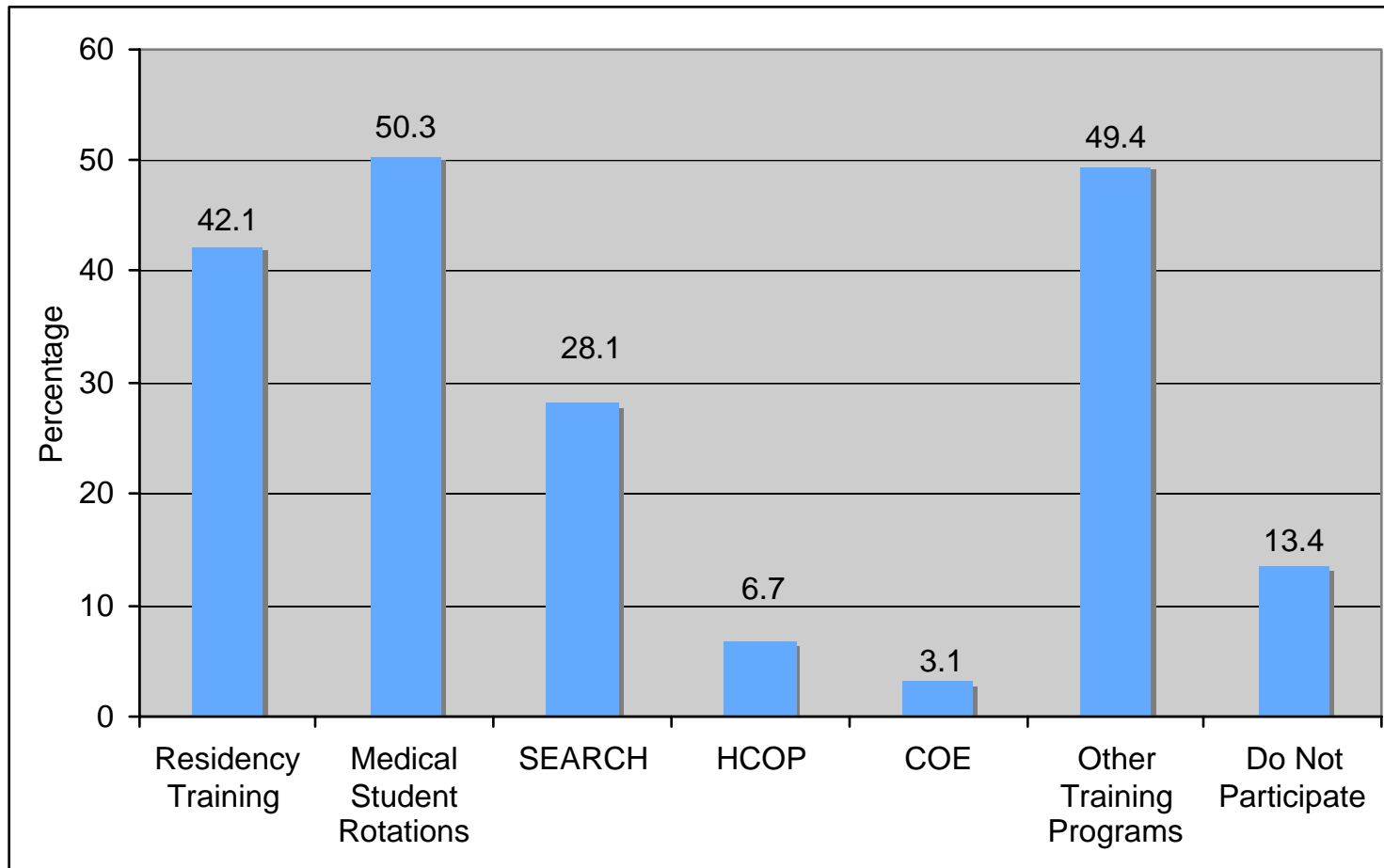
HPTP Included in Survey

- ❑ Allopathic/osteopathic medical students
- ❑ Resident physicians
- ❑ Registered nurses, nurse practitioners
- ❑ LVN/LPN nurses, nurse midwives
- ❑ Dentists
- ❑ Physician assistants
- ❑ Clinical social workers, psychologists
- ❑ Podiatrists
- ❑ MPH programs

Methods

- ❑ Online survey instrument sent in fall 2006 to all FQHC grantee ED/CEOs in the 50 states, DC, and US territories.
- ❑ All duplicate surveys eliminated. Convenience sample of 330/952 (35% response rate) respondents was nationally representative.
- ❑ 181 rural centers responded.
- ❑ 149 urban centers responded.

Percentage of CHC Currently Participating in HPTP



A Sampling of “Other” Training Programs

- ❑ PharmD externships
- ❑ Dental assistants
- ❑ BSN student rotations
- ❑ High school job shadowing
- ❑ Rural health care training
- ❑ Community health worker training
- ❑ Dietetic internships
- ❑ Health care administration residents
- ❑ Phlebotomy students

CHC Participating in AHEC* Programs

- 165 centers (54.3%) DO participate.
- 114 centers (37.5%) DO NOT participate.

