RTT NIPDD

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NIPDD Highlights

- Scholarly project
- Financial project
- Presentation

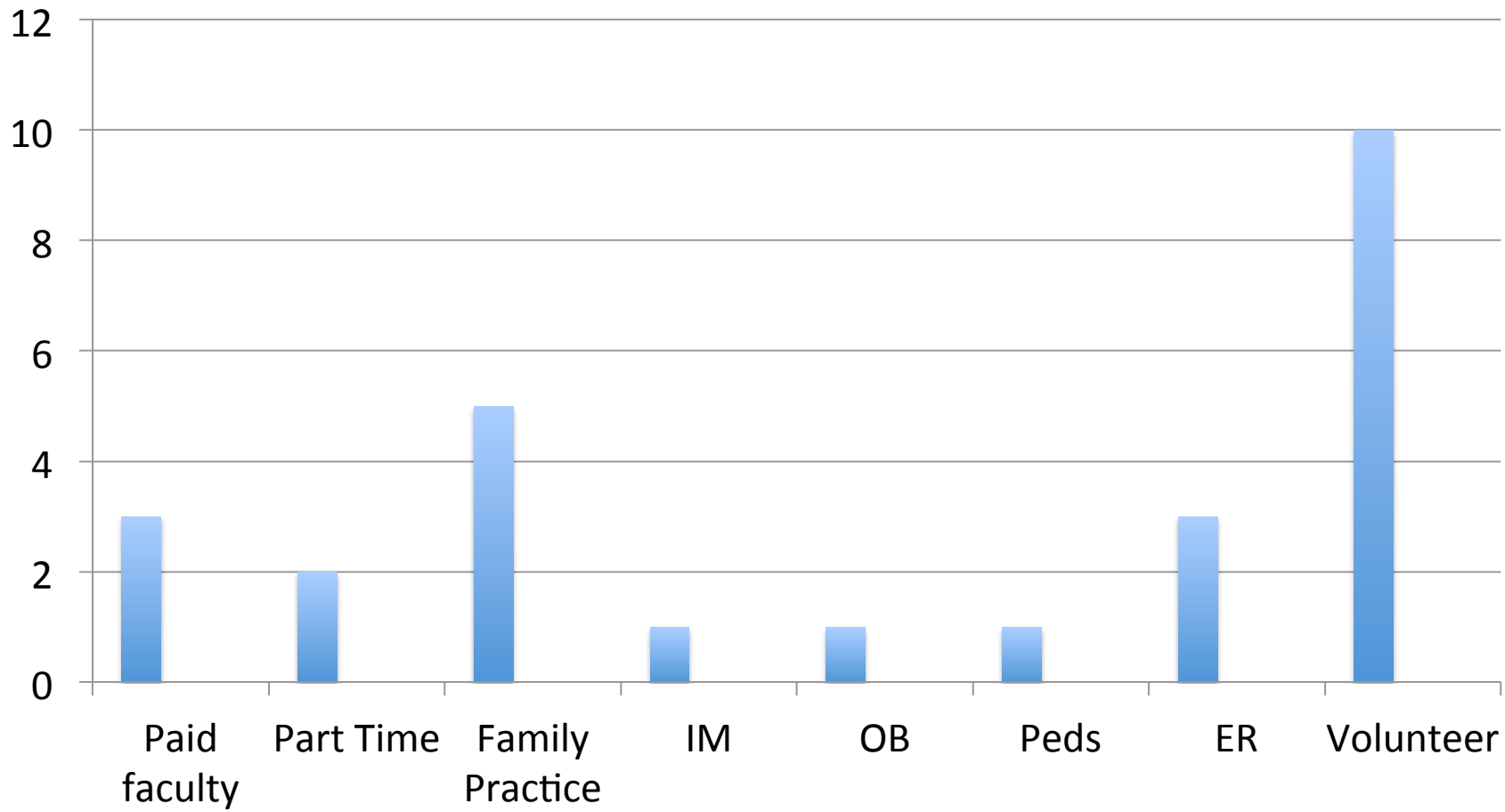
Survey of RTT's

- Goal
  - To assess resident readiness or preparedness
  - To identify future practice plans of RTT grads
  - To see if there is any correlation between certain program attributes and resident confidence and future plans

