



Elizabeth Wytychak, MSN, ARNP, FNP-C
Nurse Practitioner Residency Director
HealthPoint



Making the Case for Postgraduate
Training Programs:
Securing Top-to Bottom Support

Reply Delete Junk Block ...

ARNP residency program



Elizabeth M. Wytychak

To: Judy Featherstone



Thu 8/20/2020 5:06 PM

Hi **Judy**,

I hope you're doing well. I've been thinking about the idea of a nurse practitioner residency program at HealthPoint. Helping to start a residency is a dream of mine. I attended a virtual conference on ARNP residencies last month and would love to share what I learned. There was a lot of great information about financial sustainability and starting a program in the context of Covid. I know there are many other competing interests right now, and I simply want to start the conversation with a view towards the long term future. Would you be interested in a phone or video meeting? I'm available on Thursdays.

Thank you,
Ellie


Reply

Forward

Re: ARNP residency program

🕒 You replied on Fri 8/21/2020 6:20 PM



Judy Featherstone 

To: Elizabeth M. Wytychak



Thu 8/20/2020 5:11 PM

Ellie,

I am certainly open to learning about this and it would likely be good to meet fairly soon while this is fresh for you. I have time from 10:30-11:30 available both of the next 2 Thursdays. Would you like one of those times?

You are right, things are incredibly busy now with lots of big questions out there. We can add this question to the mix.

Judy Featherstone MD
Chief Health Officer
HealthPoint

ARNP Residency Program Proposal

The proposal: start a nurse practitioner residency program at HealthPoint.

Why do this?

- Nurse Practitioners are an important and growing part of the primary care workforce and HealthPoint's provider group.
 - "NP/PAs are about equal to the number of physicians in FQHCs, with 13,900 FTE MDs and 13,600 APPs of which 71% are NPs." (UDS 2018 data).
 - The number of NP positions is expected to grow from 155,500 in 2016 to 211,600 in 2026. Estimated 14,400 ARNP job openings per year. (Advanced Practice Education Associates).
 - The number of NPs is growing at HealthPoint, and we can improve recruitment, training, retention, and job satisfaction through a residency program.
- Recruitment
 - Nurse Practitioners are not required to do a residency program, but often want more experience before practicing independently at CHCs.
 - We would be able to recruit the strongest ARNPs by offering a residency program.
 - Have a predictable provider stream, decreased need for recruiters.
- Training and on-boarding
 - Train ARNPs for our population and setting.
 - Learn HealthPoint systems and NextGen, develop mentor relationships, create connections across the organization.
- Retention
 - High burn-out rate for new providers at CHCs.
 - Support new grads in successfully transitioning to long term CHC providers.
 - APP turnover rate at Seattle Children's is 2%, vs 18% in the general APP group.
 - CHC, Inc. ARNP residents had > 90% retention as primary care providers 13 years out and > 70% retention in FQHCs/safety net settings (CHC, Inc)
- Opportunities for existing providers
 - Many providers want to teach and want a diversity of work experiences.
 - Offers growth opportunities for current providers, especially ARNPs.
 - Improve career satisfaction.
 - HealthPoint usually has about 2 ARNP students per year
- Dedication to training the next generation
 - Help keep HealthPoint and our broader CHC community strong and healthy.

- Create a culture of mentorship, growth and learning.
- HealthPoint Decision Making Criteria Worksheet
 - ARNP Residents have a total score of 159.8, making them some of the highest scoring learners

How would we do this?

- Create an ARNP Residency Director/Coordinator position.
 - Would expect this to be 0.5-0.75 FTE.
 - Position would involve:
 - Initial work: develop a mission statement and structure for the program, apply for grants, connect with NTTAP and NW CAPE, find locations, recruit preceptors, recruit didactic speakers, organize schedules and rotations, create an application, interview prospective residents.
 - Continuing work: organize the program, regular check-ins with residents, preceptors, speakers, and admin, incorporate feedback, keep metrics data, general coordination and process improvement.
- Reaching prospective residents
 - There is a huge demand. Seattle Children's gets 10 applicants for every opening.
- Initial organization and set up
 - Lots of support through the The National Training and Technical Assistance Partners (NTTAP), which is funded by HRSA and run through CHC, Inc.
 - Support through NorthWest Consortium Advanced Practice Education (NW CAPE)
 - Support through National Nurse Practitioner Residency and Fellowship Training Consortium
 - NP Residency Book
 - Use the accreditation standards as a planning guide
- Location
 - Renton Sunset Clinic, Doug Baldwin Clinic, other clinics
 - Shared space for didactics at Auburn North or ATSU admin
- Curriculum
 - Create our own vs NTTAP curriculum
 - Coordinate with local residencies: ICHS, Seattle Children's, SeaMar, NW CAPE
 - Many specialties in house already (hepatitis C, sports medicine, OMT, BH, colposcopies, acupuncture, naturopath, suboxone, derm, nutrition, pediatrics, etc.)
- Preceptors
 - Lots of interest from ARNPs
 - Schedule blocks for preceptors and they will volunteer.

