



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

2024 Annual Conference:

**Collaboration, Support and Community in
Postgraduate APP Training**



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

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TRACK Two: Established Programs

**Expansion, Enhancements and Best Practices for
Existing Programs**

TRACK TWO: Emerald Ballroom



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Setting the standard for postgraduate training

**Current State of APP
Workforce and Postgraduate
Training: Charting our Course
and Creating Our Future**



MOSES/WEITZMAN Health System

Always groundbreaking. Always grounded.

We're America's first primary care system dedicated to underserved populations. Our organizations exist to transform lives through patient care and innovations in education, training, research and accreditation.



MOSES/WEITZMAN
Health System



WEITZMAN INSTITUTE: OVERVIEW



Gerry Weitzman
Pharmacist

Mission: To promote equity and optimize health outcomes for vulnerable populations through innovative research, education, and policy

Established: 2007 as nation's first research, development and innovation center within a FQHC, designed for primary care by primary care

Today:

- 60+ staff in over a dozen states with doctorate and master's degrees in epidemiology, public health, educational design, and public policy; 50+ appointed faculty members
- 150+ peer-reviewed publications in high impact journals e.g., *Health Affairs*, *JAMA*, *NEJM*, *Lancet*, *Annals of Family Medicine* addressing Weitzman's core specialty areas of social determinants of health, workforce development, systems transformation
- Only FQHC out of 13 institutions nationally with Joint Accreditation status, offering educational instruction, including longest running Project ECHO program out of a FQHC, to 22,000 learners annually

CHCI NP Residency Program Today




Family NP Residency



Victoria Rufo, FNP | Meredith Campbell, FNP | Grace Mills, FNP | Victoria Foote, FNP

Pediatric NP Residency



Julia Donovan, PNP | Emily Spraggs, PNP

Psychiatric MH NP Residency



Shayla Partridge, FNP | Meghan Asplund, FNP | Drew Walker, FNP | Loraine Richards, FNP



Uche Onyebuchi, PMHNP | Mattea Ritter, PMHNP

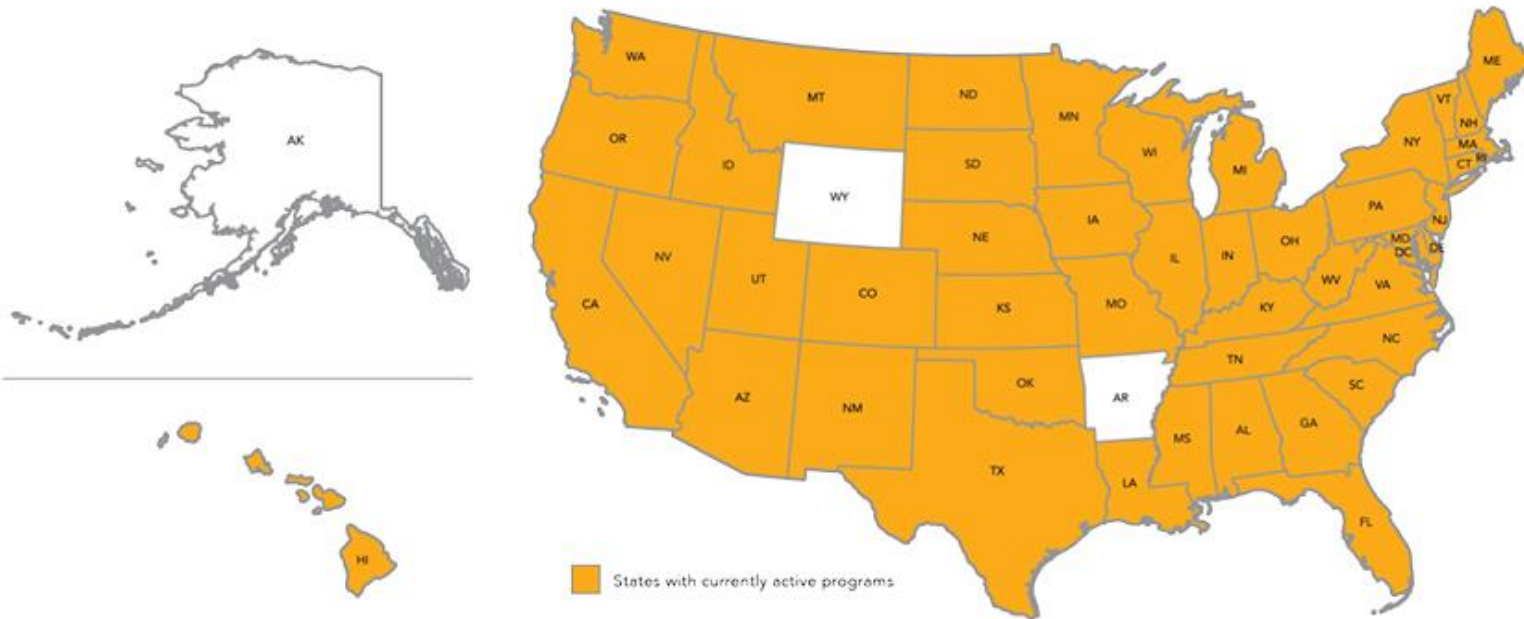
Country's first program (est. 2007)
 Operating for 18 years
 Graduated 167 alumni

Recipient of three competitive HRSA grants for
 Advanced Nursing Education

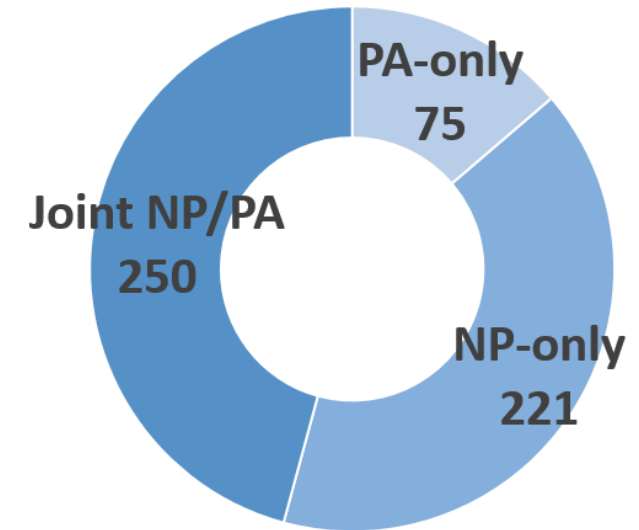
- NP Residency Tracks:
- Family NPs (est. 2007)
 - Psych MH NPs (est. 2015)
 - Pediatric NPs (est. 2019)
 - Post-residency Fellowship (est. 2017)

APP Postgraduate Training Programs Nationally

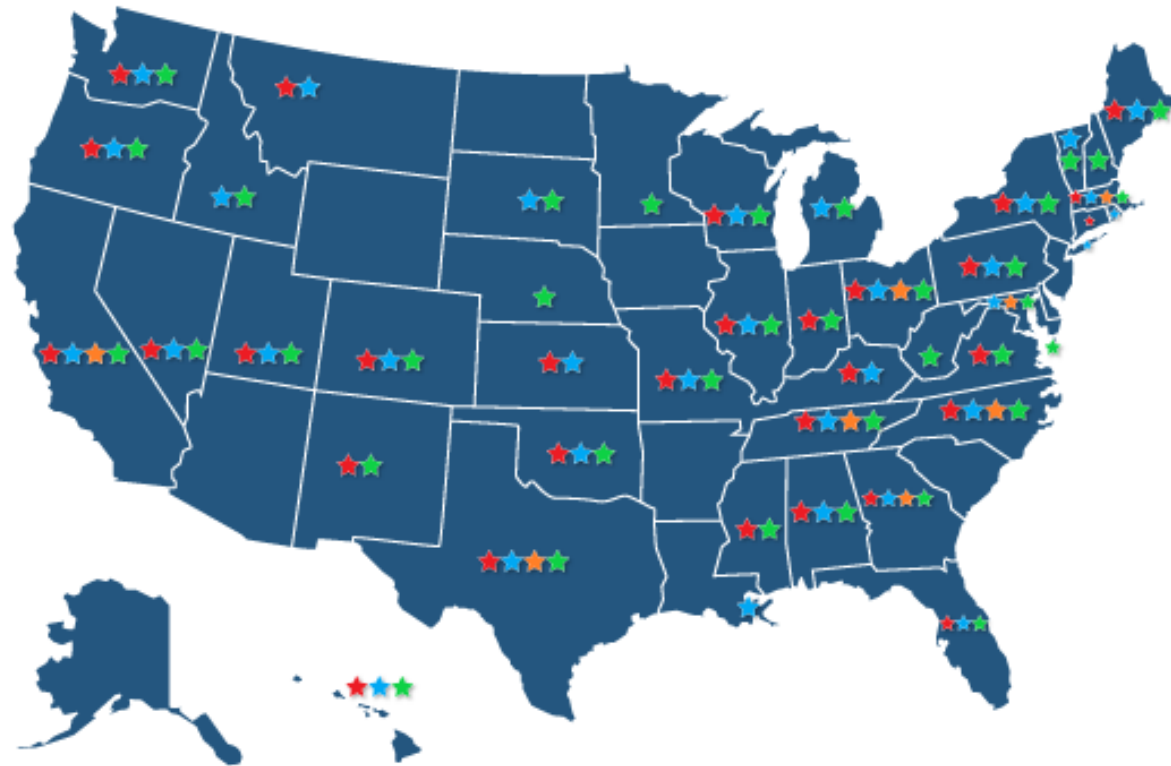
States with Currently Active NP and NP/PA Postgraduate Residency and Fellowship Training Programs



