An Assessment of Community Health Centers’ Involvement in Health Professions and Residency Training: A Chartbook
Introduction

As a means of recruiting primary care professionals to provide care for their patients, health centers participate in a variety of health professions training (HPT) programs at all levels. The Affordable Care Act created new opportunities for HPT at health centers. The Affordable Care Act includes the Teaching Health Centers provision that provides payments to eligible ‘teaching health centers’ to cover the direct and indirect costs of primary care residency training.

While there is widespread involvement in health professions training and residency programs among Health Centers*, there is very little published information on the programs themselves. This chartbook attempts to fill that gap by describing training opportunities in health centers and the perceptions of health centers concerning potential advantages and barriers of training health professionals.

*Denotes Federally-Qualified Health Centers, such as Community, Migrant, Homeless and Public Housing Health Centers.

1 Salsberg et al. Physician workforce shortages: implications and issues for academic health centers and policymakers. Acad Med 2006;81(9):782-7
Methods

The National Association of Community Health Centers (NACHC), with research partners at the Department of Health Care Policy, Harvard Medical School, developed a self-administered needs assessment to identify the current health professions training activities at Federally Qualified Health Centers (FQHCs). Some questions had been operationalized in a 2007 questionnaire administered by the association for similar purposes.

The instrument was pilot tested by 13 health center CEOs/executive directors who were determined to be active in health professions training opportunities. These health centers represented a wide spectrum of training opportunities. They completed the pilot needs assessment and five provided feedback on suggested revisions to the survey.

After making revisions, the needs assessment was fielded in March 2011 to 1,082 CEO and/or executive directors of Federally-Qualified Health Centers reporting 2009 Uniform Data System. After excluding those who had opted out of previous SurveyMonkey communication, 976 received the invitation to complete the needs assessment. Participants were asked to complete the instrument online at Survey Monkey and a PDF version was distributed on the NACHC website. Research partners at the Department of Health Care Policy, Harvard Medical School, offered an incentive to health centers for completing the needs assessment. This involved a lottery for five chances to win $500 for their health center. Reminders were sent out on average twice a week to those who had not yet responded until the end of April. There were 390 health centers respondents (40 percent response). The responses represented a national representative sample in terms of patient volume, and number of staff. Respondents were slightly more likely to be in rural areas and less likely to be urban areas compared to health centers nationally.
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Summary of Findings

• Nearly 90 percent of the respondents indicated they participated in health professions training and a large majority trained both residents/post-graduate trainees and students.

• The most common type of residents/post-graduate students were those in nurse practitioner programs. This was also true for the most common type of student programs.

• The most common primary care residency was family medicine. Many health centers offer elective rotations. Few hold the accreditation for their residency program with a majority of accreditation being held by a hospital or school.

• Health centers generally use patient-related revenue to fund for training activities. Because health centers used patient revenue, this may have been a reason why the most important barrier for not participating in training activities was due to budgetary constraints or lack of funding sources.

• Health centers indicated that the most important advantage to training was the ability to recruit health professionals.

• If given the opportunity to expand, health centers most commonly reported they would expand or develop a new family medicine program.
Health Center Involvement in Health Professions Training
Eighty-Eight Percent of Health Centers Participate in Some Type of Health Professions Training

- **87.7%** Yes
- **10.5%** No
- **1.8%** Do Not Know
More Than Two-thirds of Health Centers Provide Training of Both Health Professional Residents and Students

- 69.7% provide training to both residents or post-graduates and students who are still attending school.
- 26.8% provide training to only residents or post-graduates.
- 3.5% provide training to only students who are still attending school.

[Diagram showing the distribution of training provided by health centers.]
Nearly 80 Percent of Health Centers Train Nurse Practitioners Post-Graduates
Students in **Nurse Practitioner Programs Are the Most Common Type** Student Programs Trained at Health Centers in the Last Full Academic Year

*Also includes Licensed Practical Nurses*
Other Types of Students Trained at Health Centers Include:

- Dental Hygienist 15%
- Community Health Worker 13%
- Other Advanced Practice Nurse 12%
- Certified Nurse Midwife 11%
- Optometrist 2%
Primary Care Residency Training Activities
Family Medicine is the Most Common Residency Program in Health Centers

- Family Medicine: 76%
- Pediatrics: 33%
- General Dentistry: 33%
- Internal Medicine: 28%
- Obstetrics and Gynecology: 19%
- Psychiatry: 8%
- Pediatric Dentistry: 8%
- Internal Medicine-Pediatrics: 7%
- Geriatrics: 3%
Nearly Two-Thirds of Health Centers Offer Elective Rotation Experience for Residents and/or Interns

“Continuity Care Clinic” is defined as an ongoing primary care experience for resident...
Occasional Clinical Rotations Lasting Between 2 to 4 Weeks for a Single Resident Are the Most Common Type of Clinical Experience for Residents in Health Centers