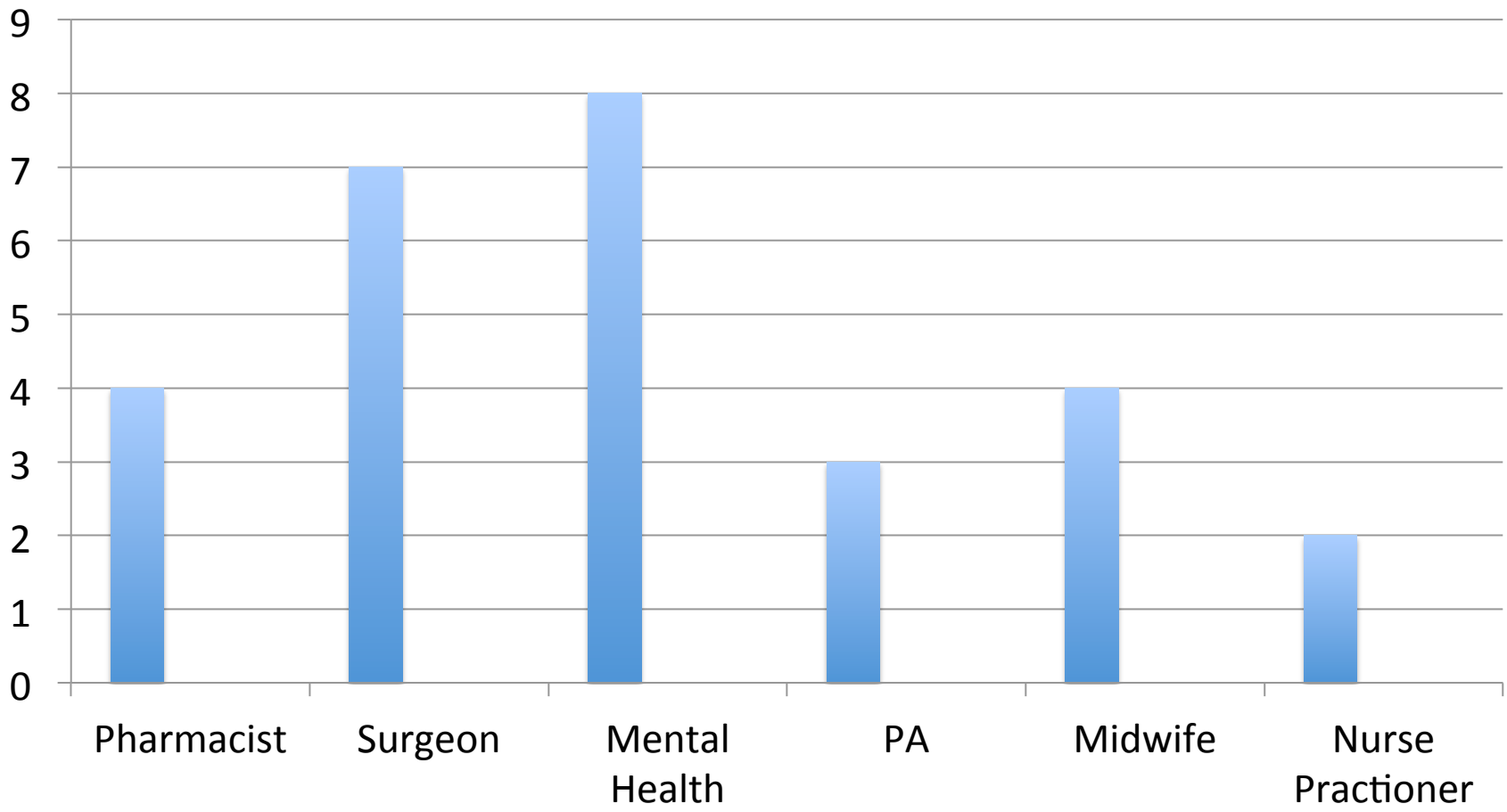
What we found out

- ***Very hard to get information***
- Response rate was 33 % (12 of 36)
- 29 residents- most 2nd and 3rd year
- E-mailed, called, called again
- Dec. 2014 through Feb. 2015
- The residents that responded were not always from programs that responded so correlation was impossible