APP Postgraduate Training Programs
546 Programs Nationally



Nursing Education | Residency Programs



VA OAA offers both post baccalaureate nurse residency programs and primary care nurse practitioner residency programs as well as psychiatric/mental health NP residencies throughout the United States.

- ★ Geriatrics & Extended Care Nurse Practitioner Residency
- ★ Mental Health Nurse Practitioner Residency
- ★ Primary Care Nurse Practitioner Residency
- ★ Post-Baccalaureate Registered Nurse Residency

Programs and Locations

Emergency Medicine - Residency

Emergency medicine residency 12-month program focuses on adult emergency medicine. Providing advanced training and experience in both high acuity and low acuity patient settings. Upon completion of this program, you should have confidence in initial management of critically ill patients, urgent care patient management and advanced procedural skills. It will also prepare you for the NCCPA CAQ emergency medicine exam in the future.

VA Training Site	Emergency Medicine	Residency Website	App Deadline	Start Date
New York Harbor Healthcare Medical Center - NY	Affiliation with NYU School of Medicine.	New York Harbor VA HealthCare System	Feb	Sept 1
Zablocki VA Medical Center - Wisconsin	Affiliation with Medical College of Wisconsin.	Milwaukee VA HealthCare System	Feb	Aug
Corporal Michael J. Crescenz VA Medical Center - PA	Affiliation with Einstein Medical Center	Philadelphia VA HealthCare System	Feb 7	Sept 1
Robert J. Dole VA Medical Center - Kansas	Affiliation with Wichita State University/University of Kansas School of Medicine .	Wichita VA HealthCare System	Rolling	Rolling

Primary Care - Residency

Post-Graduate Primary Care residency 12-month program focuses on adult primary care medicine. Residents will develop a deep and broad evidence-based knowledge foundation of the common disease processes seen in a typical, complex VA patient through online didactic course-work and clinical rotation experiences spanning multiple different specialties as well as primary care.

VA Training Site	Primary Care	Residency Website	App Deadline	Start Date
Clement J. Zablocki VA Medical Center - Wisconsin	Affiliation with Marquette University.	Milwaukee HealthCare System	Jan	July 1
Atlanta VA Medical Center - Georgia	Affiliation with Emory University Health Center	VA Southeast HealthCare System - Emory School of Medicine	Nov 14	April
Malcom Randall VA Medical Center - Florida	Affiliation with University of Florida	North Florida/South Georgia Veterans HealthCare System	April	Aug/Sept
W.G. (Bill) Hefner VA Medical Center - NC	Affiliation with Wake Forest School of Medicine.	Salisbury VA Health CareSystem	Rolling	Rolling

Programs and Locations

Mental Health - Residency

As the PA progresses through this 12-month mental health residency program, the resident will advance the breadth and depth of SKAs in psychiatry. The PA will also develop personal and professional growth through self-care and experience with interprofessional teams. With full participation and completion of the program, the PA will be prepared to take the NCCPA CAQ in Psychiatry examination.

VA Training Site	Mental Health	Residency Website	App Deadline	Start Date
Michael E. DeBakey VA Medical Center - Texas	Affiliation with Baylor College of Medicine	Houston VA HealthCare System	Feb 28/ Aug 31	July/Jan
Chillicothe VA Medical Center - Ohio	None	VA Chillicothe Healthcare System	March 31	Rolling
Clarksburg - West Virginia	West Virginia University	VA Clarksburg Healthcare System	Rolling	Rolling
Raymond G. Murphy Department of Veterans Affairs Medical Center - New Mexico	Affiliation with University of New Mexico	New Mexico VA Health Care System	Feb 1	July

Geriatrics - Residency

Geriatrics 12-month residency training occurs in a dynamic clinical and academic environment, to expose the residents to basic and advanced geriatric concepts and techniques. Training is provided in clinics, on hospital units, and across a broad continuum of care from house calls to hospice.

VA Training Site	Geriatrics	Residency Website	App Deadline	Start Date
Michael E. DeBakey VA Medical Center - Texas	Affiliation with Baylor College of Medicine	Houston HealthCare System	Aug 31	Jan



HEALTH PROFESSIONS TRAINEES' SATISFACTION SURVEY: ACADEMIC YEAR 2021-2022

91% of HPTs were satisfied or very satisfied with their VA training experience. Before their VA training experience, 50% of HPTs indicated they were interested in working for VA; after their VA training experience, 69% indicated they were interested in working for VA.

HIGHLIGHTS OF ACADEMIC YEAR 2021-2022

- VA established eight new Geriatric and Extended Care Nurse Practitioner Residency programs to help address the nursing shortage and meet the demands of the aging Veteran population. VA has 116 nurse residency programs, including 48 Post-Baccalaureate Registered Nurse Residency programs and 68 Nurse Practitioner Residency programs (34 Primary Care, 26 Mental Health and 8 Geriatric and Extended Care) with over 600 nursing HPT positions.
- Since 2013, VA's Mental Health Education Expansion initiative added more than 780 funded training slots across 10 disciplines, including Psychology, Marriage and Family Therapy, Professional Mental Health Counseling, Nursing, and Psychiatry.
- VA has expanded affiliations to Minority Serving Institutions with HPE programs, including 62% of Asian American, Native American, and Pacific Islander Serving Institutions, 57% of Historically Black Colleges and Universities, 34% of Hispanic Serving Institutions, and 20% of Predominantly Black Institutions.
- 72% of VA physicians, 30% of nursing staff, 41% of other clinical staff, and 18% of VHA administrative staff teach or supervise HPTs at VA.

ABOUT THE OFFICE OF ACADEMIC AFFILIATIONS

As one of four statutory missions and as authorized in Title 38 Section 7302, VA assists the Nation in training health professionals in over 60 professions. Health professions education is conducted in partnership with U.S. academic institutions in accordance with VA's 1946 Policy Memorandum No. 2. Overseen by the Office of Academic Affiliations (OAA), these training programs make the VA the largest platform for health professions education in the country and the second largest funder of graduate medical education in the United States. To learn more about OAA, visit www.va.gov/oaal/.