** AHEC (Area Health Education Centers) create academic and community health partnerships to enhance the supply and distribution of health professionals.*

Percentage of CHC Currently Participating in HPTP by Level of Activity

| | 1 Currently doing | 2 Plan to do in next 2 years | 3 Not planned | Response Count |
|-------------------------------|--------------------|------------------------------|--------------------|----------------|
| Allopathic Medical Student | 50.3% (91) | 7.2% (13) | 42.5% (77) | 181 |
| Osteopathic Medical Student | 32.1% (51) | 8.8% (14) | 59.1% (94) | 159 |
| Resident physician | 65.3% (124) | 13.7% (26) | 21.1% (40) | 190 |
| Nurse Practitioner | 75.2% (161) | 11.7% (25) | 13.1% (28) | 214 |
| Nurse Midwife | 8.7% (12) | 6.5% (9) | 84.8% (117) | 138 |
| Other Advanced Practice Nurse | 17.4% (24) | 7.2% (10) | 75.4% (104) | 138 |
| Registered Nurse | 55.5% (96) | 11.0% (19) | 33.5% (58) | 173 |
| LVN, LPN | 46.8% (80) | 10.5% (18) | 42.7% (73) | 171 |
| Physician Assistant | 55.5% (101) | 9.3% (17) | 35.2% (64) | 182 |
| Dentist | 40.5% (70) | 21.4% (37) | 38.2% (66) | 173 |
| Podiatrist | 1.5% (2) | 2.2% (3) | 96.3% (129) | 134 |
| Psychologist | 19.9% (29) | 8.9% (13) | 71.2% (104) | 146 |
| Clinical Social Worker | 35.8% (57) | 17.6% (28) | 46.5% (74) | 159 |
| MPH | 15.8% (22) | 12.2% (17) | 71.9% (100) | 139 |
| Other | 61.7% (66) | 3.7% (4) | 34.6% (37) | 107 |

Percentage of CHC Currently Participating in HPTP by ...

- # Students/Residents/Year:
 - Most frequently, CHC have 3 or more allopathic medical students, osteopathic medical students, and resident physicians/year, as well as 3 or more registered nurses, LVN/LPN nurses, and physician assistants.
- Duration at CHC:
 - An overwhelming majority of training experiences at CHC are 3 months or less.

Costs Associated with HPTP at CHC: Who is Paying?

- The CHC were asked if the following entities provided all/some/no funding for student/resident placement in HPTP:
 - University/school
 - Hospital
 - State funding
 - Private foundation/grant
 - Your CHC
- Nearly a majority of the time, the most frequent response was “no funding” for each of the first four entities.

Costs Associated with HPTP at CHC: Who is Paying? The *CHC*.

| The CHC | 1 All Funds | 2 Some Funds | 3 No Funds | Response Count |
|------------------------------------------------|-------------------|-------------------|--------------------|-----------------------|
| Student/ Resident Stipends | 8.8% (15) | 24.6% (42) | 66.7% (114) | 171 |
| Training Supplies | 29.9% (53) | 32.2% (57) | 37.9% (67) | 177 |
| Mentoring and/or Faculty Costs | 22.5% (42) | 40.6% (76) | 36.9% (69) | 187 |
| Ancillary Service Costs (lab, x-ray, pharmacy) | 40.4% (65) | 20.5% (33) | 39.1% (63) | 161 |
| Other Training-Related Costs | 19.0% (29) | 35.9% (55) | 45.1% (69) | 153 |

Response Average (on a 4.0 scale) for Reasons CHC Participate in HPTP

| | |
|-------------------------------------------------------------------------------------|-------------|
| Improved recruitment of health professionals | 3.61 |
| Chance to influence students' future practices with community-based training | 3.40 |
| Improved retention of health professionals | 3.33 |
| Affiliation with academic health center/teaching hospital/university | 3.02 |
| Enhanced community respect | 2.92 |
| Networking with other providers | 2.88 |
| Increased staff satisfaction | 2.85 |
| Increased capacity to provide services by students during training | 2.44 |
| Improved encounter volume at health center | 2.39 |
| Improved patient access to specialty and inpatient care | 2.39 |
| Improved income | 2.25 |
| Helps to defray overhead costs | 2.10 |
| Exposure to one or more research projects | 1.90 |

Response Average (on a 4.0 scale) for Challenges Affecting CHC When Participating in HPTP

| | |
|------------------------------------------------------------------|-------------|
| Lost productivity of center's staff while teaching | 3.08 |
| Cost | 2.92 |
| Space | 2.86 |
| Continuity of patient care in light of student/resident turnover | 2.39 |
| Patients' perception that students are practicing on them | 2.35 |
| Distraction from service mission of center | 1.89 |

Reasons Why CHC Do NOT Participate in HPTP

| | |
|-----------------------------------------------------------------------------------------|-------------|
| Lack of formal relationships with area medical schools and/or teaching hospitals | 3.05 |
| Space | 2.51 |
| Lost productivity of center's staff while teaching | 2.48 |
| Cost | 2.31 |
| Patients' perception that students are practicing on them | 1.66 |

In the Last 5 Years, Have You Hired a Health Professional at Your CHC?

- 195, or 68.9%, answered yes.
- 57, or 20.1%, answered no.

Conclusions

- ❑ A majority of surveyed respondents are currently participating in medical student rotation, resident physician, physician assistant, nurse practitioner, and registered nursing programs.
- ❑ Centers ranked improved recruitment, the opportunity to influence students' future career choices, improved retention, and affiliation with an academic health center as the top four reasons for training students/residents.

Conclusions

- ❑ Lost productivity of staff, cost, and space are the three primary challenges affecting implementation of HPTP.
- ❑ Of CHC participating in HPTP, 68.9% of surveyed centers have hired a health professional who trained at their center in the past five years.
- ❑ For CHC not participating in HPTP, the primary reason is the lack of formal relationships with area medical schools and/or teaching hospitals.

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- Please feel free to contact research@nachc.com with further questions.