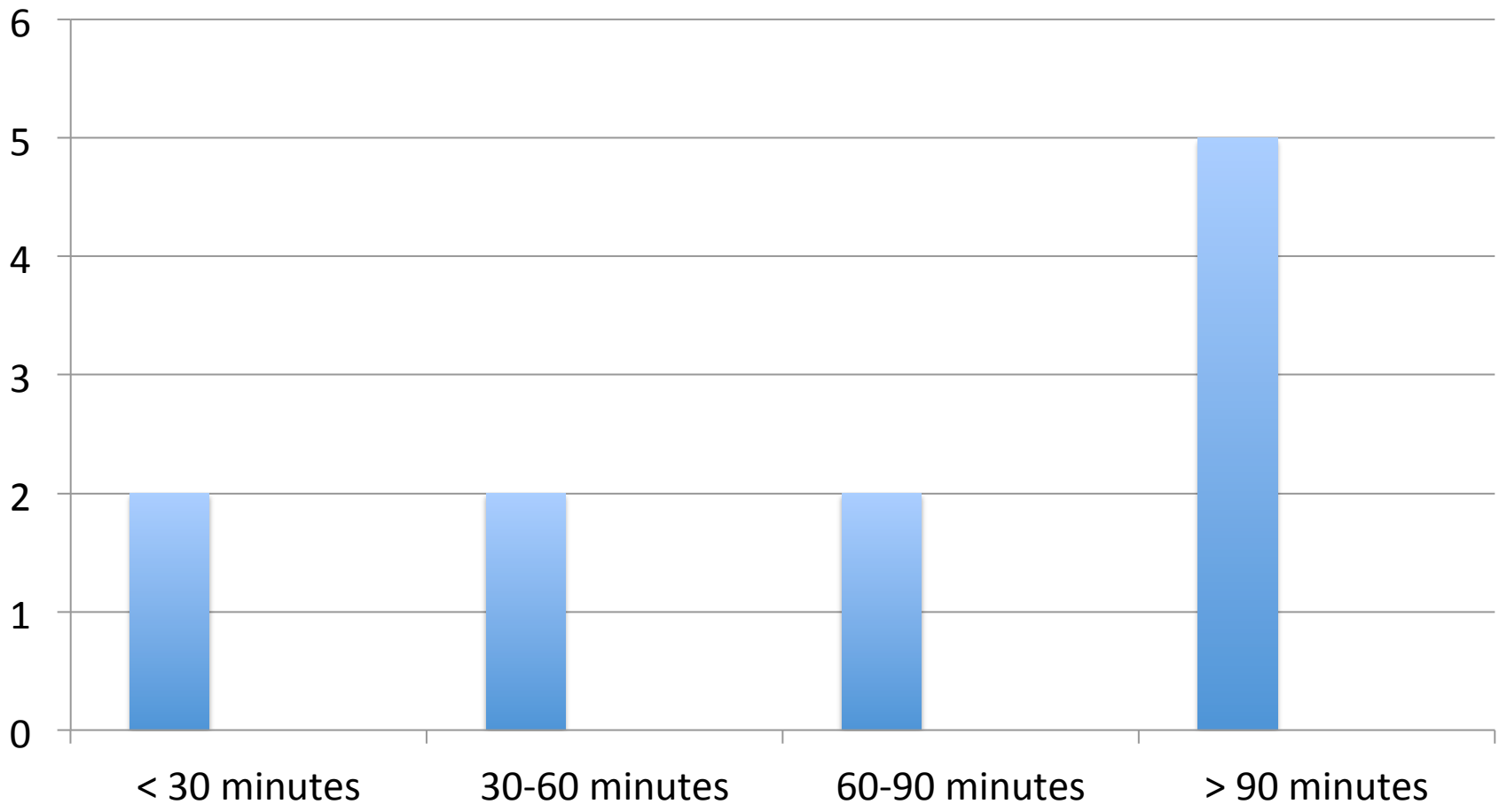
Program staffing



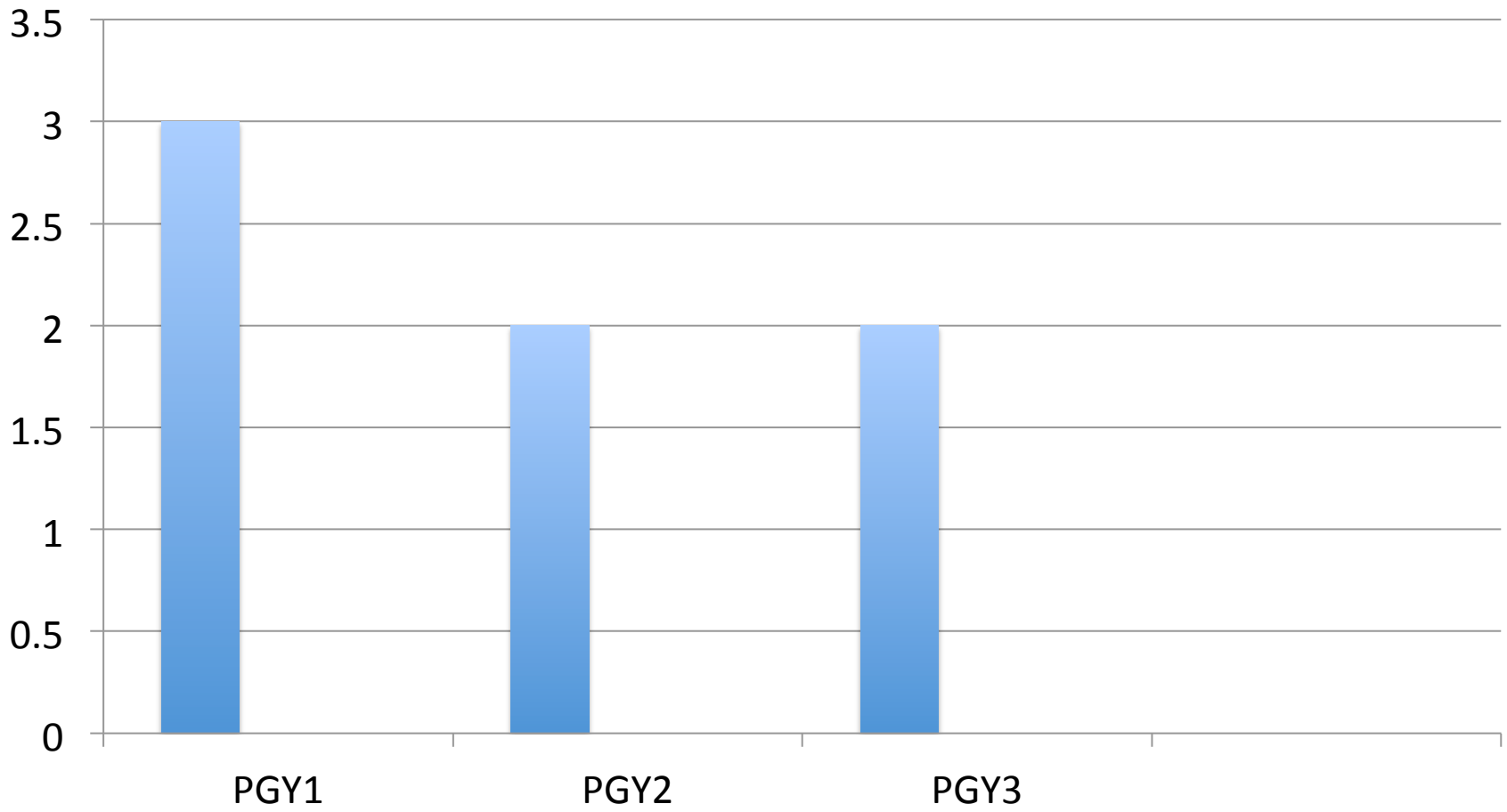
Other staff / 12 programs