FQHC Staffing, Visits and Training

Line	Personnel by Major Service Category	FTEs (a)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
8.	Total Physicians (Lines 1-7)	15,205.77	35,805,194	5,449,407	
9a.	Nurse Practitioners	12,177.93	25,468,169	3,907,356	
9b.	Physician Assistants	3,765.81	8,511,660	1,524,286	
10.	Certified Nurse Midwives	726.62	1,365,175	100,204	
10a.	Total NPs, PAs, and CNMs (Lines 9a-10)	16,670.36	35,345,004	5,531,846	
11.	Nurses	21,141.80	2,130,658	162,475	

Source: Uniform Data System, 2022 – Table 5

Line	Measures	Number of Health Centers	% of Total
1.	Does your health center provide any health professional education/training that is a hands-on, practical, or clinical experience?		
	a. Yes	1,158	84.53%
	b. No	212	15.47%
1a.	If yes, which category best describes your health center's role in the health professional education/training process?		
	a. Sponsor ²	234	20.21%
	b. Training site partner ²	974	84.11%
	c. Other	131	11.31%

Postgraduate training in FQHCs

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 calendar year.		
	1. Physicians	9,869	6,381
	a. Family Physicians		4,690
	b. General Practitioners		354
	c. Internists		3,103
	d. Obstetrician/Gynecologists		1,392
	e. Pediatricians		2,794
	f. Other Specialty Physicians		1,001
	2. Nurse Practitioners	4,812	2,519
	3. Physician Assistants	2,348	556

	Mental Health and Substance Use Disorder		
11. Psychiatrists			555
12. Clinical Psychologists		363	282
13. Clinical Social Workers		992	647
14. Professional Counselors		389	296
15. Marriage and Family therapists		102	102
16. Psychiatric Nurse Specialists		58	22
17. Mental Health Nurse Practitioners		420	235
18. Mental Health Physician Assistants		65	27
19. Substance Use Disorder Personnel		125	132

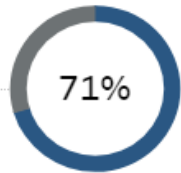
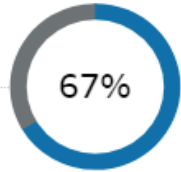
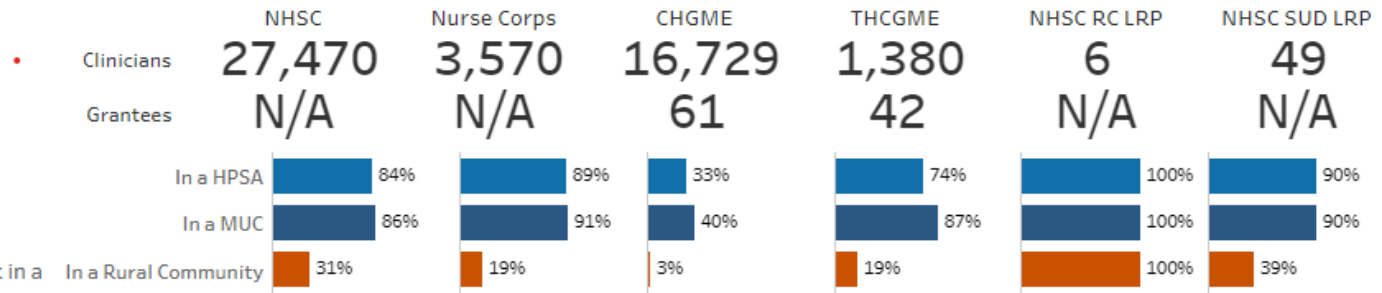
HRSA Data NOT Available for ANE NPR

Executive Dashboard

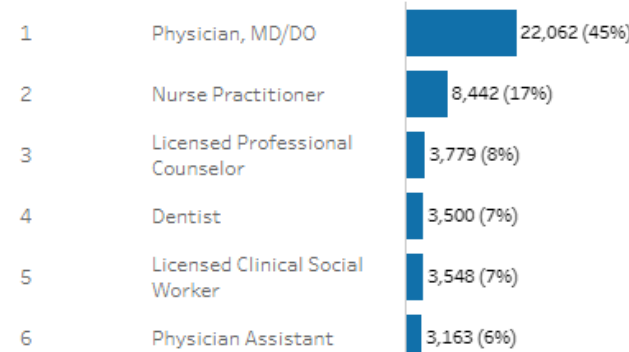
Total clinicians in view (n=): 48,977 out of 48,977 records in dataset

Breakdown of Clinicians and Grantees by Program:

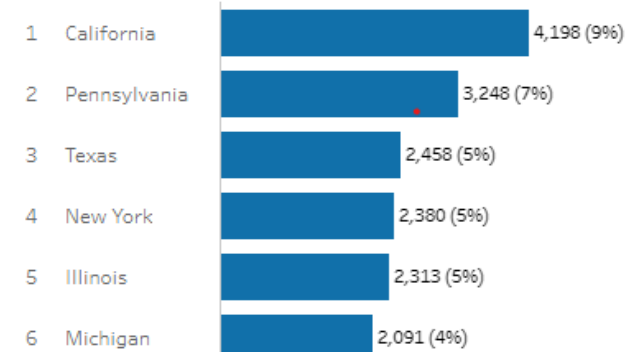
48,977 Clinicians:



Top Program Professions



Top Program Completion States



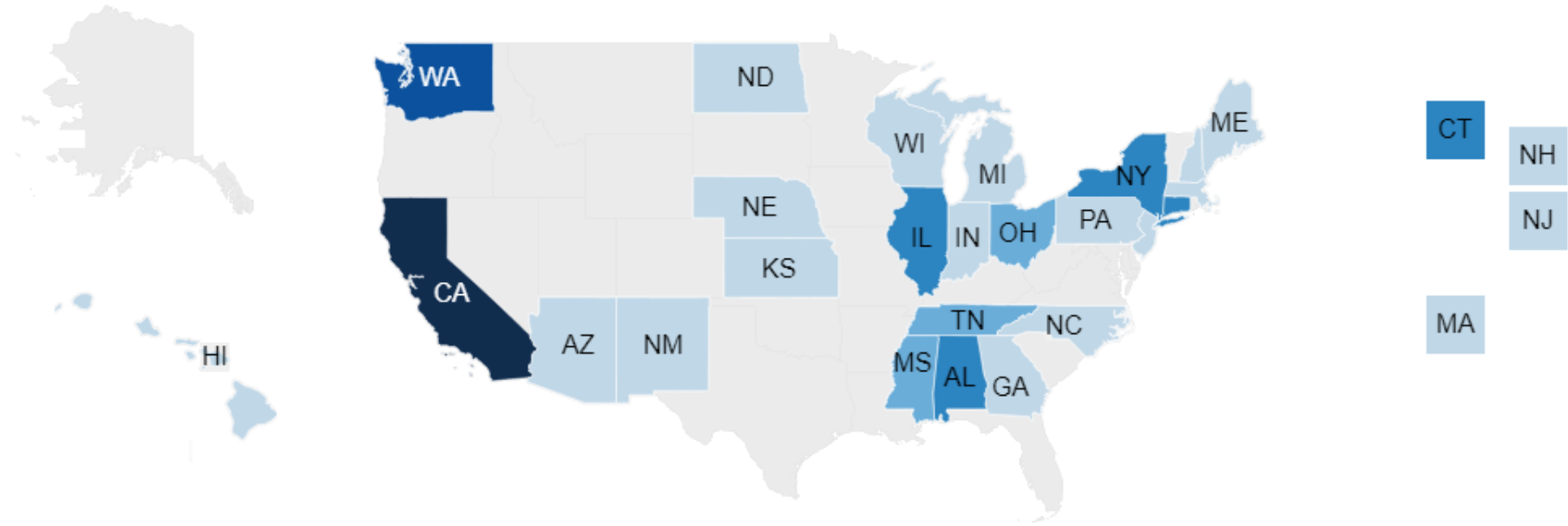
Nationwide Participant Summary at a Glance for Academic Year 2022 - 2023

476
Participants Nationwide

319
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.

Percent of NPs/PAs completing postgrad training

- ◆ National Commission on Certification of Physician Assistants, Inc. (2023, April). 2022 Statistical Profile of Board Certified PAs, Annual Report, Retrieved Date, www.nccpa.net/resources/nccpa-research/
- ◆ As of December 31, 2022, there were 168,318 board certified PAs; 140,815 responded to at least a portion of the Profile, for an overall response rate of 83.7%.
- ◆ Data shows that 5.4% of PAs completed a postgraduate program, and the top three specialty areas are emergency medicine, general surgery, and internal medicine subspecialties
- ◆ AANP 2022 survey does not survey for completion of a postgraduate residency or fellowship program

Sponsoring Organization and Program Name	Location
International Community Health Services (ICHS) <i>Advanced Practice Provider Residency Program</i>	Seattle, WA
Community Health Center, Inc. (CHC, Inc.) <i>Nurse Practitioner Residency in Family Practice and Community Health</i>	Middletown, CT
North Mississippi Medical Center (NMMC) <i>Advanced Practice Clinician Fellowship</i>	Tupelo, MS
Western North Carolina Community Health Services (WNCCHS) <i>Advance Practice Safety Net Residency (APSNR)</i>	Asheville, NC
Sea Mar Community Health Centers (Sea Mar) <i>Family Nurse Practitioner Residency</i>	Seattle, WA
CHAS Health <i>Nurse Practitioner Residency Program</i>	Spokane, WA
Highland Family Medicine <i>Nurse Practitioner Residency Program</i>	Rochester, NY
Nationwide Children’s Hospital <i>Barbara Trueman Child and Adolescent Psychiatric Nurse Practitioner Post-Graduate Fellowship</i>	Columbus, OH
Seattle Children’s Hospital <i>Advanced Practice Provider Fellowship</i>	Seattle, WA
Urban Health Plan <i>NP/PA Residency Program</i>	Bronx, NY

