FAMILY MEDICINE RESIDENCY TRAINING PROGRAMS

CAPITATION FUNDING

California Healthcare Workforce Policy Commission

400 R Street, Room 330
Sacramento, California 95811
(916) 326-3700

2016

OSHPD

Office of Statewide Health Planning and Development
Healthcare Workforce Development Division

400 R Street, Room 330
Sacramento, California 95811

(916) 326-3700
Fax (916) 322-2588

PROGRAM INFORMATION

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Program Director: [_____]

Program Director Degree [____ ▼]*

Program Director Email [_____]*

Program Director Phone [_____]*

Title of Training Program [_____▼]

Training Program Address

If your Training Program is not in the dropdown, please enter the information here.

Title of Training Program [_____]

Training Program Address

Street [_____]

Suite [_____]

City [_____]   State California   Zip [_____]

County [_____▼]

Training Program Status

Funding Information

Capitation Type	Cycles Requested	Capitation Rate	Total Requested
Capitation-Renewal	[_____]	$51,615	
Capitation-New	[_____]	$51,615	
Capitation-Expansion Only	[_____]	$51,615	

Grand Total Requested

Staff comments/recommendations:
No changes

CONTRACTOR INFORMATION

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Name of Contract Organization: [_____]*

Name of Contracts Officer:　　First Name: [_____]*　Last Name: [_____]*

Title of Contracts Officer:　　[_____]*

Mailing Address (where contract should be mailed)
Address: [_____]*

Suite: [_____]

City: [_____]*　　State: California　Zip: [_____]*

County: [_____ ▾]*

Telephone: [_____]*

Email: [_____]*

Federal Tax ID Number [_____] ✚*

Staff comments/recommendations:
No changes

EXECUTIVE SUMMARY

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

0 of 3000

Describe how your residency program addresses one or more of the Social Determinants of Health for your patient population.

Evaluation Criteria: Section III.7

0 of 3000

Staff comments/recommendations:
No Changes

STATISTICS

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Academic Year (AY)	2013/14	2012/13	2011/12
1. What is the total number of first year slots available?	*	*	*
2. How many residents were trained in your program?	*	*	*
3. Of those trained how many residents were Male?	*	*	*
4. Of those trained how many residents were Female?	*	*	*
5. Of those trained how many residents were transgender?	*	*	*

Current Residents / Students	
1. Of the current residents/students how many are Male?	*
2. Of the current residents/students how many are Female?	*
3. Of the current residents/students how many are transgender?	*
4. What is the average number of patients seen by a 1st year resident?	*
5. What is the average number of patients seen by a 2nd year resident?	*
6. What is the average number of patients seen by a 3rd year resident?	*

Comments

0 of 250

Staff comments/recommendation:
1. Change graduate years: 2012/13, 2013/14, 2014/15

LANGUAGES

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Language	Current Students/Residents
American Sign Language	
Arabic	
Armenian	
Cantonese	
Farsi	
Hmong	
Khmer	
Korean	
Laotian	
Mandarin	
Other Chinese	
Russian	
Spanish	
Tagalog	
Vietnamese	
Other	

Comments

0 of 250

Staff comments/recommendations:
No changes

FAMILY PRACTICE CENTER PAYER MIX

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Payment Type	Percentage
Medi-Cal Managed Care	☐ ➕ %
Medi-Cal Traditional	☐ ➕ %
Medicare Managed Care	☐ ➕ %
Medicare Traditional	☐ ➕ %
County Indigent Programs	☐ ➕ %
Other Third Party - Managed Care	☐ ➕ %
Other Third Party - Traditional	☐ ➕ %
Other Indigent	☐ ➕ %
Other Payers	☐ ➕ %
Total	%

Comments

0 of 250

Staff comments/recommendations:
No changes

GRADUATES INFORMATION

Instructions:
Please fill in the appropriate fields.
When done, click the SAVE button.
Click ADD to create additional pages for entering more graduates.

☐ This is a new program with no graduates to report.

Grad Year [　　　⌄]

Graduate Last Name [　　　　　]　Graduate First Name [　　　　　]　☐ ⊞HPEF Scholar　☐ ⊞NHSC Recipient

1. Practice Site
After saving the page, click the Add/Edit link below to add your site.
If Practice site is not listed, please use the section below.