- **Occasional Clinical Rotation (2-4 weeks) for a Single Resident** *: 58%
- **Ongoing “Continuity” Clinic Experience for the Residents** +: 26%
- **Ongoing Monthly Clinical Rotations for Multiple Residents** *: 25%
- **Ongoing Monthly Clinical Rotation for a Single Resident** *: 17%
- **None of the Above**: 13%
- **Hosts and Manages an Independent Residency Program** ^: 8%

* In conjunction with an established residency
+ Jointly managed through an agreement with an established residency
^ Providing an ongoing “continuity clinic experience for all residents
Hospitals and/or Schools Hold the Accreditation in Most Residency Programs that Health Centers Participate

- Geriatrics
- Pediatric Dentistry
- General Dentistry
- Psychiatry
- Obstetrics and Gynecology
- Internal Medicine-Pediatrics
- Pediatrics
- Internal Medicine
- Family Medicine

Legend:
- **Light Blue** Health Center
- **Dark Blue** Consortia
- **White** Hospital/School
Perceived Advantages and Barriers to Health Professions Training
Recruitment Is Perceived as the Most Important Advantage for Training Activities

- Recruitment of health professionals
- Chance to influence students' future practices with community-based training
- Retention of health professionals
- Affiliation with academic health center/teaching hospital/university
- Enhanced community respect
- Increased staff satisfaction
- Patient access to specialty and inpatient care
- Increased volume of health center patient encounters
- Increased revenue or other financial benefits
- Exposure to one or more research projects
- Other

Number of Health Centers

Very Important

Important
Health Centers Perceived Budgetary Constraints, Lost Productivity and Economic Climate as the Most Important Barriers to Participate in Training Activities

- **Budgetary Constraints/Inadequate Funding**
- **Lost Productivity of Staff Due to Teaching**
- **Impact of Current Economic Climate**
- **Patients’ Perceptions of Trainees**
- **Patient Access to Specialty/Inpatient Care**
- **Lack of Formal Relationships with Area Medical Schools/Teaching Hospitals**
- **Continuity of Patient Care Due to Trainee Turnover**
- **Trainee Access to Specialty/Inpatient Care**
- **Difficulty Recruiting Trainees for Programs**
- **Distraction from Service Mission**

Number of Health Centers

- Very Important
- Important
Funding for Training Opportunities
The Majority of Health Center Funding for Residency Programs is from Patient Revenue

- Nearly two-thirds of the health centers that indicated “Other” specified that they did not receive funding for their residency training activities.

- Nearly three-quarters of health centers do not receive any funding from Health Resources and Services Administration for their other health professions training activities.

*includes pass-through payments
^ Primary Care Training Grants

Note: 18% of Health Centers did not know the funding source for residency training. This may be due to respondent may have been a CEO designee not involved in budget issues.
Involvement in Other Training and Pipeline Programs

These programs include: Area Health Education Center Programs, Student/Resident Experiences and Relations in Community Health (SEARCH) programs, Career Advancement Programs/Training Opportunities, and Pipeline Programs.
Area Health Education Centers:
Health Centers Are Evenly Split Whether They Participate in These Programs

- 48% Participates
- 46% Does Not Participate
- 6% Do Not Know
Student/Resident Experiences and Rotations in Community Health (SEARCH) Programs: Nearly Two-Thirds of Health Centers Do Not Participate in SEARCH

- 51% of Health Centers participate in SEARCH
- 44% of Health Centers participate in both programs (residents and students)
- 3% of Health Centers only participate in SEARCH for students
- 2% of Health Centers only participate in SEARCH for residents
- 2% of Health Centers do not participate in either program

Legend:
- □ Only Students
- ■ Both Residents and Students
- □ Only Residents
- ■ Do Not Know
Career Ladder Programs:
More than Half of Health Centers Participate in a Career Ladder Programs; Offering An Array of Different Types of Programs

Types of Career Ladder Programs

- Nursing: 75%
- Administrative: 69%
- Finance: 37%
- Dental: 30%
- Other: 13%
Interest in Expanding or Developing New Programs
Health Centers Indicate They Would Like to Develop or Expand Family Medicine Residency Programs in Their Health Centers

- Family Medicine Residency Program: 71%
- Nurse Practitioner Training Program: 53%
- Medical Assistant Training Program: 47%
- General Dentistry and/or Pediatric Dentistry: 43%
- Registered Nurse Training Program: 34%
- Social Worker Training Program (LSW): 34%
- Dental Assistant Training Program: 33%
- Physician Assistant Training Program: 31%
- Community Health Worker Training Program: 30%
Health Centers Also Would Like to Expand or Develop New Training Programs for the Following:

- Pediatric Residency Program 29%
- Dental Hygienist Training Program 29%
- Pharmacist Training Program 22%
- Internal Medicine Residency Program 21%
- Psychiatry Residency Program (Adult and/or Child) 21%
- Obstetrics Gynecology Residency Program 21%
- Allopathic/Osteopathic Medical Student Training Experiences 20%
- Psychologist Training Program 16%