NATIONAL NURSE PRACTITIONER
RESIDENCY & FELLOWSHIP TRAINING
CONSORTIUM

Keynote Panel Presentation

The Impact and Future of NP/PA Postgraduate Training

Community Health Center, Inc.

Where health care is a right, ***not a privilege***, since 1972.

and its

weitzman institute

inspiring primary care innovation

Leading In Challenging Times…

Post-Graduate Training for NPs and PAs

for our communities, patients, country

Community Health Center, Inc. (CHCI)

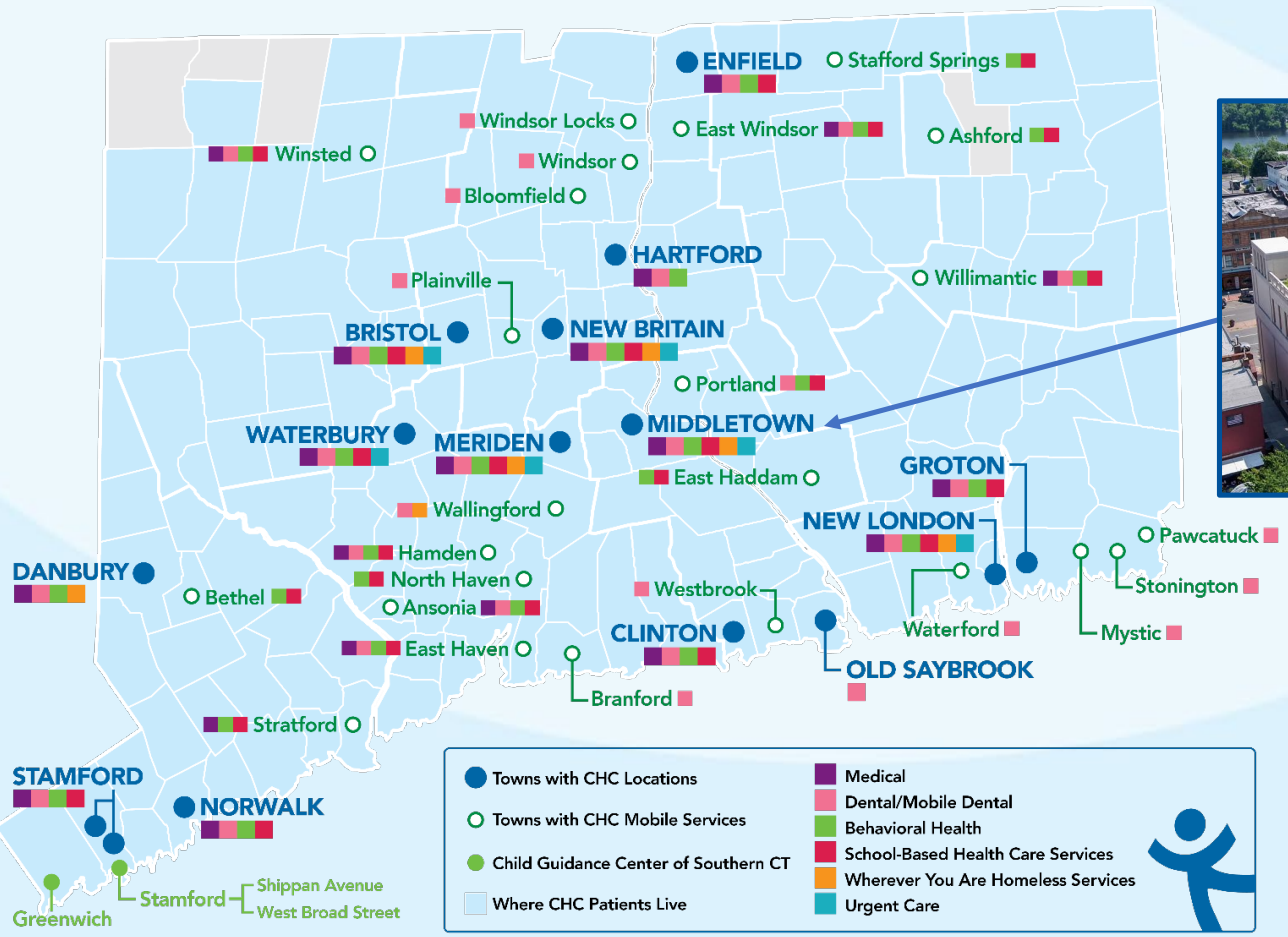
Three Foundational Pillars		
1 Clinical Excellence	**2** Research and Development	**3** Training the Next Generation

CHCI Profile:

- Founded: **May 1, 1972**
- Annual budget: **$170m**
- Staff: **1,400**
- Active Patients: **150,000**
- SBHCs across CT: **176**
- Students/year: **13,480**

Year	Patients Seen
2019	101,121
2020	99,381
2021	99,700

CHCI Locations and Service Sites in Connecticut



Weitzman: Research Areas of Focus

- Patient-centered care and experience
- Health equity including social determinants of health
- Quality improvement/ population health
- Workforce training
- Key populations
- Telehealth
- Chronic pain management and opioids

https://www.weitzmaninstitute.org/publications | https://www.weitzmaninstitute.org/presentations

The newly-elected officers of the Board of Directors of Community Action for Greater Middletown gathered this week at CAGM's East Main Street offices. They are (left to right) executive secretary Edith Barnes, president Mark Masselli, vice president Michael Young, and treasurer Eugenie Shaw.

"…Masselli stressed the importance of community engagement. We want a consumer majority board… we are creating advocates to make sure questions are answered, accompany the patient to the hospital if need be."

—The Middletown Press, May, 1972

A Long History of Helping Connecticut's Underserved

Training Providers to a New Model of Care

Weitzman ECHO®

Case-based distance learning with teams of clinical experts focused on a range of high complexity clinical areas including: **chronic pain**, **HIV**, **Hepatitis C**, **pediatric behavioral health**, ACES, MAT, long COVID and more


Sun
Mon
Tue
Wed
Thu
Fri
Sat
COVID-19 TESTING LOCATIONS NOW OPEN 7 DAYS A WEEK!
8:30AM-4PM
OUR RESPONSE...
Appointments are available. Register today for your COVID-19 vaccine!
Community Health Center, Inc.
COVID-19
Coronavirus Vaccine
Now Offering Provider Visits By Telephone!
Stay safe and meet with your provider from home.
Schedule Your Appointment Today! Call: 860.347.6971
Community Health Center, Inc.
Behavioral Health and COVID-19:
A Community Conversation
April 16 | 7-8 PM
Join us for a conversation about how to stay mentally strong during the pandemic. Community Health Center's behavioral health leaders Dr. Kearney and Dr. Armah will take your questions during the session.
Community Health Center, Inc.
Tichianaa Armah, M.D.
Medical Director of Behavioral Health
R. Timothy Kearney, Ph.D.
Chief Behavioral Health Officer

Immunity in the Community

25-30 VEPF Events Per Week

CHC continues to be a leader in the fight to end COVID-19 in Connecticut by providing easy access to residents with mobile and pop-up Vaccine Equity Partnerships Funded (VEPF) clinics across the state, including **schools, churches, parks, farms, homeless shelters, and more.**

Leading in Challenging Times: The Impact of COVID

We recognize that there has been great suffering and loss. We will miss those who have died. We will care for and empathize with those who suffer with long COVID. We will address the adverse impacts on children's behavioral health and academic progress, and we will be ever more acutely aware of disparities in health, and in inequity in health care. Your practices may have been severely impacted financially, or lost staff, or suffered with staff as they lost family members

How has COVID impacted the education and training of health care providers?