Please save the page before adding an address.
Practice Site　　　　　　OSHPD ID

[　　　　　]

Address

City　　　State　　　Zip　　　County

2. For graduates not practicing in California or without practice location information, check the unknown box and provide reason.
☐ Unknown

Practice site unknown because [　　　　　⌄]

3. For a practice site not entered in section 1, enter information below

Practice Site　　　　　　　　　OSHPD ID

[　　　　　　　　]　　　　[　　　　　]

After saving the page, click the Add/Edit link below to add your site's address.
Please save the page before adding an address.
Address

City　　　　　　　　　State　Zip　County
　　　　　　　　　　　　　　　　　[　⌄]

4. For a private practice sites not entered in section 1, enter information below

Private Practitioner　　Private Practitioner　　Practice Title
First Name　　　　　　Last Name

[　　　　　]　　[　　　　　]　　[　⌄]

After saving the page, click the Add/Edit link below to add your site's address.
Please save the page before adding an address.
Address

City　　　　　State　　　　Zip　　　County
　　　　　　　　　　　　　　　　　　[　⌄]

Staff comments/recommendations:
1. Change grad year in drop down: 2012/13, 2013/14, 2014/15

PROGRAM STRATEGIES

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

What components of the training program are designed for medically underserved multi-cultural communities, lower socioeconomic neighborhoods or rural communities?

> Evaluation Criteria: I.1a

0 of 3000

Describe the program's approach and associated activities you use to encourage graduates to practice in areas of unmet need.

> Evaluation Criteria: I.1b

0 of 3000

Describe how your program incorporates cultural competency and responsive care training into the programs curriculum and how it furthers Song-Brown efforts of increasing the racial and ethnic diversity of California's healthcare workforce.

> Evaluation Criteria: No current evaluation criteria associated with this question

0 of 3000

Explain the program strategies developed to identify, recruit and admit residents, who possess characteristics which would suggest a pre-disposition to practice in areas of unmet need

> Evaluation Criteria: I.2a

0 of 3000

How does your program encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups?

> Evaluation Criteria: I.2b

0 of 3000

Staff comments/recommendations:
No changes

UNDERREPRESENTED MINORITIES

CHECK G

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Ethnic/Racial Category	Graduates 2013/14	Graduates 1012/13	Graduates 2011/12	Total	Current Students/ Residents PGY1	Current Students/ Residents PGY2	Current Students/ Residents PGY3	Total
American Indian/Native American/Alaskan Native				0				0
Asian								
Asian Indian				0				0
Cambodian				0				0
Chinese				0				0
Filipino				0				0
Indonesian				0				0
Japanese				0				0
Korean				0				0
Laotian/Hmong				0				0
Malaysian				0				0
Pakistani				0				0
Thai				0				0
Vietnamese				0				0
Black, African American or African				0				0
Hispanic or Latino				0				0
Native Hawaiian or Other Pacific Islander				0				0
White/Caucasian/European/Middle Eastern				0				0
Other				0				0
Total	0	0	0	0	0	0	0	0

Defined as underrepresented by the California Healthcare Workforce Policy Commission

Comments

0 of 250

Staff comments/recommendations:
1. Change the graduate years: 2012/13, 2013/14, 2014/15

TRAINING IN AREAS OF UNMET NEED

Instructions:
Please fill in the appropriate fields.
When done, click the **SAVE** button.

1. Training Site

After saving the page, click the Add/Edit link below to add your site.
If Training site is not listed, please use the section below.
Please save the page before adding an address.

○ Principal Training Site
○ Secondary Training Site
○ Continuity Training Site

NHSC site ☐ 🞢

OSHPD ID [   ]

2. For training sites not in section 1, enter the information below.

Training Site [   ]
After saving the page, click the Add/Edit link below to add your site's address.
Please save the page before adding an address.
Address
City   State Zip Code
County [∨]

○ Principal Training Site
○ Secondary Training Site
○ Continuity Training Site

NHSC site ☐ 🞢

OSHPD ID [   ]

3. For private practice training sites not entered in section 1, enter the information below.

Private Practitioner First Name [   ] Private Practitioner Last Name [   ] Title [∨]
After saving the page, click the Add/Edit link below to add your site's address.
Please save the page before adding an address.
Address
City   State   Zip Code
County [∨]

○ Principal Training Site
○ Secondary Training Site
○ Continuity Training Site

NHSC site ☐ 🞢

Complete this table for the training site selected or entered.
Total hours spent by resident at this site:

PGY-1	PGY-2	PGY-3

<u>Staff comments/recommendations:</u>
No changes

PROGRAM EXPENDITURES

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Line Item	Total Annual Expenditures
Faculty Costs	
Residency Stipends	
Family Practice Center Costs	
Other Costs	
Total Annual Expenditures	

Comments

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0 of 250

<u>Staff comments/recommendations:</u>
No changes

FACULTY QUALIFICATIONS

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Using the table provided, describe how your programs faculty possesses the knowledge, skills and experience needed to deliver a primary care curriculum with an emphasis on health care disparities. (Include examples of staff honors, awards, publications, and professional and/or related research experience relevant to primary care health disparities).

