

New Mexico Primary Care Training Consortium 5-Year Strategic Plan



2014-2019

Prepared By:

Southwest Center for Health Innovation Staff
With the NM Primary Care Training Consortium

STRATEGIC PLAN



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ACKNOWLEDGMENTS

The New Mexico Primary Care Training Consortium and the Southwest Center for Health Innovation would like to thank its local, state and national partners for their assistance in preparing the contents of this document. In a very short time the NMPCTC Team has established itself as a leader for improving health professional supply in New Mexico communities as well as serving as a model for other states in expanding access to primary care training.

This project is supported, in part, by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number D06RH27774, "Rural Health Network Development Program," total award \$900K, with 25 percent of program funded by state and nongovernmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

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PROGRAM DESCRIPTION AND SHARED VISION

Program Description and Shared Vision

The purposes of the New Mexico Primary Care Training Consortium (NMPCTC) are:

- The advancement of the training of health professionals in populations of need throughout New Mexico
- The development or expansion of primary care residency training programs in family medicine or other clinical specialties as determined by the strategic directions of the Board of Directors
- The support of residency and other training through coordinated curriculum, quality improvement, continuing education, resident recruitment and faculty development processes

The NMPCTC Board, its members and partners, the Southwest Center for Health Innovation staff, and key stakeholders have worked together to develop the vision and mission statements and have committed to review/renew these statements on annual basis. The NMPCTC members have adhered to a signed Memorandum of Agreement (MOA) to mutually promote rural health workforce development and have bylaws set in place. The following mission, vision and values statements were formulated:

Mission: The New Mexico Primary Care Training Consortium improves the quality of essential health services by supporting existing and developing new training opportunities to increase primary care workforce in New Mexico.

Vision: New Mexico is an innovative leader in training family medicine physicians and other primary care providers working in the most underserved populations in high quality integrated primary health care systems.

Our Values: Health Equity has as its core a patient informed, high quality, integrated primary care system based on the following values:

- Community Ownership
- Education Program Empowerment
- Partnership and Collaboration
- Multi-sector Inclusion

Goals

- I. Create a hub and spoke model for residents to complete rotations in several counties (spokes) surrounding each program location (hub), enabling rural rotation relationships to be developed in every county statewide.
- II. Support training, recruitment and retention of Primary Care Physicians in New Mexico.
- III. Develop strong partnerships with the University of New Mexico (UNM) and regional medical schools to recruit residents familiar with New Mexico and the southwest into training programs.
- IV. Assist with the development of new residency programs and rotations and provide ongoing technical assistance to programs statewide
- V. Expand rotations into other Primary Care Specialties (i.e., Psychiatry, Pediatrics, Internal Medicine, and Dentistry).
- VI. Improve communication between family medicine residency programs.

Program/Organization History

Prior to 1996, there was only one academic medical center in New Mexico, at the University of New Mexico (UNM). In 1994, the New Mexico state legislature passed a number of primary care enhancing bills including funding to UNM for the development of 1+2 model residencies in Las Cruces, Roswell and Santa Fe. By 1996, all three were up and running under the auspices of UNM where the year one training of family physicians took place. The final 2 years of training were to take place in the home communities. In 1997, Congress passed legislation capping the number of residents nationally and at existing programs. This has caused a zero growth problem in New Mexico for primary care.

By 1998, the Las Cruces program decided to become an independent 3-year residency program at Memorial Medical Center. Over the last 16 years, these 4 programs met regularly at state American Association of Family Practice meetings, to discuss common training goals and opportunities. In 2010, Hidalgo Medical Services (HMS) in Silver City developed a 1+2 model and became the first non-hospital based, Community Health Center (CHC) based family medicine program in New Mexico. Unfortunately, shortly thereafter, the Roswell program lost its accreditation when there was a large turnover of physicians in the community, many of whom were preceptors or faculty for the Roswell program.

However, all five Program Directors and respective Program Coordinators continued to meet quarterly and ultimately decided to organize more formally. On behalf of the "network", the HMS – Center for Health Innovation applied for an ORHP Network Planning grant to better assist in the business planning of the Consortium. As a result, the New Mexico Primary Care Training Consortium (NMPCTC) was initiated, developed a facilitated strategic planning including reviewing other regional consortium funding and obtaining funding from the state legislature through the Medicaid program. Their association and collaboration has been greatly enhanced by the efforts of the Consortium, which began to formalize its structure in 2011 and incorporated early in 2013. The NMPCTC became a IRS 501(c)3 corporation and began working on the goals of the organization as described in this document.