- Preceptors can be ARNPs, PAs, MDs and DOs
 - Opportunity to teach attracts and retains experienced providers.
- Financing
 - Potential for HRSA grant opportunities in the future, let's be prepared
 - 6/2019- HRSA awarded \$20 million through Health Workforce Grant Programs (ANE-NPR)
 - 4/2020- HRSA announced \$5 million for existing programs through Advanced Nursing Education Nurse Practitioner Residency Integration Program (ANE-NPRIP)
 - HRSA received \$15 million to improve telehealth capabilities- focusing on community health worker training and improving the telehealth trainee pipeline, \$5 million dedicated to CHCs.
 - Self Sustaining Model
 - Require a two year commitment. First year as a resident, second year as a full time provider.
 - Return on investment comes in the second year.
 - They will be at 100% productivity on day one of the second year. No ramp up.
 - Saves money on recruitment, locums, and turn over costs.
 - Seattle Children's spent \$308,745 on locums and OT in October 2017 (no residency program). They spent \$30,000 in OT in June of 2020 (with residency program).
 - Financial model for HealthPoint based on CHC, Inc residency data
 - 4 residents would lead to a net cash flow of \$869,756 over 2 years
 - See Excel spreadsheet
- Timing
 - ARNP Residency Director position starts Fall 2021
 - Residency program starts Fall 2022
- Concern about competition with other learners
 - Space: 2 residents per clinic, some based in Renton
 - Preceptors: ARNPs (who are not preceptors for other learners)
 - Rotations: in house, not at the hospital
- COVID19
 - This is an even more critical time to train our new grads.
 - Clinical rotations are currently extremely limited and new grads are going to need more support.
 - Option of web based learning and online tools.

Further Information

“The extra in-the-trenches learning of a residency not only solidifies skills, but also acts as a testing ground for future work experience. We want to be able to groom the next generation of nurse practitioners to be not only well-prepared clinicians, but well-prepared to work in these types of clinical environments....we want to be able to ensure we have clinicians who have this passion, as well as preparation.”

– Anne Saxe, Professor in UCSF’s School of Nursing, quoted in “Are Residencies the Future of Nurse Practitioner Training?”, UCSF’s Science of Caring, 2013

Example overall residency structure

12 months full time

- 40% preceptored clinic (2 days a week)
- 20% specialty clinic (1 day)
- 20% mentored clinic (1 day)
- 10% didactic
- 5% Project ECHO (SUD, chronic pain, hep C, hep B, HIV)
- 5% quality improvement training, clinic weekly/monthly meetings, weekly residency meetings, feedback sessions

Washington ARNP residency programs

- Community Health Care Family Nurse Practitioner Residency
- Yakima Valley Farm Workers Clinic Family Nurse Practitioner Residency Program
- International Community Health Services—Family Nurse Practitioner Residency Program
- Seattle Children’s Hospital—APP Fellowship for Pediatric or Family Nurse Practitioners (Urgent Care/ED focus available)
- Virginia Mason Medical Center—Advanced Registered Nurse Practitioner in Hospital Medicine
- Swedish Health Network—ARNP Gastroenterology Fellowship

ARNP Residency Financial Model

YEAR 1

REVENUE

Patient revenue generated by residents:

Number of residents	2
Visits per resident during residency period	1000
Total patient visit	2000
Average revenue per patient visit	\$200
Total patient revenue	\$400,000
TOTAL REVENUE	\$400,000

EXPENSES

Salaries and fringe benefits

Number of residents	2
Salary per resident (75% of new hire salary)	\$72,990
Total resident salary	\$145,980
Residency program director (0.5 FTE)	\$63,089
Total salaries	\$209,069
Fringe benefits (22%)	\$45,995
Total salaries and fringe benefits	\$255,064