Faculty Member Name/Position	Qualifications

Staff comments/recommendations:
No changes

RESIDENCY TRAINING

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Describe how your program integrates or includes different education modalities into the learning delivery models.

> Evaluation Criteria: Section II.6

0 of 3000

Describe the primary care career pathways and/or pipeline activities in which your residents participate.

> Evaluation Criteria: Section III.6

0 of 3000

Explain how the residency program structures training to encourage graduates to practice as a health care team that includes inter-disciplinary providers.

> Evaluation Criteria: Section II.1

0 of 3000

Upload letters from the inter-disciplinary providers that support your statement on the Required Attachments page.

Describe your affiliation with an FNP/PA training program and/or other health profession training program.

Evaluation Criteria: Section II.2

0 of 3000

Upload letters documenting this affiliation agreement or relationship on the Required Attachments page.

Describe how practicing family physicians from the local community are utilized in the training program.

Evaluation Criteria: Section II.4

0 of 3000

Describe the programs strategies used to promote training in ambulatory and community settings in underserved areas.

Evaluation Criteria: Section II.7

0 of 3000

<u>Staff comments/recommendations:</u>
No changes

REQUIRED ATTACHMENTS

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies.

	Browse...	*
	Browse...	
	Browse...	

Upload letters from inter-disciplinary providers that support statements made on the Residency Training form.

	Browse...	*
	Browse...	
	Browse...	

Upload letters that document an affiliation with an FNP/PA training program and/or other health professions training programs.

	Browse...
	Browse...
	Browse...

Provide letters of support from community based organizations that demonstrate coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods.

	Browse...	*
	Browse...	
	Browse...	

If requesting Capitation – Expansion attach copies of the approval letter from the ACGME or AOA showing approval to expand.

| | Browse... |
| | Browse... |

Staff comments/recommendations:
No changes

PROGRAM DIRECTOR ASSURANCES

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

☐ I agree to accept responsibility to complete contract deliverables if an award is made as a result of this application.*

☐ I certify that the statements herein are true and complete to the best of my knowledge.*

When finished, click SAVE.
To submit your application, please change the status to "Application Submitted" on the <u>Status Change</u> page.

Section I	Statutory Criteria	Total Points Available	Reviewer Points	Forms
1	Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN)	15	CalREACH populated score	Graduates Information
1.a	What components of the training program are designed for medically underserved multi-cultural communities, lower socioeconomic neighborhoods or rural communities? 0 points - the program's current or proposed curriculum does not specifically address underserved communities 4 points - the program's current or proposed curriculum specifically addresses underserved communities 1 point for each example of a continuity clinic or required rotation in an underserved in each year of the program. Maximum of 4 points allowed.	8		Program Strategies
1.b.	Describe the program's approach and associated activities used to encourage graduates to practice in areas of unmet need. 0 points - no mention 2 points – program has a structured counseling program in place 1 point for each example cited up to 3 points	5		Program Strategies
2	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM students and graduates)	15	CalREACH populated score	Under-represented Minorities
2.a.	Explain the program strategies developed to identify, recruit and admit residents, who possess characteristics which would suggest a pre-disposition to practice in areas of unmet need. 0 points - no mention 2 points - program shows interest in recruiting residents speaking a second language 2 points - program shows interest in recruiting students coming from an underserved community 2 points - program shows interest in recruiting students who have a professional commitment to practice in a medically underserved community in California (i.e. NHSC, Stephen M. Thompson Loan Repayment, SLRP)	10		Program Strategies
Section I	Statutory Criteria	Total Points Available	Reviewer Points	Forms

	1-2 points - program is engaged in clinics that contain student rotations in underserved areas and/or underserved populations 1-2 points - program is participating in pipeline program with underserved school and engages residents in that process			
2.b.	How does the program encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups? 0 points - no mention 1 point - option for residents to collaborate with students (undergrad, medical students, or other health professional students) in health education programs, career fairs, etc. 2 points - program is actively engaged in a K-12 school highlighting community medicine at various levels. 2 points – program is actively engaged with an undergraduate program in a structured, comprehensive and longitudinal pipeline program with an emphasis on primary care	5		Program Strategies
3	Location of the program and/or clinical training sites in medically underserved areas. (% and # of training sites in areas of UMN)	15	CalREACH populated score	Training in areas of umnet need
4	Is the payer mix of the Family Practice Center more than 50% Medi-Cal (Managed Care/Traditional), County Indigent Program, Other Indigent and Other Payers? 0 points - No 5 points - Yes	5		Residency Training
	Total points possible for Section I	**78**		
Section II	**Other Considerations**	**Total Points Available**	**Reviewer Points**	**Forms**
1	Does the residency program structure its training to encourage graduates to practice as a health care team that includes inter-disciplinary providers as evidenced by the application or letters from the disciplines?	4		Residency Training
Section II	**Other Considerations**	**Total Points Available**	**Reviewer Points**	**Forms**