The Consortium is now comprised of seven Board members, four Program Directors from the existing Family Practice (FP) residencies, one former and hopefully, future Program Directors and two Chief Medical Officers from CHCs interested in becoming family practice and possibly psychiatry residencies.

Currently, the NMPCTC has an Executive Director, a Program Manager (director) and technical assistance consultants to achieve this strategic plan.

Program and/or Organization Members & Partners

The NMPCTC members and partners attend all board meetings; participate in consortium development, including participation in-state and national outreach on behalf of the consortium.

The New Mexico Primary Care Training Consortium members are the Federal Office of Rural Health Policy; the New Mexico Academy of Family Physicians (NMAFP); the New Mexico Human Services Department – Medical Assistance Division; the Southwest Center for Health Innovation – FORWARD NM; and the University of New Mexico Project ECHO. Future partners will consist of the New Mexico Area Health Education Centers (AHECs); the University of New Mexico – Health Extension Rural Offices (HEROs) Program and Staff & the Office of Community Health; and the new Primary Care training locations.

The Four New Mexico Primary Care Training Consortium Family Residency Programs in the State and NMPCTC Board members are:



Albuquerque

The University of New Mexico Family Medicine Residency Program

Las Cruces

The Memorial Medical Center -
The Southern New Mexico Family Medicine Residency Program

Santa Fe

Christus St. Vincent Regional Medical Center -
The Northern New Mexico Family Medicine (1+2) Residency Program

Silver City

Hidalgo Medical Services (1+2) Family Medicine Residency Program

Process for Review and Consensus of the Shared Program or Organization Vision.

The initial strategic plan of the NMPCTC was done during ORHP Network Planning Grant year and included consultants from Colorado and California in a facilitative role. Since that time, the Board of Director of NMPCTC, Program Coordinators from the residencies, staff and prospective residency partners have been involved in updating and enhancing the initial plan on an annual basis. Mostly recently, the Board and partners met in July, 2015 in Ruidoso during the New Mexico Academy of Family Physicians (NMAFP) summer conference to review and revise this plan including the mission and vision statements. The plan was also informed by the first statewide summit on residency development in August of 2015, where 90 stakeholders from state agencies, universities, hospitals and primary care providers came together over two days to discuss further development of residency programs in the state. The conference was structured so that industry leaders could meet by sector to discuss options and restrictions and opportunities for residency development. Consultants were at every breakout table to answer questions. The next day, breakout sessions were held by region to discuss opportunities for collaborating on residency development. By all accounts, the conference was very well received and the findings are discussed herein.

Vision Check-In and Commitment

The core strategic planning elements were revisited and amended in July of 2015. Additional Board members have also been added and support for the priorities of the NMPCTC were reflected in the statewide summit to support residency development in the state in August 2015.