Other direct expenses

Equipment, EHR licenses (\$2,250 per resident)	\$4,500
Evaluation software license	\$1,200
Medical supplies and materials (\$2,000 per resident)	\$4,000
Total direct expenses	\$9,700

Indirect expenses (lost revenue from preceptors)

Number of preceptors	1
Estimated lost visits per year- 40% of 3,800 visits	1520
Average revenue per patient visit	\$200
Total indirect expenses	\$304,000

GROSS MARGIN- YEAR 1 **-\$168,764**

YEAR 2 (POST RESIDENCY)

REVENUE

Number of residents converted to permanent employees	2
Annual visits by former residents in excess of ramp-up provider	1200
Average revenue per patient visit	\$200
Additional patient revenue total	\$480,000

EXPENSES

Cost savings on recruitment fees (est \$22,500 per hire)	-\$45,000
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Training the Next Generation

Residency and Fellowship Programs
for Nurse Practitioners in
Community Health Centers




CO-AUTHORS:

Margaret Flinter, APRN, PhD, c-FNP, FAAN, FAANP
and Kerry Bamrick, MBA

EDITOR:

Kathleen Thies, PhD, RN

Community Health Center, Inc. and the weitzman  institute
inspiring primary care innovation

> [J Am Assoc Nurse Pract. 2021 Feb 15;34\(1\):32-41. doi: 10.1097/JXX.0000000000000563.](#)

Effects of completing a postgraduate residency or fellowship program on primary care nurse practitioners' transition to practice

Jeongyoung Park ¹, Asefeh Faraz Covelli ¹, Patricia Pittman ^{2 3}

Affiliations [+](#) expand

PMID: 33625166 DOI: [10.1097/JXX.0000000000000563](#)

Criteria	Decision Making Criteria for Hosting Learners at HealthPoint										
	<u>The student is not paid by HP</u>	<u>The student generates revenue and/or works independently</u>	<u>HealthPoint is paid for visits or they provide value to our patients</u> ie: BH visits are not paid but they are valuable to patients	<u>There is little to no IS Cost</u> Consider Licensing, training, staff time for setup, computer and work space.	<u>There is little to no Administrative Cost.</u> Consider how much time administration spends setting up the rotation (affiliation agreement, paperwork) time to credential, New Employee Orientation	<u>Little to no On Site Training and Supervision.</u> Time spent interviewing and recruiting. Consider how much time is spent orienting the learner to the site by staff and providers. How much time is spent supervising?	<u>Staff enjoy teaching</u> Does this improve their job satisfaction?	<u>There is alignment with Strategic Initiatives</u> Does this align with HealthPoint's strategic initiatives?	<u>Community Engagement</u> Working with this learner helps to engage the community	<u>Potential Hire</u> This learner is a potential hire within 2 years.	<u>Difficult to Hire</u> Based on 2015-2017 recruitment efforts
Importance Rating	2.0	4.0	3.5	2.2	3.7	4.0	2.0	5.0	3.1	5.0	5.0
3rd Year Medical Student	4.0	2.0	3.0	1.0	3.0	2.0	3.0	5.0	3.0	0.0	5.0
4th Year Medical Student	4.0	3.0	4.0	1.0	3.0	3.0	4.0	5.0	3.0	0.0	5.0
AmeriCorps	1.0	1.0	1.0	2.0	2.0	2.0	4.0	4.0	5.0	2.0	3.0
ARNP Student	4.0	3.0	4.0	1.0	3.0	2.0	3.0	5.0	3.0	4.0	5.0
ARNP Resident	1.0	5.0	5.0	3.0	2.0	3.0	5.0	5.0	3.0	5.0	5.0
ATSU Students											
Behavioral Health Intern	2.0	3.0	5.0	2.0	2.0	2.0	4.0	5.0	3.0	3.0	1.0
Behavioral Health Practicum	4.0	3.0	5.0	2.0	2.0	2.0	4.0	5.0	3.0	3.0	1.0
Dental Student (4th Year)											
GE NMF PCLP	4.0	1.0	1.0	2.0	2.0	2.0	4.0	3.0	4.0	2.0	5.0
MA Extern	4.0	2.0	3.0	1.0	2.0	1.0	3.0	5.0	4.0	5.0	5.0
MHA Interns	2.0	3.0	1.0	5.0	4.0	3.0	4.0	5.0	5.0	5.0	3.0
ND Rotations	4.0	1.0	1.0	5.0	3.0	5.0	3.0	3.0	3.0	3.0	1.0
PA-C Student	4.0	3.0	4.0	1.0	3.0	2.0	3.0	5.0	3.0	4.0	5.0
Pharmacy (Student)	5.0	3.0	4.0	4.0	3.0	2.0	5.0	5.0	5.0	5.0	4.0
Resident (Dental)	4.0	5.0	5.0	2.0	2.0	3.0	4.0	5.0	2.0	4.0	4.0
Resident (MD or DO) Wright Center	4.0	5.0	5.0	2.0	2.0	4.0	4.0	5.0	3.0	5.0	5.0
Resident (ND)	4.0	4.0	5.0	1.0	2.0	3.0	3.0	5.0	4.0	4.0	1.0
Resident (Pharmacy)											
Resident, Visiting (MD or DO)											
RN Student	4.0	1.0	2.0	5.0	3.0	4.0	2.0	4.0	2.0	1.0	5.0
RUOP	4.0	2.0	2.0	5.0	3.0	3.0	4.0	4.0	3.0	0.0	5.0