2	1 point - regular focus on team training in all settings of care as evidenced by the application or letters from the disciplines 2 points - program is NCQA or The Joint Commission accredited as a PCMH at any level as evidenced by the application or letters from the accrediting bodies. 1 point - some team training in hospital or clinic settings as evidenced by the application or letters from the disciplines 0 points - No 3 points – Yes	3		
3	Does the program faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities? 0 points - no mention 1 point for each example per unique faculty member up to 3 points	3		Faculty Qualifications
4	Does the program utilize family physicians from the local community in the training program? 0 points - No 3 points - Yes	3		Residency Training
5	Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support? 0 points, no letters attached 1 point per letter 2 points for 2 letters 3 points, for quality letters (not form letters) that describe the relationship between the program and the community organization.	3		Required Attachments
6	Does the program integrate different educational modalities into learning delivery models? 0 points – no mention 1 point – per example cited 3 points – three or more examples cited	3		Residency Training
Section II	**Other Considerations**	**Total Points Available**	**Reviewer Points**	**Forms**
7	Does the program promote training in ambulatory and	3		Residency

Section III	The California Endowment Priorities	Total Points Available	Reviewer Points	Forms
	community settings in underserved areas? 0 points - No 3 points - Yes			Training
	Total points possible for Section II	**22**		
	Total points possible for Section I and II	**100**		
1	Placement of graduates in one of the 14 Building Healthy Communities identified by the California Endowment.	5 point maximum Staff populated score		Graduates Information
2	Placement of graduates in one of the Central Valley counties.			Graduates Information
3	Location of the program and/or clinical training sites in one of the 14 Building healthy Communities identified by the California Endowment			Training in areas of umnet need
4	Location of the program and/or clinical training sites in one of the Central Valley counties			Training in areas of umnet need
5	Program encourages students to help recruit and mentor underrepresented minorities and/or underrepresented groups. 0 points - no mention 1-2 points - pipeline/recruitment program in development 1-2 points - rotation based in junior high/high school focused around health education and/or career fair 1-2 points - requirement that residents regularly participate in mentoring activities	6		Program Strategies
6	Does the program include activities to increase primary care career pathways/pipelines? 0 points - no mention 1 point for each example of activities to the increase primary care career pathways/pipelines up to 5 points total	5		Residency Training

Family Medicine Residency Programs
Capitation Application

Section III	The California Endowment Priorities	Total Points Available	Reviewer Points	Forms
7	Is the program addressing one or more of the Social Determinants of Health for their patient population 0 points - no mention 1 point for each example of Social Determinants of Health addressed in the patient population up to 4 points total	4		Executive Summary
8	Is the applicant program a Teaching Health Center? 0 points – No 5 points – Yes	5	Staff populated score	Executive Summary
9	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM current residents)	30	CalREACH populated score	Under-represented Minorities
	Total points possible for Section III	**55**		

Family Medicine Residency Programs

Application and Evaluation Criteria Items for Discussion/Approval

1. Program Strategies (page 10)

Application question: Describe how your program incorporates cultural competency and responsive care training into the program's curriculum and how it furthers Song-Brown efforts of increasing the racial and ethnic diversity of California's healthcare workforce.

Evaluation criteria: There is **no current** evaluation criteria for this question in the application.

Discussion: Staff recommends the adoption of the same criteria used by the FNP/PA programs? Adopting this criteria will increase the overall points available for FM by three (3) additional points.

FNP/PA Evaluation Criteria: Is cultural competency/culturally responsive care incorporated into the program curriculum?

- 0 points, no mention.
- 1-2 points, program provided a well-defined description of culture competency/culturally responsive care;
- 1 additional point, for each example cited up to 3 points maximum.

2. Family Practice Center Payer Mix (page 8)

Application question: Provide the payment type and percentage for each payment type listed.

Evaluation criteria: Is the payer mix of the Family Practice Center more than 50% Medi-Cal (Managed Care/Traditional), County Indigent Program, Other Indigent and Other Payers?

- 0 points - No
- 5 points – Yes

Discussion: Should the evaluation criteria language be changed to read, "Is the payer mix of the Family Practice Center **50% or more** Medi-Cal (Managed Care/Traditional), County Indigent Program, Other Indigent and Other Payers?"

Since the implementation of these evaluation criteria, there have been a handful of programs that were at 50% but received 0 points based on the current criteria.

3. <u>Residency Training (page 15)</u>

Application question: Describe your affiliation with an FNP/PA training program **and/or** other health professions training program.