How has COVID impacted the experience of new NPs and PAs and their desire for postgrad training?

How has COVID impacted existing and start-up postgrad NP and NP/PA programs, both in primary and specialty care; in FQHCs and health systems?

Leading in Challenging Times

What were the opportunities for our training programs in these past few years?

Telehealth/virtual care evolved—synchronous, asynchronous, video, telephonic, individual and group

Increased teamwork and integration of public health and primary care

Renewed focus on **reducing health disparities** and **building health equity**

Deepened awareness of the **risks of burnout** and the need to **promote resiliency** among everyone in our practices

Appreciation for staff, colleagues, employees—all the people who make it possible for us to do the work we do—and how quickly our recruitment, retention and hiring picture can change

Increased recognition by policy makers and payors of the **central role of nurse practitioners and physician assistants** in today's healthcare system

Leading in Challenging Times

Never has our country needed NPs and PAs—ready, willing and able to respond to the challenges—so much.

Three focus areas for my comments today, particularly from perspective of heath centers:

- **First focus area: About all of us here today, our programs, and our current and future trainees**—as the bedrock of postgraduate training for NPs and PAs, in primary care and specialty care, and a critical element of the healthcare system going forward.
- **Second focus area: About our practices and our organizations**—their readiness to develop health professions training programs and specifically, postgraduate NP and NP/PA postgraduate residency and fellowship training programs
- **Third focus area: About our country, communities, and populations of focus,**

National Nurse Practitioner Residency and Fellowship Training Consortium. July 24-25, Washington DC

National Health Center Program UDS Data – Table 5

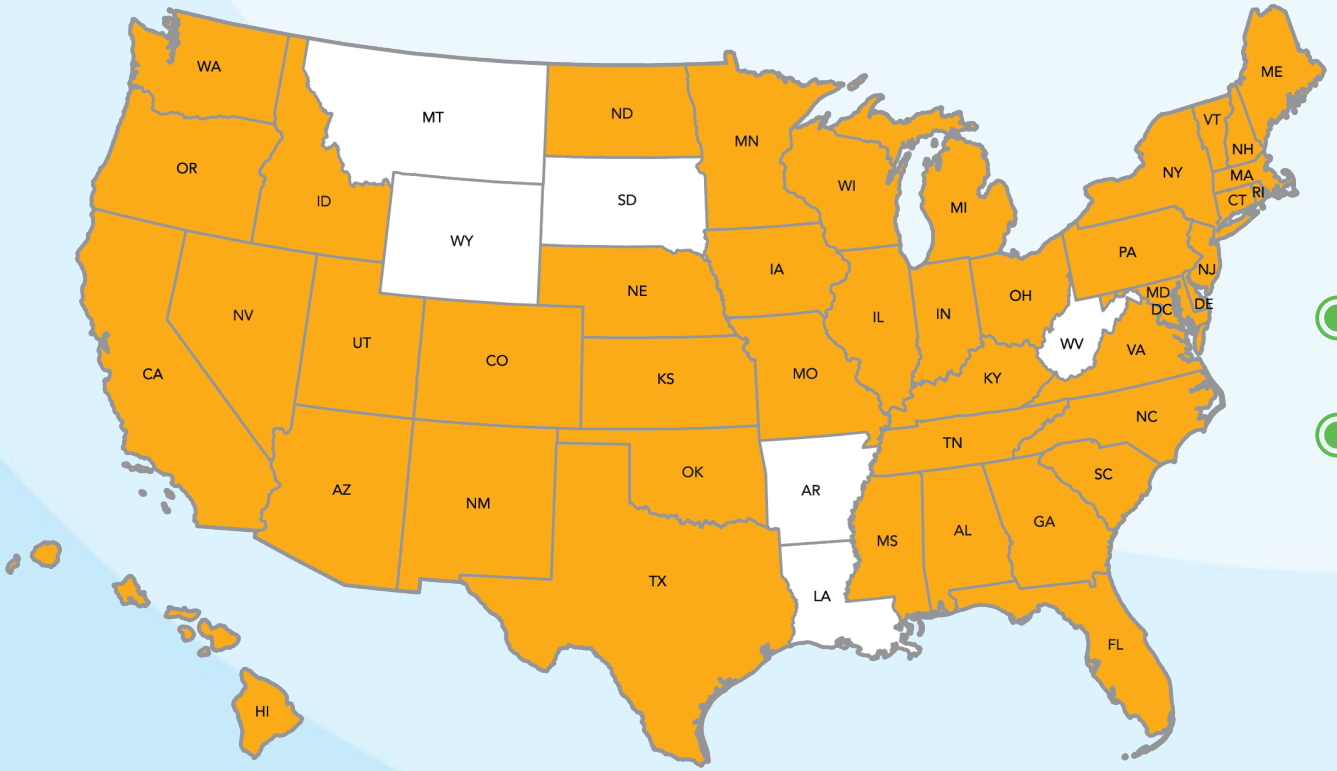
Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
1.	Family Physicians	6,610.22	13,021,546	4,889,033	
2.	General Practitioners	514.88	1,033,784	356,063	
3.	Internists	2,124.73	3,856,648	1,967,215	
4.	Obstetrician/Gynecologists	1,317.27	3,101,391	333,897	
5.	Pediatricians	3,125.06	6,812,398	1,550,031	
7.	Other Specialty Physicians	625.11	1,618,443	247,666	
8.	**Total Physicians (Lines 1–7)**	**14,317.27**	**29,444,210**	**9,343,905**	
9a.	Nurse Practitioners	11,086.06	20,016,302	6,331,750	
9b.	Physician Assistants	3,478.74	7,043,033	2,351,907	
10.	Certified Nurse Midwives	704.57	1,231,939	191,736	
10a.	**Total NPs, PAs, and CNMs (Lines 9a–10)**	**15,269.37**	**28,291,274**	**8,875,393**	
11.	Nurses	19,784.31	2,036,948	252,717	

2020 AANP National NP Sample Survey

Distribution of NPs by Main Work Site Setting

Work Setting	Percent
Hospital Outpatient Clinic	14.3
Private Group Practice	10.4
Hospital Inpatient Unit	10.0
Private Physician Practice	7.8
Urgent Care	4.3
Private NP Practice	3.8
Rural Health Clinic	3.4
Federally Qualified Health Center	3.3
Community Health Center	3.2
Employer/Corporate Clinic	2.9

NP and NP/PA Primary Care, Psychiatric/Mental Health and Specialty Postgraduate Training Programs