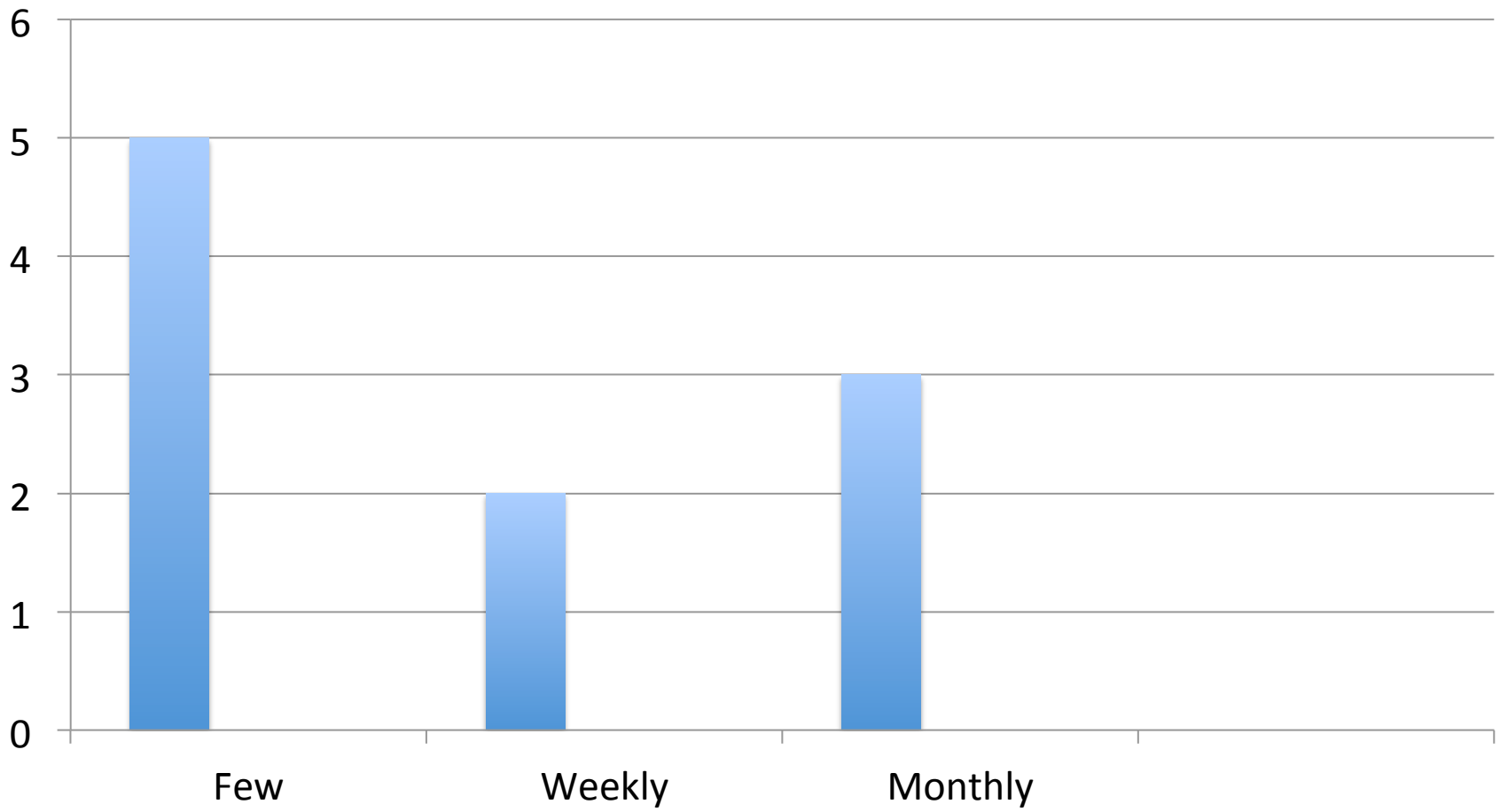
Travel Time



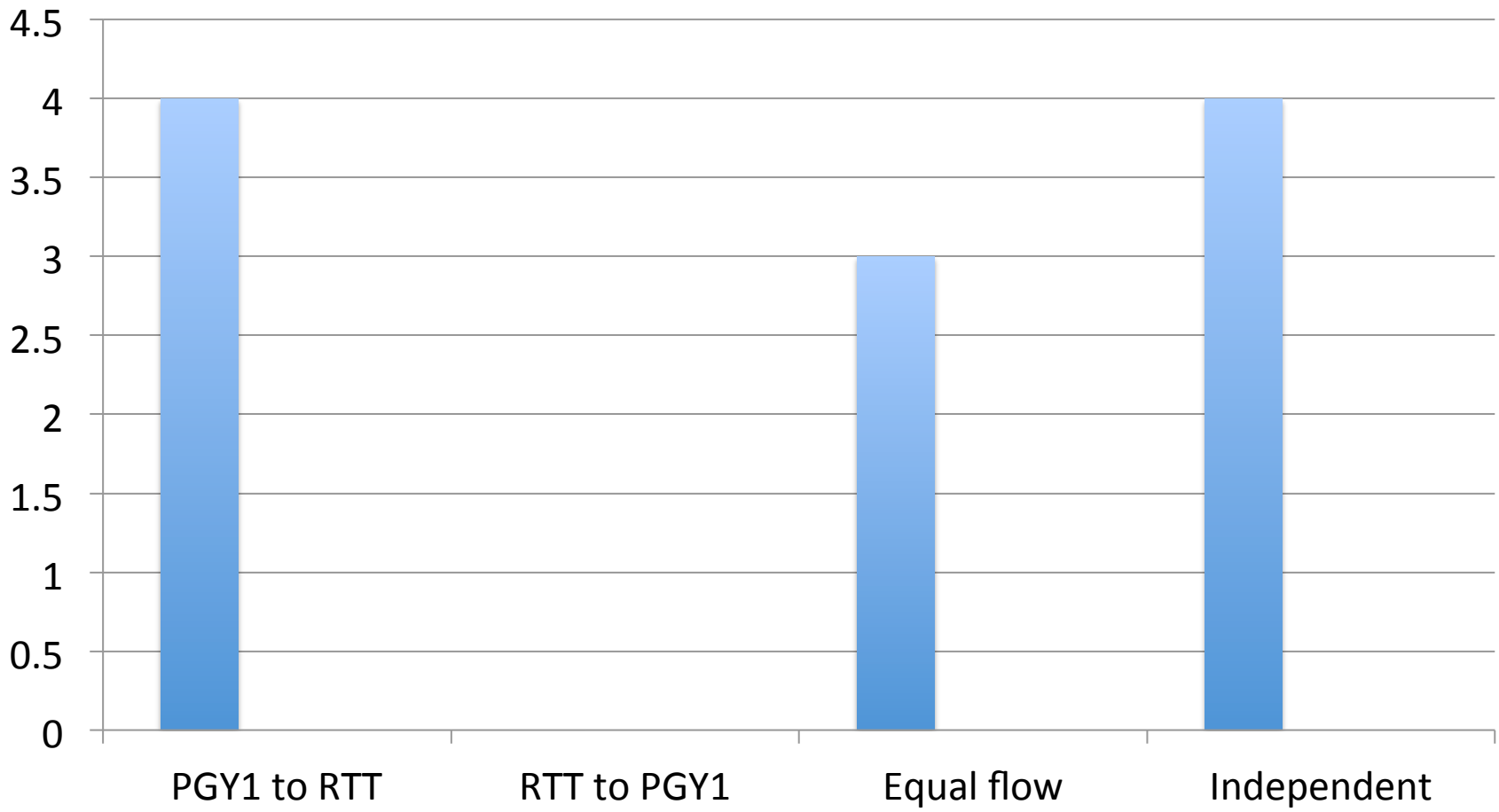
Average # of commutes/mo.