Evaluation criteria: Does the program have an affiliation or relationship with an FNP and PA Training program as well as other health professions training programs as evidenced by letters from the disciplines?
- 0 points – No
- 3 points - Yes

Discussion: Is an affiliation with an FNP/PA program the most important affiliation? If so, the Commission may want to consider re-wording the question or the evaluation criteria. During the reviewer's call, panel members were providing points to programs that have an affiliation with another type of health professions training program but not necessarily an FNP/PA program.

4. <u>Required Attachments (page 17)</u>

Application requirement: Provide letters of support from community based organizations that demonstrate coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods.

Evaluation criteria: Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?

Discussion:

- Quality of letters vs. quantity of letters.
- Should letters of support only count if coming from community-based organizations (community agencies, FQHCs, community clinics) that describe the relationship between the organization and the residency program? Programs have been submitting letters of support from private medical practices and receiving points for those letters.
- Should staff score the letters of support section as suggested by a member of the audience during the FM meeting in October 2015?

PRIMARY CARE RESIDENCIES TRAINING PROGRAMS

CAPITATION FUNDING

California Healthcare Workforce Policy Commission

400 R Street, Room 330
Sacramento, California 95811
(916) 326-3700

2016

OSHPD

Office of Statewide Health Planning and Development
Healthcare Workforce Development Division

400 R Street, Room 330
Sacramento, California 95811
(916) 326-3700
Fax (916) 322-2588

Primary Care Residencies
Capitation Application

Primary Care Residencies
Capitation Application

PROGRAM INFORMATION

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Practice Specialty

○ Internal Medicine Residency Program ○ Obstetrics and Gynecology (OB/GYN) Residency Program ○ Pediatric Residency Program*

Program Director: [   ] *

Program Director Degree [▼] *

Program Director Email [   ] *

Program Director Phone [   ] *

Title of Training Program [▼]

Training Program Address

If your Training Program is not in the dropdown, please enter the information here.

Title of Training Program [   ]

Training Program Address

Street [   ]

Suite [   ]

City [   ]   State California   Zip [   ]

County [▼]

Training Program Status

Funding Information

Capitation Type	Cycles Requested	Capitation Rate	Total Requested
Capitation-New	[ ] *	$51,615	

Grand Total Requested

For non-medical school based residency programs, does your residency have an affiliation

agreement with a medical school? [▼] *

Staff Comments/Recommendations:

No Changes

CONTRACTOR INFORMATION

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Name of Contract Organization: [   ] *

Name of Contracts Officer: First Name: [   ] *   Last Name: [   ] *

Title of Contracts Officer: [   ] *

Mailing Address (where contract should be mailed)
Address: [   ] *
Suite: [   ]
City: [   ] *   State: California   Zip: [   ] *
County: [▾] *
Telephone: [   ] *
Email: [   ] *
Federal Tax ID Number [   ] *

Staff Comments/Recommendations:

No Changes

EXECUTIVE SUMMARY

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

0 of 3000

OSHPD Staff Only:

0 of 2000

Staff Comments/Recommendations:

No Changes

STATISTICS

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Academic Year (AY)	2013/14	2012/13	2011/12	2010/11
1. What was the total number of first year positions available? (Put a "0" if not applicable.)	*	*	*	*
2. What was the total number of first year positions filled? (Put a "0" if not applicable.)	*	*	*	*
3. What was the total number of R1-R3 (R1-R4 for OB/GYN and Med-Peds) residents trained in your program? (Put a "0" if not applicable.)	*	*	*	*
4. Of those trained how many residents were Male? (Put a "0" if not applicable.)	*	*	*	*
5. Of those trained how many residents were Female? (Put a "0" if not applicable.)	*	*	*	*
6. Of those trained how many residents were Transgender? (Put a "0" if not applicable.)	*	*	*	*

Current Residents / Students	
1. Of the current residents/students how many are Male?	*
2. Of the current residents/students how many are Female?	*
3. Of the current residents/students how many are transgender?	*

Staff Comments/Recommendations:

Change graduates years: 2014/15, 2013/14, 2012/13, and 2011/12

LANGUAGES

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Language	Current Students/Residents
American Sign Language	
Arabic	
Armenian	
Cantonese	
Farsi	
Hmong	
Khmer	
Korean	
Laotian	
Mandarin	
Other Chinese	
Russian	
Spanish	
Tagalog	
Vietnamese	
Other	

Staff Comments/Recommendations:

No Changes

Primary Care Residencies
Capitation Application

GRADUATES INFORMATION

Instructions:
Please fill in the appropriate fields.
When done, click the SAVE button.
Click ADD to create additional pages for entering more graduates.