STRATEGIC PLANNING APPROACH AND DESIGN

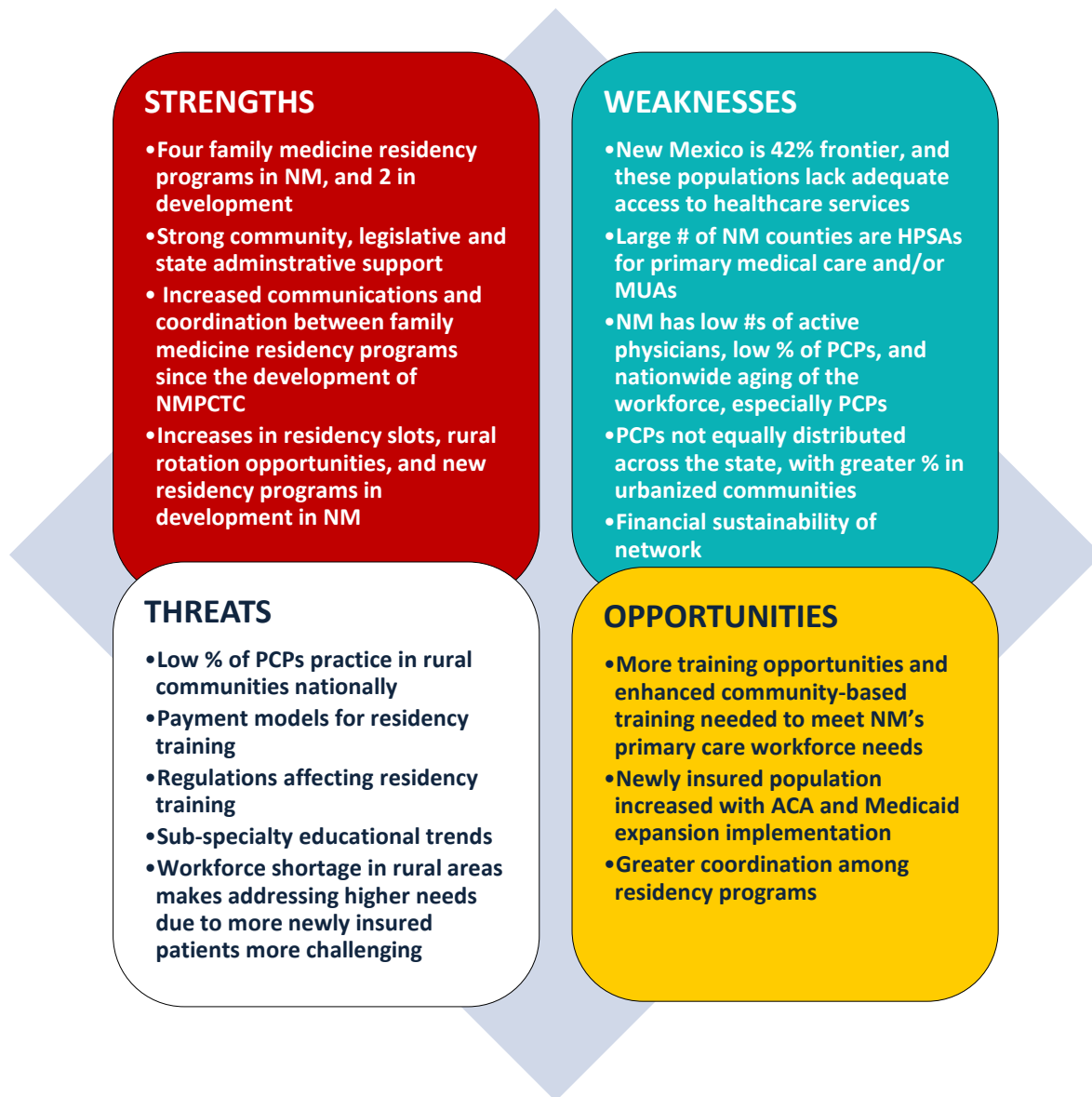
Strategic Planning Approach and Design

The Strategic Plan is used to inform the work plan and includes the same objectives but with more detail. The Work Plan is also used to report in NMPCTC activities to the state Medicaid program which contract with NMPCTC to assist in residency development. The reports to the state are monthly, so there is a regular update on NMPCTC activities towards meeting the Work Plan goals. In addition, the NMPCTC Board meets every other month to review plan progress and provide support of staff efforts in goal achievement. The plan is used to guide the staff and partners of the NMPCTC toward improving the quality and quantity of primary care training in the state. The primary stakeholders are:

- The Four Primary Care Residency Programs in the State and NMPCTC Board members
 - The UNM Department of Family and Community Medicine
 - Christus St. Vincent Regional Medical Center - Family Medicine Residency Program in Santa Fe
 - The Memorial Medical Center – Southern NM Family Medicine Residency program
 - The Hidalgo Medical Services – Family Medicine Residency Program
- Three Other Board Members
 - The Eastern NM Medical Center – Family Medicine Department in Roswell
 - Presbyterian Medical Services (CHC) in Santa Fe with 30 rural FQHC sites
 - First Choice Community Health in Albuquerque with 6 rural based clinic locations
- University of NM Office of Community Health in Albuquerque with regional HERO offices in residency development locations
- Burrell College of Osteopathic Medicine in Las Cruces
- The NM Human Services Department – Medical Assistance Division (Medicaid)
- The NM Department of Health – Public Health Division and Office of Quality Improvement and Planning
- Local Hospitals
 - Gila Regional Medical Center – Silver City
 - Rehoboth-McKinley Hospital – Gallup
 - Cibola General Hospital – Grants
 - Presbyterian Health Services – Largest hospital system in NM with multiple urban and rural locations
- NM Hospital Association
- NM Primary Care Association
- NM Health Resources
- NM Long Term Care and Aging Department
- Southwest Center for Health Innovation