NTTAP

National Health Center Training
& Technical Assistance Partners

A PROJECT OF

Community Health Center, Inc.
and the **Weitzman Institute**



Meaghan Angers, angerm@chc1.com

Communication Strategy

Stakeholder	Method	Frequency	Notes
Ruth	Zoom	Weekly	Thursday 11-11:30am
Crystal	Teams	Weekly	Mondays 11-11:30am
Chris	Phone, email, teams	As needed	
Judy	Teams	Monthly	Second Thursday 11:30-12
Renton leadership team- Jas, Patel, Tara	Teams	Monthly	Second Thursday 9-10am
Renton staff Sunset staff	Wednesday staff meeting	Every 2 months	Wednesday 1-2pm
Education team	All team meeting	Every other month	2 nd Tuesday 9:30-10:30
APPs	Teams meeting Teams channel	Quarterly As needed	Next 2/8/2022
Providers	Town Hall	once	6/23/22
CLT	Teams	once	3/22
Board of Directors	N/A	N/A	Not needed, functions as a policy board
Executive Leadership Team	N/A	N/A	Not needed, Judy informs ELT
Regional Group (C4D)	Teams	once	Presented 12/7/21
All Staff	Town Hall	once	6/23/22

Nurse Practitioner Residency Advisory Committee

Crystal Berry, Operations Director of Academic Education, budget

Ruth Michaelis, Clinical Director of Academic Education

Judy Featherstone, Chief Health Officer, ELT

Heather Stephen-Salby, Director of Clinical Services

Jas Malhi, Business Director, Renton business/administration side

Nirav Patel, Clinical Director, Renton clinical side

APP representatives

Brooke Biglow, SeaTac, class of 2020, graduate of UW

Business Director: Arni Villanueva Carullo

Kristin Napoleone, TAF

Business Director: Magda Herrera de Leon for Thomas Jefferson, Mon/Wed

Business Director: Sherry Catlett for TAF, Tue/Thur

Jasmine Brar, Federal Way, new NP

Business Director: Sherry Catlett

Shannon Duffy, APPL, Renton

when back from leave March or April 2022

Leah Griffiths, Tukwila

Preceptor from Renton?