☐ This is a new program with no graduates to report.
Grad Year [▾]

Graduate Last Name   Graduate First Name   National Provider Identifier Number
[_____]   [_____]   [_____]   ☐ ⊞ HPEF Scholar ☐ ⊞ NHSC Recipient

Graduate Practice Specialty
[_____ ▾]

Is the graduate currently in or has the graduate completed a subspecialty fellowship? With the exception of Geriatrics, Palliative Care, General IM, and
Adolescent Medicine. [▾]

1. Practice Site
After saving the page, click the Add/Edit link below to add your site.
If Practice site is not listed, please use the section below.

Please save the page before adding an address.
Practice Site   OSHPD ID
                                           [_____]
Address

City   State   Zip   County

Is the graduate practicing greater than 50% in ambulatory primary care at this site? [▾]

Staff Comments/Recommendations:

Change graduates years: 2014/15, 2013/14, 2012/13, and 2011/12

PROGRAM STRATEGIES

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

What components of the training program are designed for medically underserved multicultural communities, lower socioeconomic neighborhoods or rural communities?

Evaluation Criteria: Section I.1a

0 of 3000

Describe the program's approach and associated activities you use to encourage graduates to practice in areas of unmet need.

Evaluation Criteria: Section I.1b

0 of 3000

Describe how your program incorporates cultural competency and responsive care training into the programs curriculum and how it furthers Song-Brown efforts of increasing the racial and ethnic diversity of California's healthcare workforce.

No current evaluation criteria associated with this question

0 of 3000

Explain the program strategies developed to identify, recruit and admit trainees who possess characteristics that would suggest a predisposition to practice in areas of unmet priority need and express commitment to serve in those areas.

Evaluation Criteria: Section I.2a

0 of 3000

PROGRAM STRATEGIES

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

How does your program encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups?

Evaluation Criteria: Section I.2b

0 of 3000

Staff Comments/Recommendations:

Discussion regarding cultural competency question and evaluation criteria
(See Attachment A)

UNDERREPRESENTED MINORITIES

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Ethnic/Racial Category	Graduates 2011/2012	Graduates 2010/2011	Graduates 2009/2010	Total	Current Students/ Residents PGY1	Current Students/ Residents PGY2	Current Students/ Residents PGY3	Total
American Indian/Native American/Alaskan Native				0				0
Asian								
Asian Indian				0				0
Cambodian				0				0
Chinese				0				0
Filipino				0				0
Indonesian				0				0
Japanese				0				0
Korean				0				0
Laotian/Hmong				0				0
Malaysian				0				0
Pakistani				0				0
Thai				0				0
Vietnamese				0				0
Black, African American or African				0				0
Hispanic or Latino				0				0
Native Hawaiian or Other Pacific Islander				0				0
White/Caucasian/European/Middle Eastern				0				0
Other				0				0
Total	0	0	0	0	0	0	0	0

Defined as underrepresented by the California Healthcare Workforce Policy Commission

Staff Comments/Recommendations:

No Changes

TRAINING IN AREAS OF UNMET NEED

Instructions:
Please fill in the appropriate fields.
When done, click the **SAVE** button.

1. Training Site

After saving the page, click the Add/Edit link below to add your site.

Please save the page before adding an address.

If the site is not found using the add/edit feature answer the question below, then click **SAVE**:

Is the training site a private practitioner's office? ○ Yes ○ No

 Identify if the training site is a Principle, Secondary, or Continuity clinic.
For Continuity clinics only, identify the percent of payers at this site.
(If the percent of payers is zero please mark "0")

○ Principal Training Site
○ Secondary Training Site
○ Continuity Training Site

NHSC site ☐ 🔳

OSHPD ID [   ]

Staff Comments/Recommendations:

No Changes

RESIDENCY TRAINING

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Describe how your program integrates or includes different education modalities into the learning delivery models

> Task Force agreed to ask this question but not evaluate it.

0 of 3000

Explain how the residency program structures training to encourage graduates to practice as a health care team that includes licensed non-physician practitioners.

> Evaluation Criteria: Section II.1

0 of 3000

Does your program provide any structured interprofessional learning that your residents participate in with other healthcare professionals? If your program does not currently offer interprofessional education, describe your strategies and timeline for implementing these educational activities.

> Question asked for informational purposes only at this point it is not evaluated.

0 of 3000

Describe how practicing primary care physicians from the local community are used in the training program.

> Evaluation Criteria: Section II.3

0 of 3000

Describe the programs curriculum to promote training in ambulatory and community settings in underserved communities.

> Evaluation Criteria: Section I.4b

Staff Comments/Recommendations:

Primary Care Residencies
Capitation Application

No Changes

FACULTY QUALIFICATIONS

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Identify up to five members of your programs faculty and explain how each of them possesses the knowledge, skills, and experience needed to deliver a primary care curriculum including elements of PCMH principles and health care disparities.