EVALUATION SCAN AND ANALYSIS

Environmental Scan and Analysis



STRENGTHS

- Four family medicine residency programs in NM, and 2 in development
- Strong community, legislative and state administrative support
- Increased communications and coordination between family medicine residency programs since the development of NMPCTC
- Increases in residency slots, rural rotation opportunities, and new residency programs in development in NM

WEAKNESSES

- New Mexico is 42% frontier, and these populations lack adequate access to healthcare services
- Large # of NM counties are HPSAs for primary medical care and/or MUAs
- NM has low #s of active physicians, low % of PCPs, and nationwide aging of the workforce, especially PCPs
- PCPs not equally distributed across the state, with greater % in urbanized communities
- Financial sustainability of network

THREATS

- Low % of PCPs practice in rural communities nationally
- Payment models for residency training
- Regulations affecting residency training
- Sub-specialty educational trends
- Workforce shortage in rural areas makes addressing higher needs due to more newly insured patients more challenging

OPPORTUNITIES

- More training opportunities and enhanced community-based training needed to meet NM's primary care workforce needs
- Newly insured population increased with ACA and Medicaid expansion implementation
- Greater coordination among residency programs

STRATEGIC OBJECTIVES

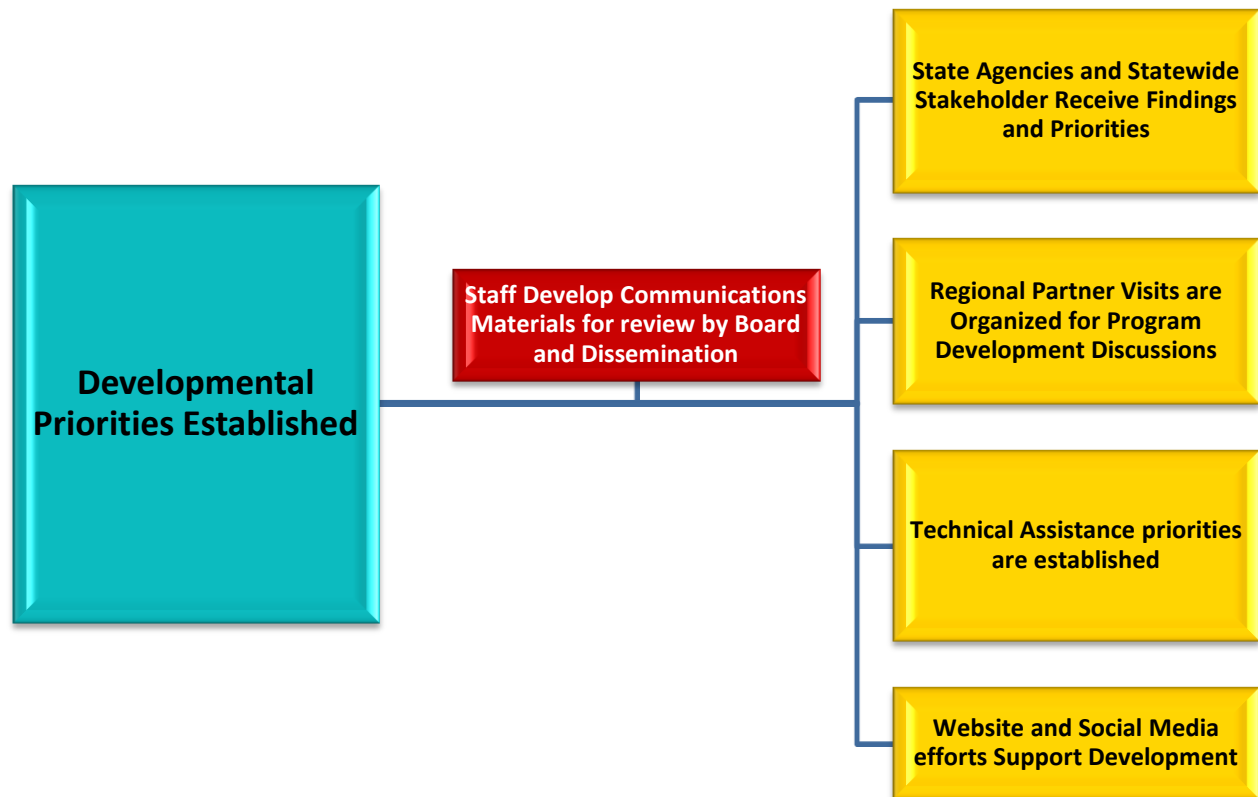
Strategic Objectives

Strategic Objective Documentation: NMPCTC Strategic Planning		
Vision: New Mexico is an innovative leader in training family medicine physicians and other primary care providers working in the most underserved populations in high quality integrated primary health care systems.		
Consensus Strategic Objectives	Collaborate to expand access to and improve the quality of essential health services in New Mexico by implementing programs to increase primary care workforce in rural areas.	Develop a coordinated quality improvement program among all four family medicine residencies.
	<p>Objective 1.1: Increase the number of resident slots in current New Mexico family medicine residency programs by 9 slots annually (27 total residents) by 2017.</p> <p>Objective 1.2: Increase the number of rural rotation locations in New Mexico from 19 counties to 25 counties by 2017.</p> <p>Objective 1.3: Increase the number of 1 + 2 residency programs or 3 year independent residency programs in New Mexico (new sites) from 1 to 3 by 2017.</p> <p>Objective 1.4: To increase the number of applicants to New Mexico family medicine training programs through the national match program by 20% by 2017.</p>	<p>Objective 2.1: Standardize training curricula across all New Mexico-based residencies by evaluating current training curricula and modifying to ensure highest quality programming by 2017.