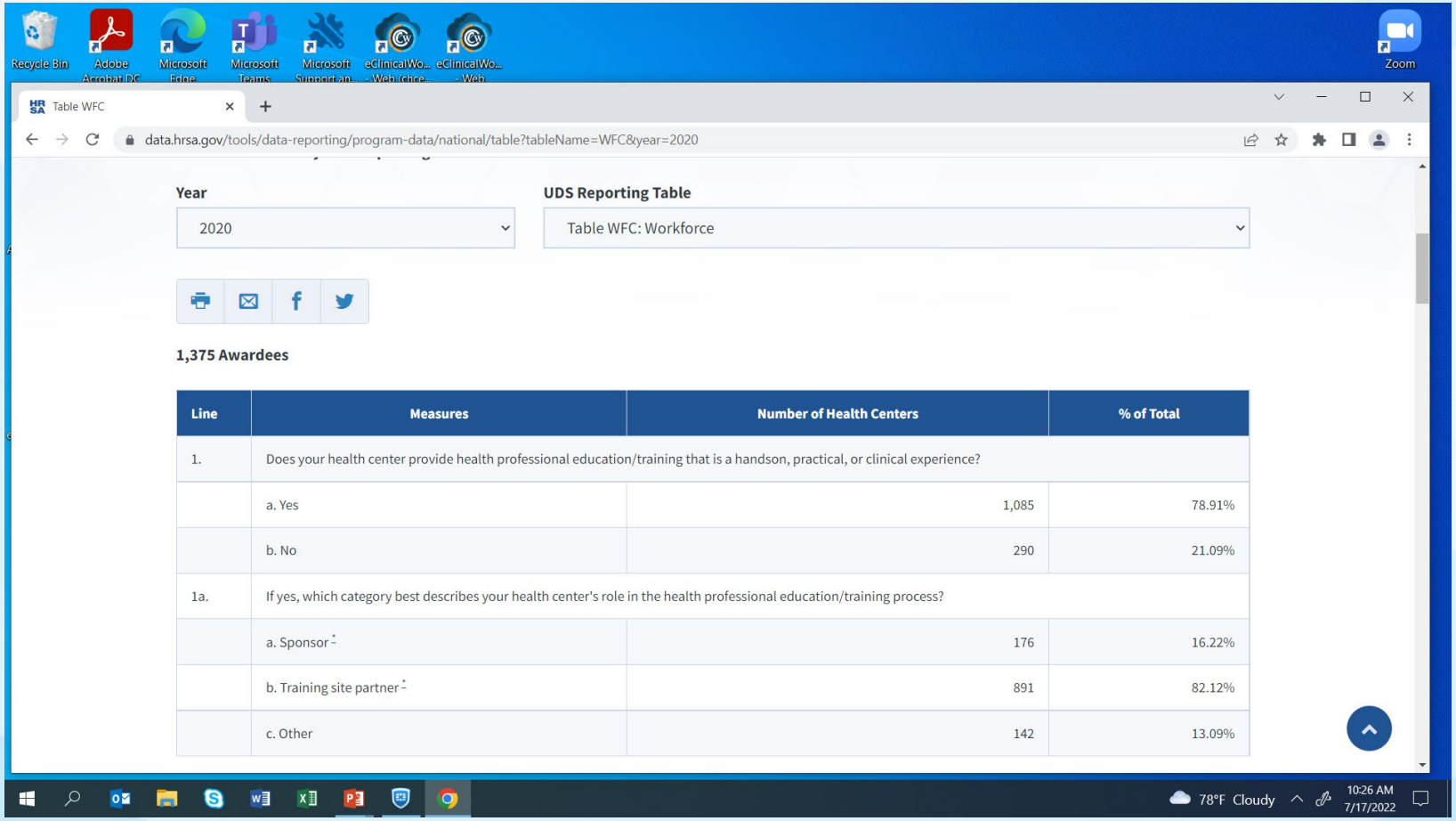


- **333** Programs Nationally
- **110** in FQHCs

OAA NPR PROGRAMS

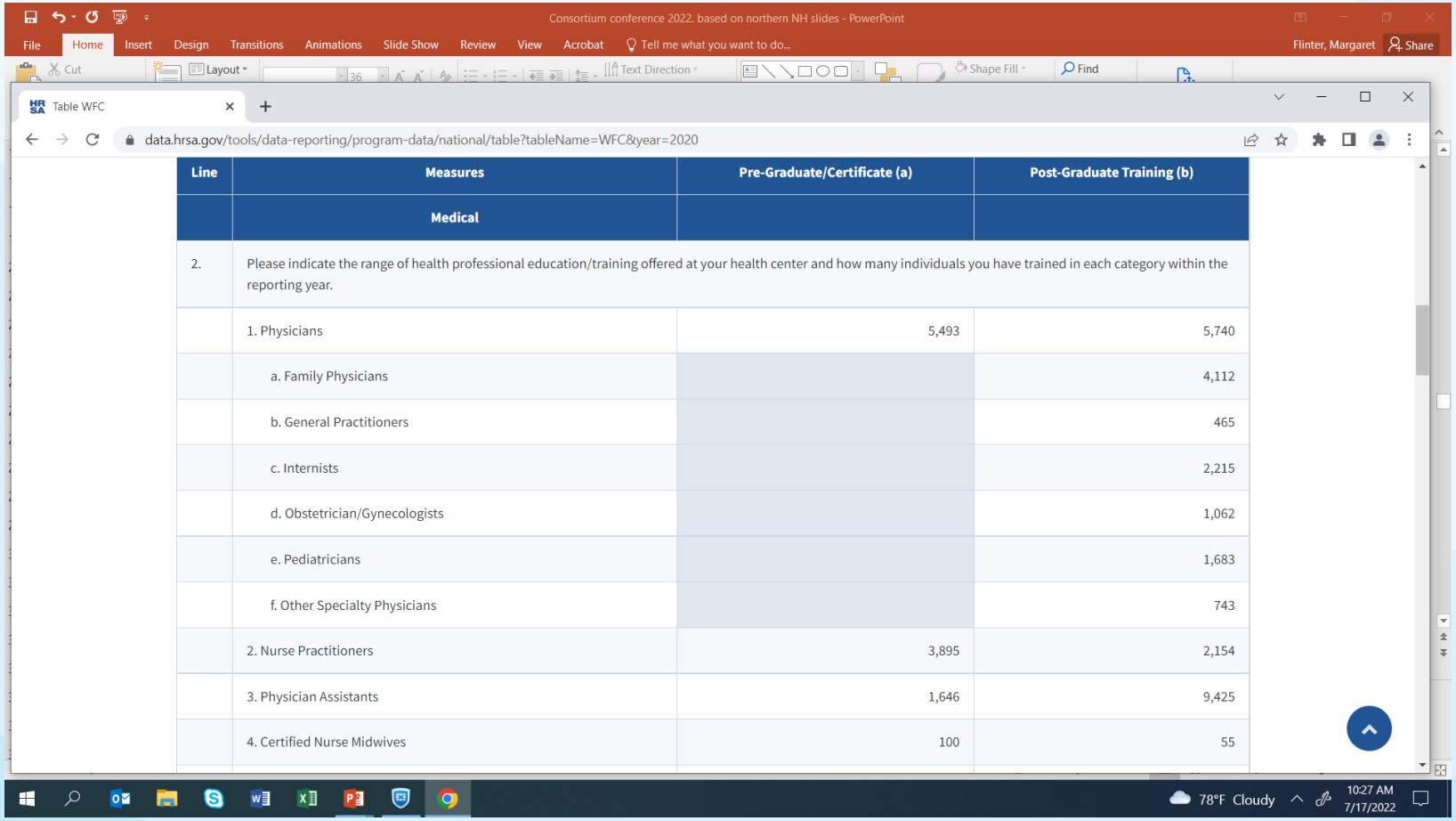
https://data.hrsa.gov/topics/health-workforce/training-programs