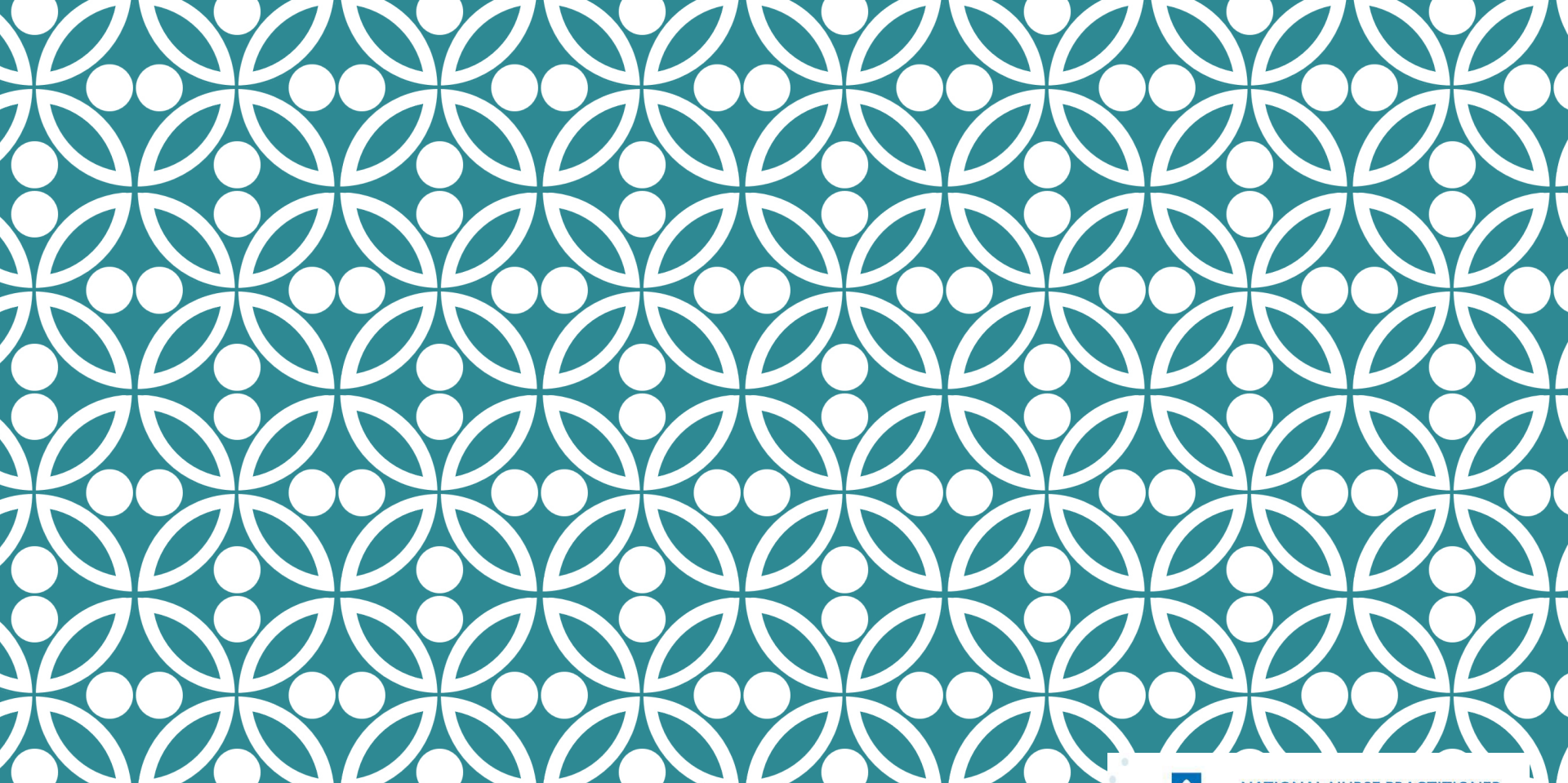
PROGRAMMATIC RESOURCE ASSESSMENT

PHYSICAL	HUMAN
<ol style="list-style-type: none"> 1. Have you identified the site will your residents be assigned? <input type="checkbox"/> Y <input type="checkbox"/> N 2. Have you identified a dedicated workspace for the residents? <input type="checkbox"/> Y <input type="checkbox"/> N 3. If Y to question 2, is the space integrated as part of a primary care team? <input type="checkbox"/> Y <input type="checkbox"/> N 4. Do you have available conference space and video technology for weekly educational programming? <input type="checkbox"/> Y <input type="checkbox"/> N 	<ol style="list-style-type: none"> 1. Have you identified key program staff (if yes list positions)? <input type="checkbox"/> Y <input type="checkbox"/> N 2. Have you identified potential preceptors (NPs) or supervisors (Post Doc) for the program? <input type="checkbox"/> Y <input type="checkbox"/> N 3. Have you identified potential specialty rotations for the program? <input type="checkbox"/> Y <input type="checkbox"/> N 4. Have you identified potential didactics/seminars presenters for the residents? <input type="checkbox"/> Y <input type="checkbox"/> N
FINANCIAL	ORGANIZATIONAL
<ol style="list-style-type: none"> 1. Have you established the terms of employment (salary and benefits)? <input type="checkbox"/> Y <input type="checkbox"/> N 2. Have you developed a program budget? <input type="checkbox"/> Y <input type="checkbox"/> N 	<p>Have you discussed with the following departments about the launch of your post-graduate residency program?</p> <ul style="list-style-type: none"> • <u>Board of Directors</u> <input type="checkbox"/> Y <input type="checkbox"/> N • <u>Leadership</u> – commitment to training program <input type="checkbox"/> Y <input type="checkbox"/> N • <u>Human Resources</u> – recruitment, retention, onboarding, credentialing, benefits <input type="checkbox"/> Y <input type="checkbox"/> N • <u>IT</u> – hardware, software, EMR, conferencing technology <input type="checkbox"/> Y <input type="checkbox"/> N • <u>Finance</u> - resident salaries/benefits, payroll, billing <input type="checkbox"/> Y <input type="checkbox"/> N • <u>Operations</u> – scheduling, front desk <input type="checkbox"/> Y <input type="checkbox"/> N • <u>Clinical Support staff</u> – support of clinical care for resident patient care experiences <input type="checkbox"/> Y <input type="checkbox"/> N

