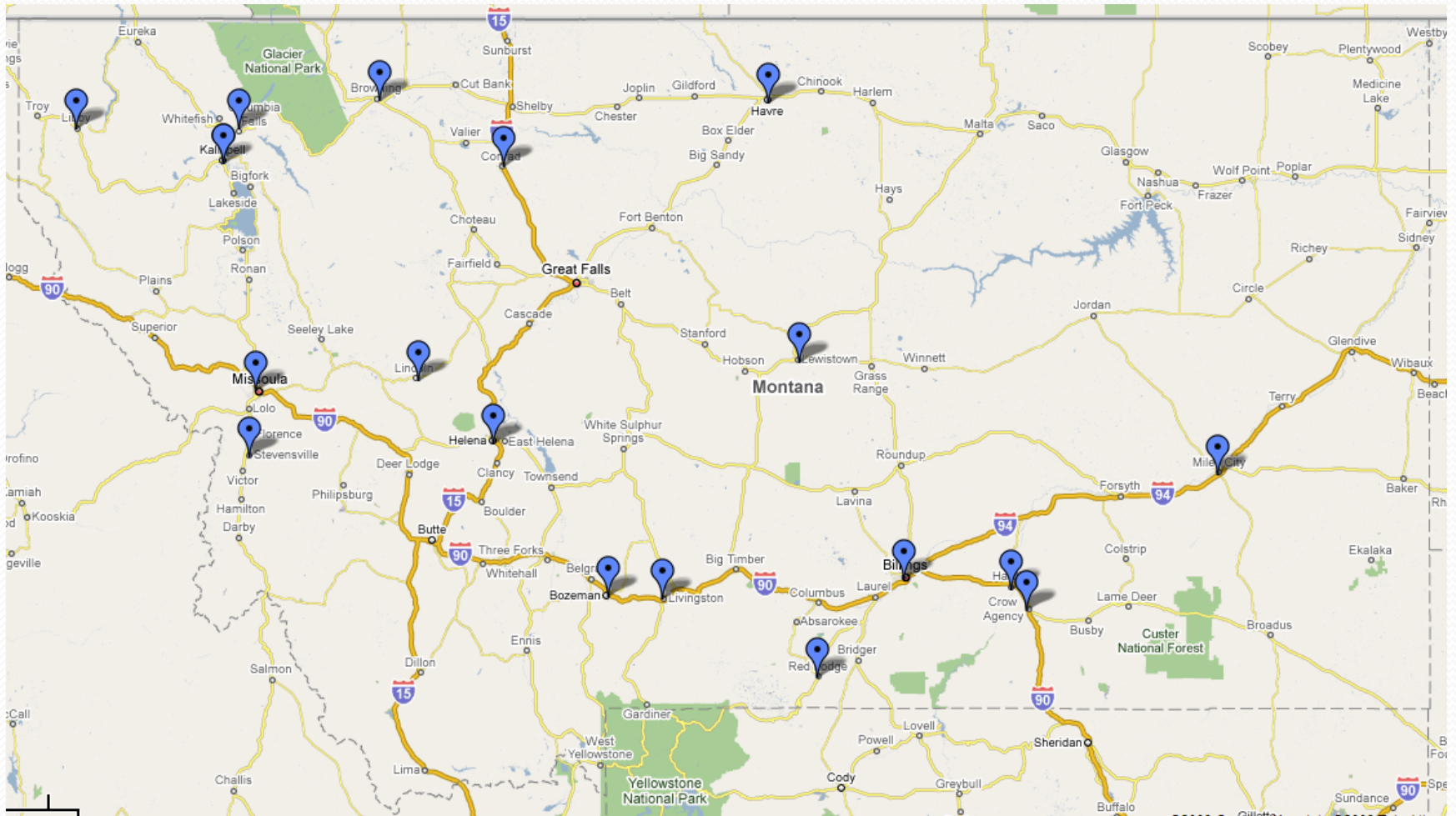


Montana Family Medicine Residency

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