Current status of training in Health Centers (2020)



Line	Measures	Number of Health Centers	% of Total
1.	Does your health center provide health professional education/training that is a handson, practical, or clinical experience?		
	a. Yes	1,085	78.91%
	b. No	290	21.09%
1a.	If yes, which category best describes your health center's role in the health professional education/training process?		
	a. Sponsor*	176	16.22%
	b. Training site partner*	891	82.12%
	c. Other	142	13.09%

Health Professions Training by Discipline



Line	Measures	Pre-Graduate/Certificate (a)	Post-Graduate Training (b)
	Medical		
2.	Please indicate the range of health professional education/training offered at your health center and how many individuals you have trained in each category within the reporting year.		
	1. Physicians	5,493	5,740
	a. Family Physicians		4,112
	b. General Practitioners		465
	c. Internists		2,215
	d. Obstetrician/Gynecologists		1,062
	e. Pediatricians		1,683
	f. Other Specialty Physicians		743
	2. Nurse Practitioners	3,895	2,154
	3. Physician Assistants	1,646	9,425
	4. Certified Nurse Midwives	100	55

Health Centers may play a greater role in training

- In 2019, HRSA funded research to assess the readiness of federally qualified health centers and FQHC “look alikes” to undertake health professions training in their organization
- Weitzman Institute selected to conduct the research, including developing a validated tool (RTAT: Readiness to train assessment tool) to define and measure readiness generally and by areas of interest in specific health professions training
- Data analyzed at the level of individual health centers and by HRSA regions
- Responses received from 72.5% (1,063) of the country’s Health Centers, with 7,777 Health Center employees responding

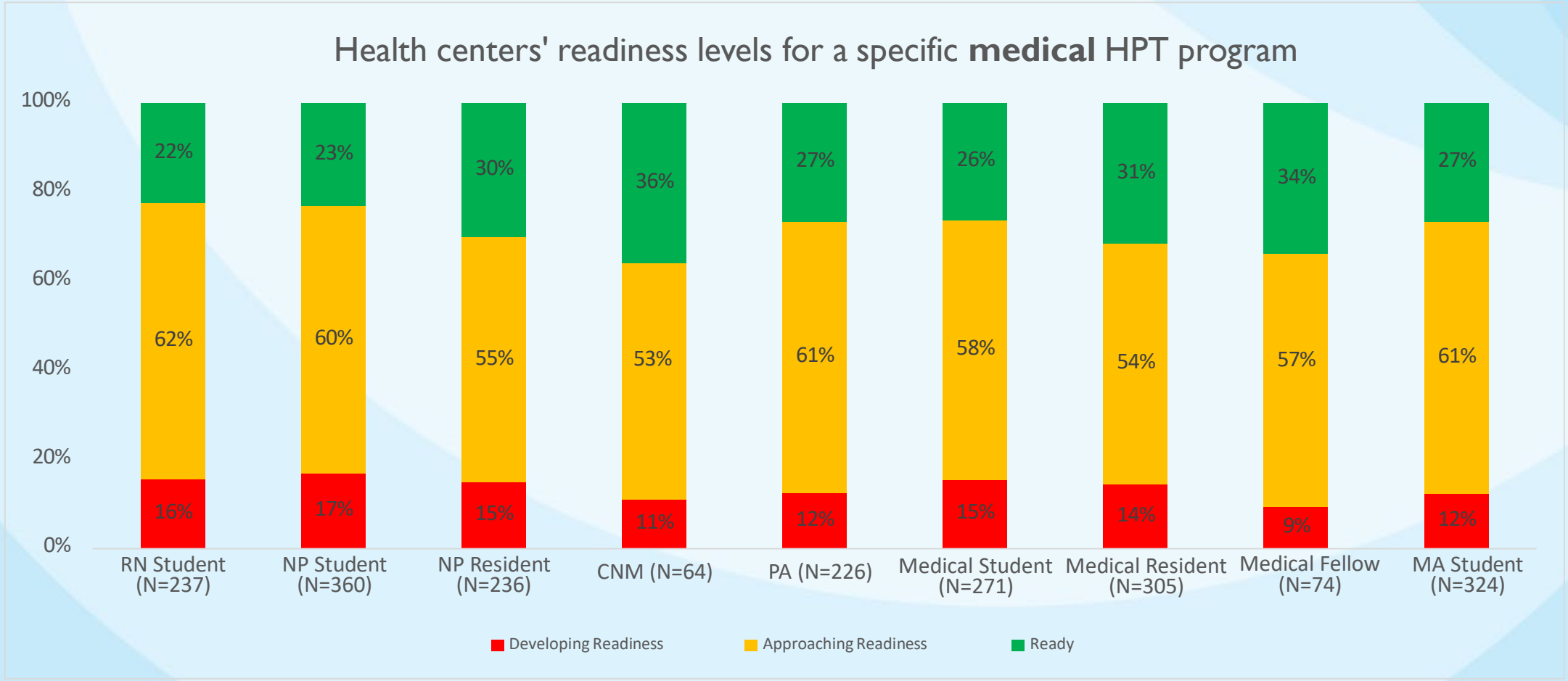
The **Readiness to Train Assessment Tool (RTAT)** is a 41-item, 7-subscale validated survey instrument that measures health centers' **degree of readiness and motivation to engage with Health Profession Training (HPT) Programs.**

- **Organizational readiness** is defined by RTAT as the degree to which health centers are ***motivated and capable*** to engage with and implement HPT programs.
- Based on the mean RTAT scores, three levels of readiness are assigned: (1) ***developing readiness***, (2) ***approaching readiness***, and (3) ***full readiness***.