Consortium (CAPP) accredited

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Sponsoring Organization and Program Name	Location
Petaluma Health Center <i>NP/PA Residency Program-Primary Care</i>	Petaluma, CA
Community Healthcare Network <i>Primary Care Nurse Practitioner Fellowship</i>	New York, NY
Community Healthcare Network <i>Psychiatric Community Healthcare Nurse Practitioner Fellowship</i>	New York, NY
El Rio Health <i>APRN Residency Program</i>	Tucson, AZ
HealthLinc <i>FNP Residency Program</i>	Valparaiso, IN
Waianae Coast Comprehensive Health Center <i>Na Lei Kukui Nurse Practitioner Residency Program</i>	Waianae, HI
Community Health Center, Inc. (CHC, Inc.) <i>Psychiatric Mental Health Nurse Practitioner Residency Program</i>	Middletown, CT
Thundermist Health Center <i>Psychiatric Mental Health Nurse Practitioner Fellowship Program</i>	Wakefield, RI
Thundermist Health Center <i>Primary Care Nurse Practitioner Fellowship Program</i>	West Warwick, RI
Cahaba Medical Care <i>Nurse Practitioner Residency Program</i>	Centreville, AL

Sponsoring Organization and Program Name	Location
Callen-Lorde Community Health Center <i>Keith Haring Nurse Practitioner Postgraduate Fellowship in LGBTQ+ Health</i>	Brooklyn, NY
MedLink Georgia, Inc. <i>North Georgia Advanced Practice Program (NoGAPP) Residency</i>	Colbert, GA
Erie Family Health Center <i>Erie Family Health Center Advancing Practice Family Nurse Practitioner Fellowship</i>	Chicago, IL
Erie Family Health Center <i>Erie Family Health Center Advancing Practice Pediatrics Nurse Practitioner Fellowship</i>	Chicago, IL
Erie Family Health Center <i>Erie Family Health Center Advancing Practice Adult Gerontology Nurse Practitioner Fellowship</i>	Chicago, IL
Erie Family Health Center <i>Erie Family Health Center Advancing Practice Adult Gerontology Nurse Practitioner Fellowship</i>	Chicago, IL
Holyoke Health Center <i>Holyoke Health Center Family Nurse Practitioner Residency Training Program</i>	Holyoke, MA
Seattle Children's Hospital <i>Seattle Children's Hospital Neonatal APP Fellowship</i>	Seattle, WA
Shasta Community Health Center <i>Shasta Community Health Center NP/PA Post Graduate Fellowship Program</i>	Redding, CA

Consortium (CAPP) accredited

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Sponsoring Organization and Program Name	Location
UC Davis Health – Betty Irene Moore School of Nursing <i>Advanced Nurse Practitioner Primary care Residency in Addiction, Chronic care, Telehealth, Improvement science, Collaboration and Equity (Advanced NP-PRACTICE)</i>	Sacramento, CA
UC Davis Health – Betty Irene Moore School of Nursing <i>UC Davis Health Advanced Practice Fellowship</i>	Sacramento, CA
East Boston Neighborhood Health Center <i>Family Nurse Practitioner Residency</i>	East Boston, MA
Open Door Community Health Center Advanced Practice Clinician (APC) Residency	Eureka, CA
Lamprey Health Care <i>Family Nurse Practitioner Fellowship</i>	Raymond, NH



Health of US Primary Care: 2024 Scorecard No One Can See You Now

Webinar
February 28, 2024



What Is the Primary Care Scorecard?

- Co-funded by the **Milbank Memorial Fund** and **The Physicians Foundation** and developed with the American Academy of Family Physician's **Robert Graham Center**, the second national Primary Care Scorecard identifies five reasons why access to primary care is worsening.
- The Scorecard is designed to assess the state of primary care nationally and across states, as well as progress on the recommendations in the 2021 National Academies of Sciences, Engineering, and Medicine (NASEM) report, *Implementing High-Quality Primary Care: Rebuilding the Foundations of Healthcare*.

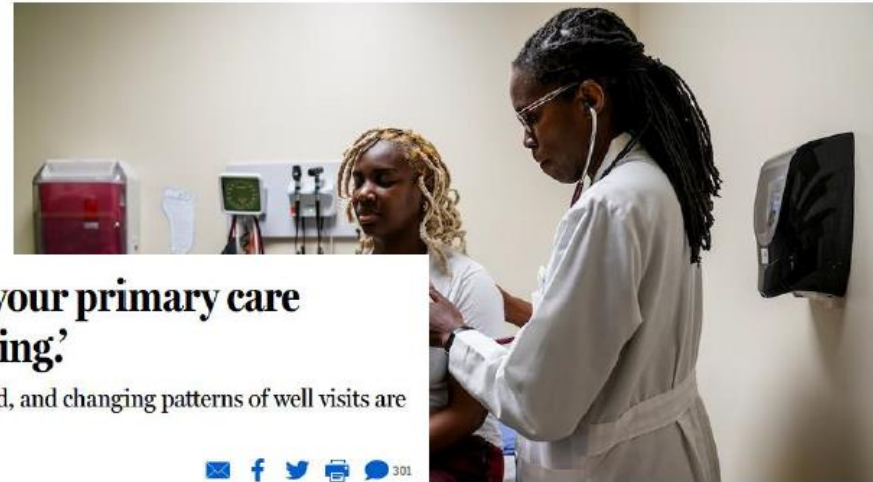
Opinion | The shrinking number of primary-care physicians is reaching a tipping point

By Elisabeth Rosenthal
September 5, 2023 at 8:34 a.m. EDT



Primary care saves lives. Here's why it's failing Americans.

 By Frances Stead Sellers
October 17, 2023 at 6:00 a.m. EDT



Why you can't get in to see your primary care doctor. 'It's almost frightening.'

A wave of retirements, growing patient demand, and changing patterns of well visits are behind the crunch.

By Jessica Bartlett Globe Staff, Updated February 5, 2023, 4:28 p.m.

 301



“No One Can See You Now

- ◆ “Although the number of primary care physicians per capita is dropping, the number of NPs and PAs working in primary care is on the rise. As a result, the total number of primary care clinicians per capita is increasing (Figure 3), yet this clinician mix is evidently insufficient to meet demands. The patient population is growing, is aging, and has a higher chronic disease burden. Physicians tend to see more patients overall than NPs and PAs, and they also tend to see more complex patients on average. Therefore, while NPs and PAs are essential to the primary care team, they play different roles and have different skill sets than physicians, so they are not a one-to-one replacement when determining workforce sufficiency. *The Health of US Primary Care: 2024 Scorecard Report No One Can See You Now: Five Reasons Why Access to Primary Care Is Getting Worse (and What Needs to Change)*

Summary of where we are now

- ◆ The Postgraduate NP and PA residency and fellowship movement continues to grow and expand in systems of care such as FQHCs, Veteran Affairs, health systems, and hospitals. Public funding is limited and organizations invest directly in programs.
- ◆ Federal funding through BHW has been instrumental to the growth of NP residencies and fellowships in FQHCs and safety net settings and warrants our support but needs to be expanded and sustained.
- ◆ Healthcare organizations continue to make major direct investment in postgraduate training for NPs and PAs because it is in their strategic best interest as part of their workforce strategy.

History of federal funding for NP Residency

- ◆ ACA authorized funding for 4 years in 2010—never appropriated.
- ◆ HRSA/BHW initiated a funding opportunity of \$20m in 2018 for postgraduate NP Residency programs which rose over the years to \$36m and continues to today
- ◆ These amounts were funded by HRSA from its Advanced Nursing Education (ANE) account but supplemented by direct appropriations (intense government relations work by our CHC/WI people--for NP Residency and Fellowship training programs in the amount of \$5m in 2020 and 2021, rising to \$6m in fiscal years 2022 through 2024.....

