Montana Family Medicine Residency

Educating Providers for the Rural and Underserved
MFMR graduates
Unique Attributes

- **Sponsor:** Consortium of Billings Clinic, St Vincent, and RiverStone Health
- **Residency Clinic:** Community Health Center
  - One of first residencies to be sited in CHC
  - One of first 11 Teaching Health Centers
  - First to offer Wilderness Med Fellowship
- **Governance:** Oversight from 3 boards
  - Board of Health (Yellowstone County)
  - CHC Board (Consumer majority)
  - GMEC/MFMR Board
Funding

- GME pass-through from Medicare
  - ~ 3 million from St V and BC
  - Based on number of inhouse hours of residents
  - Unchanged since 1995
- State of Montana ~200K/year
  - Medicaid federal match in 2012 biennium
- Teaching Health Center grant-ACA
  - 2 residents/year for 5 years + 2 faculty
Challenges-Macro

- Five Montana hospitals bear GME costs for all of Montana
- State of Montana contribution to GME has increased little
- Medicare GME funding unchanged since 1995
- Current funding paradigm for GME unfavorable for primary care and/or rural
  - Medicare based hospital & specialty care
  - Penalty for rotations at CAH, non-hospital sites
  - Seaboard dominance
Challenges-Intrinsic

- CHC and residency-different cultures, goals
- Meaningful use, EMR, PCMH implementation
  - Consume resources, decrease efficiency, increase frustration in residents, faculty
- Recruiting faculty
  - Trend away from full-spectrum practice
    - Hospitalist: 1 resident 2010, 1 in 2012, 4 in 2014
  - Comparative salary differential
Way Forward

- Emphasize mission
- Examine work environment
  - Workflows and distribution
  - Identifying satisfiers and dissatisfiers
- Squeak!
  - Educate
  - Illuminate
  - Advocate