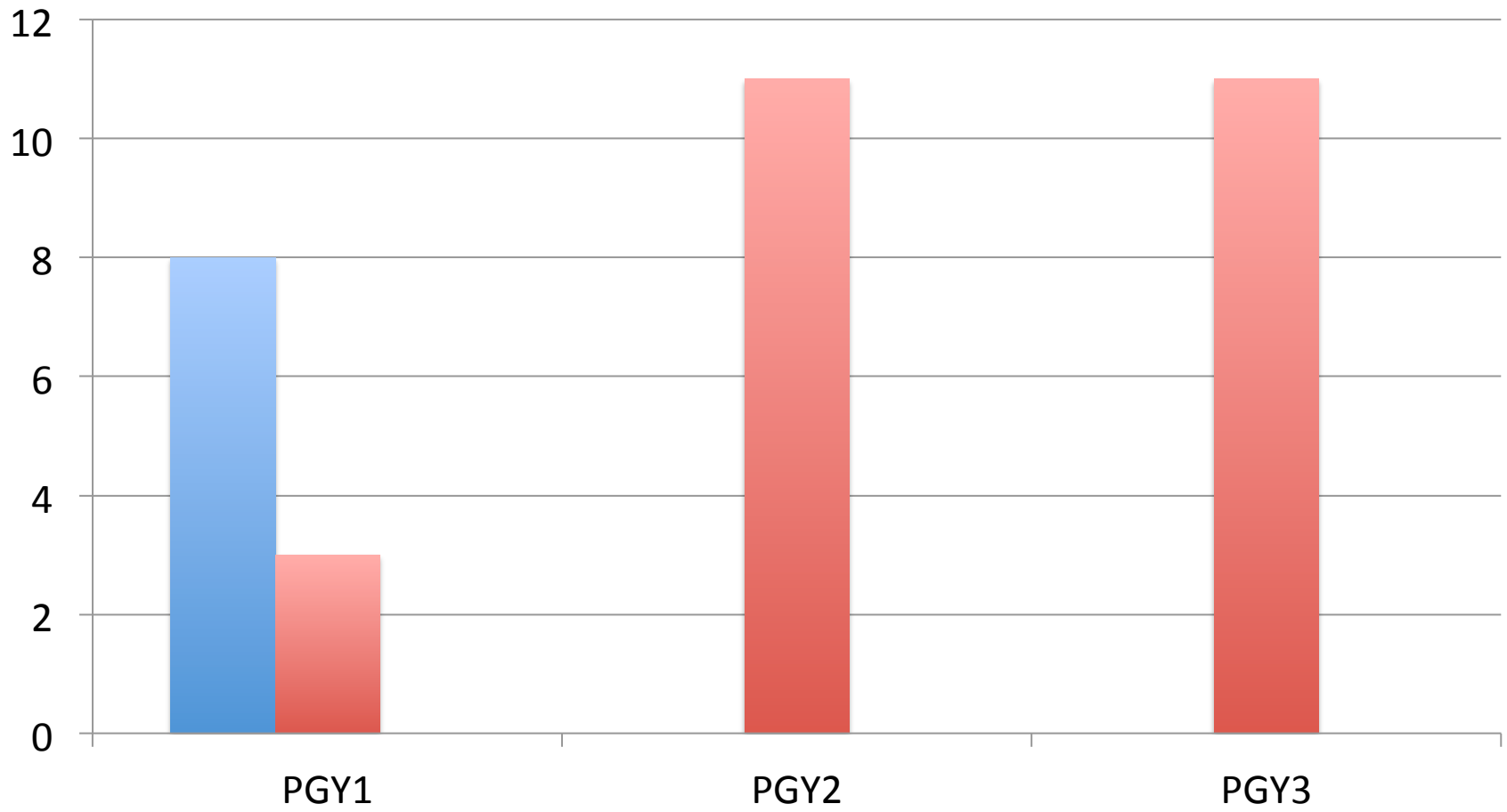
Interaction between PGY1 site and RTT



Didactic Flow



Location of Continuity Clinic



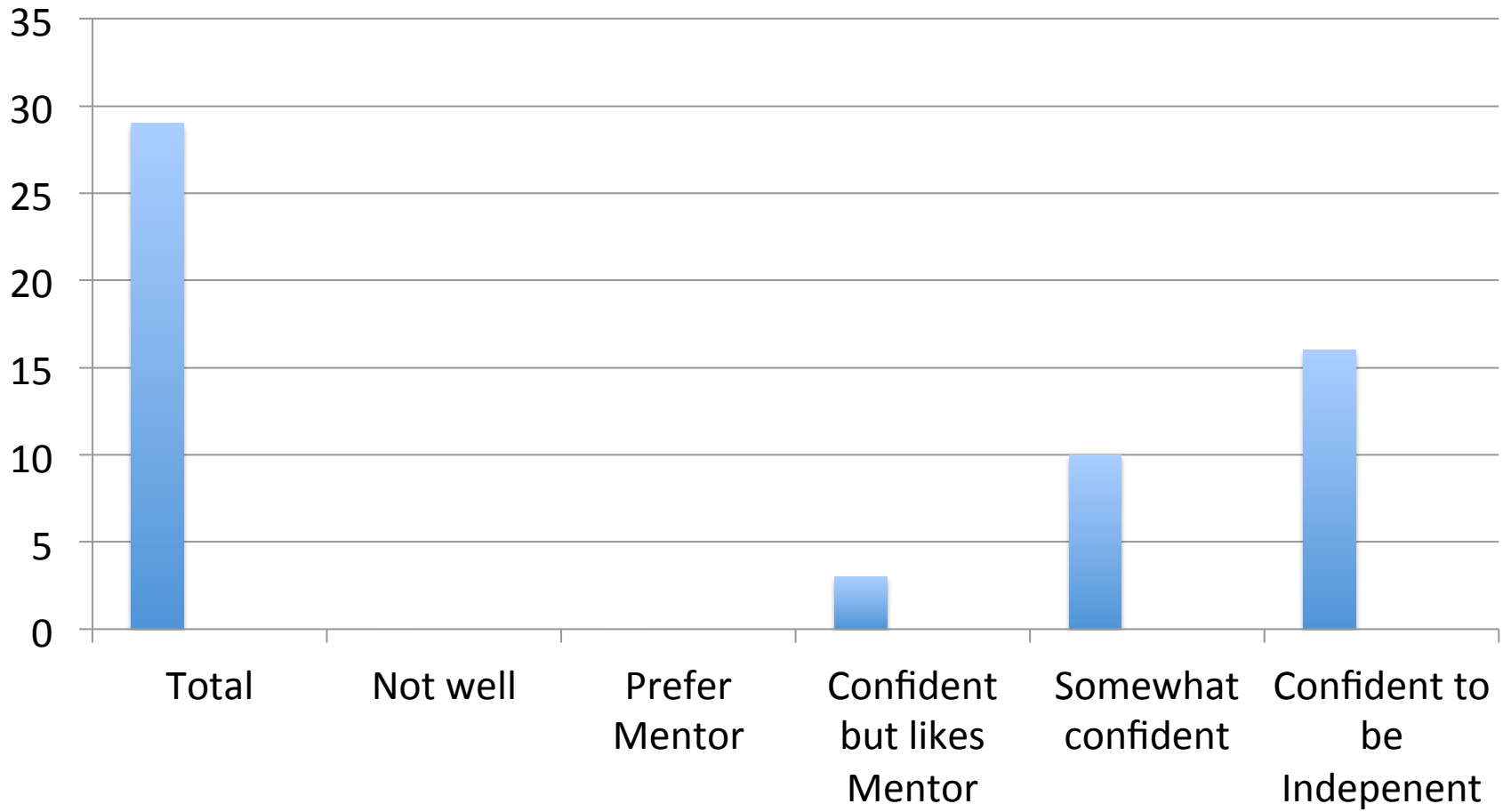
Other RTT ?