Core topics addressed in the national report:

- Health centers' current state of engagement, core readiness, and commitment with HPT programs
- Top HPT programs of interest to health centers
- Readiness of health center to implement specific HPT programs
- Barriers to implementing HPT programs based on organizational readiness areas

Top Programs of Interest For Health Centers Assessing the HPT Programs			
Medical Programs	• NP Student (n=360) • MA Student (n=324)	• Medical Resident (n=305) • Medical Student (n=271)	• NP Resident (n=236)
Dental Programs	• Dental Assistant Student (n=132) • Dental Student (n=101)	• Dental Hygienist Student (n=77) • Dental Resident (n=70)	• Dental Fellow (n=34)
Behavioral Health and/or Substance Abuse Programs	• Master Level Clinician (n=160) • SUD Master Level (n=35)	• SUD Paraprofessional (n=31) • Psychiatric NP Student (n=30)	• Psychiatric NP Resident (n=29)
Other Programs	• Community Health Workers (n=76) • Registered Dietitian (n=8)	• Chiropractic Student (n=3) • Chiropractic Resident (n=1)	

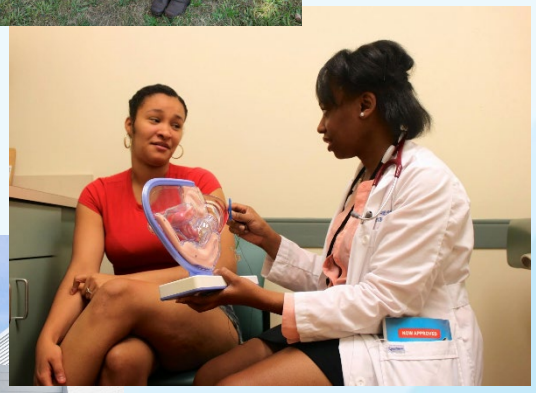


Note. N = number of health centers assessing each HPT program. Health centers could choose to assess readiness for more than one medical program.

What is the long term trajectory of alumni of postgraduate NP Residency and Fellowship Alumni?

Survey of CHCI alumni, 2007-2019 cohorts

- 92% working as an NP in clinical care
- 74% in primary care
- 66% working in an FQHC or other safety-net setting
- 97% report residency is extremely important or very important in today's healthcare environment
- 20% involved in the development or launch of an NP Residency program



National Nurse Practitioner Residency and Fellowship Training Consortium. July 24-25, Washington DC

HRSA Workforce Program Aims-NP Residency Program

Access	Increase access to primary care and behavioral health providers for underserved and vulnerable populations
Supply	Promote equilibrium in the supply and address shortages of primary care and behavioral health nurse practitioners and certified nurse midwives
Distribution	Improve workforce distribution so all parts of the U.S. have an adequate number of primary care and behavioral health providers to meet the demand for care
Quality	Develop quality primary care and behavioral health NPs that are trained in and employ evidence-based techniques that reflect better patient care

https://data.hrsa.gov/topics/health-workforce/training-programs

HRSA NP Residency Program Investments

Program	Project Period	Total Annual Amount	# of Grants	Program Focus
"Service Focused Special BHPr Congressional Initiative" Demonstration Project	2010-2011	$222,750 per year	1	Enhance and further develop a formal, 12-month intensive NP residency program in primary care for new family nurse practitioners.
BPHC Cooperative Agreements	2015-2023	≈$500k per year	1	Technical assistance and training to develop new postgraduate nurse practitioner residencies and postdoctoral clinical psychological residencies
Advanced Nursing Education Nurse Practitioner Residency (ANE-NPR) Program	2019-2023	≈$20M per year	36	Increase the number of new primary care NPs that serve in community-based settings in rural/underserved areas
Advanced Nursing Education Nurse Practitioner Residency Integration Program (ANE-NPRIP)	2020-2023	≈$5M per year	10	Increase the number of new primary care and behavioral health NPs that serve in behaviorally-integrated, community-based settings in rural/underserved settings

https://data.hrsa.gov/topics/health-workforce/training-programs

Advanced Nursing Education Nurse Practitioner Residency Program Overview

	ANE-NPR	ANE-NPRIP
Goals	Increase the number of primary care providers and behavioral health NPs in community-based settings and in integrated, community-based settings	
Purpose	Prepare new APRNs in primary care for practice in community-based settings.	Prepare new primary care or behavioral health NPs to work in integrated, community-based settings
Objectives	1. Development & Start-Up 2. Enhancement/Expansion	Enhancement/ Expansion

https://data.hrsa.gov/topics/health-workforce/training-programs

Advanced Nursing Education Nurse Practitioner Residency Program Overview

Focus

Primary Care or Behavioral Health

Residency Participants

New and licensed NP graduates with 18 months or less experience

Awardees

46 grants & 43 total awardees	17 academic institutions	26 health care organizations

HRSA Investments

$26.9 million

https://data.hrsa.gov/topics/health-workforce/training-programs

HRSA Health Workforce Advance Nursing Education Nurse Practitioner Residency (ANE-NPR) Program Award Table as of December, 2020

GRANTEE STATE	GRANTEE NAME	GRANTEE CITY	GRANTEE COUNTY	AWARD AMOUNT
ALABAMA	CAHABA MEDICAL CARE FOUNDATION	CENTREVILLE	BIBB	$600,000
ALABAMA	SAMFORD UNIVERSITY	BIRMINGHAM	JEFFERSON	$500,000
ALABAMA	UNIVERSITY OF SOUTH ALABAMA	MOBILE	MOBILE	$447,628
ARIZONA	EL RIO SANTA CRUZ NEIGHBORHOOD HEALTH CENTER, INC.	TUCSON	PIMA	$400,000
CALIFORNIA	LIFELONG MEDICAL CARE	BERKELEY	ALAMEDA	$600,000
CALIFORNIA	SANTA ROSA COMMUNITY HEALTH CENTERS	SANTA ROSA	SONOMA	$600,000
CALIFORNIA	UNIVERSITY OF CALIFORNIA, DAVIS	DAVIS	YOLO	$496,679
CONNECTICUT	COMMUNITY HEALTH CENTER, INCORPORATED	MIDDLETOWN	MIDDLESEX	$767,490
GEORGIA	EMORY UNIVERSITY	ATLANTA	DEKALB	$496,004
ILLINOIS	COOK, COUNTY OF	CHICAGO	COOK	$381,414
ILLINOIS	ERIE FAMILY HEALTH CENTER, INC.	CHICAGO	COOK	$500,000
ILLINOIS	HEARTLAND INTERNATIONAL HEALTH CENTERS	CHICAGO	COOK	$500,000
INDIANA	RIGGS COMMUNITY HEALTH CENTER, INC.	LAFAYETTE	TIPPECANOE	$500,000
INDIANA	UNIVERSITY OF SOUTHERN INDIANA	EVANSVILLE	VANDERBURGH	$498,439
KANSAS	PITTSBURG STATE UNIVERSITY	PITTSBURG	CRAWFORD	$498,210
KANSAS	UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC.	KANSAS CITY	WYANDOTTE	$499,694
MAINE	PENOBSCOT COMMUNITY HEALTH CENTER	BANGOR	PENOBSCOT	$500,000
MASSACHUSETTS	UNIVERSITY OF MASSACHUSETTS	WORCESTER	WORCESTER	$499,987
MICHIGAN	REGENTS OF THE UNIVERSITY OF MICHIGAN	ANN ARBOR	WASHTENAW	$498,401
MISSISSIPPI	NORTH MISSISSIPPI MEDICAL CENTER, INC.	TUPELO	LEE	$992,690
NEBRASKA	UNIVERSITY OF NEBRASKA	OMAHA	DOUGLAS	$472,752
NEW HAMPSHIRE	LAMPREY HEALTH CARE, INC.	NEWMARKET	ROCKINGHAM	$394,816
NEW JERSEY	HENRY J. AUSTIN HEALTH CENTER, INC.	TRENTON	MERCER	$496,146
NEW JERSEY	HMH HOSPITALS CORPORATION	EDISON	MIDDLESEX	$441,978
NEW MEXICO	PRESBYTERIAN HEALTHCARE SERVICES	ALBUQUERQUE	BERNALILLO	$500,000
NEW YORK	INSTITUTE FOR FAMILY HEALTH, THE	NEW YORK	NEW YORK	$500,000
NEW YORK	MARY IMOGENE BASSETT HOSPITAL, THE	COOPERSTOWN	OTSEGO	$500,000
NORTH CAROLINA	UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL	CHAPEL HILL	ORANGE	$499,998
NORTH DAKOTA	NORTH DAKOTA STATE UNIVERSITY	FARGO	CASS	$393,753
OHIO	MOUNT CARMEL HEALTH SYSTEM FOUNDATION	COLUMBUS	FRANKLIN	$489,055
PENNSYLVANIA	ALLEGHENY-SINGER RESEARCH INSTITUTE	PITTSBURGH	ALLEGHENY	$326,637
TENNESSEE	EAST TENNESSEE STATE UNIVERSITY	JOHNSON CITY	WASHINGTON	$248,998
TENNESSEE	VANDERBILT UNIVERSITY, THE	NASHVILLE	DAVIDSON	$346,323
WASHINGTON	INTERNATIONAL COMMUNITY HEALTH SERVICES	SEATTLE	KING	$400,000
WASHINGTON	SEA-MAR COMMUNITY HEALTH CENTER	SEATTLE	KING	$400,000
WISCONSIN	MEDICAL COLLEGE OF WISCONSIN, INC., THE	MILWAUKEE	MILWAUKEE	$500,000