</p> <p>Objective 2.2: Increase resident and faculty satisfaction of training program and self-assessment survey scores by 5% of the current score annually.</p> <p>Objective 2.3: Assess strengths and challenges associated with primary care workforce development in rural New Mexico and produce one report with recommendations by 2015.</p>

COMMUNICATION PLAN

Communication Plan

Findings from the Statewide Summit on residency development sponsored by the NMPCTC will be compiled and after review by the NMPCTC in September 2015, will be distributed to all stakeholders at the summit, the UNM Health Workforce Taskforce, the State Innovations Model planning committee, the NM Department of Health, the NM Human Services Department and the NM State Legislature as requested. Partners in development will receive site visits to determine status and readiness for residency development and NMPCTC will facilitate discussion on a local and regional basis.



The Consortium staff, Board and appropriate stakeholders hold quarterly face-to-face governing board meetings in order to interact directly about issues related to NMPCTC's ongoing work. Due to extensive travel distances, this is the most appropriate frequency for face-to-face meetings. These meetings are attended by the governing board member (voting) from each residency program as well as the residency program coordinators (non-voting) of which will be completing the partner sub-contract work. All decisions about project execution are made during governing board meetings.

Additional phone conference meetings are held between NMPCTC staff, members of the governing board and other stakeholders when necessary to eliminate the expense of travel. This is accomplished using a toll-free conference line and GoToMeeting, which enables live document sharing and videoconferencing.

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To ensure the work of the governing Board is accomplished, several committees are in development including, Quality Improvement, Recruitment and Development Sub-Committees. These additional committees meet via phone conferencing on a monthly, or as-needed, basis.

Communication (within the network) is also facilitated through the use of frequent emails. Hidalgo Medical Services (HMS) hosts document sharing through Dropbox, a cloud-based document sharing platform.

Network governing board members and staff representatives share monthly updates on Network activities with their individual residency program staff to garner full program engagement, and to promote the NMPCTC in their service area communities. Heightened promotion of the consortium in this way increases awareness and develops statewide community engagement.