- Benefits
- Outpatient visits / year
  - 227
  - 759
  - 1063

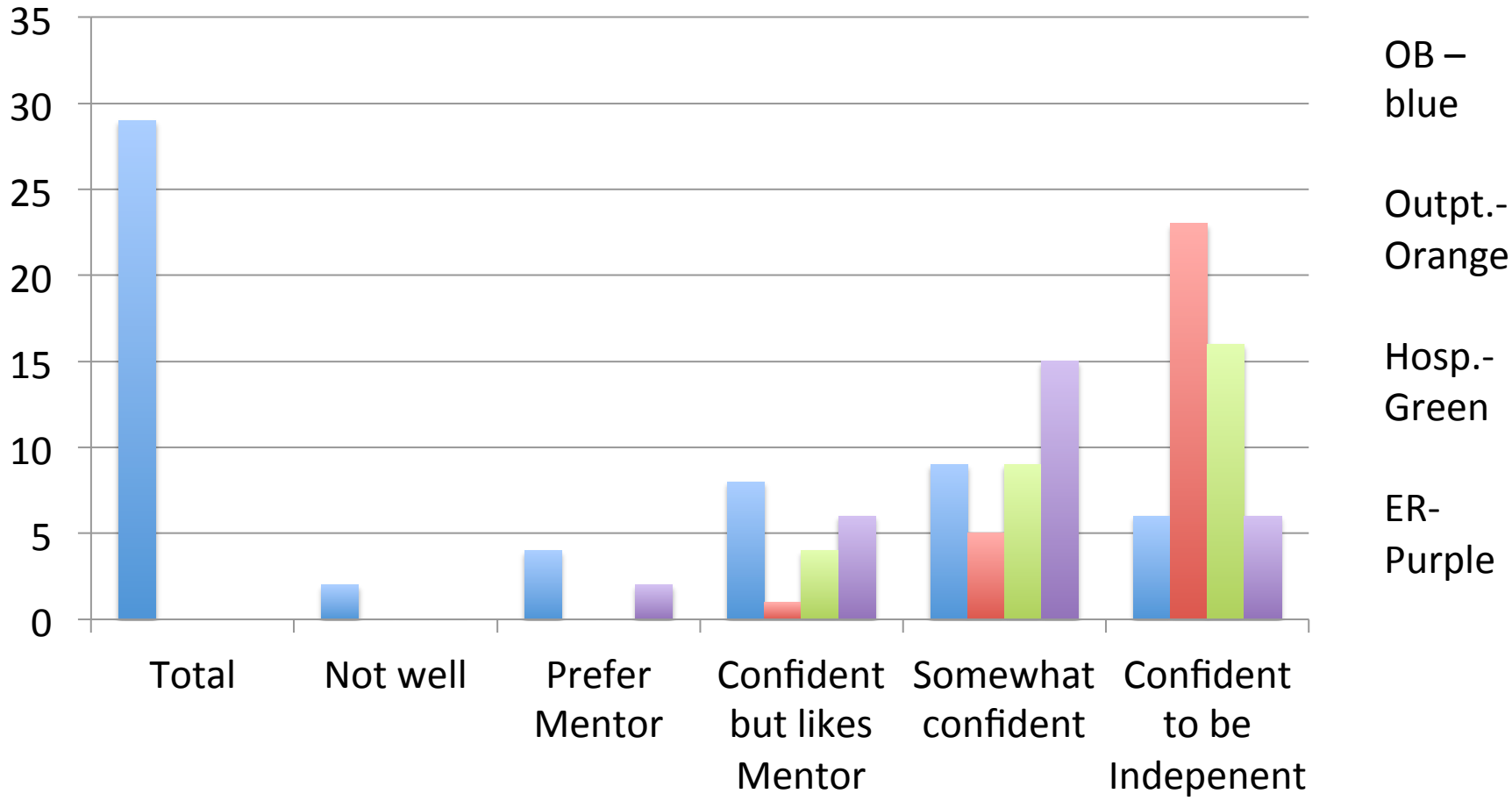
Resident Survey

- 10 questions
- 29 respondents
  - 5 1st year
  - 13 2nd year
  - 11 3rd year

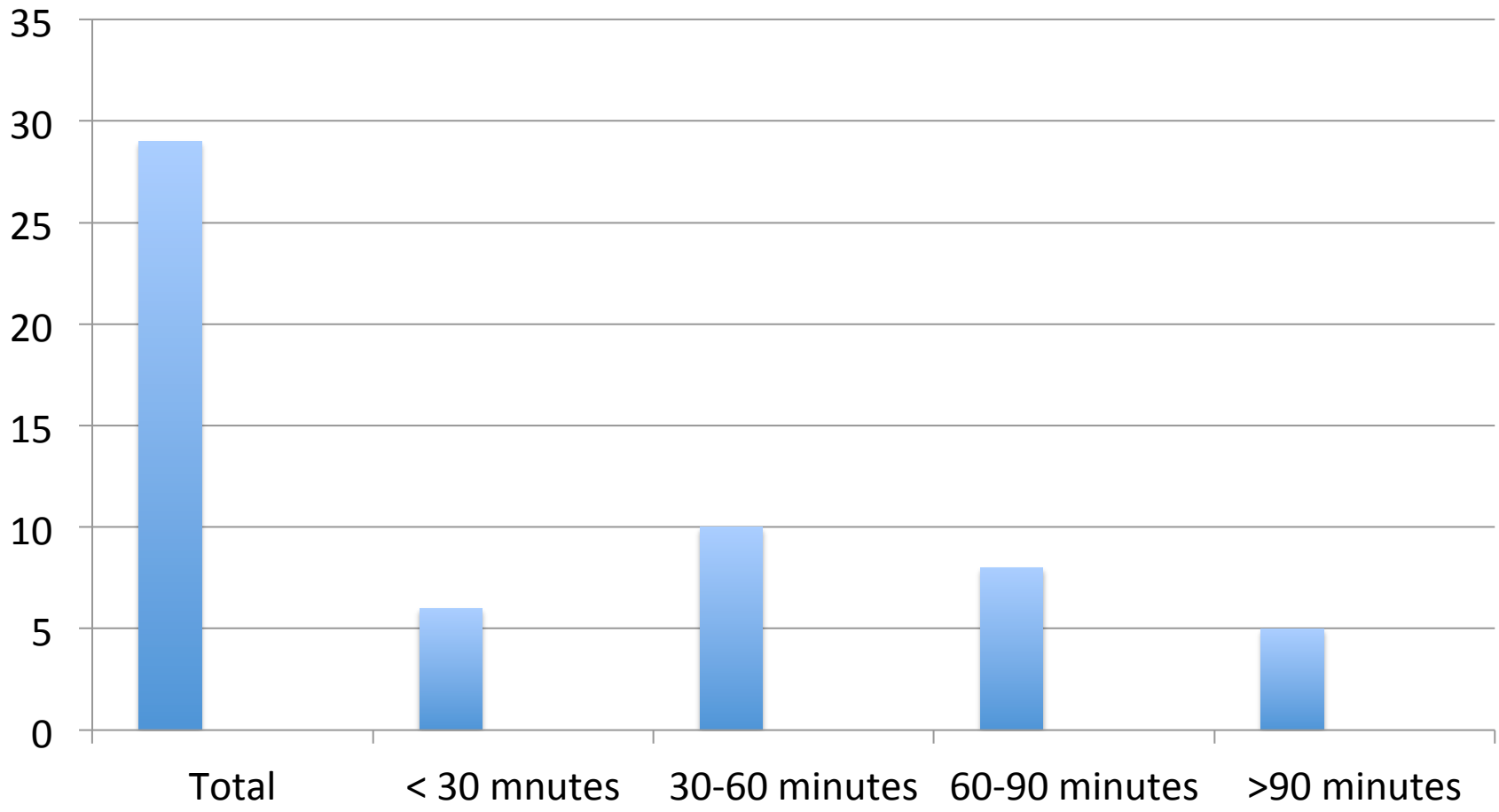
Prepared to practice in Rural area after Residency