Status of funding

- ◆ **This year**, that direct appropriation increased to \$7m in language included in the FY 2024 Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act recently approved by the full House Appropriations Committee which states:
- ◆ “Provided further, that of the funds made available under this heading, \$7,000,000 shall be available to make grants to establish, expand or maintain optional community based nurse practitioner fellowship programs that are accredited or in the accreditation process, with a preference for those in Federally Qualified Health Centers, for practicing postgraduate NPs in primary care or behavioral health.”
- ◆ Of note, this year the Republican-led House Appropriations Committee has increased the level of funding to \$7m---We wait to see if the full House and the Senate will both support this increase in their versions of this bill.

With thanks to Kerry Bamrick:

- ◆ As NPs and PAs increasingly become the backbone of primary care practice and essential providers in specialty, acute and in-patient care, there is an urgent need to ensure that they **1) have access to appropriate postgraduate training**—beyond that required for licensure—appropriate to the setting and needs of different areas of practice such as FQHC or acute care settings and **2) that the public perception, understanding and recognition of that role, training, and competencies of these groups of health care providers is shaped by a new marketing/public awareness campaign.**
- ◆ The Consortium for Advanced Practice Providers will play a key role addressing both needs. **1)** It is the number 1 national accrediting organization for postgraduate training programs for NPs and PAs across the country, setting the most rigorous standards and ensuring that NP and PAs have the benefit of postgraduate training specific to their specialty role and practice and **2)** that consumers (patients), payers, and policy makers have an accurate perception and understanding of their role in the U.S. Health care system.

What does all this mean

◆ We have to:

- Build health systems that are satisfying at the level of the individual, family and community
- Create Access to training that prepares people for today and tomorrow's health care-
- Provide rigor in training, and develop a sense of mastery, resiliency and well-being as an outcome of our programs
- Recognize that to retain our superb providers, we need to recognize that burnout is real and it is not a personal failing; it requires addressing systemic issues as a team and creating joy in practice
- Remember: somebody has to step up and lead— both among us and the people who will follow. We look to all of you for that. In our education programs, in our residency and fellowship programs and in our practices and institutions, we have got to create opportunities to practice and experience leadership.

The Consortium is a standard bearer. It is an accreditor, but it is also a convener, and it is a community. We are here to help.

Statistical profiles of board certified PAs

- ◆ 5.4% of PAs completed a postgraduate program, and the top three specialty areas are emergency medicine, general surgery, and internal medicine subspecialties.
- ◆ 52.1% of PAs practicing ten or more years have changed specialties at least 2 times in their careers, with 14.2% changing at least 4 times.
- ◆ PAs who are newer in their career also change specialties, with 24.5% of those within the first 2-3 years and 13.8% of those within their first year of experience changing specialties at least once.
- ◆ ***Postgraduate Program Completion 2022 Statistical Profile of Board Certified PAs © 2022***

PAs Who Completed a Postgraduate Program: Area of Training

Area of Training	Number	Percent
Addiction medicine	19	0.3%
Anesthesiology	6	0.1%
Critical care medicine	352	5.1%
Dermatology	385	5.6%
Emergency medicine	1,651	23.9%
Family medicine/general practice	587	8.5%
Hospice and palliative medicine	7	0.1%
Hospital medicine	210	3.0%
Internal medicine - general practice	117	1.7%
Internal medicine - subspecialties	225	3.3%
Neurology	37	0.5%
Obstetrics and gynecology	91	1.3%

Occupational medicine	51	0.7%
Ophthalmology	4	0.1%
Otolaryngology	45	0.7%
Pain medicine	15	0.2%
Pathology	1	<0.1%
Pediatrics- general	84	1.2%
Pediatrics- subspecialties	208	3.0%
Physical medicine/rehabilitation	6	0.1%
Preventive medicine/public health	13	0.2%
Psychiatry	196	2.8%
Radiation oncology	1	<0.1%
Radiology	7	0.1%
Surgery- general	979	14.2%
Surgery- subspecialties	930	13.4%
Urology	16	0.2%
Other*	674	9.7%
TOTAL	6,917	100%

*Top "other" responses include: aesthetics, hepatology, aviation/aerospace medicine, spine surgery, and trauma.

2022 Nurse Practitioner Practice Report

Table 1.6. Distribution of NPs by Top 10 Clinical Focus Areas

NP Clinical Focus	Percent (%)
Family*	17.9
Primary Care*	9.8
Urgent Care	6.4
Psychiatry/Psychology	6.1
Cardiology	4.3
Internal Medicine*	4.1
Geriatrics*	3.2
Oncology/Hematology	3.2
OB–GYN/Women’s Health*	3.1
Hospitalist	2.8

Note: *Indicates a primary care clinical focus area.

Table 1.7. Top 10 NP Work Site Settings by Top Clinical Focus Areas

Setting	Percent (%)	Top Clinical Focus	Percent (%)
Hospital Outpatient Clinic	13.5	Family	12.1
Hospital Inpatient Unit	12.4	Hospitalist	21.4
Private Group Practice	10.3	Family	22.1
Private Physician Practice	7.3	Family	22.1
Urgent Care	5.8	Urgent Care	85.5
Federally Qualified Health Center	4.5	Family	49.4
Other Clinic	3.5	Family	23.7
Community Health Center	3.4	Family	47.3
Private NP Practice	3.3	Family	38.9
Employer/Corporate Clinic	3.0	Family	34.8

Note: For Table 1.7, the top clinical focus refers to the most common clinical focus in a specific work setting. For example, 13.5% of respondents work in a hospital outpatient clinic. Among NPs who work in a hospital outpatient setting, 12.1% have a family clinical focus.

Critical areas for further discussion

- ◆ Artificial intelligence in training and in practice as part of postgraduate training
- ◆ Mastering both the clinical practice and the financial structure of value based and population health focused plans
- ◆ Strategies to prevent burnout in individuals and teams in every clinical setting
- ◆ Significant research into effectiveness and long-term impact of each element of postgraduate NP and PA residency/fellowship training

Contact

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Senior Vice President/Clinical Director

Community Health Center, Inc. and Moses Weitzman Health System

Founder and Senior Faculty, Weitzman Institute

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860.985.5253

Visit us on the web

www.chc1.com

www.mwhs1.com



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

Refreshment Break

Session Two will begin at 2:15pm



Program Expansion: The How, When, and Why to Enhance and Expand Your Postgraduate APP Program

Jean Reidy, DNP, MPH, APRN, ANP-BC, NEA-BC, FAANP

Senior Medical Director & Vice President, APPs & Clinical Fellowships

Consortium for Advanced Practice Providers Annual Conference

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Associate Dean for
Professional Practice, UMSN



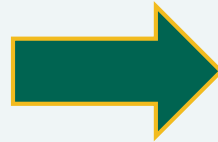
Jaclyn Hoey, MHA
Sr. Program Manager, Post-
Graduate Training

Image Sources: Oak Street Health

Disclosures

I own a small amount of stock in CVS Health, which acquired Oak Street Health in April of 2023.

Potential intellectual conflicts: none.



Cohort 1:
8 Fellows
September 2022

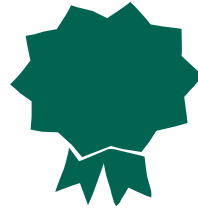
Cohort 3:
29 Fellows
September 2023

Your expansion may not look like ours, but there are critical lessons learned that can be useful for any kind of growth, even if it's from 2 fellows to 4 fellows.

Learning Objectives



Participants will be able to devise two ways to incorporate technology to support expansion.



Participants will be able to robustly evaluate program impact on patient quality and satisfaction.



Participants will be able to articulate strategic messaging to leadership on the role of program expansion in meeting business objectives.