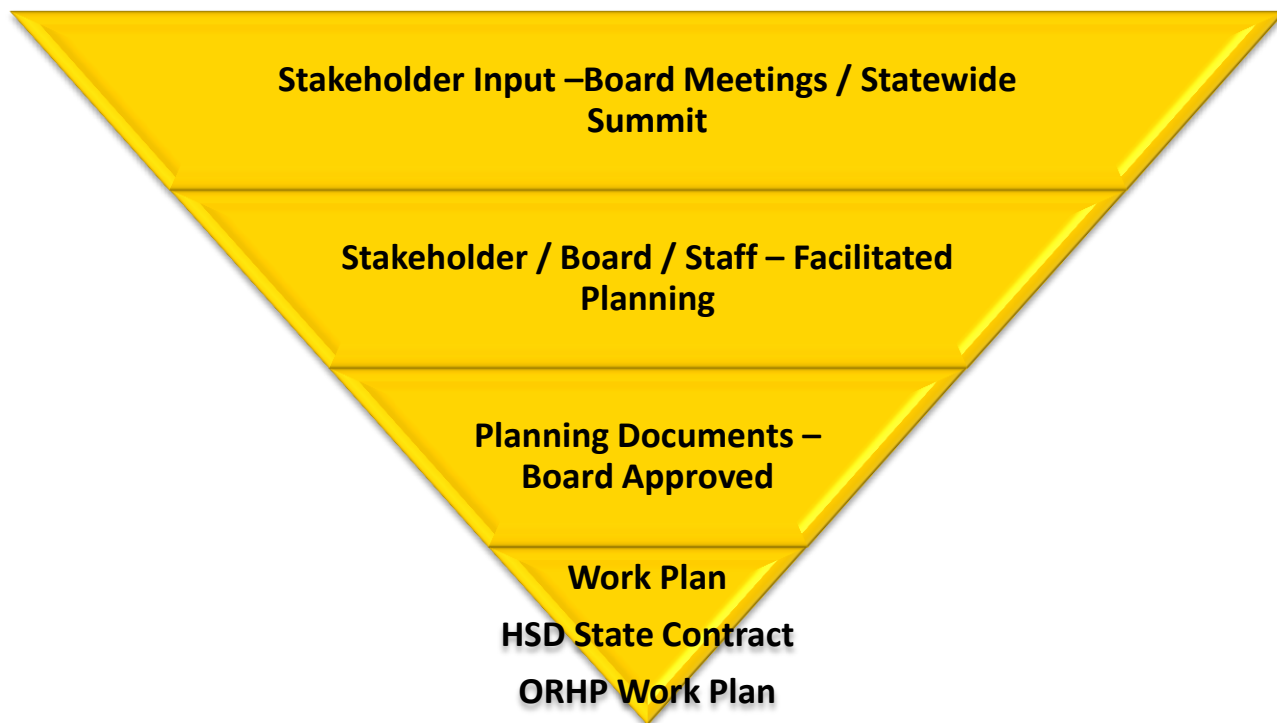
Another important component of communication with Board, Residency Programs, and Stakeholders is the use of the NMPCTC website, newsletter and other social media modalities. Our website is updated on an ongoing basis to make it a viable resource for both the Residency Programs, medical students and other stakeholders. A quarterly newsletter from the Consortium is used for marketing, promotion and resource sharing and plans for developing social media platforms to be utilized as continuity connectors for all stakeholders are underway.

Collaborative activities funded through the Network Development program include shared marketing and promotion, recruiting efforts, capacity building and quality improvement, all focusing on increasing residency slots and workforce supply to solve the primary care physician shortage in New Mexico.

OPERATIONALIZE WITH WORK PLAN

Operationalize with Work Plan

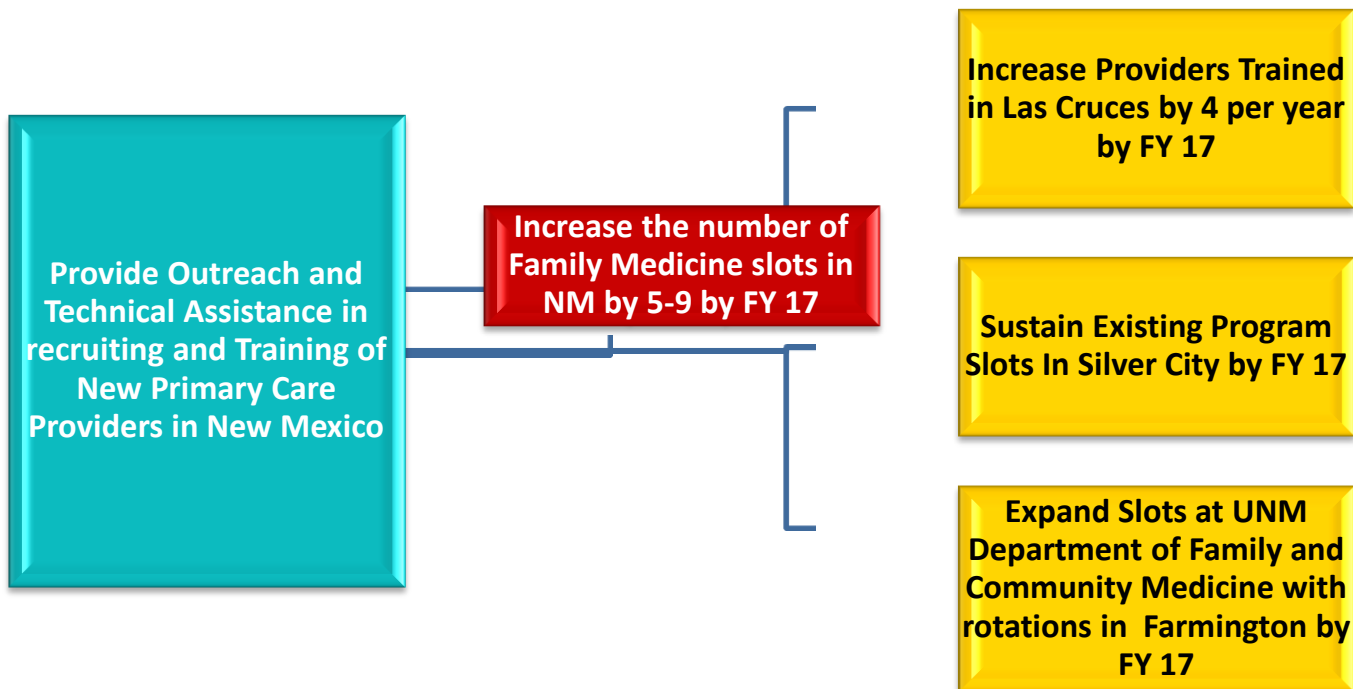
The Work Plan is viewed as an extension of the Strategic Planning process. It is the vehicle or tool that tracks progress towards meeting the goals of the organization and funding sources, the genesis is stakeholder input and the result is improved access to health care overtime due to community ownership of health professional training.