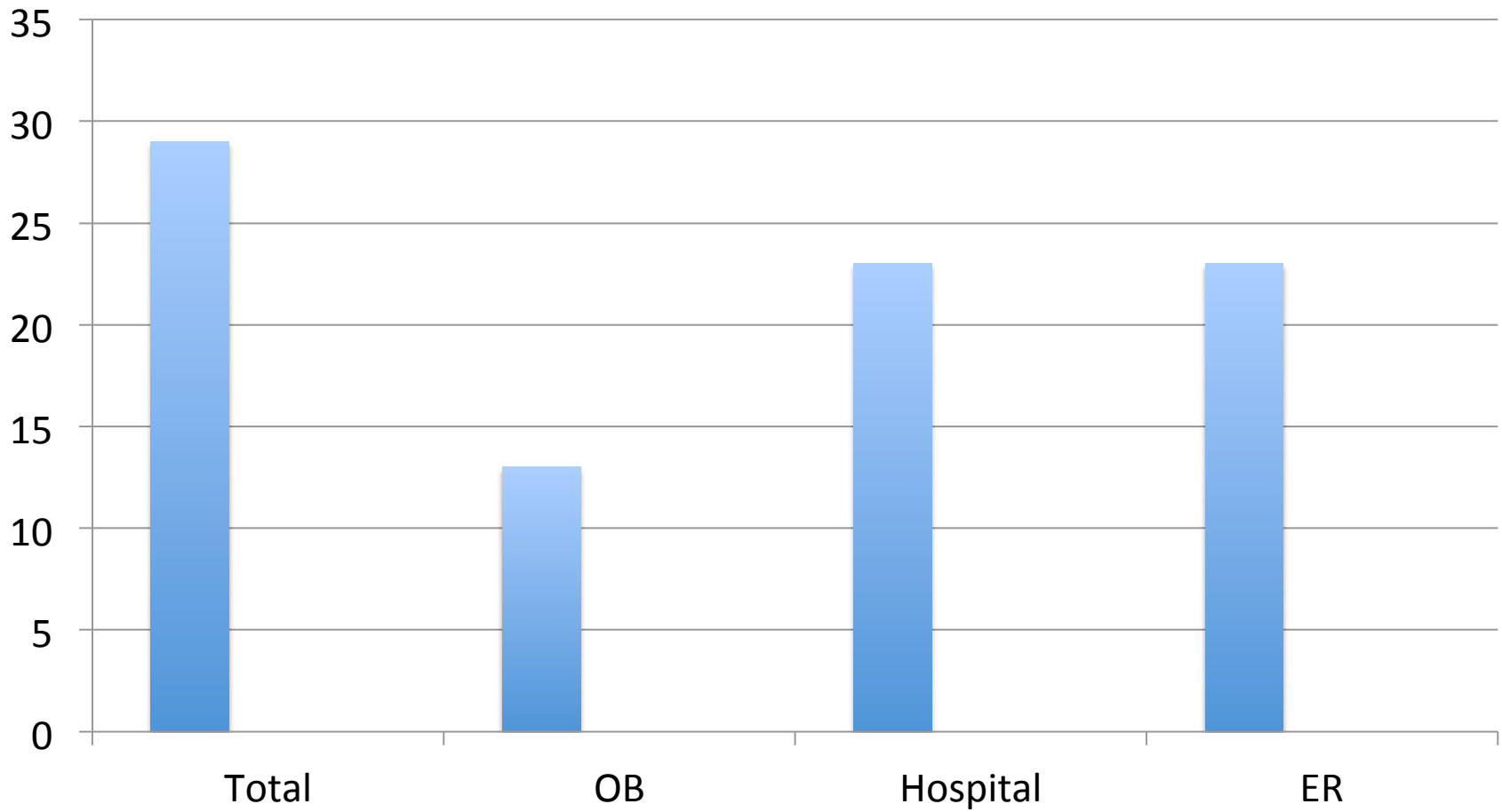
Confidence with scope of practice after Residency