Agenda

1. Introduction to Oak Street Health
2. Our NP Fellowship
3. Technology for Expansion
4. Program Evaluation
5. Getting Leadership Buy In
6. Lessons Learned

Introduction to Oak Street Health



Oak Street Health



We are a patient-centric network of primary care centers for Medicare-eligible patients

Our mission is to rebuild healthcare as it should be

207

Oak Street Health centers

~900

employed primary care providers

25

states currently covered

~7,500

team members, all aligned with our mission and vision

270K

Patients receiving our care

Oak Street Health Locations

Alabama 3

Arizona 13

Arkansas 2

Colorado 5

Georgia 8

Illinois 32

Indiana 13

Iowa 2

Kansas 1

Kentucky 3

Louisiana 6

Michigan 12

Mississippi 2

Missouri 6

New Mexico 4

New York 18

North Carolina 11

Ohio 12

Oklahoma 5

Pennsylvania 15

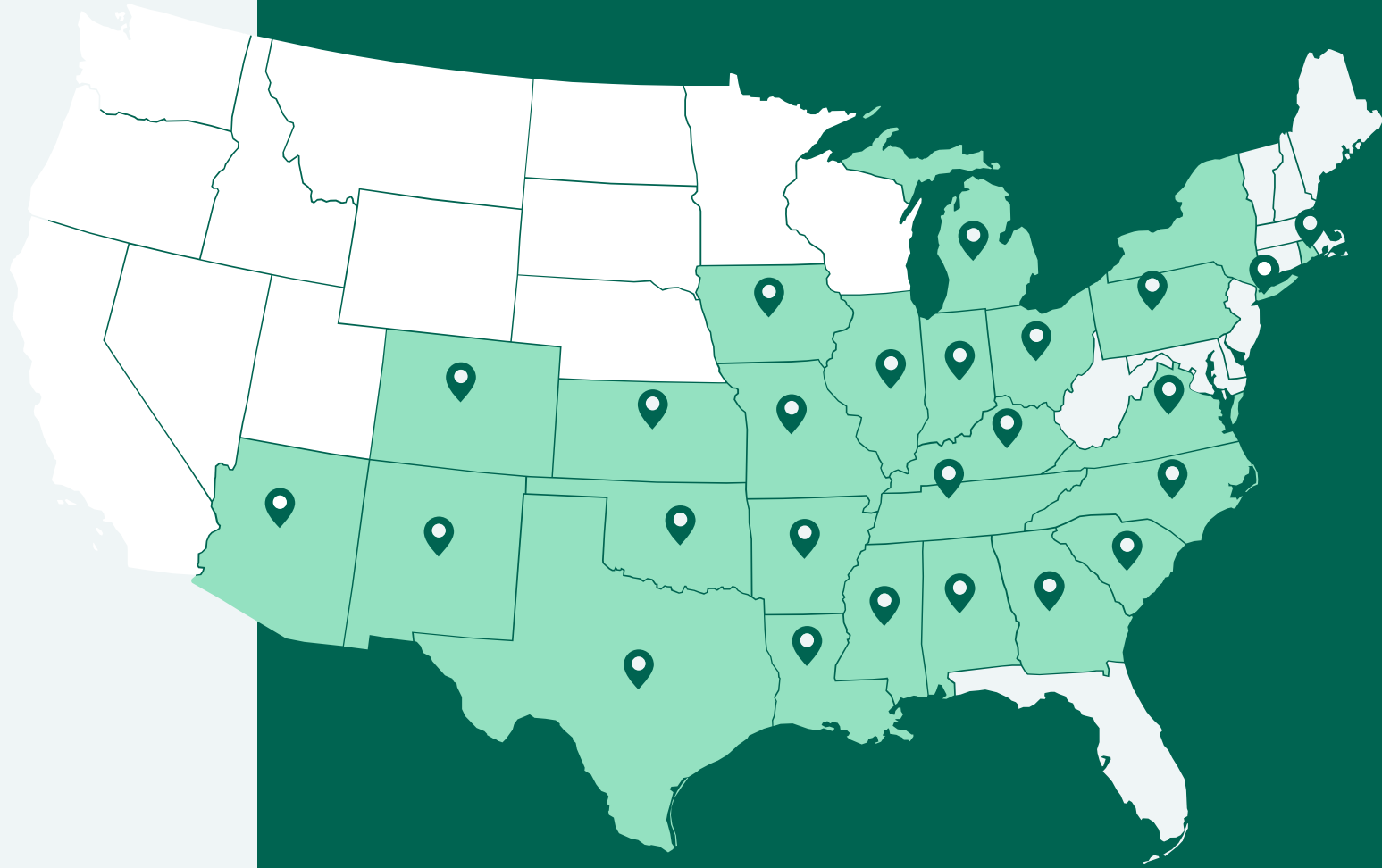
Rhode Island 4

South Carolina 3

Tennessee 5

Texas 21

Virginia 2



Our patient base is complex and requires a multi-dimensional care model



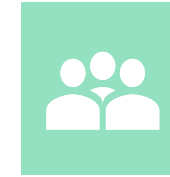
69

average age



48%

of patients are dually eligible for Medicare and Medicaid



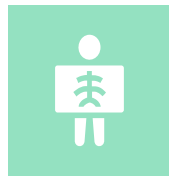
>45%

of patients have a housing, food or isolation risk factor



7+

Average number of medications



88%

of patients have one or more chronic conditions



77%

Of centers are in Medically Underserved or Health Professional Shortage Areas

Value-Based Care allows for critical investment in primary care



In 2018, hospitalizations were >60% of Medicare expenditures ¹...

...while primary care spend accounted for only ~3%

51
%

reduction in hospital admissions ²

42
%

reduction in 30-day readmission rate²

51
%

reduction in ED visits vs. Medicare FFS benchmark ²



We invest in proactive primary care, spending more than 3x the average ³ We remove reactive and more-expensive costs from the system

Oak Street Health has demonstrated improved quality and lower cost across plan types and programs.

1. Source: CMS and Kaiser Family Foundation

2. Please see our S1, filed 2/8/2021, for information on how these statistics are calculated

3. Based on our 2021 spend (please see our 10K, filed 2/28/2022) vs industry average (sourced from Kaiser Family Foundation)



Nurse Practitioner Fellowship

Our Program



Program Elements



Didactic Learning

Fellows have 4 hours of didactic learning on a weekly basis, **2 hours are asynchronous** and 2 hours are in live learning sessions with other fellows. We have over 80 different learning topics!



Advising

Fellows will have bi-weekly sessions with a faculty advisor and other fellows in their cohort to support their professional development. Also leveraged for coaching/remediation strategies as needed.

Preceptin g

Fellows work with clinical preceptors throughout the program to support their clinical development. Fellows begin working without a preceptor 1 day a week in month 10 to support their growing independence.

Distinct Elements of Our Program

- We start cohorts every six months (March & September).
- The program is 12 months long with a 1 year commitment afterward.
- Our program is very large: we have hired 56 fellows since we launched in September of 2022.
- Our fellows cover a wide geography and currently live in 14 states.
- We are *not* supported by grant funding.
- Our clinics are small so there is only one fellow per center. Their preceptors have dedicated schedule blocks but are also seeing patients simultaneously.
- Most of our interactions occur virtually. We bring the fellows together in person twice: once during orientation and the other for a 2-day procedure clinic at the midpoint.
- Our faculty are given 3 days of administrative time per week to support the program.



Use of Technology to Support Expansion

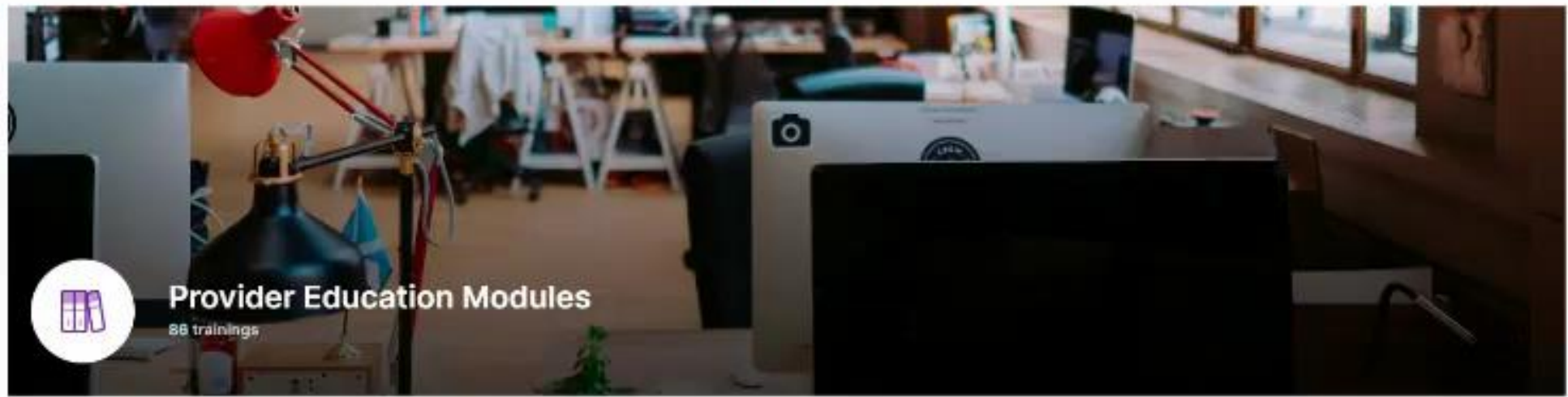
Putting the Learner in the Driver's Seat of Didactics

A great deal of content in existing educational systems is delivered by PowerPoint over Zoom. However, this does not take into account adult learning principles or the diverse needs of learners.