This is the flow of information and goals of the program. *The Specific Objectives and Activities are included in the Work Plan.*

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The Work Plan then takes the Goals of the Strategic Plan and Develops specific time framed objectives as in the following example:



MONITORING AND ADJUSTING WITH EVALUATION PLAN

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Monitoring and Adjusting with Evaluation Plan

Purpose: To collaborate to expand access to and improve the quality of essential health services in New Mexico by supporting existing and implementing new programs to increase primary care workforce in rural areas.						
Goal # 1 – Provide outreach and technical assistance in recruiting and training of new primary care providers in NM						
Plan Component	Strategies	Activities	Process and Outcome Measures	How Measured	Performance Period	Findings/ Trending
Residency Program Development	A. Increase number of resident slots in current NM family medicine residency programs by 5 - 9 slots annually (21-27 total) by FY 17.	a. Create a plan for expansion of residency slots in current programs. b. Utilize CMS, GME, HRSA THC and newly approved Medicaid THC model that supports additional residency funding in FQHCs. c. Contract with GME system specialist(s) to develop ACGME accreditation applications.	a. Written plan for expansion. b. Reports to state legislature and additional funding data. c. Number of additional slots.	Survey NMPCTC members to compare number of residency slots in New Mexico family medicine residency programs in July 2016 to the current numbers.	September 1, 2014 – August 31, 2017	Memorial Medical Center based in Las Cruces, NM will provide 2 additional family medicine residency slots, effective 2015. Additionally, psychiatry residency development is underway.
	B. Increase number of rural rotation locations in New Mexico from 19 counties to 25 counties by 2017.	a. Identify potential rotation sponsor organizations and assess interest. b. Assess training needs at current training sites. c. Provide technical assistance to sites based on identified needs.	a. Number add'l resident rotation locations/counties. b. Changes in self-reported preceptor capacity at new rotation sites and satisfaction with support received.	a. Survey NMPCTC members re: rural rotation locations in 2014 through 2017. b. Survey preceptors at rotation sites re: capacity to supervise residents and satisfaction.	May 1, 2015 – June 30, 2017	Upon review of all preceptor surveys, the Consortium will develop and implement a QI Improvement Plan for all NM family residency programs to determine areas of most need.
	C. Increase the number of 1 + 2 or 3 year independent residency programs in New Mexico (new sites) from 1 to 3 by 2017.	a. Identify 2 interested sponsoring institutions to develop new programs. b. Assess capacity needs of sponsoring institutions. c. Create a plan for the expansion of 1 + 2 and independent residency programs in community-based care settings. d. Provide funding and TA to new programs as they develop. e. Provide TA on ACGME Program Information Forms and Teaching Health Center Graduate Medical Education (THCGME) grant app.	a. Written expansion plans. b. Site accreditation by ACGME. c. Additional graduate medical education funds approved.	Compare number of 1 + 2 and independent residency programs in 2017 to present number. THCGME awardee website to measure additional GME funds.	November 1, 2014 – August 31, 2017	Presbyterian Medical Services (PMS) based in Farmington, NM is in the process of creating a new family medicine residency program, effective 2016.

