

OSHPD Office of Statewide Health Planning and Development

Healthcare Workforce Development Division

400 R Street, Suite 330
Sacramento, California 95811-6213
(916) 326-3700
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www.oshpd.ca.gov



New Slots (\$4M) Funding 2015 FAQs

How much overall funding is available each year for programs that want to apply for New Slots (\$4M) capitation funding?

The FY 2014-15 Budget added a one-time \$4 million dollar augmentation in funding from the California Health Data Planning Fund (CHDPF) to support new primary care residency slots via Song-Brown. This is a one-time funding opportunity with no guarantee of continued funding.

If this is a one-time opportunity for funding, is the funding received by the applicants only for one year?

No, programs awarded this funding will enter into a contract that provides funding for three (3) years.

What type of residency programs can apply for New Slots (\$4M) funding?

- Family Medicine
- Internal Medicine
- Obstetrics and Gynecology (OB/GYN)
- Pediatrics

How much funding can each applicant request?

The maximum funding that each applicant can request per resident is \$150,000.

Does that funding support one resident?

Yes, that funding supports one (1) resident for three (3) years of residency. The maximum number of residents that any one applicant can request funding for is three (3). Capitation funding will be provided for a maximum of three (3) years regardless of the length of residency.

Funding: \$50,000 per resident for 3 years.

$$\begin{array}{r} \$150,000 \text{ (total amount per resident)} \\ \times \quad \underline{\quad 3 \quad} \text{ (maximum number of residents requested)} \\ \hline \$450,000 \text{ (total funding for 3 residents)} \end{array}$$

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The funding is to support “new” primary care residency slots, does this mean only new residency programs can apply?

No, funding is available to new programs, established programs and Teaching Health Centers as defined below:

- **New Program**: A new program is one that has received accreditation and will either enroll its first class by July 1, 2015 or will not have graduates as of June 30, 2015.
- **Established Program**: An established program is one that has received accreditation and has graduated at least one class by June 30, 2015. Established programs that will lose their HRSA Primary Care Residency Expansion grant funding are also eligible to apply.
- **Health Resources Services Administration (HRSA)/Teaching Health Center Grants**: Programs established through HRSA/Teaching Health Center grants that will lose funding on June 30, 2015.

For the purposes of Song-Brown funding, what is a “new” primary care residency slot?

New primary care residency slots are defined by the California Healthcare Workforce Policy Commission (Commission) as follows:

- New primary care residency slots are those that will result in an increase in total resident positions.
- Reallocated new primary care slots are those that are being re-allocated from existing non-primary care positions to primary care positions.

Health and Safety Code Section 128225.5 states that priority in filling the position shall be given to physicians who have graduated from a California based medical school, is this true?

Yes, this is true. Priority for funding will be given to programs that demonstrate that new primary care residency slots are filled with California medical school graduates.

Who determines which training programs receive funding?

Per Health and Safety Code Section 128225 (d), the California Healthcare Workforce Policy Commission shall review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of primary

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care and family medicine programs or departments and primary care and family medicine residencies.

The Commission is composed of 15 members who serve at the pleasure of their appointing authorities:

- (a) Nine members appointed by the Governor, as follows:
 - (1) One representative of the University of California medical schools, from a nominee or nominees submitted by the University of California.
 - (2) One representative of the private medical or osteopathic schools accredited in California from individuals nominated by each of these schools.
 - (3) One representative of practicing family physicians.
 - (4) One representative who is a practicing osteopathic physician or surgeon and who is board certified in either general or family practice.
 - (5) One representative of undergraduate medical students in a family practice program or residency in family practice training.
 - (6) One representative of trainees in a primary care physician's assistant program or a practicing physician's assistant.
 - (7) One representative of trainees in a primary care nurse practitioners program or a practicing nurse practitioner.
 - (8) One representative of the Office of Statewide Health Planning and Development, from nominees submitted by the office director.
 - (9) One representative of practicing registered nurses.
- (b) Two consumer representatives of the public who are not elected or appointed public officials, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
- (c) Two representatives of practicing registered nurses, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
- (d) Two representatives of students in a registered nurse training program, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.

How do training programs apply for New Slots (\$4M) Capitation funding?

Programs interested in applying for New Slots (\$4M) capitation funding can register via CalREACH starting December 29, 2014. For instructions on how to register, please visit the Song-Brown website at http://www.oshpd.ca.gov/HWDD/Song_Brown_Prog.html

When do training programs apply for New Slots (\$4M) Capitation funding?

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The application period begins **January 22, 2015** and closes by **3:00 PM on March 10, 2015**. All applications must be submitted through CalREACH.

When will training programs be notified about funding?

The Commission will award funds at a public funding meeting on April 28-29, 2015. Please visit the Song-Brown website at http://oshpd.ca.gov/General_Info/Public_Meetings.html for agenda and meeting materials as they become available.

If awarded, when will the contract be effective?

Applicants awarded funding will enter into a contract with OSHPD for the period beginning on June 30, 2015 and ending on or before June 30, 2018.

Visit the Song-Brown website for additional information regarding New Slots (\$4M) capitation funding. http://oshpd.ca.gov/HWDD/Song_Brown_Prog.html

I'm still not sure if I qualify, do you have any scenarios that may help me understand what "new slots" are?**1 - ESTABLISHED RESIDENCY PROGRAM**

- A. Expansion new positions (no prior existing position)
- B. Reallocation **TO** create a NEW position in Primary Care (the program currently has no primary care positions and is interested in re-allocating a non-existing primary position to a primary care position)

2 - NEW RESIDENCY PROGRAM

- A. A new program is one that has received accreditation and will either enroll its first class by July 1, 2015 or will not have graduates as of June 30, 2015. (This program currently has no positions)

3 - HRSA FUNDED PROGRAMS

- A. THCs funded through the THC/Graduate Medical Education grant programs and programs funded through the HRSA Primary Care Residency Expansion grant program that will **LOSE** funding for positions created by HRSA.

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Examples of each:

#1A – An established residency program decides to create 2 new resident positions per year in their program starting July 1, 2015. They have secured some funding but are seeking additional funding to support these new positions for three years.

2 positions per year x 3 years = \$50K x 2 = \$100K/yr x 3 Years = \$300K allocation by Song-Brown if fully funded.

#1B- An Internal Medicine residency program decides they are going to close 2 of their “traditional Internal Medicine positions” and re-allocate the funding to create two NEW Primary Care Internal Medicine positions starting in July 2015. Since these are RE-ALLOCATED, they most-likely have their own internal funding, but they are requesting support for these NEW positions to help hire faculty more highly trained in primary care, etc. Same \$300K funding as in #1A, the programs begins to shift their residency towards Primary Care.

#2-A residency program realizes they are not going to have sufficient funding to advance their new program from their current 6-0-0 to next year’s 6-6-0). They request funding for 2 of their 6 new positions. Same amount of funding \$300K as in #1A supports 2 of the 6 new positions the Residency Program must create to continue to grow their NEW Program.

#3-A HRSA/THC Residency Program would like to expand, yet are facing losing funding for already established positions. In order to begin to plan to expand, they must find immediate support to “keep NEW positions” filled. These are “new” because the program is just getting started. They actually already have the positions, but they will be unfunded unless they find replacement funding.