Together with our colleagues at the University of Michigan School of Nursing, we have built 85 online learning modules for our fellows. These modules are comprehensive, interactive, and a key piece of our strategy to build upon, not repeat graduate education.

[Let's see what they look like](#)

← Libraries



Provider Education Modules

88 trainings

Content Discussions Search Library content

Type ▾

Tags ▾

Status ▾

Updated ▾



Content

Care Model Excellence

Sexual and Gender Health

Behavioral Health

ScreenCastify - Screen Video Recorder is sharing your screen. Stop sharing Hide

In this folder: Anxiety Disorder, Use Disorders, Mood Disorders, Major disorder, and Motivational interviewing

Instructional Design Professionals

NPs are subject matter experts, not design experts.

Instructional designers are critical to the development of robust, learner-friendly online content.

If you are in an academic partnership, consider asking for access to an instructional designer resource if available.



Virtual Precepting

In April of 2024, we launched a virtual precepting resource over *Google Meet*.

Fellowship Faculty and other providers are available to fellows Monday through Friday 8am to 5pm CST for on demand support regarding:

- Patient cases when their in-person preceptors are otherwise unavailable
- Lab result interpretation
- Role playing crucial conversations with patients
- Sharing successes and processing challenging moments
- Learning document management and how to effectively use their clinical resources

Benefits of Virtual Precepting

- Cost effective
- Retention tool for existing providers who want to incorporate teaching into their role
- Provides an added layer of support for fellows as they navigate their transition to practice
- Leverages existing technology to meet program needs
- Exposes fellows to a whole new group of teachers
- Helps fellows grow in confidence
- Allows fellowship team to understand clinical competency and provide standard information despite geographic spread
- The fellows LOVE it

“The virtual precepting has had a significant positive impact on my fellowship experience. I feel like this has really increased the support for my clinical decision making and my overall knowledge and critical thinking skills.”

Getting Leadership Buy In for Expansion



The Elevator Speech

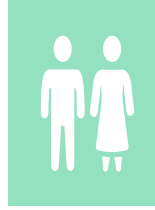
Making a proposal for expansion to executive leadership requires a carefully crafted message focused on business needs.

- Statistics about the **shifting primary care workforce** nationally
- Existing evidence on the **effectiveness of APP training programs**
- Existing evidence on **high quality APP care**
- Estimated patient and provider **growth** in the coming year
- **Financial impact** of the program (ROI)

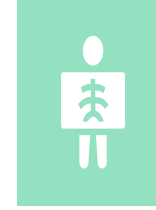
Follow it up with a concise memo or slide deck highlighting your main points so they can reference it later.



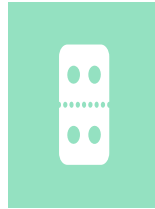
Building the Business Case for Expansion: Know Your Current & Future Hiring Needs



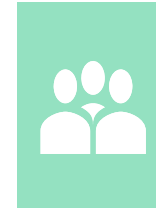
Percentage of
provider hires in the
last 12 months that
were APPs



of new providers you'll
need to hire to account
for growth



Turnover rate

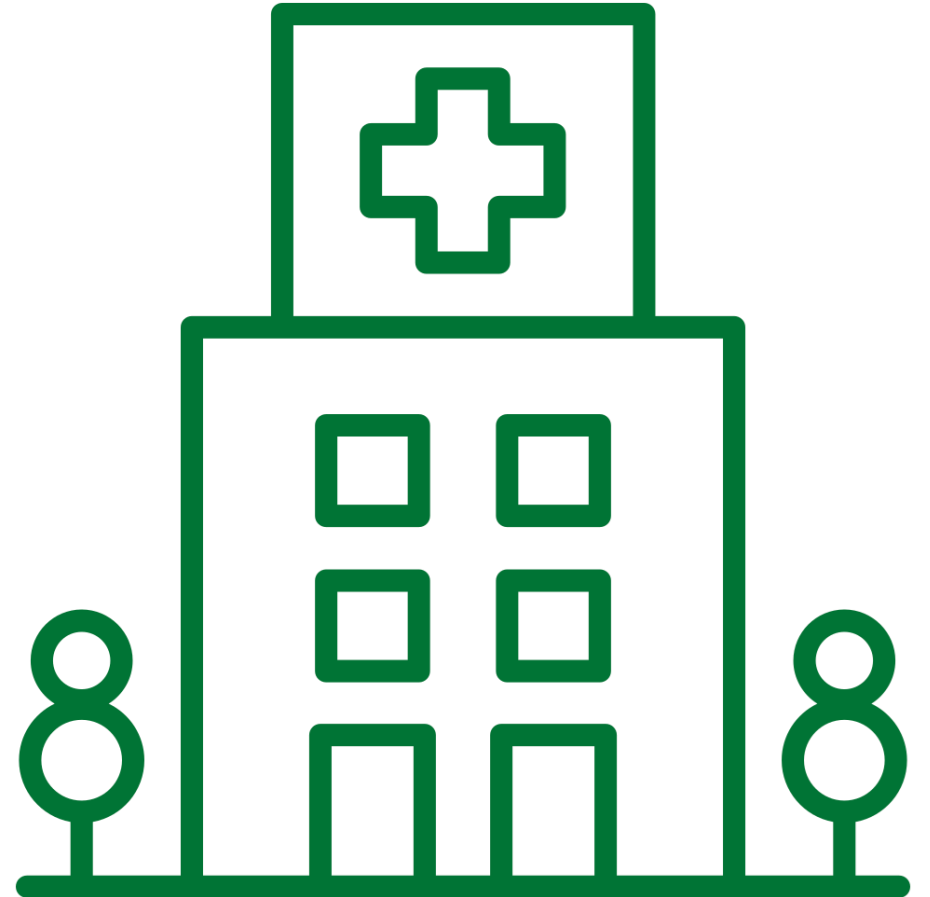


Reasonable
percentage of new
providers that could or
should be fellows

Let's use a hypothetical: Sunny Side Health System

Sunny Side Health System (fictional) is a regional health system that operates a network of primary and specialty care clinics.

Across the system, they currently employ 100 providers. Due to population growth in the region, they are planning to expand in 2025. They will grow their provider group in 4 established clinics and open 2 new ones by the end of the year.



Sunny Side Health System Fellowship Expansion

New hires by provider type over the last 3 years:

- 2020: 44% APP
- 2021: 45% APP
- 2022: 47% APP
 - **Average: 45% APP (A)**

Projected new/incremental hires for 2025:

- Planned additions to **existing** centers: 15
- Providers needed to staff **new** centers: 10
 - **Total incremental hires: 25 (B)**

Backfilling:

- Total provider headcount now: 100
- Current annualized turnover rate of providers: 20%
 - **Estimated number of providers needed to backfill positions: 20 (C)**

Total estimated provider hires for 2025 is 45 (B + C). Given existing trends, we can assume 45% of those hires will be APPs. So they need to hire 20 new APPs in 2025 $(B+C) \times A$

Sunny Side has decided that 15% of annual new APP hires will be fellows. **Sunny Side recommends expanding by 3 APP Fellows in 2025** $(20 \times .15)$.

Financials

Be sure to include the financial analysis of your program in your argument.

- Increased visit volume (fee for service)
- Improved retention
 - Someone at your organization likely knows the cost incurred each time a provider leaves. Find out! This should include cost to recruit a new provider, lost visit volume, etc. If your fellows are staying after graduation, you can calculate out future savings for the org through hiring more fellows.
- Improved quality metrics performance

Acknowledge the cost of running the program. When we expanded from 9 fellows to 29 fellows, the only increased cost was 1 additional day of faculty admin time. Expansion improves the ROI, and it doesn't necessarily have to drastically increase the costs.

Program Evaluation

The outcomes of your own program are the most important and most compelling piece of expansion messaging.