Faculty Member Name/Position	Qualifications

Staff Comments/Recommendations:

No Changes

REQUIRED ATTACHMENTS

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

Attach copies of the most recent approval letter from the appropriate accrediting/approval bodies. Provide copies of any responses to citations.

	Browse...	*
	Browse...
	Browse...

Upload letters from licensed non-physician practitioners that support statements made on the Residency Training form

	Browse...
	Browse...
	Browse...

Provide letters of support from community based organizations that demonstrate coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods.

	Browse...
	Browse...
	Browse...

Staff Comments/Recommendations:

No Changes

PROGRAM DIRECTOR ASSURANCES

Instructions:
Please fill in the appropriate fields.
Required fields are marked with an *.
When done, click the SAVE button.

☐ I agree to accept responsibility to complete contract deliverables if an award is made as a result of this application.*
☐ I certify that the statements herein are true and complete to the best of my knowledge.*

When finished, click SAVE.
To submit your application, please change the status to "Application Submitted" on the Status Change page.

Staff Comments/Recommendations:

No Changes

Section I	Statutory Criteria	Total Points Available	Reviewer Points	Forms
1	Placement of graduates in medically underserved areas. (% and # of graduates in areas of UMN) Maximum number of points for % of grads equals 9 for Primary Care Maximum number of points for # of grads equals 6 for Primary Care	15	CalREACH calculation	**Auto-populated score**
1.a.	What components of the training program are designed for medically underserved multi-cultural communities, lower socioeconomic neighborhoods or rural communities? 0 points - the program's current or proposed curriculum does not specifically address underserved communities 4 points - the program's current or proposed curriculum specifically addresses underserved communities 1 point for each example of a continuity clinic or required rotation in an underserved area in each year of the program. Maximum of 4 points allowed	8		SC2
1.b.	Describe the programs approach and associated activities used to encourage graduates to practice in areas of unmet need. 0 points - no mention 2 points - structured counseling program in place 1 point for each example cited up to 3 points maximum	5		SC2
2	Attracting and admitting underrepresented minorities and/or economically disadvantaged groups to the program (% and # of URM students and graduates) Maximum number of points for % of grads equals 9 for Primary Care Maximum number of points for # of grads equals 6 for Primary Care	15	CalREACH calculation	**Auto-populated score**

Primary Care Residencies
Capitation Application

Section I	Statutory Criteria	Total Points Available	Reviewer Points	Forms
2.a.	Explain the program strategies developed to identify, recruit and admit residents, students and trainees who possess characteristics which would suggest a predisposition to practice in areas of unmet need 0 points - no mention 2 points - program shows interest in recruiting residents speaking a second language 2 points - program shows interest in recruiting residents coming from an underserved community 2 points - program shows interest in recruiting residents who have a professional commitment to practice in a medically underserved community in California 1-2 points - program is engaged in clinics that contain student rotations in underserved areas and/or underserved populations 1-2 points - program is participating in a pipeline program with underserved school and engages residents in that process	10		SC2
2.b.	How does the program encourage residents to help recruit and mentor underrepresented minorities and/or underrepresented groups 0 points - no mention 1 point - option for residents to collaborate with students (undergrad, medical students, or other health professional students) in health education programs 1 point - option for residents to collaborate with students (undergrad, medical students, or other health professional students) in health education programs, career fairs, etc. 2 points - program is actively engaged in a K-12 school highlighting community medicine at various levels. 2 points – program is actively engaged with an undergraduate program in a structured, comprehensive and longitudinal pipeline program with an emphasis on primary care.	5		SC2
3	Location of the program and/or clinical training sites in medically underserved areas. (% and # of training sites in areas of UMN) Maximum number of points for % of grads equals 9 for Primary Care Maximum number of points for # of grads equals 6 for Primary Care	15	CalREACH calculation	**Auto-populated score**