Thank you!



Contact info: ewytychak@healthpointchc.org



NATIONAL NURSE PRACTITIONER
RESIDENCY & FELLOWSHIP TRAINING
CONSORTIUM

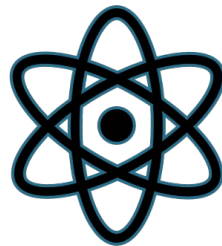
**MAKING THE CASE FOR POSTGRADUATE
TRAINING PROGRAMS-
SECURING TOP-TO-BOTTOM SUPPORT**

July 2022

OBJECTIVES

Discuss the importance of an NP residency or fellowship for transition from the RN to APRN professional identity.

Describe the benefits of residency or fellowship for NPs entering the profession for academic and practice partners.



ACADEMIC INSTITUTION PERSPECTIVE

Organizational Champions

Starting Point:

- Historical
- HRSA NOFO

Partnerships: Academic and Practice Partners

Stakeholders



Program Drivers: Champions

Recruitment

Retention

Provider Satisfaction

Alumni Employment Opportunities

Recognition at Pinning/Graduation

LESSONS LEARNED

Pitfalls

- Leadership
- Authority

“Nothing gets done in a single silo or function anymore. Constant collaboration is at the new premium, because the big things are always led by cross-functional teams. We need people driven by purpose, passion, and persistence, not position or job title.” Brian Cornell, CEO, Target

Retention:

- Cohort 1: 5/6 employed at FQHC
- Cohort 2: 5/8 employed at FQHC
 - 2 NPs resigned, approved to hire new NPs mid year
- Cohort 3: 15 applicants for 6 positions
- No contractual agreement

Paid 100% salary, not 70%

NP RESIDENCY SUSTAINABILITY

HRSA Grant Funding: 2019-2023

Growth of Specialty Residency:

- Internal Medicine: MAT, HIV patients
- Cardiology
- Orthopedics
- Diabetes

Return on Investment


Academic Growth

- MSN to DNP opportunities
- Transdisciplinary Education
- Simulations
 - Precipitous Delivery







Organizational Partners

COMMUNITY HEALTH OF SOUTHEAST KANSAS: CLINICAL PARTNER


Cohort One: June 2020



CHC/SEK Community Health Center of Southeast Kansas







 Lorraine Lorentz, APRN	 Kelly McGuire, APRN	 Kelly Mishmash, DNP, APRN
 Brice Saunders, DNP, APRN	 Maranda Scott, APRN	 Mayra Watson, APRN