ANE NP Residency Program Outcomes

Access	99% NP residents received training in MUCs and primary care settings. Grantee partnerships with 122 clinical training sites for experiential training. Most grantees are FQHCs or partner with FQHCs. Several grantees focus solely on serving rural areas or partner with rural health clinics.
Supply	Over 135 NP residents and 84 preceptors trained in Year 1. A total of 16 NP resident graduates in Year 1 of the Advanced Nursing Education Nurse Practitioner Residency program.
Distribution	Training was completed at FQHCs or Look-Alikes and Rural Health Clinics. At least 63% of the ANE-NPR Program first year graduates are currently employed in FQHCs or Look-Alikes and Rural Health Clinics.
Quality	24 ANE NP residency programs were established and 22 were enhanced/expanded. ANE-NPR NP residents participated in trainings related to COVID-19 (93%), opioid use treatment (91%), telehealth (84%), behavioral health integration and many other topics specific to caring for rural and underserved populations.

https://data.hrsa.gov/topics/health-workforce/training-programs

Explore Health Professions Training Programs

Home Dashboard | Participant Summary | Participant Demographics | Graduate Follow-up | Sites Information | Courses Developed

Select Academic Year: 2020 - 2021

Select Program: T14 - ANE - Nurse Practitioner Resid...

Reset

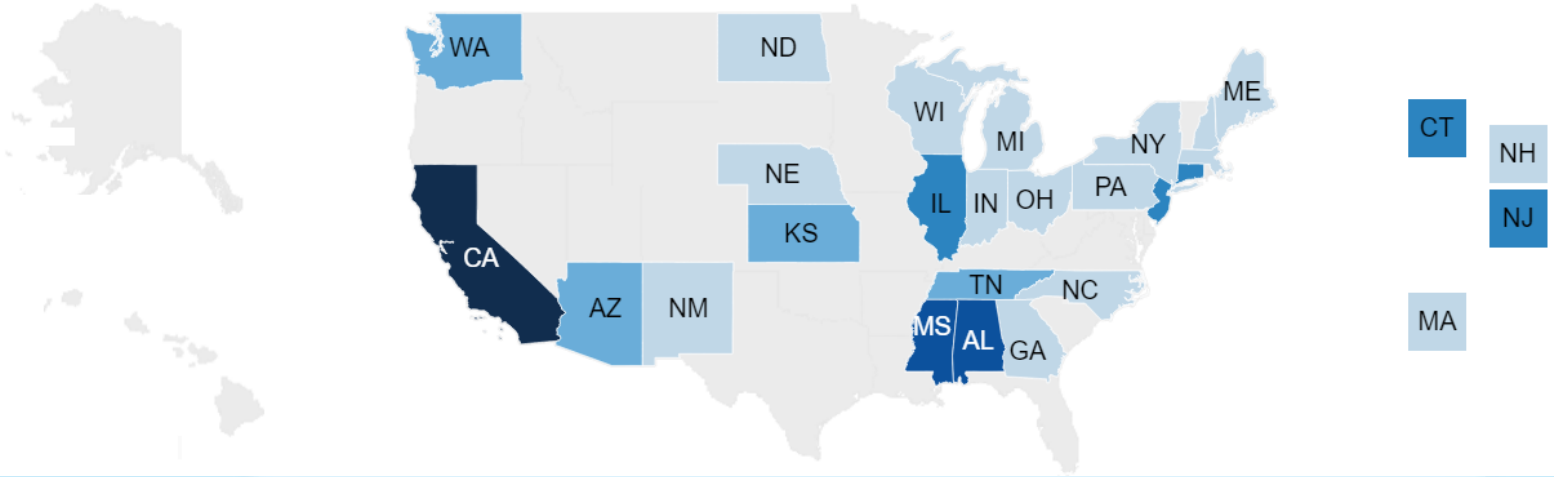
Note: Graduates are a subset of Participants. Some programs may not contain individual level data. Section can show up blank, when there is no data for the selected Academic Year and/or Program. In chrome browser, the scroll bars on the table views are very thin and have a light gray color.
0 value can indicate no one trained on the topic or that data does not exist for that year (e.g., Health Equity/Social Determinants of Health was reported for the first time in AY 2020-2021).

Nationwide Participant Summary at a Glance for Academic Year 2020 - 2021

319	171
Participants Nationwide	Graduates Nationwide

Participants by State

* Hover over the map to view the number of participants and grantees by state. Click on the state to apply the state filter to the data tables below the map. To restore to all states, click the selected state again.



No Participants — Maximum Participants

"No Participants" indicates that there are no participants in the state or territory for the selected Academic Year and/or Program.

https://data.hrsa.gov/topics/health-workforce/training-programs

Key Training Settings for Supported Individuals

* Key Training Settings are not mutually exclusive. These categories may overlap and therefore do not equal the total participants or graduates when summed. Graduates are a subset of Participants. Some programs may not contain individual level data. Section can show up blank, when there is no data for the selected Academic Year and/or Program.

Key Training Setting*	Participants	Graduates
Medically Underserved Community	315	168
Primary Care Setting	316	171
Rural Area	139	74

Graduate Intentions for Supported Individuals

* Graduate Intentions are not mutually exclusive. These categories may overlap and therefore do not equal the total participants when summed. Some programs may not contain individual level data. Section can show up blank, when there is no data for the selected Academic Year and/or Program.