Primary Care Residencies
Capitation Application

Section I	Statutory Criteria	Total Points Available	Reviewer Points	Forms
3.a.	Describe the training sites payer mix. (Up to 3 continuity clinics) 5 points - combination of Medi-Cal and uninsured greater than 25% but less than 49% 8 points - combination of Medi-Cal and uninsured greater than 50% but less than 74% 10 points - combination of Medi-Cal and uninsured greater than 75%	10	Staff Calculation	SC4
4	Placement of graduates in primary care ambulatory settings (% and # of graduates in primary care ambulatory settings in areas of UMN) 6 points - % of graduates in primary care ambulatory settings in areas of UMN 4 points - # of graduates in primary care ambulatory settings in areas of UMN	10	CalREACH calculation	**Auto-populated score**
4.a.	Does the program have complete graduate data for three to five years post-residency? 0 points for less than 3 years of complete graduate data 3 points for three years of complete data or new programs 4 points for four years of complete data 5 points for 5 years of complete data	5	Staff calculation	SC1
4.b.	Does the program have a plan and/or curriculum that promotes training in ambulatory and community settings? 0 points - No 3 points - for a curriculum only 5 points - for a detailed, well-defined curriculum which describes coursework that promotes training in ambulatory and community settings in underserved areas	5		OC1
	Total points possible for Section I	**103**		
Section II	Other Considerations	Total Points Available	Reviewer Points	Forms
1.	Does the residency training program structure its training to encourage graduates to practice as a health care team that includes licensed non-physician practitioners as evidenced by letters from the disciplines? 0 points - no mention of either team training or PCMH 1-2 points - some team training in hospital or clinic settings with licensed non-physician practitioners as evidenced by the application or letters from the discipline 2 points - program is NCQA or The Joint Commission accredited as a PCMH at any level as evidenced by letters or the application	4		OC1

Primary Care Residencies
Capitation Application

Section II	Other Considerations	Total Points Available	Reviewer Points	Forms
2.	Does the program faculty possess the knowledge, skills and experience to deliver a primary care curriculum with an emphasis on health care disparities? 0 points - no mention 1 - 3 points for each example per unique faculty member	3		OC2
3.	Does the program use primary care physicians from the local community in the training program? 0 points - no mention 1 point for each example cited up to 3 points	3		OC1
4.	Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support? 0 points - no letters attached 1 point per letter 0 points - no letters attached 1 point per letter up to 3 points maximum for quality letters that describe the relationship between the program and the community organization	3		OC1
	Total points possible for Section II	13		
	Total points possible for Section I and II	116		

Primary Care Residencies
Capitation Application

Primary Care Residency Programs

Application and Evaluation Criteria Staff Comments

1. Program Information (page 3)

Application: Currently, each applicant program can apply for a maximum of three cycles ($154,845.00). FY 2016-17 is the last year of funding available in the total amount of $2.84 million, and there are rollover funds from FY 2014-15 and FY 2015-16 totaling $1,345,340. To increase the likelihood of awarding all funds available ($4,185,340), does the Commission want to consider raising the maximum number of residents supported from three (3) to four (4), which would be in line with Family Medicine?

2. Residency Training (page 11)

Application Question: Explain how the residency program structures training to encourage graduates to practice as a health care team that includes licensed non-physician practitioners.

Evaluation criteria: Does the residency training program structure its training to encourage graduates to practice as a health care team that includes licensed non-physician practitioners as evidenced by letters from the disciplines?

- 0 points - no mention of either team training or PCMH.
- 1-2 points - some team training in hospital or clinic settings with licensed non-physician practitioners as evidenced by the application or letters from the discipline.
- 2 points - program is NCQA or The Joint Commission accredited as a PCMH at any level as evidenced by letters or the application.

Discussion: At the PCR funding meeting in November 2015, OB/GYN Program Directors stated they are not eligible for PCMH accreditation and, therefore, would miss out on the opportunity for the 2 points associated with it. The attached print out from the NCQA website discusses PCMH eligibility.

3. Training in Areas of Unmet Need (page 12)

Application Question: For continuity clinics only, identify the percent of payers at this site.

Evaluation criteria: Describe the training sites payer mix. (Up to 3 continuity clinics)

- 5 points - combination of Medi-Cal and uninsured greater than 25% but less than 49%
- 8 points - combination of Medi-Cal and uninsured greater than 50% but less than 74%
- 10 points - combination of Medi-Cal and uninsured greater than 75%

Discussion: Should the language be changed to reflect the following?

- 5 points - combination of Medi-Cal and uninsured greater than 25% but less than 50%
- 8 points - combination of Medi-Cal and uninsured greater than 50% but less than 75%
- 10 points - combination of Medi-Cal and uninsured at 75% or greater

4. Required Attachments (page 17)

Application requirement: Provide letters of support from community-based organizations that demonstrate coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods.

Evaluation criteria: Has the program developed coherent ties with medically underserved multi-cultural communities in lower socioeconomic neighborhoods as evidenced by letters of support?

- 0 points - no letters attached 1 point per letter
- 0 points - no letters attached
- 1 point per letter up to 3 points maximum for quality letters that describe the relationship between the program and the community organization

Discussion:

- Quality of letters vs. quantity of letters.
- Should letters of support only count if coming from community-based organizations (community agencies, FQHCs, community clinics) that describe the relationship between the organization and the residency program?

Programs have been submitting letters of support from private medical practices and receiving points for those letters.

- Should staff score the letters of support section as suggested by a member of the audience during the FM meeting in October 2015?