Cohort Two: June 2021



CHC/SEK Community Health Center of Southeast Kansas

**CHC/SEK Nurse Practitioner Residency Program
2021-2022 Cohort**

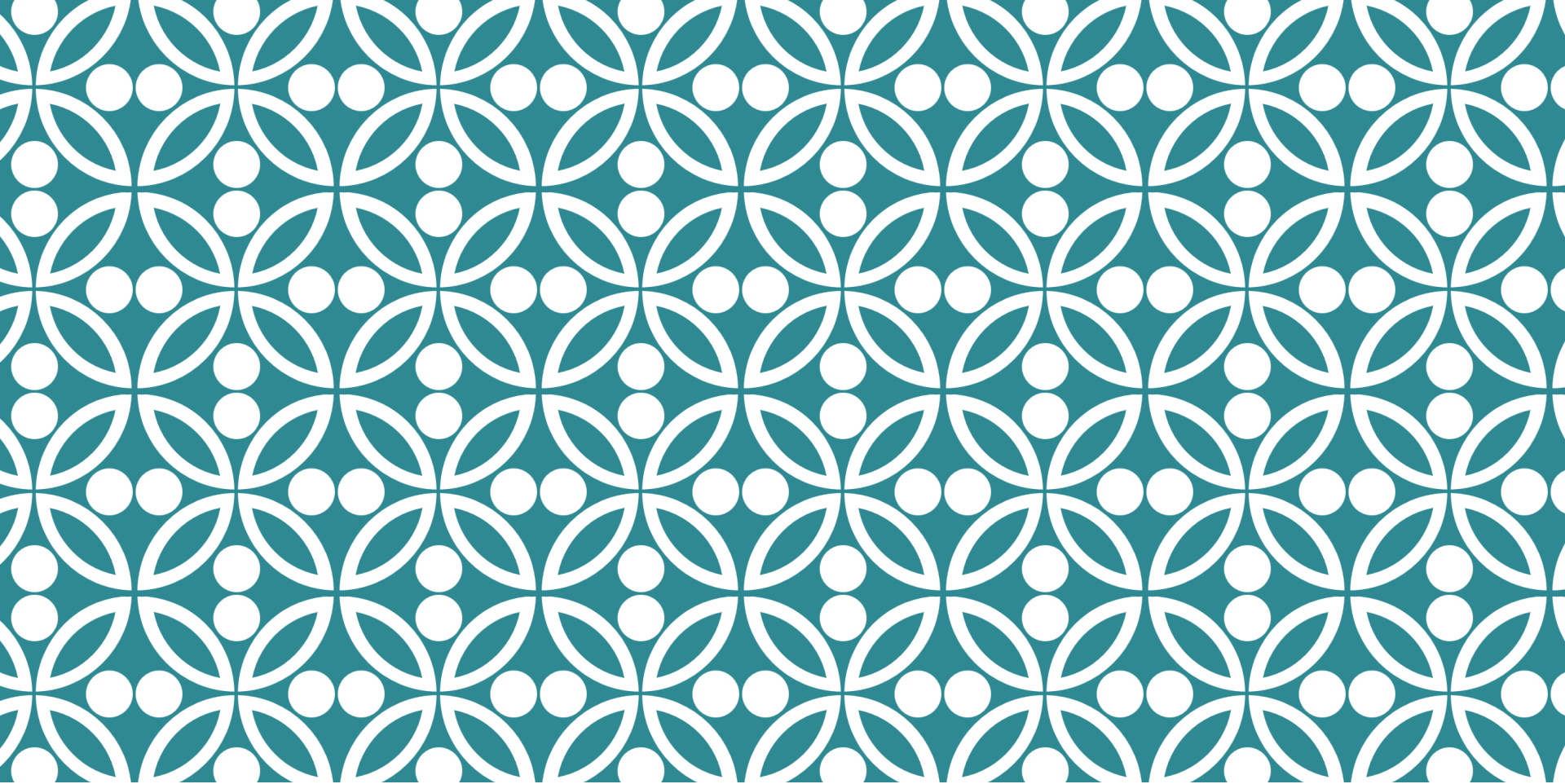
 Miranda Plumlee, APRN	 Megan Ledezma Vera, APRN	 Heather Webber, APRN
 Heather Heady, APRN	 Crystal Garcia, APRN	 April Cook, APRN

PITTSBURG STATE UNIVERSITY NPR OUTCOMES AND IMPACT PITTSBURG, KS



Patient Visits	Cohort 1 June 2020-May 2021	Cohort 2 June 2021- July 1, 2022
Resident 1	1,721	3,202
Resident 2	1,693	992(June-Oct)
Resident 3	2,035	2,277
Resident 4	2,056	3,547
Resident 5	2,222	450 (June-Nov)
Resident 6	1,644	3,805
Resident 7		1,588 (Nov-Feb)
Resident 8		816 (Dec-Feb)
Total	11,371	16,677

100% of patients rural and/or medically underserved



DISCUSSION/QUESTIONS

Amy Hite, EdD(c), DNP, APRN, FNP-BC

Professor, HRSA NPR and SANE
Project Director

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