Graduate Intention*	Participants
To become employed or pursue further training in a medically underserved community	116
To become employed or pursue further training in a primary care setting	107
To become employed or pursue further training in a rural setting	45
To become a preceptor	48

Primary Discipline for Supported Individuals

* Some programs may not contain individual level data. Section can show up blank, when there is no data for the selected Academic Year and/or Program.

https://data.hrsa.gov/topics/health-workforce/training-programs

LEGISLATIVE ADVOCACY AND FUNDING

- In April of this year, Members of Congress solicited FY 2023 National Programmatic Appropriations Requests for their consideration and potential submittal to the House and Senate Appropriations Committees for funding. CHC, Inc. submitted requests that the National Nurse Practitioner Residency and Fellowship Program be funded in the amount of at least $20 million to the offices of House Appropriations Committee Chair Rose DeLauro (D-CT), House Way and Means Committee Member John Larson (D-CT), House Education and Labor Committee Member Joe Courtney (D-CT) , and another House Education and Labor Committee Member Johana Hayes (D-CT).
- Congressman Joe Courtney then spearheaded a Dear Colleague letter signed by himself and other House Members that was also submitted to Chair DeLauro in support of the $20 million request. Signatories to the letter included Reps. Darren Soto (D-FL), Chris Pappas (D-NH), Mark DeSaulnier (D-CA), John Larson (D-CT), Lloyd Doggett (D-TX) (Chair of the House Ways & Means Health Subcommittee), Jahana Hayes (D-CT), and Doug Lamborn (R-CO). We submitted similar requests for funding on the Senate side, but in the amount of $75 million for the program. These higher requests were submitted to Senators Chris Murphy (D-CT) and Richard Blumenthal (D-CT in hopes the Senate Appropriations Committee may be able to increase the amount in the final bill that will result from a conference between the two chambers sometime later this year.
- On July 5, 2022, the House Appropriations Subcommittee on Labor, Health and Human Services issued its report on its bill for this year (H.R. 8295), which awaits final action by the House and includes $6 million for the National NPRFTP program, the same amount that was enacted by the House Appropriations Committee and the full House last year. The current report language states:

  > "Nurse Practitioner Optional Fellowship Program.--The Committee provides $6,000,000, the same as the fiscal year 2022 enacted level, for grants to establish or expand community-based nurse practitioner residency and fellowship training programs for practicing postgraduate nurse practitioners in primary care or behavioral health, as described in House Report 117-96."
  >
  > This latter report was last year's report that includes additional descriptive language of the program and proposed $15 million in funding, which Rep. DeLauro's office said was blocked by Republicans. Hence, the compromise of $6 million we received last year that is also included in the House bill this year.

Creating the Future

What about our patients and our communities? What are we seeing that concerns us? How do we respond, in our training programs, to address emerging needs?

- Rising rates of **behavioral health distress** in our young people
- Increasing **working-age mortality** across all racial/ethnic groups, in both rural and urban areas with proximal causes of drug overdoses, alcohol related disease, suicide, and cardiometabolic diseases
- Increased **isolation and loneliness** in our elders

CDC Adolescent Behavior Experiences Survey (ABES) findings

Adolescents Are Experiencing a Mental Health Crisis

- More than 1 in 3 high school students experienced poor mental health during the pandemic and nearly half of students felt persistently sad or hopeless.
- Female students and those who identify as lesbian, gay, bisexual, other or questioning (LGBQ) are experiencing disproportionate levels of poor mental health and suicide-related behaviors. For example, in 2021, 12% of female students, more than 25% of LGB students, and 17% of other or questioning students attempted suicide during the past year compared to 5% of their male peers and 5% of their heterosexual peers, respectively.

Racism Is a Public Health Problem

- More than one third of all U.S. high school students felt they had been treated badly or unfairly at school because of their race or ethnicity.
- Asian, Black, and Multiracial students reported the highest levels of experiencing racism.
- Students who reported racism were also more likely to experience poor mental health and less likely to feel connected to people at school.

High and Rising Mortality Rates Among Working-Age Adults

National Academies of Sciences Engineering and Medicine Committee on Rising Midlife Mortality Rates and Socioeconomic Disparities

Trends in all-cause mortality:

- Blacks and American Indians have consistently experienced much higher mortality
- Disparities in SES have widened substantially among working age whites
- There is a small but persistent gap in mortality among black adults that favors those with higher SES

Main drivers of the rise in working age mortality:

Drug poisonings and alcohol induced causes

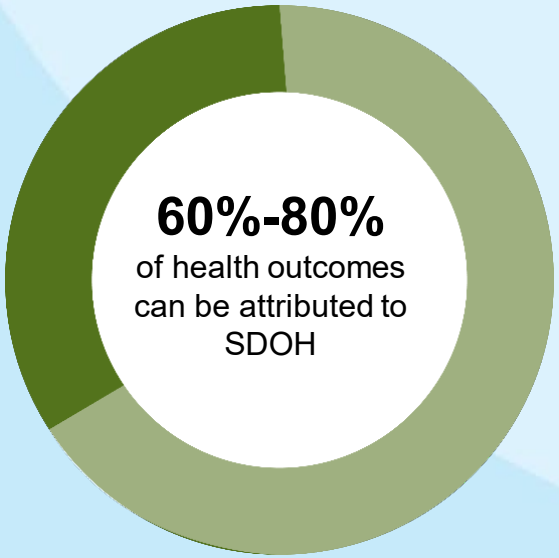
Suicide

Cardiometabolic diseases

Why Social Determinants of Health Matter

Social Determinants of Health

- Isolation/Loneliness
- Food Insecurity
- Transportation
- Housing Instability
- Environment
- Safety (violence)



Life Expectancy -- Children

	Blacks	Latinx
Live in low-opportunity neighborhoods	7.6x whites	5.3x whites
Results in 7-year reduction in life expectancy		

COVID-19 Deaths

COVID-19 Deaths	Per 100,000 people
American Indian/ Native Alaskan	2.6x higher
Blacks	2.8x higher
Latinx	2.8x higher

Pregnancy Mortality Rates
(per 100,000 births)

Whites	Blacks	American Indian
12.7	40.8	29.7

Life Expectancy – age 40
Race and Ethnicity Adjusted

	Women	Men
Top 1%	88.9	87.3
Bottom 1%	78.8	72.7

Leading in Challenging Times

National Academy Of Science, Engineering and Medicine Consensus Study Report
Implementing High Quality Primary Care: Rebuilding the Foundation of Primary Care 2021.

What is high quality primary care?

The provision of whole-person, integrated, accessible and equitable health care by interprofessional teams who are accountable for addressing the majority of an individual's health and wellness needs across settings and through sustained relationships with patients, families, and communities.*

This definition describes what high quality primary care should be, **not what most people in the U.S. experience today.*

Implementation Plan:

- Pay for primary care teams to care for people, not doctors to deliver services
- Ensure that high quality primary care is available to every individual and family in every community
- Train primary care teams where people live and work
- Design information technology that services the patient, family and interprofessional care team
- Ensure that high quality primary care is implemented in the U.S.