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Student Recruitment Improvement/Marketing	D. Increase the number of applicants to New Mexico family medicine training programs through the national match program by 20% by 2017.	a. Participate in five national residency recruitment fairs annually. b. Develop affiliation agreements with medical schools in the region to offer rural training rotations in New Mexico. c. Deploy consortium staff to six outreach events annually at UNM, Texas and Arizona venues for the purpose of educating medical students on residency opportunities in NM. d. Work with contracted marketing firm to improve website and develop new joint recruitment materials.	a. Travel receipts from recruitment fairs. b. Copies of affiliation agreements. c. Evidence of attendance at outreach events. d. Number of applicants annually.	Survey NMPCTC members re: number of applicants to NM family medicine programs 2014 through 2017. Number of new printed marketing and recruitment materials and web based interface with consortium website.	August 1, 2015 – August 31, 2017	Currently, all NM family medicine training programs that participated in the 2015 Kansas City Recruitment Fair collected contact information from each interested medical student. The lists will be consolidated by the Consortium with the purpose of maintaining contact/ sharing resources/ upcoming opportunities of each NM family medicine residency program.
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Goal #2: Develop a coordinated quality improvement program among all four family medicine residencies						
Plan Components	Strategies	Activities	Process and Outcome Measures	How Measured	Performance Period	Findings/Trending
Collaborative Training/ Quality Improvement Priorities	A. Standardize training curricula across all New Mexico-based residencies by evaluating current training curricula and modifying to ensure highest quality programming by 2017.	a. Assess current training curricula across 4 family residency programs. b. Develop Curriculum Committee. c. Standardize preceptor and resident satisfaction, self-assessment surveys. d. Analyze information from preceptor and resident satisfaction and self-assessment surveys. e. Write and standardize high quality curriculum. f. Evaluate curriculum changes - follow up preceptor and resident satisfaction and self-assessment surveys.	Written, standardized curriculum. Preceptor and resident surveys indicate increased satisfaction and higher self-assessment in skill areas.	Implemented high quality curriculum at all training sites. Changes in preceptor and resident satisfaction and self-assessment scores.	September 1, 2014 – August 31, 2017. Year 1 – Assess curricula. Year 2 - New curricula, written, tested. Year 3 - New curricula implemented	Not yet started
	B. Increase resident and faculty satisfaction with training program and self-assessment survey scores by 5% of the current score annually.	a. Standardize current survey tools and survey and assess current resident and faculty satisfaction of training program and self-assessment of skills as baseline. b. Develop a Quality Improvement committee. Engage board members,	Quality improvement projects implemented. Changes in satisfaction and self-assessment results.	Standardized survey and survey results that can be compared over 3 years. Quality Improvement committee minutes.	October 1, 2014 – August 31, 2017. Y1 - Survey for baseline. QI committee initiated. Y2 - Survey and compare.	Upon review of all preceptor surveys, the Consortium will develop and implement a QI Improvement Plan for all NM family residency programs based on areas of need.

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		<p>partners, and residents on committee.</p> <p>c. Determine QI projects and engage in Plan-Do-Study-Act process.</p> <p>d. Continue to administer annual satisfaction survey.</p>			Y3 - Survey and compare.	
	<p>C. Assess strengths and challenges associated with primary care workforce development in rural New Mexico and produce one report with recommendations by 2015.</p>	<p>a. Survey community primary care practice sites and training programs about the current strengths and challenges associated with primary care workforce development in rural New Mexico.</p> <p>b. Review current health workforce literature and NM health workforce data.</p> <p>c. Write a research report based on the findings, including recommendations.</p> <p>d. Disseminate report to participating community practice sites and training programs, state agencies, NMPCTC partners, other stakeholders.</p>	<p>Survey data for practice and training sites.</p> <p>Literature review written.</p>	<p>Research findings and completed report (and dissemination list) will serve as measurement.</p>	<p>September 1, 2014 – September 30, 2015</p>	<p>The 2015 NMPCTC Summit findings are being compiled and analyzed to identify strengths and challenges of workforce development.</p>