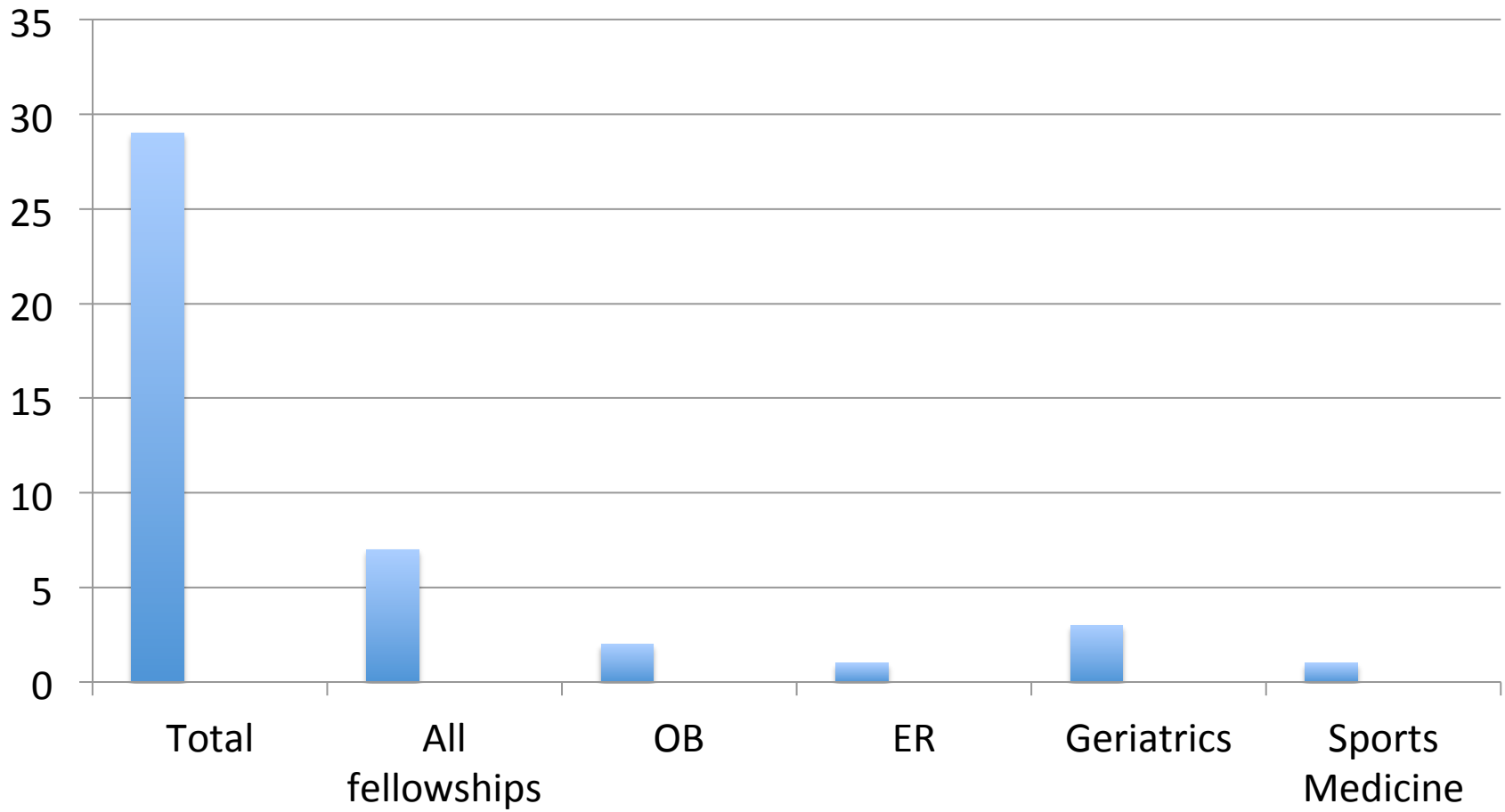
How far will they practice from an Urban Center (>50,000)



Scope of practice after RTT



Will they do fellowships?



Procedures

Csection	8
Postpartum Tubal	6
Vasectomy	13
D & C	8
Colposcopy	14
EGD	6
Colonoscopy	9
Flex Sig	5
Skin	28
Thoracentesis	15
Paracentesis	18
Spinal Tap	18
Closed reductions	21
Circumcision	20

1332 CAH April 15,2015

Rural Health Clinics

- 4084 Feb 16,2015
- 152 in Iowa and 384 in Missouri
- Only 7 states have more RHC's than Iowa
- None has more than Missouri

FQHC

- 1202 centers by 2013
- 14 in Iowa and 24 in Missouri

Basic structure of program

- 2 Full time established Physicians will become full-time faculty
- There will be one resident at the Rural Health clinic most of the time.
- 1 full day for the 1st year, and 4 half days for the 2nd and 3rd year residents.
- One or more of the other Physicians will be hired to be part-time preceptors

Neutral Budget

- We plan to operate in the black
- All faculty and residents will be employees of the RHC
- Average resident salary will be ~$60,000
- Normal hospital and clinic benefits
- Reviewed with hospital CFO

Neutral Budget

- 2 Employed Physicians will continue as clinic employees but job description will change
- Currently each averages about 18-20 patients per day
- RHC reimbursement for Medicare patients is ~ $189 per visit and there are 24.9% Medicare visits at the clinic
- 15.9% are Medicaid
- The rest (59.2%) is Private Insurance

Neutral Budget

- Clinic income and expenses will be kept separate from residency even though the RHC employs everyone
- 2 Employed Physicians expenses will drop off the clinic side and show up as residency expenses
- One of the front office assistants will come off the clinic side and go on residency side as program coordinator
- Both Physician's nursing staff will likewise go on the residency budget and one nurse added for residents

Neutral Budget

Being conservative and reducing Medicare per visit reimbursement to $170 and Medicaid to $165, the budget still works

Reduction is based on assumption there will be a penalty because residents will be counted as FTE physicians and required to meet 4200 visit/ year rule for RHC's

REVENUE

- Clinic revenue from pt. visits = $1,162,350
  - Assumes faculty at same production 2 days each per week
  - PGY1 will see 9 pt. per week
  - PGY2 will see 22 pt. per week
  - PGY3 will see 28 pt. per week
- Hospital Rounds = $60,000
- ER duty @ 10 hours x 30 shifts PGY2 and PGY3 each year supervised = $ 115,200
- OB revenue @2500 x 50 per year = $125,000

TOTAL REVENUE

- $1,462,551 per year
- Other sources – grants
- Potential IME money
- Enough to cover salaries, benefits, etc.
- Other considerations are housing – important for recruitment
- Moving expense

Benefits of Rural Training Track

- Prestige – “the wow factor”
- Educational value – Daily didactics – good for staff
- Library resources through DMU
- Physicians trained for our system – less recruiting hassles
- Added value to patient care – more attention and time
- Social Benefit