Selects Extracted from the Report

Objective Three:

Train primary care teams where people live and work.

- **Action 3.1.a:** Public and private healthcare organizations should ensure inclusion, support, and training for family caregivers, community health workers, and informal caregivers as members of the interprofessional primary are team; **3.1.b:** U.S. Department of Education and DHHS should partner to expand educational pipeline models that would encourage and increase opportunities for students who are under represented in health professions; **3.1.c:** HRSA and state and local government and health care systems should redesign and implement economic incentives including loan forgiveness and salary supplements to ensure that interprofessional care team members, especially those who reflect the diverse needs of the local community, are encouraged to enter primary care in rural and underserved areas.
- **Action 3.2:** CMS, Veteran Affairs, HRSA and states should redeploy or augment funding to support interprofessional training in community-based, primary care practice environments. HRSA funding via Title VII and Title VIII programs should be increased… **3.2.c:** GME funding should be modified to support the training of all members of the interprofessional primary care team including, but not limited to nurse practitioners, pharmacists, PAs, behavioral health specialists, pediatricians and dental professionals.

"Reject despair. This is work that we are lucky to do. We can all build healthcare systems that are compassionate. The biggest struggle is the fight for social justice. It is an honor to be an activist. This work is motivated by compassion."

—Paul Farmer

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  https://data.hrsa.gov/tools/data-reporting/program-data/national

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- Center for Disease Control and Prevention

  https://www.cdc.gov/healthyyouth/data/abes.htm

Health System Needs

Academic Partnerships

Bringing fellows/residents into your organization

Sheila Antrum, MHSA, Senior Vice President/Chief Operating Officer at UCSF Health

UCSF

Multitrack
APP Fellowship

ANNE VAIL, DNP, AGNP-C
NP FELLOWSHIP DIRECTOR

No Disclosures

Learning Objectives

- Discuss the drivers and catalysts for multitrack APP fellowship development
- Describe the model and advantages of centralized fellowship operations and resources for large healthcare institutions

APP Culture

APP Scope of Practice
APP Utilization
Interprofessional learning priorities
Leadership and managerial hierarchy
Grassroots training capability and desire

Internal Drivers for Fellowship Development

Recruitment Challenges

Workforce Demands

Provider Dissatisfaction

Workforce Costs

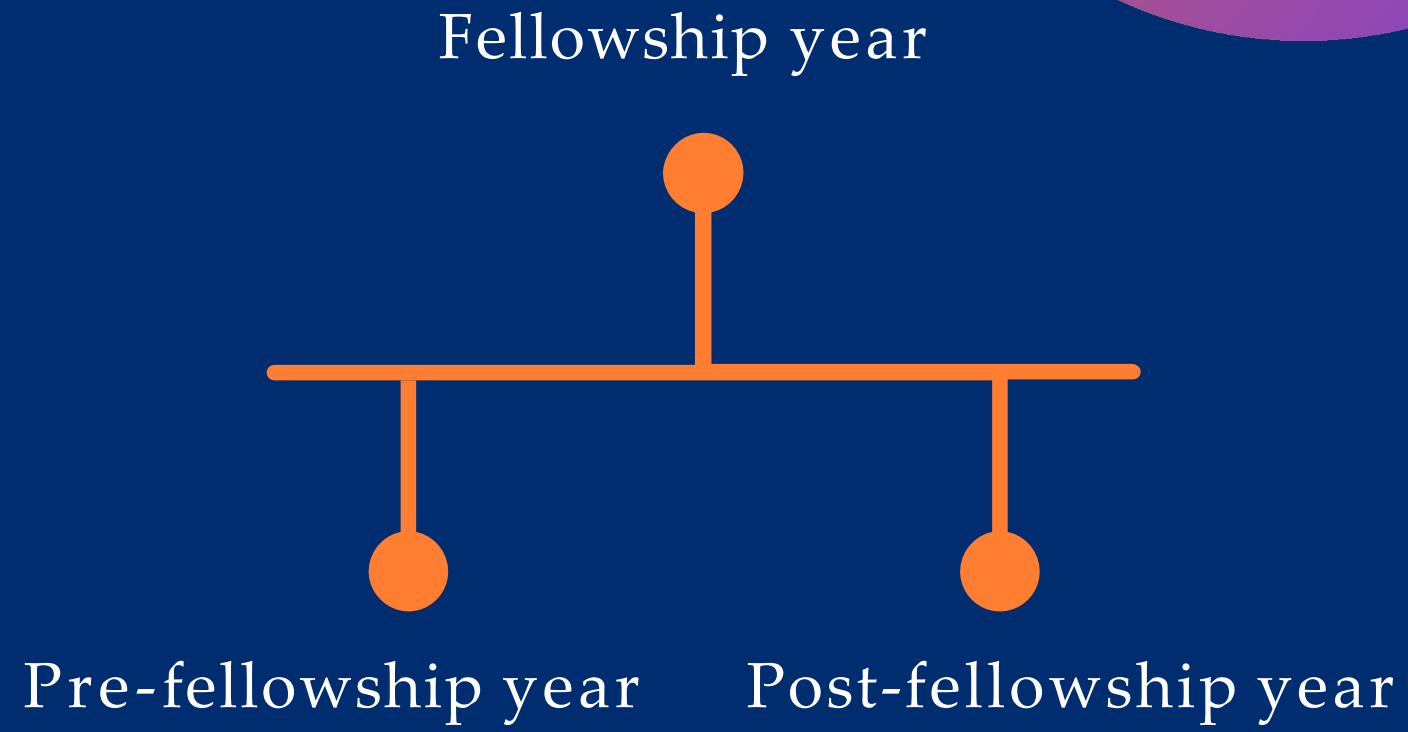
Centralized Fellowship Operations

- Enhanced collaboration with physician and executive leadership
- Greater visibility of workforce needs / projections
- Wider reach of resources, education, and training environments reduces duplication and increases effectiveness
- Standardized program structure and oversight allows for enhanced internal quality control and equity of training experience
- Greater interprofessional learning
- More rapid dissemination of best practices in new markets

Fellowship Value

Value in healthcare is abstract without a hardline only to monetary outcomes.

- Graduate
- Hiring specialty / team
- Recruitment
- Institition
- Patient



Data for Program Justification and Sustainability

- Recruitment
  - APP vacancy rate
  - Turnover rate
  - Time to fill position
  - Demographics of applicants and of accepted
- Specialty
  - Time to fill positions
  - Time to onboard/orient
  - Productivity metrics - i.e. RVU / efficiency data
  - Growth projections
  - Quality data
- Retention - 1, 2, 3 years
- Cultural Change Data
- Satisfaction - Professionalism Data

Building your program for the future...

- Adopt lean practices
- Establish quality control processes and leverage feedback
- Identify the data that will grow with you
- Invest in, incentivize, and appreciate your faculty / mentors
- Expand marketing potential and align with system intiatives and growth strategy

"Never let a good crisis go to waste"

-Churchill

Thank You

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