Cohorts 1 & 2




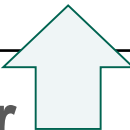
Fellowship Analysis

We conducted an analysis to determine the impact of the fellowship on clinical & care model performance. We compared the fellows to a group of APPs who joined Oak Street with 3 or fewer years of **adult primary care** experience (aka Tier 1).

	Control Group	Intervention Group
Group Description	All (n=16) Tier 1 APPs hired between September and December of 2022	All (n=12) NP Fellow graduates (9/22 and 3/23 cohorts)
Average years of clinical experience as an APP	5.1 years	0

HEDIS Quality Metrics Analysis

Compared performance of the fellowship group to the control group on key HEDIS patient quality metrics (rates of cancer screening, a1c and BP at goal, etc).

	Intervention Group (Fellows)
2023 Quality Score	5.4% higher 
2024 Quality Score (as of 4/28/2024)	40% higher 



Patient Satisfaction

We also evaluated “voice of customer” data to understand the patient experience of the NP Fellowship.

There were **no statistically significant differences** between the Fellows and the Control group for:

- Satisfaction with provider during first visit
- Satisfaction with provider during second visit
- Rating of “the appointment met my expectations”

Employee Satisfaction Impact

We analyzed employee satisfaction data comparing the first two cohorts of NP fellows to our frontline APP workforce: **the NP Fellows scored higher on 76% of engagement metrics.**

Engagement Metric	Fellows % Variance from APPs Overall
Overall Engagement	+6%
DE&I Efforts	+11%
Camaraderie - Team	+7%
Motivation	+12%
Recognition	+10%
Belonging	+9%
Culture	+11%

Fellow Evaluations

- 100% of alumni agree/strongly agree that after completing the program they feel they can provide excellent clinical care to their patients.
- 100% of alumni agree/strongly agree that completing the NP Fellowship at OSH has positively impacted their ability to practice confidently as a Nurse Practitioner.

“Joining the program was one of the best professional decisions I've made in my career.”

- *Fellowship Alum*

Lessons Learned



Lessons Learned

How

- You can keep expansion cost mostly neutral by optimizing operations and technology.
- You have to come to peace with the things you can't control.
- Stay in control of the enrollment targets by knowing the relevant hiring numbers.

When

- After graduating two cohorts.
- Ideally, after you have data to show the ROI of your program, particularly related to finances and retention.

Why

- Ensure your motivations are aligned with your leadership's.
- If you show you can adapt to meet the needs, you'll be given the resources you need to continue to do what you do best.
- **Because the APP workforce is a critical element of the fight for health equity and we need more well trained, effective providers *now*.**

Thank you!

Q&A



Contact Information

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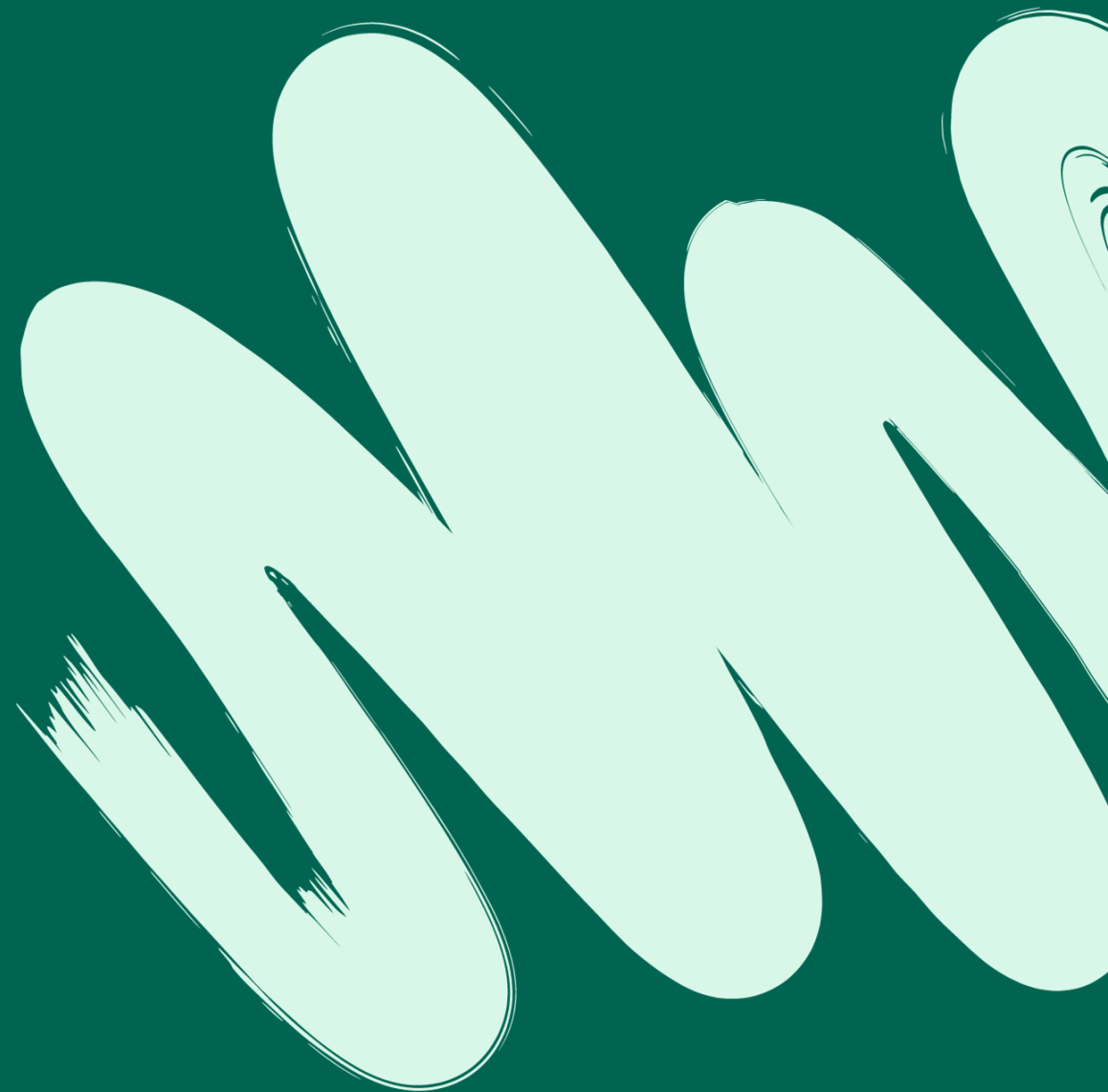
Clinical Professor & Associate Dean for Professional Practice at the University of Michigan School of Nursing

ctydn@med.umich.edu

Image References

Slide	Image description	Attribution
2	Headshots of the fellowship team	Oak Street Health
4	Two group photos of NP Fellowship Cohorts	Oak Street Health
14	Photo of a fellow learning shoulder injections	Personal image, J.Reidy
27	Photos of cohorts 1 & 2	Oak Street Health
31	Photo of patient and provider on the left side	Oak Street Health

Appendix



Fellowship Statements

Mission

We foster the personal and professional development of nurse practitioners to **drive clinical excellence and empower effective leaders** prepared to rebuild healthcare as it should be.

Vision

An innovative, nationwide fellowship program that provides an **integrative transition to valued-based practice**, and empowers nurse practitioners to deliver measurably better health in under-resourced communities.

Diversity, Equity & Inclusion (DE&I)

Diversity, equity and inclusion (DE&I) are core values of our fellowship program. Diversity strengthens us and advances health equity for all. We commit to incorporate DE&I into all facets of the program **and foster an environment where inclusion is essential and all individuals thrive.**

Fellowship Program Objectives

- Objective 1** Integrate **innovative population health strategies to promote health equity** and provide measurably better outcomes for diverse individuals and communities.
-
- Objective 2** Independently **formulate comprehensive interdisciplinary plans of care** to support patients' physical, social, cultural and behavioral health needs.
-
- Objective 3** Develop individualized strategies to reduce the risk of moral injury and to **assure one's longevity in the primary care workforce.**
-
- Objective 4** Integrate principles of leadership to **foster an inclusive and diverse care team** that maximizes engagement and supports team members in achieving optimal potential.



CONSORTIUM

FOR ADVANCED PRACTICE PROVIDERS

Setting the standard for postgraduate training

**The final General Session begins
at 3:30pm
in the Emerald Ballroom**